



The Maternal Health Task Force

Presented to the PMNCH Board by Ana Langer

Context

Despite important work and an infusion of resources, the number of maternal deaths per year has remained at the same level for more than two decades. While there have been notable advances in some countries and in some aspects of maternal health, most low-resource countries and regions are not on track to achieve the 75% reduction target set by Millennium Development Goal (MDG) No. 5. The 2007/2008 UNDP Human Development Report lists 44 countries with maternal mortality ratios that equal or exceed 450 maternal deaths per 100,000 live births.

Like most public health priorities in the developing world, maternal health – both mortality and morbidity – requires more attention. It has a place in the maternal, newborn, and child health continuum, but its visibility needs to be higher. Advancing the agenda further requires a more exclusive focus. Comprehensive, integrated approaches are stimulating significant advances in health status worldwide; but these efforts, while encouraging, are not sufficient to successfully address the unmet maternal health needs.

The challenge is complex. Like many other public health priorities, maternal health is difficult to address successfully in the context of the countries where most maternal deaths occur. In these settings, health systems, particularly at the district level, are weak; mechanisms to engage the community and ensure its full participation are lacking; measurement systems and resources for data gathering are non-existent or of poor quality; and there is no enabling regulatory and policy environment.

The Maternal Health Task Force (MHTF), newly established by EngenderHealth with a generous grant from the Bill and Melinda Gates Foundation, is a concerted response to a call from the global maternal health community for close collaboration and coordination with traditional and new partners at all levels. Especially important are organizations from developing countries and in the allied field of reproductive health. The MHTF provides an opportunity to build synergies among the numerous existing initiatives, minimize duplication and controversy, and increase effectiveness. Rather than adding another layer or player to an already populated field, the MHTF will add value to ongoing efforts.

The mandate of the MHTF is to create the architecture to provide both structure and support to build consensus among a spectrum of actors working on maternal health issues and related fields. It will assist existing players to address some of the structural issues that have hampered progress in improving maternal health, and will put in place mechanisms and processes for the field to learn from past successes and failures, as well as from partnership models in related fields, such as HIV/AIDS and child survival. Furthermore, the MHTF will offer an open, neutral space for productive debate and interaction and will become a central repository of information. Critical work commissioned by the MHTF will contribute to the development of accepted and effective “frames” for advancing maternal health priorities.

Thus, the MHTF will be the catalyst to position maternal health in a way that resonates with national and global leaders, generating political priority. It will use innovation and creativity to find common ground and guide pioneering work in maternal health research and evidence and

application and evaluation, and it will facilitate the use of implementation experience and current and new knowledge for better policy and advocacy. A hallmark of these efforts will be finding and listening to the voices of many who have not traditionally taken part in this dialogue, especially those working in countries and communities where maternal mortality and morbidity rates remain high. With their vision and collaboration, knowledge gaps can be identified and filled; the body of evidence to sway policymakers gathered; and the energy generated by this participatory approach harnessed to guide much-needed work in implementation.

The Unique Role of the MHTF:

There have been many projects, organizations, and coalitions created over the last 20 years to address issues related to maternal health, and many continue to make progress in most of the areas covered by the MHTF. The MHTF does not aim to supplant any of the existing groups. Rather, it will play a complementary role by identifying and filling gaps in technical knowledge; and by creating a neutral and objective space for constructive dialogue, sharing information, building consensus and catalyzing actionable agendas.

As several organizations focus on increasing visibility for maternal health issues in public and policy environments, the MHTF will be more technically focused on research and evidence, and programming and evaluation. The MHTF will work mostly behind the scenes, with major global and national initiatives that will be commissioned to fill strategic knowledge gaps identified by current and future stakeholders. By subcontracting to organizations and individuals, the MHTF will help build consensus; and synthesize, manage, and disseminate knowledge and information produced and provided by other groups and experts.

The MHTF will organize periodic and frequent meetings whose agendas and lists of participants will be developed in close communication with local and global partners. In addition to these face-to-face encounters, the MHTF will engage in a continuous dialogue with all major stakeholders using effective electronic tools. Sustained and well organized communication will avoid unnecessary duplication and overlap, and ensure coordination and synergy.

