

Implementation of PMNCH 2009-2011 Strategy and workplan

Summary of activities in 2009 and rolling workplan for 2010

Objective:

To inform the Board of 2009 activities and to seek approval for changes in budget and activities for 2010

Executive summary

The Partnership has entered a new phase and approach to working - being "partner centric" - with strong leadership, a set of agreed Priority Actions led by partners, key successes over the past year and a growing membership base. The challenge shared by the Partnership is to ensure that maternal, newborn and child health are kept high on global and national agendas. The Partnership must continue to be bold and ambitious, build on the achievements of its first three years, and to capture the many exciting opportunities emerging in 2010 and beyond.

Key achievements and products from 2009

Priority Action 1 - MNCH Knowledge Management System (pg. 6)

- This year saw the successful conclusion of an MNCH knowledge mapping exercise, conducted for the Partnership by Management Sciences for Health (MSH) a US-based consultancy firm and in close collaboration with the Maternal Health Task Force. Taking advantage of their extensive field office network, the MSH team conducted site visits to eight countries and compiled an inventory of key institutions producing MNCH knowledge. Based on the information gaps and needs/demands identified, a preliminary draft of the proposed content areas and functionality of the new MNCH knowledge portal has been developed. The outline for the portal will form the basis of an RFP to be issued in early 2010 for the development of the portal. The focus in 2010 will be on designing, developing, testing and launching the MNCH knowledge portal.

PA 2 - MNCH Core Package of Interventions (pg. 10)

- Aimed at building consensus on the content and delivery strategies of core MNCH packages, this work focuses on providing the basis for much of the Partnership's advocacy and accountability efforts. During 2009 scientific evidence for intervention packages (categorized according to the strength of evidence) was reviewed and brought together in summary form. This review covered some 190 single interventions. This will provide the basis for a consensus meeting planned for January 2010. The objective is to gain widespread agreement from Partners on the packages.

PA 3 - Essential MNCH Commodities are secured globally and in countries (pg. 14)

- Commodity security is an important part of improving maternal, newborn and child health outcomes. This Priority Action aims to build consensus on MNCH commodities and to provide tools to ensure provision and distribution of commodities across the continuum of care. A scoping study of actors in the field was completed which mapped the main players in the MNCH commodity management landscape, identified key issues impeding commodity security at global and national levels. The report sets out a number of recommendations for partner collaboration. The Partnership is developing a short list of high impact MNCH commodities to be used as markers for country level commodity research studies. Research will also be conducted on effectiveness of forecasting tools. One of the outputs within this Priority Action - harmonization of supply management systems in up to 25 countries - has been dropped.

PA 4 - Strengthening Human Resources for MNCH (pg. 18)

- Achieving universal coverage of reproductive, maternal, newborn and child health services will require concerted efforts by partners to ensure needed training, staff deployment and retention - a neglected aspect of global and local strategies. Work in this priority action area over this past year has provided a Framework of Outcomes on HR for MNCH. This framework will be the basis for an inventory of tools for mapping and assessing HR for MNCH. An evaluation of the effectiveness of the series of Partnership-sponsored HCPA workshops is underway, and findings are incorporated into the design of a workshop planned for December 2009 in the Arab-speaking region. 2010 will see an HCPA workshop in Latin America.

PA 5 - Advocacy for increased funding and better positioning of MNCH in the development agenda (pg. 23)

This year presented an unparalleled opportunity for real progress on MNCH with significantly revived political commitment from a range of policy makers, governments, high-profile ambassadors, due in part to the contributions of the Partnership and critical inputs from members. In 2009, the Partnership contributed to new costing figures for health system strengthening and MNCH through its participation in the High-Level Task Force for Innovative International Financing for Health. PMNCH also provided the platform for the development of the MNCH Consensus which sets out global targets and key policy and program priorities for the achievement of MDGs 4 & 5 and support for MDG 6. The Consensus was brought to the world's attention in the G8 leaders' closing statement at L'Aquila, Italy. 2010 is poised to be a turning point for PMNCH in mobilizing political commitment and resources for MDGs 4 and 5 at global, regional and country levels through harmonized partner action. Major opportunities include working with the IHP+ process and the joint Platform for Health Systems Strengthening (HSS).

PA 6 - Tracking Progress and Commitment for MNCH (pg. 37)

Accountability and transparency are key elements for this Priority Action; these encompass the 'Countdown to 2015' and its products, and an newly-designed Accountability Framework. The Countdown has working groups which follow activities on coverage, policies, equity and financing in 68 MNCH high burden countries. The Accountability Framework was designed with Partners' inputs and intends to link pledges made by donor countries, with subsequent financial commitments, disbursement, use of these funds and ultimately impact in countries. A key achievement during 2009 was a Special Session at the 120th Inter-Parliamentary Union Assembly in Addis Abeba, Ethiopia which drew attention to the role of parliamentarians in holding governments accountable for MNCH outcomes. The draft Framework for Accountability was presented to interested partners in South Korea in October. Work is under way now to locate this important work within a partner organization.

Core functions and staffing (pg. 41)

2009 was a year of significant reformulation and change for the Partnership, with a new partner-centric mode of working, a three-year work plan - approved in April 2009 - which designates Lead Partners as key in moving priority action areas forward and a new Secretariat team structure. In addition an Executive Committee was established in Feb 09. During 2009 the Board held two meetings, while the Committees of the Board (the Executive Committee, EC, and the Finance Committee, FC) held regularly scheduled meetings to deal with the business and operations of the Partnership and take timely decisions between Board meetings. 2010 promises to be a year of "settling into" full-scale implementation of the program of work. Two regular meetings of the Board are planned. Monthly EC meetings will continue as before. With staff recruitment and MOU negotiations successfully completed during 2009, Secretariat staff team can now devote full energies to supporting partners achieve work plan outcomes. Resource mobilization efforts will need to continue until funds are fully committed for 2010 and 2011. Website maintenance will be fully coordinated with implementation of the knowledge portal (PA 1).

2009 expenditures

Table 1 below provides a summary of the projected financial position for each PA and for Secretariat and Core Partnership costs in 2009. The detailed analysis is presented to the Finance Committee (Interim Financial Report 2009).

The point to note is that there is a projected under-spend of \$395,966 for 2009 and that the majority of this under-spend comes from PA3, PA4 and staff costs.

Table 1 - Projected expenditure by Priority Action for the full calendar year 2009, (\$)

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
PA 1	235,000	166,933	233,925	1,075
PA 2	100,000	111,000	118,195	(18,195)
PA 3	335,000	60,523	105,639	229,361
PA 4	760,000	255,502	659,819	100,181
PA 5	543,455	345,636	543,623	(168)
PA 6	430,000	83,385	429,350	650
Core Functions	900,000	573,288	924,301	(24,301)
Staff costs	2,198,000	1,490,637	2,090,637	107,363
Total	5,501,455	3,086,904	5,105,489	395,966

Budget for 2010

Table 2 sets out the proposed revised budgets for 2010. Details of the proposed changes are set out in the following sections. However, the main points to note are as follows:

- We do not propose to 'roll-forward' underspends for 2009 by PA. The implication of this is that either the PA activities in 2009 have been completed within budget, or that we judge that it is unlikely to be necessary to incur this cost in delivering the PA outputs in the future.
- The only changes in budgets are to increase the PA1 and PA2 budget by \$100,000 each to reflect increased costs and decrease PA3 budget by \$100,000. There are some minor changes within PAs in terms of allocations by Output – which are set out in the body of this report.

The funding position is presented to the Financial Committee in a separate fundraising document.

Table 2 - Proposed revised budget for 2010

Activities	Original Budget	Revised Budget	Change
PA 1	335,000	435,000	100,000
PA 2	200,000	300,000	100,000
PA 3	848,000	648,000	-200,000
PA 4	230,000	230,000	-
PA 5	2,036,000	2,036,000	-
PA 6	875,000	875,000	-
Core Functions	900,000	900,000	-
Staff costs	2,031,000	2,031,000	-
Total	7,455,000	7,455,000	0

Introduction

Purpose of the paper

The Partnership for Maternal, Newborn and Child Health (PMNCH) Strategy and Workplan 2009 – 2010 document sets out an activity framework for the Partnership in six Priority Action (PAs) areas. These list the activities as well as an estimate of the delivery budget required over the three year period.

The purpose of this paper is therefore to:

- inform the Board about the key achievements and products from activities undertake in 2009 under each of the six PAs; and
- to seek the Board's approval for any proposed changes to the Strategy and Workplan 2010 activity and budget plan.

Context

The PMNCH reinforces and relies on the individual work, mandates, and responsibilities of each partner organization. It is a 'partner centric' Partnership, which facilitates and ensures that the sum of the collaboration is greater than the individual actions.

Each PA has one or more lead partners who are responsible for taking forward and overseeing the implementation of activities under the relevant area of work. The Secretariat

of PMNCH supports the implementation of the workplan and keep track of activities and communication among partners.

The PMNCH PAs and their respective lead partners are shown in Table I below:

Structure of the paper

The paper will be presented to the Board by lead partners for each Priority Action area. The following structure will apply for each PA:

- presentation of an overview of activities in 2009;
- key issues about the planned activity and budget for 2010; and
- relevant PA table from the Strategy and Workplan 2009 – 2011 document, with highlighted activities already undertaken (green for activities completed, yellow for activities started, white for activities not yet started).

The Board is asked to approve any proposed changes to the planned activity and budget for 2010, as presented by the respective lead partners.

Table I: Lead partner(s) and respective PAs

Lead partner(s)	Priority Action areas
W Graham (ART), Z Bhutta (HCPAs)	PA 1 – MNCH Knowledge Management System.
E Mason (WHO), Z Bhutta (HCPAs)	PA 2 – MNCH Core Package of Interventions
J.Upadhaya/H Belhadj (UNFPA), P Villeneuve, Ian Pett (UNICEF)	PA 3 – Essential MNCH Commodities are secured globally and in countries
M Islam (WHO), A. Lalonde (FIGO), B Lynch (ICM), J Schaller (IPA)	PA 4 – Strengthening Human Resources for MNCH
A Starrs (FCI), H Fogstad (NORAD)	PA 5 – Advocacy for increased funding and better positioning of MNCH in the development agenda
S. Chowdhury (WB), M Chopra (UNICEF), Z Bhutta (HCPAs)	PA 6 – Tracking Progress and Commitment for MNCH

Priority Action I - MNCH Knowledge Management System

PA I - Overview of 2009

Synthesizing the evidence and making relevant knowledge products accessible to stakeholders within the MNCH community are essential starting points that will take high-burden countries closer towards achieving MDGs 4 and 5. Currently information on MNCH is scattered over diverse sources, is of varying quality, and is not always easily accessible. A knowledge management system is required to share consensus on the content, delivery strategies and utilization of a core package of MNCH interventions to be delivered at each level of the health system across the continuum of care. The outcome of this work will be a robust knowledge resource, which is readily available to the global health community. PMNCH is the hub coordinating activities for the portal.

Key achievements and products from 2009

- Mapping of MNCH Knowledge Resources completed
- Outline of Phase II- A New Knowledge Management System - drafted
- Key actors identified & complementarity identified to ensure that the PMNCH system “adds value”
- Key knowledge products developed across the PAs

Activities in 2009

Output 1: *Mapping of existing knowledge resources relevant to MNCH, and links integrated into existing PMNCH website*

The knowledge mapping exercise undertaken by MSH after competitive bid was completed in November 2009. This work was undertaken in close collaboration with the Maternal Health Task Force. Around 300 respondents participated in interviews or surveys. The MSH team conducted site visits to eight countries. In addition they identified the main sources of scientific and grey literature on MNCH and compiled an inventory of the key institutions around the world producing MNCH knowledge. The results of this exercise will be presented at the Board meeting and the final report will be disseminated shortly.

Output 2: *Knowledge portal created and sustained*

Based on the information needs and gaps identified in the knowledge mapping exercise and in consultation with lead partners a preliminary draft of the proposed content areas and functionality of the new MNCH knowledge portal was developed. Discussions were held with other relevant initiatives managing knowledge resources, such as the MHTF, to identify the essential added value and complementarity of the PMNCH's proposal. An outline for the portal will be presented to the Board and will form the basis for developing the Request for Proposals and the Terms of Reference for the portal development planned in 2010.

Output 3: *Knowledge summaries on critical issues for MNCH prepared or supported, and key “gaps” flagged to the PMNCH Board*

An example of a key knowledge summary produced through or with the engagement of the PMNCH was the publication setting out the Case for Asia and the Pacific to invest in maternal, newborn and child health. Such Knowledge Summaries are envisaged to be implemented in future.

Budget

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
PA I	235,000	166,933	233,925	1,075

PA I - Activities in 2010

The focus in 2010 in PA I will be on designing, developing, testing and launching the MNCH knowledge portal. The objective is to enable the MNCH community to have access to a "one-stop shop" or gateway to essential knowledge required to accelerate progress towards achieving MDGs 4 and 5. PMNCH will coordinate activities regarding the KMS and a steering committee will be established.

Next steps in delivering the Strategy and Workplan in 2010

1. Consult with Steering Committee and technology experts to draft an RFP for portal development and testing.
2. RFP issued and processed to develop the test portal. This will include links to the essential knowledge resources.
3. Test portal developed. Based on identified knowledge gaps, initial prioritized analytical work is commissioned.
4. MNCH portal tested with selected end users from different regions and different MNCH constituencies.
5. Regional hubs meeting to discuss MNCH knowledge management system. Pilot sites selected for ongoing monitoring and evaluation.
6. Portal design and functionality finalized based on end user testing and regional meeting, RFPs for management issued as appropriate.
7. MNCH portal - global and regional components - launched, updated and managed, and monitored.
8. Presentation of progress, utilization and further development of PMNCH portal to the Board.
9. Assessment of the utilization of the essential MNCH knowledge in policy, programs and practice
10. Presentation of findings to PMNCH December 2011 Board meeting.

Timetable for 2010

As planned

Budget

\$	2010 Original	2010 Revised
Total Budget for PA I Knowledge Management	335,000	435,000
By output:		
1. Knowledge Mapping	0	0
2. Knowledge Portal	135,000	235,000
3. Knowledge Gaps	175,000	175,000
Staff Travel	25,000	25,000

NOTE: The approved budget for 2010 was \$335,000 but the activities to develop the web knowledge portal require additional \$100,000.

[Completed activities in 2009] - [Activities started in 2009]

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
Priority Action KM (I): MNCH knowledge management system Outcome: Robust knowledge ¹ resources ² readily available and knowledge gaps ³ flagged through a comprehensive knowledge management system (KMS) Value added: The broad membership of the PMNCH enables Partners to contribute and the knowledge management system to be looked to as the “one-stop shop” providing easy access to knowledge resources to achieve MDG4 & 5.						
I. Mapping of existing knowledge resources relevant to MNCH, and links integrated into existing PMNCH website (“quick win”)	I.1 Inventory of existing knowledge resources available and regularly updated; I.2 Links to knowledge resources available via PMNCH website	Scope of mapping exercise defined (to include locating existing relevant resources and then identifying specific remit for the PMNCH KMS to add value) & outsourced consultants identified; Mapping completed & inventory available; Links live on PMNCH website	May-Jun 2009 Jul – Oct 2009 Dec 2009	\$ 50,000	Mapping outsourced to relevant knowledge management group, with oversight from small Task Team; W Graham and Z Bhutta	Ensure smooth and coordinated interactions between PAs; Initiate TOR of task team; Establish mechanism to identify consultants to map existing knowledge Manage consultants and expectations and communicate with partners Oversee reporting.

¹ “Knowledge” on burden, interventions, measurement tools, implementation, policies, strategies (note: final definition of “knowledge” and delimiting of topics depends on initial scoping exercise – output 1).

² Websites, other portals, knowledge repositories (e.g. Cochrane library), etc.

³ “Gaps” in terms of, for e.g. lack of systematic review, no/few players, unanswered research questions, etc. Note: crucial liaison need with Priority Action 3

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
2. Knowledge portal⁴ created and sustained.	2.1 Knowledge portal launched; 2.2 Number and frequency of system updates to integrate new knowledge products identified, including those generated by other Priority Action areas of PMNCH.	Technical design document for portal developed and available (designed to take account of resources identified by mapping - output 1 above); Operations manual available.	Beta version of portal available by late 2009, & fully operational by mid 2010	\$100,000 in total for design of knowledge portal (costs \$ 25/75 in 2009/10); ~\$ 60,000 per year for IT.	Outsourced to expert portal design service, with oversight from small Task Team; IT aspects of routine maintenance undertaken by outsourced expert group.	Oversight for development of ToRs for outsourced group, tendering process, progress of design work, and routine maintenance contract.
3. Knowledge summaries on critical issues for MNCH prepared and key “gaps” flagged to the PMNCH Board.	3.1 Number of knowledge summaries ⁵ prepared (by request/demand from other Priority Action areas, the Board or from countries). 3.2 Number of knowledge “gaps” flagged to Board.	Guidelines available on scope of knowledge summaries; First requested knowledge summary completed; First tailored knowledge package available to priority countries; Procedure developed for flagging to PMNCH Board significant knowledge gaps.	Draft by mid 2009, finalized by Sept 2009 Dec 2009 Dec 2009 In place by Jan 2010	~\$100,000 per year for knowledge management function (including HR) undertaken by outsourced group (budget dependent on number of knowledge summaries requested); ~\$100,000 per year for brokering discussions/ facilitating filling of key knowledge gaps.	Small Task Team.	Oversees work of outsourced knowledge group. Supports Board processes to address knowledge gaps.

⁴ Defined as a website which acts as a gateway or introduction to many other websites, offering a search engine, links to useful resources and other possible services, (see below) such as news pages, discussion groups, online enquiry, and a repository of knowledge appraisals.

⁵ Knowledge summaries: scope may vary by topic, but likely to comprise simple standardized proforma on what is “known” (+key references, ideally to systematic review), who are main actors (web links through portal), ongoing work/initiatives, gaps and research questions already identified, etc.

Priority Action 2 - MNCH Core Package of Interventions

PA 2 - Overview of 2009

This PA aims at achieving consensus on the content and delivery strategies of core MNCH packages. A main element of this work is analysis and categorization of about 190 MNCH interventions across the continuum of care and delivery levels. The information is to be categorized into Category 'A' (packages for which the evidence on efficacy and scaling-up is widely accepted); Category 'B' (packages for which there is discrepancy on efficacy and/or scaling-up information); and category 'C' (promising packages for which evidence on efficacy and/or scaling-up is not yet available).

WHO - together with the scientific and health care professional communities - is working to provide the evidence for packages of interventions on MNCH. This includes scientific evidence (efficacy) of the components of packages of interventions as well as the effectiveness (application and challenges for scaling up interventions and the levels at which they should be implemented). Both lists - which are based on the latest scientific and practical evidence on MNCH - are expected to be merged and to be discussed at a consensus meeting in early 2010 with a variety of stakeholders.

Key achievements and products from 2009

- Scientific evidence for list of packages of interventions for Category 'A' reviewed.
- Scientific evidence for list of packages of intervention for Category 'B' and 'C' reviewed
- Discussion themes for a Consensus Meeting in early 2010 on Category 'A' and Category 'B' defined
- Report covering scientific evidence for packages of interventions in Category 'A' and Category 'B' produced.