The MHTF will contribute to the efforts of other organizations by bringing new human, financial and technical resources to the field working with other organizations that have made important progress in this direction, and building on their networks and contacts. During the life of the project, the agenda will be adapted and adjusted to the needs and expectations of maternal health stakeholders through continuous dialogue and communication.

The MHTF will put in place transparent and participatory mechanisms to operate. It will be managed by EngenderHealth, which will liaise and communicate with organizations and individuals working on maternal health and related fields throughout the initiative.

Project Goal, Objectives, and Activities:

The overall project goal is to build common, evidence-based agendas in research and evidence, application and evaluation, and advocacy and policy (with stronger emphasis on the first two areas) to advance maternal health at the global and country levels.

The specific objectives of the project are: (1) to provide an inclusive, collaborative, and vibrant space for dialogue and consensus building on maternal health agendas; (2) to guide identification of critical areas of debate and gaps in the maternal health field, and establish effective mechanisms to address them; (3) to stimulate new thinking, approaches, and action about research and evidence, and application and evaluation issues in maternal health; and (4)

to compile and develop instruments that empower constituents to carry out maternal health agendas.

Objective 1: To provide an inclusive, collaborative, and vibrant space for dialogue and consensus building on maternal health agendas

While some venues exist for exchanging information and ideas on a range of maternal health issues, there is no comprehensive space that offers (1) a venue for productive discussions among players with different views on critical maternal health issues, and for consensus building; (2) an opportunity for consistent participation by actors in maternal health and allied fields (newborn, child health, family planning, and reproductive health) and non-traditional actors (from such fields as education, HIV/AIDS, communication, community mobilization, transportation, human rights, labour and the environment; (3) flexible, user-friendly mechanisms that creatively engage these actors in ways that reflect their priority interests and their available time; or (4) an integrated perspective on maternal health that unites research and evidence, application and evaluation, and policy issues.

Illustrative activities:

1.1 Broker establishment of the MHTF to facilitate consensus building on the maternal health agendas

EngenderHealth is currently leading a consultative and collaborative process to create the terms of reference for the MHTF. The brokering of an integrated and coordinated maternal health community will continue throughout the life of the project. To inform this process, in a subsequent phase, the MHTF will commission a special assessment of the factors that have contributed to improving maternal health and those that have impeded progress. The MHTF will also commission an analysis of successful partnership models in related health fields (e.g., child survival, HIV/AIDS).

1.2 Create face-to-face and virtual spaces of encounter for all parties in the dialogue and for smaller groups to discuss critical maternal health issues

The MHTF will engage in constructive dialogues with the networks and initiatives that focus on improving maternal health; those that address the continuum of maternal, neonatal, and child health; and those whose agendas focus on family planning and reproductive health. The MHTF will hold large, inclusive, annual technical meetings for maternal health partners and people and groups representing other fields. The MHTF will enable host countries and regions to assume leadership roles by creating partnerships with one or more organizations in the hosting country. Annual meetings will be complemented by smaller and more frequent meetings for the maternal health community, usually organized around other events.

1.3 Identify and engage new participants to enrich the debate on maternal health and marshal new resources to carry out the agendas

The MHTF will reach out to organizations and initiatives that have not been meaningfully involved in charting maternal health policies and programs. Developing country professionals will be especially valuable, as will experts from aligned sectors such as HIV/AIDS, labor, human rights, communications, etc.

1.4 Give a stronger voice to national organizations and individuals and contribute to the establishment of robust country-level maternal health communities

The MHTF will determine which countries and national organizations and government agencies participate directly in its various activities based on a careful mapping of experiences, activities and priorities of critical stakeholders, interest expressed by country-level groups, literature reviews, and intensive consultation with international partners with national affiliates or a country presence, and donors. In addition, the MHTF will broadly disseminate knowledge and practice

generated in and relevant for developing countries, as well as action-oriented and evidence-based tools enabling countries to benefit from MHTF activities.