Activities in 2009

Output 1: *Consensus developed on content of MNCH package of interventions at each level of the health care delivery system and agreement on how to scale up.*

Scientific review of (about) 190 single interventions and their incorporation

on packages of interventions. Work undertaken by both the team in Pakistan and the group in WHO on reviewing scientific evidence and categorizing the evidence into lists 'A', 'B' or 'C' was undertaken, and an consensus of agreement was achieved on the classification of packages of interventions.

Output 2: *Research gaps identified into content of core package of interventions identified, and ongoing researched mapped and synthesized.*

Initiation of work to identify research required for the list of packages of interventions for Category 'B' of 'C'.

Output 3: *Consensus built on revised core MNCH packages and agreement reached on how to scale up implementation*

Identification of areas of discussion for a meeting in early 2010 on Category 'A' and category 'B' with a wide variety of stakeholders.

Budget

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
PA 2	100,000	111,000	118,195	(18,195)

NOTE: There was an underestimation of the work required to undertake the reviews when putting together the budget, and as a consequence, PA2 was under budgeted for 2009.

PA 2 - Activities in 2010

'Category 'A' and Category 'B' will be discussed at a consensus meeting in early 2010 with a wide array of constituencies. Continuation of the desk work on the updating of the lists will be undertaken. Research gaps will be identified and reviews commissioned.

Next steps delivering the Strategy and Workplan in 2010

Finalize mapping of available evidence of efficacy/effectiveness of selected interventions for maternal, newborn and child survival (mostly from randomized controlled trials, RCTs):

1. Assess quality of all published Cochrane-type systematic reviews using AMSTAR criteria, suggested by WHO, and use this assessment to either keep or exclude the reviews as evidence
2. Map available evidence on the delivery (either individually or in integrated manner) of these selected interventions for maternal, newborn and child survival (mostly from cRCTs focusing on program effectiveness)
3. Assess quality of all published Cochrane-type systematic reviews using AMSTAR criteria, suggested by WHO and use this assessment to either keep or exclude the reviews as evidence
4. Convene meetings with partners for agreement of final "classification"
5. Summarize the results of the systematic reviews, also presenting the level of mortality averted, feasibility and level (complexity) of delivery
6. Identify gaps and prioritize work needed
7. Commission of reviews identified as priority
8. Development of databases, update, management and analysis of results
9. Publication of process and key findings

Timetable for 2010

As planned

Budget

\$	2010 Original	2010 Revised
Total Budget for PA 2 Core Packages	200,000	300,000
By output:		
1. Interventions Consensus	0	100,000
2. Intervention Gaps	190,000	190,000
3. Scale Up	0	0
Staff Travel	10,000	10,000

NOTE: The approved budget for 2010 was \$200,000. It is now evident that this type of work requires more time than envisaged for 2009. The current outputs from this PA are the basis for inputs for PA1 and PA5, and this information will be used for policy making. Given that the results generated next steps and actions, the scope of work increased. The work cannot be completed with the proposed budget on time.



[Completed activities in 2009] - [Activities started in 2009]

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
<p align="center">Priority Action CP (2): MNCH Core Package of interventions</p> <p>Outcome: Consensus on the content, delivery strategies and utilization of for a core package of MNCH interventions to be delivered at each level of the health care delivery system across the continuum of care.</p> <p>Value added: PMNCH membership represents an appropriate mix to advocate using a common set of interventions, thereby increasing the harmonization of evidence-based approaches. Partners will jointly identify implementation research gaps.</p>						
1. Consensus developed on content of MNCH package of interventions at each level of the health care delivery system and agreement on how to scale up.	1.1 Document with key interventions across the continuum of care with level of delivery available.	Document by July 09 to be discussed for consensus in 2009-2010.	Activities completed in 2009	\$100,000	WHO, HCPs (Z Bhutta) Academics, BRAC	Facilitate discussions between partners and assist in the finalization of the consensus document; Contribute to the process; Ensure smooth and coordinated interactions between PAs.
2. Research gaps identified into content of core package of interventions identified, and ongoing researched mapped and synthesized.	2.1 Report of research gaps and mapping completed and gaps identified.	Report by end 2009.	2010	\$ 200,000	WHO, HCPs Academics / Research Community, BRAC	Support and management of process (commissioning of systematic reviews etc).
3. Consensus built on revised core MNCH packages and agreement reached on how to scale up implementation.	3.1 Document with revised core packages and strategy for scaling up.	Synthesis report on core packages; Meeting report on agreement on strategy for scaling up.	Meeting in 2011	\$ 200,000	WHO , HCPs (Z Bhutta) BRAC	Facilitate the discussion and assessment, organize the meeting and assist in the finalization of the document.

Priority Action 3 - Essential MNCH Commodities are secured globally and in countries

PA 3 - Overview of 2009

Commodity security is an important part of improving maternal, newborn and child health. Lack of medicines and irrational use of the available medicines compromises maternal and child health outcomes. Stemming from inefficiencies in forecasting, manufacturing through to down market issues such as storage, transportation, data and rational use, procurement of MNCH medicines remains suboptimal in many countries.

This PA intends to build a consensus on MNCH commodities and to provide tools to ensure provision and distribution of commodities for the continuum of care. A scoping study of actors in the field was undertaken and discussed with partners. It mapped the main players in the MNCH commodity management landscape and their focus areas, identified the key issues impeding commodity security at both the global and country levels, and recommended potential areas for Partner collaboration.

During the implementation of the activities on PA3 there has been interaction with the H4 group. The H4 produced a list of essential medicines and this was used as a basis for defining markers for commodities for country studies to be undertaken. Population Action International is about to initiate in 2009 studies in country on factors affecting maternal commodity security and PMNCH will add to these studies newborn and child commodity components. These studies will inform PA1's scope of work for 2010.

At a meeting of Partners working on PA3 in NY it was decided that Output 3 on 'Harmonized supply chain mechanisms' was not relevant given that they operate through national supply mechanisms and not through an harmonized supply chain mechanism. Therefore, output 3 will be not be pursued.

Key achievements and products from 2009

- Report on the current status and players in commodity management for MNCH completed (to be distributed for the December Board meeting).
- Agreement reached with Population Action International on the scope of commodity research study at the country level.

Activities in 2009

Output 1: *Consensus reached on the supply component of evidence-based MNCH interventions and a basket of essential commodities identified*

A meeting of main stakeholders/Partners working on commodity management was held in New York in 2009. The mapping document was reviewed, and workplan assessed. A list of essential medicines produced by the H4 was reviewed. This included only MNC medicines and was complemented with child health commodities.

Output 2: *Set of tools and guidance material agreed and used by partners for country MNCH commodity supply management*

Output 3: *Partners' supply management system harmonized, agreed upon, and implemented in up to 25 countries*

Activities for this output were revised in 2009 (see above).

Output 4: *Global availability and efficiency in procurement by innovative ways for sustained supply of quality commodities to developing countries*

Activities for this output were revised in 2009

Budget

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
PA 3	335,000	60,523	105,639	229,361

PA 3 - Activities in 2010

The PA3 contributing partners of the PMNCH present at the October 2009 PA3 consultative meeting at the UNFPA offices in NY included UNFPA, UNICEF, World Bank, Reproductive Health Supplies Coalition (RHSC), USAID, Management Sciences for Health (MSH), Population Action International (PAI), World Vision International (WVI), and John Snow International (JSI). They recommend the following steps for 2010 **(Please note that this is a departure from the original WP&B 2009-2011 as follows):**

Next steps in delivering the Strategy and Workplan in 2010

Output 1

- PMNCH to liaise with H4 to collaborate on lists of medicines as well as advocacy initiatives
- PMNCH to pursue links with PA2 on effective interventions and essential medicines and commodities.
- PMNCH partners to work to commission studies with Population Action International on supply issues for high impact MNCH medicines. Studies will cover commodity management from production to procurement through to rational use including upstream supply issues. These will use existing sources of information: World Bank- 5 years of data on more than 2,000 supplies; UNICEF, JSI, PAI and MSH.
- Additional country studies will be undertaken to address gaps emerging from the PAI pilot studies.

Output 2

- PMNCH to analyse MNCH commodity management tools based on the work of the Aids Medicine Delivery Services (AMDS), MSH and JSI on forecasting tools. Based on findings, additional tools or guidelines will be developed.

Output 3

- Partners do not operate on separate supply systems rather most use the national supply system. Consequently budget for Output 3 will be reduced.

- Funding for country studies will be shifted from Output 3 to Output 1 in 2010

Output 4

- Revise output 4 during discussions following the results of the research studies on commodity management issues related to the high impact medicines. The team of Partners working on commodities consider that there is no evidence for the requirement for a global MNCH procurement system. Partners discussed the possible value of joint planning but not explicitly of joint procurement. This will be reviewed in 2010 and a recommendation for action in 2011 will be made.

Timetable for 2010

Changes as described above.

Budget

\$	2010 Original	2010 Revised
Total Budget for PA 3 Essential Commodities	848,000	648,000
By output:		
1. Commodities Basket	150,000	300,000
2. Tools & Guidance	120,000	120,000
3. Supply Management	433,000	58,000
4. Procurement	120,000	120,000
Staff Travel	25,000	50,000

NOTE: In 2009 co-funding was achieved for country studies. A total of \$100,000 will be shifted from Output 3 to Output 1 for planned country studies for 2010. A total of \$100,000 will be transferred to PA1 and \$100,000 to PA2.

[Completed activities in 2009] - [Activities started in 2009]

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
<p>Priority Action EC (3): Essential MNCH Commodities are secured globally and in countries</p> <p>Outcome: Consensus reached on the essential commodities for MNCH and partners commodity management harmonized and implemented in 25 countries.</p> <p>Value added: Partners are currently working separately on developing capacity and meeting supply/commodities needs. Close coordination will harmonize supply policies and strategies and maximize the use of collective resources, increasingly meeting countries' needs with reduced transaction costs.</p>						
<p>1. Consensus reached on the supply component of evidence-based MNCH interventions and define a basket of essential commodities identified</p>	<p>1.1 List of essential MNCH commodities developed and made available;</p> <p>1.2 Country-specific minimum commodity package determined in 25 countries.</p>	<p>MNCH minimum supply package identified (draw from existing disparate guidelines for MN and C);</p> <p>Expert meeting to develop a minimum core consensus MNCH package (including FP) at the global level in coordination with WHO essential medicine list;</p> <p>Country specific minimum package of commodities determined and adopted by national coordination committees in 25 countries.</p>	<p>2009</p> <p>December 2009</p> <p>2nd Qtr 2010</p>	<p>\$ 25,000 includes external experts travel. Participating agencies' support their own technical staff;</p> <p>\$ 10,000 (local expenses) per country x 3= \$ 30,000 in 2009; x15=\$150,000 in 2010; x 7=\$ 70,000 in 2011.</p>	<p>WHO, UNICEF, UNFPA, USAID Members of the RH CS Coalition, including World Bank, Save The Children etc.</p>	<p>Facilitate convening of experts to identify the components of an essential MNCH supplies package + supporting documentation. Assist with the development of the list/document;</p> <p>Ensure smooth and coordinated interactions between PAs.</p>
<p>2. Set of tools and guidance material agreed and used by partners for country MNCH commodity supply management.</p>	<p>2.1 A common guideline and tool for in-country supply management system developed and made widely available.</p>	<p>Agree on tools for supply management, forecasting, costing and information management system and their use by Partners.</p>	<p>Tools designed and tested in 2009, 2010. Final version ready in 2011.</p>	<p>Consultative meetings (up to 5): \$ 300 000; \$ 60 000 in 2009.</p> <p>Refer to PA1</p>	<p>WHO, UNICEF, World UNFPA, World Bank, USAID, John Hopkins , Costing Working Group</p>	<p>Facilitate interaction between working groups and impact assessment; Facilitate development of guideline and tool and disseminate when available.</p>

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
3. Partners' supply management system harmonized, agreed upon, and implemented in up to 25 countries.	<p>3.1 A common, harmonized partners supply management system emerging from country assessments leading to global action;</p> <p>3.2 Identification of existing delivery gaps through research.</p>	Strategic plan developed for 25 countries; A costed master commodity plan prepared based on priority setting for an integrated MNCH package; Commodity guidelines for in country distribution; Guidelines for forecasting and quality assurances; Resource mobilization plan for MNC (incl FP) logistics and supplies developed and 90% requirement met from domestic and development partners' resources.	<p>Starts in 2010- completed by End 2014</p> <p>2010-2014</p>	<p>\$ 100 000 per country (co-shared) consisting of: 3 pilots in 2009 (\$ 300 000); 2 pilots in 2010 (200,000); 10 second phase countries in 2010 (at \$ 20 000); \$ 200 000; 10 in 2011 at 20,000= \$ 200 000; Total \$ 900 000;</p> <p>In-country and 1-2 regional meetings of 10-20 experts = \$ 115 000 (\$ 57.5 in 2010 and 2011. DSA and Travel not included. Shared by agencies.</p>	<p>IHP+/HHA (and equivalent in Asia), include WHO, UNICEF, UNFPA, World Bank, and USAID, John Hopkins, DfID, CIDA, KfW, IPPF;</p> <p>International Task Force on Innovative Financing, Working Group I.</p>	<p>Help monitor through central data base of progress in the selected countries.</p> <p>Facilitate meetings and partner discussions leading to the development of the supply management system;</p>

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
4. Global availability and efficiency in procurement by innovative ways for sustained supply of quality commodities to developing countries.	<p>4.1 Innovative mechanism of procurement and supply identified at global level;</p> <p>4.2 Supply/demand gaps are identified in 25 countries, and a strategy defined to address them is developed through global public/private dialogue.</p>	<p>PMNCH lead partners engage with public/private sector (economies of scale and leveraging costs). New solutions for cheaper medicines, new commodities, global manufacturing to increase supply of commodities;</p> <p>Reduction in price with quality commodities obtained. Patent and generic production related trade issues evaluated and agreed.</p>	Mapping of potential public/private sector sources in 2010	<p>Assessment study public-private + Global expert meeting/review of supply and financial gaps \$120,000</p> <p>In 2010; \$ 50,000 in 2011; Evaluation/ Assessment of results achieved (data collection+ consultancy).</p>	UNICEF, UNFPA, WHO, USAID. Work with RH commodity security Coalition, GAVI, UNITAID, KFW, GF etc.	<p>Help identify new private sector partners/mapping;</p> <p>Manage consultants to contribute to the assessment of new solutions for cheaper medicines, global manufacturing and commodities;</p> <p>Contribute with technical inputs on drafts; Advocate dissemination of reports emerging from this work.</p>

Priority Action 4 - Strengthening Human Resources for MNCH

PA 4 - Overview of 2009

This work involves building consensus among the three Health Care Professional Associations (FIGO, ICM and IPA), as well as the Global Health Workforce Alliance (GHWA), UNFPA and NORAD on the delivery of outputs. An inventory of tools for mapping human resources for MNCH is being carried out. Also, an evaluation of the effectiveness of health care professional association (HCPA) regional workshops is being planned. Experience from the first three regional workshops is being applied to the design of a fourth workshop to take place in the Arab-speaking region, i.e., in Amman in December 2009, followed by a workshop in Latin America (Bolivia) in 2010.

Key achievements and products from 2009

- Framework of Outcomes on HR for MNCH developed; this framework will provide the basis for an inventory of tools for mapping/assessing HR for MNCH.
- Progress implementing action plans emerging from HCPA workshops (held in Nigeria and Burkina Faso) assessed and technical assistance to define future actions in these two countries provided.
- Regional workshop for the Arab-speaking states organized for December 2009
- HCPA database developed
- PMNCH advocacy session held during the XIX FIGO Congress in Cape Town

Activities in 2009

Output 1: *Ensure that MNCH aspects of HR are adequately included in national health plans and human resource plans*

WHO developed a Framework of Outcomes to undertake the inventory work for tools and guidelines to assess MNCH human resources. A temporary Advisory Working Group was formed which includes WHO (three departments), UNFPA, World Bank, UNICEF and the GHWA. A consultant was identified to undertake the inventory.

Output 2: *Analysis relating to MNCH content of human resource issues identified and research commissioned*

A preliminary assessment of progress on the implementation of HCPA workshop in Burkina Faso and Nigeria provided key inputs for future workshops. It reflects the usefulness of the workshops in placing HCPAs at the heart of the discussion on MNCH and its role in catalyzing collaboration among HCPAs. The assessment also pointed to drawbacks for implementation of post-workshop plans: lack of funds, weak institutional strength, and lack of leadership. UN organizations committed to support HCPAs to align activities to the MoH and agency plans.

The preparations for the Arab speaking countries in Amman are under way. The workshop will bring together representatives from at least nine countries. The UN offices are involved in the implementation of the workshop.

Output 3: *National HCPAs strengthened and involved in MNCH policies, planning and initiatives at the country level*

An HCPA database was developed to centralize information on national chapters of FIGO, ICM, and IPA. This will facilitate communication and capacity building among them. The database is being expanded to include additional HCPAs.

PMNCH hosted a session during the XIX FIGO Congress in Cape Town to sensitize audience on the need for collaborative work among HCPAs and between HCPAs, Ministries of Health and development partners.

Budget

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
PA 4	760,000	255,502	659,819	100,181

PA 4 - Activities in 2010

Key issues in delivering the Strategy and Workplan in 2010

The strategy for 2010 focuses on HR analysis and action. The HR inventory tool will be used and disseminated in 2010 through workshops. **(Please note that this is a departure from the original WP&B 2009-2011 as follows):**

Output 1: *Ensure that MNCH aspects of HR are adequately included in national health plans and HR plans*

- The comprehensive inventory of tools (including indications for their use, strengths, weaknesses, etc) for assessing HR for MNCH will be undertaken in 2010.
- Results of the inventory will, in a similar fashion to the 'assessment of costing tools', is likely to lead to the development of an 'adjusted tool' to measure MNCH HR.
- The resulting 'adjusted tool' will be disseminated in countries through regional technical meetings for HR planners. Two regional technical meetings will cost approximately 140 000 \$. These costs are reflected in the revised budget below.

Output 2: *Analysis relating to MNCH content of HR issues identified and research commissioned*

- Follow up on implementation of HCPA workshop action plans in selected countries and recommendations to participants to implement them.
- Impact evaluation of past workshops held in Malawi, Burkina Faso and Bangladesh will be undertaken. Impact evaluation will yield recommendations for the future of health care professional workshops.
- Situation analysis of needs for scaling up HR for MNCH to be undertaken in 17 countries which participated in past regional workshops.
- The Latin American HCPA workshop will take place in Bolivia in early 2010. Participating countries were chosen based on mortality rates and

human resources figures. This will be linked to the regional South-South cooperation project "Actuemos Ya por las mujeres y los niños", aimed at sharing of best practices in MNCH implementation and increasing human resources capacity for MNCH. This project was launched in September 2008 in Santiago de Chile by Chilean President Bachelet and Norwegian Prime Minister Stoltenberg.

Output 3: *National HCPAs strengthened and involved in MNCH policies, planning and initiatives at the country level.*

- These activities will be now incorporated into Output 2. Funds originally assigned for Output 3 will now be split between Output 1 and Output 2.

Timetable for 2010

Changes as described above.

Budget

\$	2010 Original	2010 Revised
Total Budget for PA 4 Human Resources	230,000	230,000
By output:		
1. HR National Plans	0	140,000
2. HR Analysis /Research	80,000	80,000
3. National HCPAs	100,000	0
Staff Travel	50,000	10,000

NOTE: Internal transfers between outputs have been done in the revised budget.