Objective 2: To guide identification of critical areas of debate and gaps in the maternal health field, and establish effective mechanisms to address them

While momentum is increasing to advance maternal health, it is constrained by persistent debates and differences of opinion, as well as the absence of critical information and evidence. Concerted attention to defining and resolving these issues will help to eliminate road blocks. The MHTF will serve as a unified and credible source of information regarding maternal health, especially technical (e.g., programmatic and scientific) advancement.

Activities:

2.1 Assess critical areas of debate and gaps

With input from a broad spectrum of stakeholders and by commissioning special assessments, the MHTF will identify the biggest areas of debate and the biggest knowledge gaps, and elicit new ideas for resolving those debates and filling those gaps.

2.2 Collect evidence to support an objective, well-substantiated, and up-to-date dialogue on maternal health

The MHTF will identify and analyse hard evidence provided by systematic literature reviews and commission partners to identify and analyse research and evidence, and application and evaluation published in specialized and grey literature. This process will include interviews with leaders of research groups, program managers, country-level policy makers and grassroots organizations to learn about their experiences, successes, and failures.

2.3 Commission analysis and synthesis papers and presentations on evidence for critical areas for which systematic reviews do not exist

2.4 Commission policy case studies to examine lessons learned in countries that have had success in lowering maternal mortality and those that have become stuck in spite of significant political will and investment to improve maternal health

2.5 Commission specific projects to gather new evidence to fill focused and critical knowledge gaps

The MHTF will commission short, critical studies that will provide evidence for some key areas in which results will move the agenda forward. Colleagues from developing countries and local groups will lead or actively participate in conceptualizing, designing, and implementing these studies.

Objective 3: To stimulate new thinking, approaches, and action to improve maternal health

Innovation – in maternal health and allied fields – is key to defining and carrying out the new common agendas for maternal health. While the main objective of the MHTF is to coordinate efforts and broker successful collaborations, the MHTF will also stimulate creativity and exchange, with a significant emphasis on developing and mobilizing champions, identifying linkages between maternal health and other fields, engaging new stakeholders, and ensuring input from and participation by colleagues and groups from developing countries.

Activities:

3.1 Involve experts in fields traditionally not linked to maternal health to identify linkages and engage new stakeholders to advance maternal health agendas

Maternal morbidity and mortality result from a complex network of factors that go beyond the realm of health and require comprehensive approaches to be addressed successfully. To be

effective, efforts to advance maternal health have to engage a wide range of partners from other sectors, both public and private, at the global and national levels. In addition, the MHTF will identify and engage individuals with experience brokering non-traditional linkages and bring them together to discuss unexplored avenues towards forging successful linkages, especially at the country level where they can have a visible and immediate impact.

3.2 Develop and introduce new and effective tools for information sharing and knowledge management to engage a wide range of participants and give them the tools to advance maternal health agendas

A dedicated, interactive website will enable a broad scope of internet-based dialogue within the MHTF. Also, a team of respected maternal health champions will be on call when an exciting development or finding emerges to speak to individuals, groups, and the media.

3.3 Recognize and stimulate novel approaches, provide seed money for testing them in specific settings, and document and share findings to advance implementation

The MHTF will support, encourage and recognize innovation with a priority on innovations in developing country settings. In addition, the MHTF will support pilot test projects on new approaches with the participation of experts from sectors not typically linked to maternal health. These pilots will be led by or benefit from the participation of local individuals and/or organizations.

3.4 Establish a program for young champions in maternal health to establish a new cadre of professionals with long-term commitments to improving maternal health

The MHTF will establish a six-month internship program for young professionals, with four cycles over the life of the project. Each cycle will involve four participants (one each from Asia, Latin America, Francophone Africa, and Anglophone Africa).

Objective 4: To compile and develop instruments to empower constituents to carry out maternal health agendas

In order to translate existing and new knowledge and consensus into practice, the MHTF will compile high-quality and relevant existing tools, identify unmet needs, support the development of critical new instruments, and disseminate practical tools that will allow constituents to move the agenda forward.

Activity:

4.1 Develop and disseminate instruments

The MHTF will commission the identification and compilation of existing effective tools, as well as the development of priority and strategic new tools as needed and appropriate, and disseminate a set of pragmatic, evidence-based, and user-friendly instruments that provide clear and comprehensive guidelines on how to deal successfully with the most critical challenges at the country level. They will be specially oriented to organizations and individuals working in developing countries and will reflect best practices and consensus.