[Completed activities in 2009] - [Activities started in 2009]

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
<p>Priority Action HR (4): Strengthening Human Resources for MNCH</p> <p>Outcome: Include integrated human resource planning as part of national MNCH plans which ensure that MNCH skills and competencies are addressed, knowledge gaps within human resources management adequately addressed, and strengthened health care professional associations involved more directly in national health planning.</p> <p>Value added: PMNCH provides a neutral platform for consultation for HCPAs and other civil society stakeholders for HR strategies to be made specifically for MNCH. The PMNCH membership will facilitate the building of linkages between HCPAs and members of other constituencies.</p>						
<p>I. Ensure that MNCH aspects of HR are adequately included in national health plans and human resource plans</p>	<p>I.1 Assessment of HR for scaling-up MNCH services (incl FP) in 25 countries;</p>	<p>Consultant researches and develops an effective situational analysis tool and framework for mapping;</p>	2009	\$ 50,000 consultant/ meetings/travel;	<p>Lead: WHO Co-lead HCPA organizing group Contributing: HCPA advisory group, National Government and the H4 (UNFPA, UNICEF, WHO and WB), and GHWA.</p>	<p>Draft TORs for the consultant, process contract and follow up on deliverables;</p>
	<p>I.2 Strategy developed and shared with relevant health care providers (strategies should include strengthening organizations of health care providers and development of joint activities with global partnerships such as the GHWA and IHP).</p>	<p>Strategy for the inclusion of MNCH health care providers developed. Inputs will include number of countries in which: HR for MNCH strategies have been developed, MoH MNCH plans/policies/IHP compacts developed with the participation of MNCH health care providers;</p>	2009	\$ 60,000 for development of framework and documentation.		<p>Facilitate meetings and discussions for the development of the strategy, finalize and disseminate documentation;</p>
			2010			<p>Monitor health care provider presence on relevant taskforces;</p> <p>Liaise with partners to outline activities in countries and follow up on their implementation;</p>

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
2. Analysis relating to MNCH content of human resource issues identified and research commissioned;	2.1 Analyses undertaken through meetings with country HR and reported in at least 25 countries;	Three operational research studies undertaken (e.g. on task shifting and task sharing);	2009-2010	\$ 140,000 consultant/ academic organization, meetings, travel (2009);	Lead: HCPA advisory group Contributing: national and relevant regional MNCH health care providers, MOH;	Draft TORs for the consultant, process contract and follow up on deliverables including situational analyses, development of an evaluation tool and drafting of follow-up plans;
	2.2 HCPAs workshops carried out successfully;	Situational analysis conducted in 17 countries increasing to 25 countries (countries will be prioritized based on where HCPA workshops have already taken place) on HR distribution/gaps and bottlenecks for the achievement of the listed deliverables in 17 countries. Implementation plan for activities specified in output 2 for 2010.	2009-2010	\$ 210,000 for three operational research studies.		Participate in preparatory work with HCPAs to identify and undertake studies, keep a record of all collaborations with the MOH and other partners, all taskforce meetings, signed agreements and plans;
	2.3 Follow-up with participants carried out.	Two Healthcare professional workshops conducted in Arab speaking countries and in Latin America based on the list of 25 priority countries;	2009-2010	\$ 240,000 HCPA meeting costs 2009		Organize and provide logistic support for the HCPAs regional workshops.
		Evaluation tool developed & Evaluation conducted in 17 countries (subsequently 25);	2009-2010	\$ 30,000		Participate in consultative meetings and keep records of decisions;
		Follow up plan developed for 17 countries with attached budget and implementation table (subsequently 25).	2009-2010	\$ 10,000		Secretariat to ensure smooth and coordinated interactions between PAs.

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
3. National HCPAs strengthened and involved in MNCH policies, planning and initiatives at the country level	<p>3.1 Strengthening national HCPAs in 25 countries (infrastructure, organization, communication etc) through seed money grants and agreed frameworks and indicators</p> <p>3.2 Engagement of HCPAs in MDG4 and 5 planning and policies in country;</p> <p>Number and quality of interactions between HCPAs and policy makers;</p> <p>Modifications of policies resulting from these interactions.</p>	<p>Reports of meetings and interactions between HCPs and Governments at country level;</p> <p>New or revised HR MNCH policies;</p> <p>One meeting per year between UN, donors and HCPAs and documentation of outcomes from inputs.</p>	<p>2009-10</p> <p>2010</p>	\$ 250,000 approximately \$ 8,000-15,000 per country depending upon size;	<p>Lead: HCPA advisory group</p> <p>Contributing: WB, national MNCH health care providers, MOH, UNFPA, UNICEF, WHO</p>	<p>Liaising with national HCPAs and keep informed of needs and progress;</p> <p>Process proposals for HCPA strengthening, manage grant provision and follow up;</p> <p>Monitor policy changes and HCPA interactions with policy makers;</p> <p>Ensure smooth and coordinated interactions between PAs.</p>

Priority Action 5 - Advocacy for increased funding and better positioning of MNCH in the development agenda

PA 5 - Overview of 2009

This year presented an unparalleled opportunity for real progress on maternal, newborn, and child health (MNCH), with revived political commitment to these issues. MNCH and the lives of millions of women and children are finally receiving greater attention from a range of policy-makers, governments, celebrities and high-profile individuals, due in part to the contributions of PMNCH, including the Secretariat, as well as critical contributions from individual PMNCH members. In the coming year, the advocacy activities of the Partnership will be particularly important to translate these commitments into real progress needed to achieve the health MDGs.

In 2009, the Partnership was a key contributor to the development of new costing figures for health system strengthening and MNCH through its participation in the High-Level Task Force for Innovative International Financing for Health. PMNCH was also an important platform in the development of the MNCH Consensus – a landmark statement setting out global targets and key policy and program priorities for the achievement of MDGs 4 & 5 and support for MDG 6. The Consensus was brought to the world's attention in the G8 leaders' closing statement at L'Aquila, Italy, and was launched in the presence of 12 heads of state at the UN General Assembly side event, "Healthy Women, Healthy Children: Investing in Our Common Future", at which new financial mechanisms expected to raise \$5.3 billion for stronger health systems were unveiled. MNCH investment cases were disseminated.

This area of work attracted the largest number of partners. Contributing partners include: Care, DFID, FIGO, Bill and Melinda Gates Foundation, Global Health Council, International Planned Parenthood Federation, PATH, Save the Children, SIDA, UNFPA, World Vision International, White Ribbon Alliance, World Health Organization and others.

Key achievements and products from 2009

- Significant inclusion of MNCH in the report of the High-Level Taskforce on Innovative International Financing for Health, as well as the Working Group 1 & 2 reports and technical documents explaining the costing assumptions and calculations.
- MNCH Investment Case for Asia and the Pacific developed and disseminated
- MNCH Consensus developed and launched

- G8 communiqué highlighted MNCH Consensus
- Parliamentary resolutions on MNCH in Italy (2009 G8 host) and Canada (2010 G8 host) were announced
- PMNCH co-organized - with the High-Level Taskforce for Innovative Financing (HLTF) - a high-level event on 23 Sept, opening day of the UN General Assembly (UNGA), which resulted in pledges of \$5.3 billion for health systems strengthening, and development of an event outcome document.
- Advocacy strategies, messages and priorities of key MNCH stakeholders were mapped

Activities in 2009

Output 1: *MNCH clearly prioritized and the health system investments needed to achieve MDGs 4 and 5 identified in the HLTF and other fora*

- PMNCH was represented on Working Group 1 (Constraints to Scaling Up and Costs) of the HLTF and contributed to inclusion of MDGs 4 and 5 in scope of analysis and recommendations of the report.
- "Investing in Maternal, Newborn and Child Health - The Case for Asia and the Pacific" published and launched at the Annual General Meeting of the Asian Development Bank and the World Health Assembly.
- Country-specific investment cases in India, Indonesia, Nepal, Papua New Guinea, and the Philippines in the process of development.
- A UN inter-agency working group has been meeting regularly to share ideas on different aspects of a joint UN costing tool, incl. scope, design, technical specifications, and modes of application and technical support. A specialist institution has been contracted to develop the tool itself, based on the Spectrum platform. The initial development of modules (including an MDG4 & 5 module) for the tool have been completed.

- Critical health systems indicators have been identified as part of the Countdown to 2015 work. Several cross-cutting health systems related papers will be developed and published next year.
- In an effort to better monitor and analyze current domestic expenditures on MDG 4 & 5, HSF/WHO has led work to develop a methodology for monitoring government expenditures on RMNCH. The goal is to enable countries to undertake this as part of their routine information systems and to improve planning and resource allocation. It is planned that the survey tool will be field tested next year.
- PMNCH secretariat has also been in contact with IHP+ to see how effective collaboration may be fostered, as well as how focus on MDG 4 & 5 issues can be enhanced in the work of the IHP country compacts.

Output 2: *Effective channels for funding of MNCH and innovative ways to increase financial resources identified and promoted*

- Good representation of PMNCH members on WG 2 (Raising and Channeling Funds) of the HLTF, contributing to focus being placed on MDGs 4 and 5.
- PMNCH co-organized the “Healthy Women, Healthy Children” side event in New York on 23 Sept. At the event, innovative measures were unveiled to generate an additional \$5.3 billion for health. The mechanisms had been identified by WG 2 of the HLTF (Raising and Channeling Funds) of the HLTF. The event contributed to a significantly increased profile for MNCH as well as for the Partnership.
- PMNCH working actively with organizations responsible for implementing the new financing mechanisms, to ensure that MDGs 4 and 5 are reflected adequately in the new funding modalities.
- A literature search and review has been undertaken and a draft paper outline prepared on the impact of general budget support on governments’ own decisions to allocate funds to health, using NHA data, the OECD data base, and a series of regressions. This analysis will be extended to Sector Wide Approaches. The paper will be completed during 2010.

Output 3: *Advocacy strategies and messages developed and implemented, targeting high level actors and national policy-makers.*

- MNCH Consensus developed, broadly disseminated and adopted by wide number of partners for global and country-level action, including H4. Translation of messages into French has been completed.
- MNCH Consensus launched at the Sept 23 event, “Healthy Women, Health Children” (see above).
- PMNCH organized major advocacy consultation in September with 40+ advocacy partners from the global health and development community. Task teams were established to implement key actions in 2010, including: 1) conduct advocacy at high-level meetings such as the G8, G20, and the United Nations General Assembly; 2) further develop the MNCH Consensus and framework; and 3) foster advocacy at regional and national levels.
- Input from September consultation meeting to form the basis for a comprehensive advocacy strategy and work plan, supported by a broad-based mapping of advocacy capabilities of current stakeholders and partners.
- Chapter plan, maps and sample products developed for *Atlas of Birth* project, including identification of databases and sources for selected variables across countries. Launch of Atlas will take place next year.
- Core advocacy messages featured on www.pmnch.org, as well as sent electronically to all members.
- Development of two pilot case studies - in collaboration with the IPU- on the role and involvement of Parliamentarians in planning and evaluating national development strategies with a particular focus in the health sector. Case studies for Zambia and Tanzania are in production

Output 4: *Mobilization and coordination of MNCH advocacy partners around key global and national events.*

- Special session on MNCH and Countdown to 2015 at the IPU annual meeting in Addis Ababa attended by more than 1,500 parliamentarians

- Briefing to Ministers of Health on Asia Pacific investment needs for MNCH at the World Health Assembly
- Resolutions in Italian and Canadian national parliaments expressing commitment to MNCH
- G8 lobby results in inclusion of MNCH Consensus in final communiqué
- Parliamentary briefing held in Ottawa in lead up to G8-G20 in Canada
- The Deliver Now Advocacy Campaign in India (Orissa) aimed at increasing the demand of MNCH services and political will. WRA organized messages, public hearings and rallies to stimulate dialogue among stakeholders. A media radio and TV campaign was developed in collaboration with the Ministry of Health, and the evaluation is undergoing. LSHTM will soon report on an endline survey.
- Initial discussion on expanding civil advocacy capacity in key countries to enhance social watch and public accountability.

Further information and relevant products

- Global Campaign for Health MDGs: Leading by Example – Protecting the Most Vulnerable During the Economic Crisis
www.who.int/pmnch/topics/mdgs/20090615_glhealthcampaignrep/
- Taskforce on Innovative International Financing for Health reports:
Taskforce Report
Working Group 1 report
Working Group 2 report
WHO Background to Constraints to Scaling Up and Costs
www.internationalhealthpartnership.net/en/taskforce/taskforce_reports
- Investing in Maternal, Newborn and Child Health: The Case for Asia and the Pacific
www.who.int/pmnch/topics/economics/20090501_investinginmnch/en/index.html
- MNCH Consensus
www.who.int/pmnch/events/2009/20090923_mnchconsensusstory/en/index2.html

- Event outcome document for 23 Sept UNGA event: \$5.3 billion for HSS
www.who.int/pmnch/events/2009/20090923_mnchconsensusstory/en/index3.html
- 2009 G8 Leaders' Declaration
www.who.int/pmnch/events/2009/g8summit_2009/en/index2.html

Budget

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
PA 5	543,455	345,636	543,623	(168)

PA 5 - Activities in 2010

Working with key evidence, messages and processes developed in 2009, 2010 is poised to be a turning point for PMNCH in mobilizing political commitment and resources for MDGs 4 and 5 at global, regional and country levels through harmonized partner action. Major opportunities include working with the IHP+ process and the joint Platform for Health Systems Strengthening, as well as ensuring that MDG 4 & 5 is adequately prioritized in the funding mechanisms and channels recommended by the HLTF in 2009. Key events include the IPU annual meeting, the joint Women Deliver/Countdown meeting, the G8/G20 meetings in Canada, the AU summit, the UN review of MDG progress. Greater development of evidence to improve and enhance advocacy activities will also be undertaken in 2010. This includes the planning for an African Investment Case, which was requested by Ministers of Health of African countries, as well as the identification of bottlenecks in health systems to scale up MNCH interventions.

Key issues in delivering the Strategy and Workplan in 2010

Output 1

- *An African investment case:* At the request from Ministers of Health of African countries, and following the success of the Asia Pacific Investment case, an African investment case will be undertaken with help of partners in 2010. A task team is being put together to lead this efforts.
- *Critical elements of health systems related indicators to achieve MDGs 4 & 5:* Work has started, led by USAID, to identify blockages in health systems that prevent scaling up of MNCH interventions. A set of critical health systems indicators and papers will be included in the Countdown conference and report in 2010.

Output 2

- *Channeling resources:* Funding mechanisms and channels recommended by HLTF to focus on MDG 4 & 5 include:
 - Voluntary contributions of the Millennium Foundation
 - Work with the Global Fund on indicators related to MNCH to track specific investments
 - IFFM, and the health system platform (GAVI, GF, WB)
 - The Partnership will work with these and other funding mechanisms to ensure that additional resources for MDG4 and 5 will reach countries.

Output 3

- *Further development of MNCH Consensus and Framework:* The Consensus to be adopted by IHP+ as it relates to appropriate focus on MDG 4 & 5. The Consensus Framework for Action will include an accountability framework and clear targets. Possible topic for Global Campaign for Health MDGs 2010 report
- *Comprehensive advocacy strategy developed:* This product will be based on the outcomes of the partner consultation session of September 2009, and will highlight the use of the MNCH Consensus.
- *Partner mapping completed:* The initial mapping of partner capacities, messages and strategies undertaken for the advocacy consultation meeting in Sept 2009 will guide the development of a comprehensive stakeholder mapping at the global level and in selected priority countries, across the Partnership's constituency groups, identifying opportunities for collaboration and action.
- *Atlas of Birth products developed and disseminated:* A wide range of Atlas maps and products highlighting key messages will be developed for use at major events, starting with the Ottawa Board and side events, and including the IPU assembly, the Women Deliver/Countdown meeting, the AU regional meeting, and the UNGA.

Output 4

- *Messaging through key events & processes:* IPU, Countdown/Women Deliver, G8, UNGA, HLTF financial mechanisms (eg, HSS joint platform, Massive Good): The extensive event schedule in 2010 will present numerous opportunities for conveying our key messages, to be based on the MNCH Consensus.
- *Partners' Forum:* A decision about the timing and location of the Forum is yet to be taken.
- *Support to national advocacy:* Working closely with the H4 strategy in key countries, PMNCH's regional and country task team will seek to support sub-national, national and regional stakeholders in promoting Consensus messages and holding decision-makers to account for action on MDGs 4 and 5. The development of a small grant facility is envisaged with NORAD's support.

Timetable for 2010

As planned

Budget

\$	2010 Original	2010 Revised
Total Budget for PA 5 Advocacy	2,036,000	2,036,000
By output:		
1. MNCH prioritized	105,000	105,000
2. MNCH funding	0	200,000
3. Advocacy Strategies	496,000	496,000
4. Advocacy at Events	1,400,000	1,200,000
Staff Travel	35,000	35,000

NOTE: Internal transfers between outputs have been done in the revised budget.

[Completed activities in 2009] - [Activities started in 2009]

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
Priority Action AD (5): Advocacy for increased funding and for better positioning of MNCH in the development agenda Outcome: Profile on MNCH raised and resources mobilized (additional \$ 30 billion) from G8 and other partners at global and country level to save 3 million mothers and 7 million children by 2015. Value added: The membership of PMNCH represents a mix of constituencies which will enable a broader reach and more effective targeting of MNCH relevant audiences. Consensus will ensure harmonization of messages, and enable a more consistent and collective push to getting more funding for MDG 4&5. PMNCH also offers an opportunity to synergize on different lines of work , maximizing on each partner's comparative advantage and reducing unnecessary duplication of efforts.						
I. MNCH clearly prioritized and the health system investments needed to achieve MDGs 4 and 5 identified in the HLTF and other for a.	I.1 Provide effective inputs to the work of the HLTF on Cost and Constraints related to MDG 4&5, and make sure that end results get strategically disseminated to maximize existing resources as well as get increased resources necessary to reach the MDG 4&5 targets.	Influenced the HLTF recommendations to adequately reflect MNCH issues; HLTF messages used strategically by PMNCH to raise profile and funding for MDG4&5; Ensured input from civil society and other PMNCH partners on HLTF process and recommendations.	Feb-March 2009 By end of June 2009 March-June 2009	Norway, DFID	Norway, USAID, HCPA advisory group, BMGF WHO, WB, UNICEF, UNFPA	Participate in HLTF WG1; Contribute to paper development; disseminate results on PMNCH website Input, facilitated publishing and make available on PMNCH website; Ensure smooth and coordinated interactions between PAs.
	I.2 Contributed to the development and harmonization of the HLTF costing as it relates to scaling up effective packages of MNCH services (incl. FP).	Established interagency WG on costing under the umbrella of IHP+ (as part of SURG) and provided costing results to HLTF as it relates to MDG 4&5, including health systems strengthening.	Jan-March 2009	Co-funding Norway, DFID (\$ 500,000 already provided through IHP+)	UN/WB	Participate in WG1 & contribute to the analysis and dissemination.