Sustainability

Sustainability of this initiative has two dimensions, both of which depend on a fundamental assumption – that participants see its value, become engaged, and create a self-sustaining community. One dimension relates to the MHTF architecture and processes. Sustainability of these elements will require continued funding. If the assumption holds true, and if this three-year project achieves its goal, there is high potential for continuing donor funding to the MHTF as a separate entity or a component of another relevant maternal health initiative, because the MHTF will have demonstrated its effectiveness in advancing maternal health priorities and in mobilizing a broad, vocal constituency around them.

The other dimension relates to the initiatives that the MHTF, through its outreach, consultative processes, and tools, will stimulate at the country level. These are not dependent on continuing support for the architecture and processes. Rather, they are dependent on the commitment of the partners and stakeholders to carry out the agendas to which their voices contribute. Informed and supported by the new ideas, approaches, and champions developed through the MHTF, traditional and non-traditional actors will have the information, mechanisms, and strategies they need to ensure that maternal health receives the priority and resources needed to reduce maternal mortality and morbidity. Moreover, through the large number of actors who will be engaged, the MHTF will have a ripple effect in generating commitment among these actors' peers. As the constituency grows, so will the potential for sustainability.

Conclusion

As the host for the MHTF, EngenderHealth aims to establish a collaborative, transparent, and well-coordinated entity that will provide the venue and the mechanisms to move the maternal health agenda forward. EngenderHealth's role will be to lead the MHTF in a smart, independent, and honest manner. The MHTF will not infringe upon any other organization's role; instead, it will identify and subcontract with the organizations and individuals best positioned to undertake MHTF activities. EngenderHealth recognizes that full support by and participation of international and national organizations active in maternal health are critical conditions for success.

The MHTF will build on the momentum already underway to reposition maternal health as a global priority. This momentum is driven by advocates, implementing partners, researchers, global organizations, governments, and other stakeholders concerned with the unacceptably high maternal mortality and morbidity rates that persist in many countries throughout the world. While the juncture is ripe to tie their efforts together, there is no clear venue or other mechanism to support the maternal health community to achieve more than the sum of the parts. The MHTF is well poised to fill that void. Capitalizing on that growing momentum and involving new partners, it will have a catalytic effect, accelerating efforts to define and implement maternal health agendas. It will establish an architecture and the processes needed to expand the pool of vested stakeholders, advance the dialogue, and put the common agendas to work. These outcomes constitute the overall vision – a far-reaching, diverse, and dynamic community using evidence-based approaches to reduce maternal mortality and morbidity.



Maternal Mortality Campaign

Presented to the PMNCH Board by Emma Parry

Objectives for 2009:

1. Establish a major new innovative financing mechanism to fund health systems

The High Level Taskforce on Innovative International Financing for Health Systems (IIF) has begun its work and will report into the July G8, as well as in to the 09 IMF/WB meetings. Some of the key components of the health systems that the G8, IMF and WB could support are health workers, health financing, and health information systems. Ensuring maternal health is a priority in its recommendations and getting agreement to its recommendations will be a key lobbying priority for 2009.

2. 20 countries to have financed health plans in place by 2010, to meet the WHO recommended levels of 2.3 workers per 1,000 people by 2015

This will require upping the pace and impact of recognized vehicles, such as the IHPs so that they become key vehicles for facilitating the progress and approval of (new and existing) national health plans as well as provide the means to link them with funding (both aid and domestic financing). Other means of achieving this should also be considered, but the priority is for providing the stronger commitment and increased resources to achieve a successful national health plan that includes maternal health at its centre (for health workers and the overall enabling environment).