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
	1.3 A technical working document of the HLTF costing, published and made available on PMNCH and partners' websites.	Technical document delineating the assumptions behind the above costing exercise developed, published and made available on PMNCH website and partners' websites.	Finalized by March-April 2009	\$ 10,000 for technical editing and layout of document (Norway provided funding to UoS)	Norway, UN/WB, Southampton University	Participate in interagency working group on costing; disseminate results on PMNCH website.
	1.4 Critical health system elements and related indicators to achieve MDG 4&5 identified and disseminated to targeted audience.	Critical health system barriers that prevent scaling up identified and guidance provided to achieve MDG 4&5 developed and disseminated strategically.	2009-2011	USAID, Norway, DfID, Sida	USAID, UN, BMGF, Norway	Input, facilitated publishing and make available on PMNCH website.
	1.5 Priority health systems constraints that prevent scaling up identified and disseminated in PMNCH and partners' websites.	Guidance on priority health systems constraints that prevent scaling up developed, and made available on PMNCH and partners' websites.	2009-2011	USAID, Norway, DfID, Sida	USAID, UN, BMGF, Norway	Input, facilitated publishing and make available on PMNCH website
	1.6 'Investment Case' for MNCH programmes for the Asia/Pacific region.	Asia/Pacific 'Investment Case' published and disseminated; Exploration towards expanding to develop an African 'Investment Case'.	2009-2011	\$ 30,000	ADB, AUSAID, BMGF, UNICEF, UNFPA, WHO, World Bank	With partners, coordinate development, production of materials and disseminate; Contribute to a launching event; Disseminate through PMNCH website/KMS and other means; Explore expanding to Africa.

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
	1.7 Country specific 'Investment Case'.	Reports from countries having undertaken it (5 to date).	2009- 2010	\$ 250,000 (\$ 50,000 per country) (ADB, UNICEF, UNFPA, WHO, World Bank)	ADB, AUSAID, BMGF, UNICEF, UNFPA, WHO, World Bank	With partners, facilitate country-specific ICs; Participate in technical work; Disseminate through PMNCH website.
	1.8 Joint UN costing tool developed and readily available.	Consensus reached on the use of these tools among all the partners. Dissemination strategy developed and used.	By end of 2009	Co funding: BMGF, USAID, Norway (\$ 385,000 provided already to WHO and IHP)	WHO/WB, UNFPA, UNICEF, John Hopkins, IMPACT, UNAIDS, USAID, BMGF, Norway	Contribute to the development /dissemination of MDG 4& 5 modules, review final analysis and country costing tools.
	1.9 Paper developed on: 1. Annual ODA to MNCH: (i) Total 2003-2008; (ii) By donor country; (iii) By recipient country. 2. Annual Domestic expenditures on MNCH: (i) Total 2008; (ii) Government spending; (iii) Private (out-of-pocket) spending.	PMNCH to provide inputs on the work on monitoring country expenditures on MDG 4&5 on current domestic expenditures; Monitor annual Official Development Assistance for MNCH	Preliminary results by December 2009, final results by April 2010 (Countdown report and Lancet special issue)	\$ 120,000 (Co-funding Norway provided funds to WHO)	WHO Members of Countdown Working Group on Financing (WGF): WB, BASICS, IHP (Sri Lanka), LSHTM, MSH, SC UK, UNFPA	Conduct analysis through Countdown WGF; Manage contracts of partners; Disseminate results on PMNCH website.

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
	I.10 Paper developed exploring the extent that maternal mortality can be used as a tracer indicator for a functioning health system.	Develop paper, publish and disseminate.	By July 2009	\$ 15,000 gap	Southampton University, IMMPACT, Norway	Contribute to the review of the final analysis; Disseminate on PMNCH website
	I.11 Study on the extent of investment by global initiatives for MDGs 4&5.	Analysis developed on the extent to which MDG4&5 is currently being addressed in health systems initiatives and how to improve this; Better coordination at country level ensured to increase MDG4&5 focus in national health plans at country level (25 countries).	2009		Norway 4H (WHO, UNICEF, UNFPA, WB), DFID, Norway, SIDA, USAID	Co-prepare mapping and analysis, as well as strategies and plans to improve positioning of MDG4&5; Provide global health initiatives with coordinated details of partners; Assist in the facilitating the partner dialoguing;
	I.12 Research conducted on the social and economic impact of poor maternal health, linking it to newborn and child health and well-being	Research findings produced and published, and fed into advocacy messages and strategies.	Mid-2009 - end 2011	\$ 500,000 (to be raised)	FCI, working with ICRW, London School, Impact	Contribute to the development of evidence-based advocacy messages and to the dissemination of findings.

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
2. Effective channels for funding of MNCH and innovative ways to increase financial resources identified and promoted.	2.1 PMNCH provided inputs to HLTF's WG2's work on ways to increasing resources and effectively channelling funds focusing on especially on MDG 4&5.	<p>Developed paper (analysis on the range of existing financing instruments) and provided inputs to the WG2 of the HLTF;</p> <p>Inputs from PMNCH on the work of WG2 developed and submitted to HLTF;</p> <p>Recommendations from HLTF used strategically by PMNCH to increase funding for MDG4&5.</p>	<p>2009</p> <p>March-May 2009</p> <p>May-Dec 2009</p>	Norway (NOK 500,000 funds already provided to HLSP)	Norway	<p>Participation in High-Level Task Force;</p> <p>Facilitate review of paper, publication and dissemination of results on PMNCH website;</p> <p>Compile and submit comments to HLTF on behalf of PMNCH;</p> <p>Make records from HLTF available with comments from PMNCH on website.</p>
	2.2 Paper developed on the audit of the experience with the effectiveness of general budget support, basket funding as funding allocation mechanisms.	<p>Analysis of the effectiveness of general budget support and basket funding.</p> <p>Paper developed, published and distributed</p>	2010	\$ 250,000 (Norway, funds already provided to WHO).	WHO (HSF) with close interaction with the IHP+ secretariat.	Contribute to paper; disseminate results on PMNCH website.
3. Advocacy strategies and messages developed and implemented, targeting high level actors and national policy-makers.	3.1 Comprehensive advocacy strategy defined, specifying priority audiences, tailored messages, and key events/opportunities.	High-level events identified and researched, including timing, location, key participants (G8, G20, HLTF, IHP+, etc.); Media strategy defined, utilizing media/PR departments of main partners/ agencies, including new and mainstream media.	By mid-2009	Workshop for finalization of strategy: \$45,000	<p>Norad and FCI, working in collaboration with:</p> <ul style="list-style-type: none"> UN agencies Other donors Other civil society reps 	<p>Expand global event calendar.</p> <p>Contribute to the development of the strategy.</p>

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
	3.2 Strategic advocacy alliances established within MNCH community and with related sectors (HIV, human rights, etc.) around core messages and principles.	<p>Mapping of advocacy capabilities of key stakeholders and partners;</p> <p>Capacity of civil society advocacy partners, especially in country, strengthened through training, strategic support, and sharing of tools and information resources</p> <p>Advocacy partnerships developed:</p> <p><i>Within MNCH community:</i></p> <p><i>Network of Global Leaders, MHTF, Women Deliver, Maternal Mortality Campaign, US Coalition for Child Survival, Global Movement for Children; With allied sectors: Human rights, HIV, RH, gender empowerment.</i></p>	<p>By July 2009</p> <p>By Sept. 2009</p>	<p>Mapping: \$ 15,000</p> <p>Capacity-building: 2009: \$ 100,000 in 2010: \$ 300,000:</p> <p>Two alliance-building consultations: \$ 60,000 total</p>	<p>FCI + civil society, including WRA, MMC, CARE, Save the Children Alliance, MHTF, World Vision, Women & Children First, PAI, US Coalition for Child Survival, FIGO, ICM, IPA;</p> <p>Allies from other sectors: Amnesty International, Int'l HIV/AIDS Alliance, IPPF.</p> <p>Work to be carried out in close contact/ collaboration with advocacy/ communications depts of UN and donor partners.</p>	<p>Mapping of partners and their capabilities;</p> <p>Contribute to the establishment of the strategic alliances;</p> <p>Coordinate work between the different stakeholders.</p>

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
	3.3 Core advocacy messages and materials produced, endorsed, and strategically disseminated by all partners; will draw on report/ recommendations of HLTf/WGI as well as Countdown.	<p>Advocacy messages on MNCH <i>continuum of care</i> developed with participation of key stakeholders/ constituency groups, addressing: Global, regional and national costing estimates for MNCH, with consistent “ask” ; Identification of effective MNCH strategies, interventions; Benefits of MNCH investments (lives saved / deaths averted);</p> <p>Advocacy materials reflecting core messages developed in English and French; Core advocacy messages featured in web sites, e-news, news services, blogs.</p>	<p>Messages –by 2009</p> <p>Materials – by July 2009</p>	<p>Message development: \$ 75,000</p> <p>Materials: \$150,000</p>	<p>FCI/Norad, w/ other bilateral, UN agencies and civil society groups (including Save the Children for child health core messaging).</p>	<p>Participate in message definition and materials development;</p> <p>Use PMNCH web site and communication channels to disseminate messages/ materials;</p> <p>Coordinate dissemination of Countdown findings.</p>
	3.4 Global Birth Atlas available	Global Birth Atlas developed, incl. identification of databases and sources for selected variables across 10 countries; Launch of Global Birth Atlas.	12 months from Jan 1 st 2009, costs in 2010.	\$ 272,000 (\$ 196,000 to be funded) for 2 phases (content design/ proof version, then printing, launch, dissemination) (funds from Norway)	IMPACT. Overall design & evidence by WRA and Univs of Southampton and Aberdeen, in liaison with CD, Norway.	<p>Linkage with the countdown</p> <p>Dissemination of products in the website.</p>

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
4. Mobilization and coordination of MNCH advocacy partners around key global and national events Global 2009: G20=April IPU =April WHA=May G8/HLTF=July UNGA=Sept Etc. (to be expanded)	4.1 Statements and outcomes from targeted bodies and events reflecting core messages, including resource mobilization targets for the achievement of MDGS 4&5 and Countdown findings and recommendations.	Coordinated advocacy and messaging with parliamentary alliances and other stakeholders at MNCH related events in Italy, Canada, other G8 countries; Key influencers of G8 participants (First Ladies, high visibility champions) identified and contacted/ mobilized; Direct lobbying conducted to sherpas and health experts to the G8 (Japan, Italy, Canada, US); Materials disseminated and face-to-face lobbying conducted at key events by range of advocacy partners;	See schedule of events in column 1; to be expanded	Advocacy and outreach at G8, WHA, GA, HLTF, ICPD at 15 - \$ 150,000	WHO (Italy), FCI	Facilitating Italian Parliamentary meetings, analysis of Italian ODA Participate in the coordination and mobilization of partners and health experts.
	4.2 Partners Forum: Global conference on MNCH to prioritize actions needed to promote achievement of MDGs 4&5 by 2015; link to/ incorporate Countdown and Women Deliver events.	Unified, coherent call to action for MNCH continuum of care at global and national level (focus on Countdown countries); Up-to-date evidence on effective strategies/ interventions consolidated and shared.	Late 2010 (planning to begin third quarter 2009)	\$US 500,000 (some funds budgeted for Countdown conference in PAA6; this is additional for Forum/other elements)	Countdown Coordinating Committee; UN agencies; FCI and Women Deliver.	Plan and implement the Partners Forum; Plan Countdown-related elements; Coordinate with other key players.