3. Appointment by UN Secretary General of someone on Maternal Mortality

The Maternal Mortality Campaign needs a single contact with the specific remit to report to UN Secretary General Ban Ki Moon on MDG5 progress and highlight progress and to demonstrate the UN Secretary General's understanding of maternal mortality as a key issue to the success of all the MDGs and to further ensure that the issue remains high on international agenda

4. Appoint national champions to mobilize action at a national level

This could be a first lady and/or a leading clinician and/or nominee of country president. They would work with national networks and professional bodies and relevant grassroots organizations to mobilize political will, health system action, and resource allocation at national level. The networks would also work to strengthen professional networks in developing countries, and professional partnerships between clinicians in donor and developing countries. All maternal mortality campaigners would seek to support this.

5. Agree on, and develop delivery plans for, a small number of high impact interventions (via the ongoing meetings amongst various groups and with regular circulated materials to all campaigning partners)

These are likely to include:

- Each country should have a good integrated health plan – which must have a maternal health component (and seek improvements to existing plans where this is relevant);
- Skilled birth attendants who are properly distributed in functional health facilities, motivated and supervised, focus on pre-service, updates and training, have access to clean birth equipment medicines and other supplies and are available during pregnancy, labour and birth for basic care, addressing the emergency referral and neonatal;

- Focus on all health workers to meet 2.3 per 1000 target (to increase from 0.8 per 1000 as Africa average) and highlight the fraction competent to manage pregnancy and childbirth;
- Universal access to family planning;
- Focused primary and antenatal care to reduce risk and prompt management of complications e.g. of pre-eclampsia;
- Post partum care (addressing risk of post partum haemorrhage and infection);
- Access to emergency obstetric/newborn care;
- Newborn care and better nutrition/nutritional supplements for mothers and infants (MDG 4 but tied to maternal mortality of course);
- Malaria during pregnancy (MDG 6);
- HIV/AIDS and other STIs (MDG 6);
- Ensure women and communities are fully informed and understand their entitlements on maternal and child health issues, and support as a human rights issue.

6. Ensure maternal mortality is recognized as a key indicator of a functioning health systems

Establishing agreement on the inclusion of maternal mortality as a quality indicator into all health discussions, measures and initiatives that will help to ensure it becomes and remains a priority and point of focus. This goal remains a longer-term target that also makes an effective point about the success of a health system and its direct relation to the population's maternal health.



The Network of Global Leaders

Presented to the PMNCH Board by Helga Fogstad

The Network of Global Leaders was formed at the invitation of Norway's Prime Minister, Jens Stoltenberg, to provide political backing and advocacy at the highest possible level for the Global Campaign for the Health MDGs. Support of this kind will be crucial for the success of the Global Campaign – leading to better health and fewer deaths.


The Global Campaign for the Health MDGs was launched by PM Stoltenberg with other global leaders in New York in September 2007. The aim of the campaign is to increase and sustain the political and financial commitment for the health MDGs, in particular those protecting the most vulnerable, women and children, MDG 4 (reducing child mortality by 2/3) and MDG 5 (reducing maternal mortality by ¾ and universal access to reproductive health).

The Network consists of a small number of international leaders besides Mr Jens Stoltenberg. The other leaders are President Michelle Bachelet of Chile, Prime Minister Jan Peter Balkenende of the Netherlands, Prime Minister Gordon Brown of the United Kingdom, President Armando Guebuza of Mozambique, President Jakaya Kikwete of Tanzania, Prime Minister Kevin Rudd of Australia, President Luiz Inácio Lula da Silva of Brazil, President Ellen Johnson Sirleaf of Liberia, President Abdoulaye Wade of Senegal, President Susilo Bambang Yudhoyono of Indonesia, and Graça Machel, recipient of the UN's Nansen medal for her humanitarian work.

The Network does not convene regular meetings or conferences. Instead, each member ensures that his or her own country's commitment to achieve the health MDGs (MDGs 4 and 5) is sustained and followed up every day. When participating in summits and other high-level global events, they will push for action to achieve the health MDGs by 2015, keeping up the political pressure on behalf of the Global Campaign.

The Global Campaign published a First Year report in September 2008, launched in the UN by PM Jens Stoltenberg. 33 Presidents, Prime Ministers, Global Leaders, heads of International organizations and others contributed to the report. In the same event the High Level Task Force for Innovative Financing Mechanisms was announced, to be chaired by PM Gordon Brown (UK) and President Robert Zoellick (World Bank).

In 2009 the High Levels Task Force, the G8 meeting in Italy and UN General Assembly in New York will be important global arenas and venues for the Network of Global Leaders. To learn more about the Network of Global Leaders and the Global Campaign for the Health MDGs, see www.norad.no/globalcampaign.



Coordination and Information sharing meeting between partners concerned with the SRHR/MDG 5a+b agenda as seen in relation to the broader health aid architecture

Presented to the PMNCH Board by Helga Fogstad

Action Points

The below is a list of action points taken from the discussion and offered to the participants for reaction, discussion, etc. -- potentially to be taken up in other fora such as PMNCH, Countdown, MHTF, HLTF, or at organizational level e.g. WHO, etc. This would then not require agreement or ownership by the entire meeting; it's just a record of ideas raised at the meeting and re-stated in action point format, which we (Sida and Norad) felt would be useful.

Please note that the platforms or actors suggested below to take the various actions forward are only suggested as facilitators. The intend is that these will then adopt a process which will then include the broader constituencies that were present at the meeting.

1. Is SRHR/MDG5 well enough positioned in existing health systems initiatives and what can be done to improve this?

- Develop and disseminate a list **of definitions over key terms** related to SRHR/MDG5 so as to ensure common understanding and harmonization of concepts. PMNCH or WHO or UNFPA can be possible platforms to follow this up?
- Develop a **table or list of the effective RH and MH services and interventions**. There should ideally be a summarized short list of the services and then a more comprehensive list that includes all the interventions. PMNCH, MHTF, WHO possible platforms to follow this up? Need to also identify and agree upon a **core set of interventions (priority intervention)** that can be flagged for advocacy purposed. In regards for high level of advocacy possible platforms could be Women Deliver, Maternal Mortality Campaign, PMNCH, etc;
- **Provide information / knowledge (success stories, lessons learnt) on effective health systems strategies** that have proved effective in eliminating barriers to scaling up universal coverage of RH/MH services. PMNCH, MHTF, WHO possible platforms to follow this up? (USAID has taken a lead within the PMNCH workplan PA1);
- Identify **critical health systems indicators and benchmarks** relevant for SRHR/MDG5 monitoring. Countdown2015, UNICEF, WHO, Guttmacher Institute possible actors / platforms to follow this up?
- Need to better **map number and skills of midwives and health care professionals with obstetric neonatal skills**. Need to be clear what the human resources needs are as it relate to scaling up of RH/MHN services. ICM, FIGO, IPA, WHO possible platforms to follow this up?
- Identify **resources needed (financing gap) to scale up SH/MH services** and make inputs (try to influence) to the High Level Task Force for Innovative Financing for Health Systems work. UN/WB, Norway, Sweden, PMNCH possible actors/ platforms to follow this up?

- **Identify innovative ways to increase funding** and effective channels for funding of RH/MH scale up – part of the HLTF work. WHO, WB, Sweden, Norway, PMNCH to follow this up. Norway commissioned piece of work (HLSP) that will also be followed up;
- Finalize analysis on “Is SRHR/MDG5 well enough **positioned in existing health systems initiatives** (IHP+, High Level Task Force on Innovative International Financing for Health Systems, GFATM etc.) and what can be done to improve this?” and develop strategies to improve current situation. PMNCH, Norway, MHTF as possible actors / platforms to follow this up?
- Develop paper exploring the extent that **maternal mortality can be used as a tracer** indicator for a functioning health system. Norway has commissioned paper on this and will therefore follow this up.

2. Initiatives and actors within the SRHR/MDG5 field – how effective are we and what do we need to do to improve?

- Explore (or clarify?) how and to what degree MDG5a+b can serve as **a platform for addressing the complete range of SRHR issues?** UNFPA, WHO (RHR/MPS) possible actors to follow this up?
- Follow up how to move forward re **use of terminology re skilled birth attendant vis a vis midwife**. ICM, WHO as possible actors to follow this up?
- Develop **joint UN work plan** per countries and distribute to other constituency groups / partners. WHO, UNICEF, UNFPA, and WB to follow this up;
- Develop or complete brief **mapping of bilateral activities** related to SRHR/MDG5a+b at country and global level (mapping covers: a) specific focus, b) total budget allocated to this area, c) mechanism of funding used. PMNCH, including the donor/foundation representatives on the Board possible platform to follow this up?
- Develop a **mapping / brief overview of CSO activities at country level**. PMNCH, including the NGO rep on the Board possible platform to follow this up?
- Develop **mapping / brief overview of Health Care Professional associations (midwifery, obstetrics, paediatrics associations) at country level**. PMNCH incl. HCP rep on the Board to follow this up;
- Need to develop a **partners accountability framework** that can be used to monitor our own effectiveness in our aid and development architecture. PMNCH has this on its work plan – therefore possible platform to follow this up;
- Need to explore how certain initiatives and actors can **create better synergies to maximize on resources and reduce unnecessary duplications**. Areas of opportunities identified at the meeting included: a) MHTF and PMNCH, b) MHTF and the multilateral agencies, c) links between the Maternal Mortality Campaign and the Network of Global Leaders, d) Women Deliver and other global advocacy activities, etc. PMNCH, MHTF, and other partners to follow up;
- Need to develop common **core advocacy messages** that are endorsed by all of us, so that clarity is perceived towards our community as it relates to the key SRHR/MDG5 issues. Need to also agree on **advocacy strategies** that can complement and amplify our total efforts to successfully raising resources and addressing key issues. PMNCH with key number of CSO to follow this up?

3. How can an increase in CSO participation be achieved at the global and country level?

- Need to see how **CSO participation in global and national initiatives** can be enhanced. Different partners to follow up in regards to the various initiatives;
- Review **mechanisms for funding NGOs at grass root level**. How do we go about this? Who can do what in this regard?
- Need to see **stronger cooperation and complementary efforts** to strengthen efficiency and impact on national and global level. CSOs to follow up?



The Catalytic Initiative to Save a Million Lives

Presented to the PMNCH Board by Gheeta Khosla

The Initiative sets out to mobilize international partners to take a common and focused approach in supporting countries and to leverage new funding with the aim to save a million lives by 2010 through the strengthening of health systems. Over US\$300 million has been identified so far to fund the first part of this Initiative. The Initiative should be viewed within the context of the Global Campaign for the Health MDGs and the International Health Partnership (IHP) as a concrete step for country-level scale-up with a focus on “Programme Monitoring and Results Tracking”, in order to demonstrate lessons learned (learning by doing).

Defining the Parameters of the Initiative:

Approach:

The Initiative is based on a “systems for outcomes” approach.

Channels for health systems support:

The Catalytic Initiative outlines two key support pathways (see diagram).

The first, cross-ways pathway, will flow through the UN system and possibly other in-country institutions/ organizations, to support countries (with enabling technical support & capacity building) in:

- Developing harmonized health policy, planning and budget frameworks;
- Strengthening the human resource, managerial and logistical capacities of health system to ensure effective coverage of key interventions at scale (learning by doing).

The second, downward, pathway will provide non-earmarked, performance-based, predictable, long term funding to countries for health services support to sustain and expand improvements in MDG 4 &5.

Focus on Results:

It is intended that the different components of the partnership will be results oriented, with a focus on cost-effective, scientifically validated (“best buy”) child and maternal interventions.

Monitoring and Evaluation:

Using a common, validated method for reporting of results will be key to this initiative. In order to reinforce monitoring methods, we will explore new ways to measure mortality in real-time, allowing for more rapid reporting of results and mid-course correction.

Initial Set of Countries:

As an initial step it is proposed that we begin work in short list of countries (Afghanistan, Benin, Burkina Faso, Ethiopia, Ghana, Mali, Malawi, Malawi, Niger, Pakistan, and Tanzania). This list is not exclusive, merely the first set of countries that will benefit from large scale, multi year funding.

Country-led:

Funding would be in-line with developing countries’ poverty reduction strategy papers (PRSPs).

Partners:

The Catalytic Initiative to save a million lives is currently being developed in partnership with UNICEF, CIDA, The Bill and Melinda Gates Foundation, Norway, USAID, WHO, and AUSAID.