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
	4.3 Expanded national advocacy in selected countries by civil society alliances calling for increased policy and funding commitments by national governments, as well as accountability/ monitoring of commitments (social watch function).	Generate messages/ materials for national context, adapting from global sources above; Link messages to specific country situation/data, based on Countdown; Use national data for advocacy and accountability purposes.	Second half 2009: 2 pilot countries 2010: 3 pilot countries 10 additional countries 2011: 10 additional countries	\$ 50-75,000 per country: 2009: \$150,000 2010: \$ 200,000 \$ 600,000 (new countries) + US\$100,000 (first 5 countries) 2011: \$600,000 (new countries) + \$300,000 (first 20 countries)	CARE, BRAC, WRA, FCI, Save the Children, + other civil society groups	Facilitate use of Countdown data. Ensure smooth and coordinated interactions between PAs.

Priority Action 6 - Tracking Progress and Commitment for MNCH

PA 6 - Overview of 2009

Accountability and transparency are key elements for PA6. The two elements in PA6 include the 'Countdown to 2015' and its products, and an newly designed Accountability Framework. The Countdown has working groups which follow activities on coverage, policies, equity and financing in 68 MNCH high burden countries. The Accountability Framework was designed with Partners' inputs and intends to link pledges made by donor countries, with subsequent financial commitments, disbursement, use of these funds and ultimately impact in countries.

Key achievements and products from 2009

- Special Countdown to 2015 session at annual IPU meeting
- Plan of Action for Working Groups of the Countdown
- A draft Framework for Accountability.

Activities in 2009

Output 1: *Partners (donors, governments, multi-laterals, large NGOs) financial commitments to MNCH monitored annually*

- A concept note for an accountability framework has been completed and is being circulated for discussion and seeking interest among Board members and partners to work on this portfolio

Output 2: *Common M&E framework agreed among global health initiatives (GHIs) and disseminated and used in high priority countries*

- Work has been initiated. The International Health Partnership has incorporated a common M&E framework and results are expected from their use.

Output 3: *Advocate the use of Countdown products and information, and making them publicly available*

- Countdown findings formed the basis of the special session on MNCH at the Inter-Parliamentary Union meeting in Addis Ababa, April 2009

- Countdown findings were incorporated in the analysis of the HLTF, which in turn informed the MNCH Consensus and the G8 communiqué

Output 4: *Successful meeting on tracking progress for MNCH held (support provided to Countdown 2010 conference)*

- A meeting of the Coordinating Committee was held in June 2009, and two teleconferences were held.
- A meeting of the Countdown Core Group was held in London in September, during which agreement was reached on events and products for the 2010-2011 Countdown cycle.
- It was agreed to organize the 2010 event in conjunction with Women Deliver in June.
- A funding proposal for the Countdown technical work and events in 2010-2011 has been developed, and some of the required funds have already been committed.

Output 5: *Tracking progress on MNCH*

- Work of each Technical Working Group of the Countdown (coverage, equity, financing, and policies and systems) is ongoing
- Work on cross-cutting research questions identified at the London meeting in September is getting underway

Budget

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
PA 6	430,000	83,385	429,350	650

PA 6 - Activities in 2010

In 2010 the development of the accountability framework will be pursued. Additional inputs from Board members and other partners will be requested. The Countdown to 2015 will have an annual meeting linked to the Women Deliver conference in June 2010. There will be Countdown associated products including new analysis from the 2008 reported data including a 2010 Countdown report (June 2010) and a Lancet special issue in September 2010.

Key issues in delivering the Strategy and Workplan in 2010

Output 1: *Partners (donors, governments, multi-laterals, large NGOs) financial commitments to MNCH monitored annually.*

- Outsourcing for specific elements of the accountability framework will be undertaken. Products will be integrated into the framework.

Output 2: *Common M&E framework agreed among GHI and disseminated and used in high priority countries*

- Examples on the use of a common M&E framework will be described.

Output 3: *Advocate the use of Countdown products and information, and making them publicly available*

- Countdown data will be packaged for key events, including the IPU Annual Assembly in Bangkok in March 2010; the G8/G20 in Canada; and press conferences based on the Lancet Countdown special issue at the time of UNGA in Sept 2010.

Output 4: *Successful meeting on tracking progress for MNCH held (support provided to Countdown 2010 conference)*

- Action on this output depends on the decision of the degree of mainstreaming the Countdown meeting with Women Deliver in 2010. The latest Countdown findings and key messages will be presented at a joint conference with Women Deliver in Washington, DC., in June 2010, possibly to be followed by a regional Countdown event in South Asia in late 2010. The Countdown Advocacy and Events sub-committee will work closely with the Women Deliver team to plan the Countdown component of the conference and to develop joint messages, information products, and outreach strategy for this event. This will include updating the

Countdown web site, producing press statements and background materials, and developing outreach materials for partners' websites.

Output 5: *Tracking progress on MNCH*

- Each working group will implement their own working plan for 2010.
- The Countdown report 2010 and Lancet special issue will include the findings of the working groups on coverage, equity, financing, and policies and systems, as well as cross-cutting analyses.
- Selected country profiles will be updated in 2010 and additional analysis will be undertaken and presented from the 2008 profiles.
- The cross-cutting work will undertake analysis of information and relation between national and international funding, policy making with overseas funding, or the linkages of health indicators, equity and funding.

Timetable for 2010

As planned

Budget

\$	2010 Original	2010 Revised
Total Budget for PA 6 Tracking Progress	875,000	875,000
By output:		
1. Partner Commitments	50,000	100,000
2. M&E Framework	50,000	0
3. Countdown Products	380,000	380,000
4. Countdown Conference	300,000	300,000
5. Tracking Progress	75,000	75,000
Staff Travel	20,000	20,000

NOTE: Considering the scope of the accountability framework, \$50,000 are transferred to that output.

[Completed activities in 2009] - [Activities started in 2009]

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
<p>Priority Action TP (6): Tracking Progress and Commitments for MNCH</p> <p>Outcome: Monitored commitment and progress towards MDGs 4 and 5 and used to improve decision making at global and country levels.</p> <p>Value added: The membership of the PMNCH represents a unique mix of constituencies essential to track progress on commitments made by Partners.</p>						
1. Partners (donors, govts, multi-laterals, large NGOs) financial commitments to MNCH monitored annually.	1.1 Documentation on whether commitments are met (or unmet) by partners	Review of Partners' commitments and progress towards their expressed commitments developed and published	2009-2011	\$150,000	World Bank (outsourced to independent entity)	To write TORs for a contract and manage the process for outsourcing the mapping work; Ensure smooth and coordinated interactions between PAs.
2. Common M&E framework agreed among GHI and disseminated and used in high priority countries	2.1 Global Health Initiatives agreeing on common M&E framework to be used in priority countries; 2.2 M&E gaps identified and addressed through existing groups or new collaborations if needed.	Interrelated indicators for MNCH programmes process and impact proposed and measured; M&E gaps identified and addressed.	2009-2011	\$150,000	Norway, Academics	Disseminate framework to countries; Monitor activities undertaken to address identified gaps.

Outputs	Objectively verifiable indicator (OVI)	Deliverables/ Milestones	Time line (2-3 years)	Budget & funding	Lead Partners	Secretariat functions
3. Advocate the use of Countdown products and information, and making them publicly available;	3.1 Advocacy Workplan for updated data, estimates and trends for MNCH progress developed, peer-reviewed, and made available.	Data, estimates and trends agreed, gathered and analysed; Advocacy plan developed, funded and implemented Countdown website updated and maintained.	2009-2011	\$ 1 million (Need to review budget and secretariat to distinguish/ check for overlap with overall PMNCH advocacy).	Sub-Committee Co-chairs: A Starrs (FCI), F. Bustreo (PMNCH)	Co-chair, Advocacy Sub-Committee: Manage and maintain the Countdown website; Ensure smooth and coordinated interactions between PAs.
4. Successful meeting on tracking progress for MNCH held (support provided to Countdown 2010 conference)	4.1 Successful Countdown Conference 2010 organized and held; 4.2 Level and breadth of participation and concrete outcomes achieved.	Countdown Conference 2010-11 held including joint event with IPU.	2009-2011	\$ 1 million (\$ 300,000 in 2010 and \$700,000 in 2011)	All partners, and IPU	Organization and logistics of Countdown conference; Promotion and dissemination of Countdown results; F/U 2009 IPU meeting.
5. Tracking progress on MNCH.	5.1 Support provided to countries to review their MNCH indicators, especially as it relates to coverage, equity, financing, policy and health systems (through the Countdown).	Analysis of relevant indicators (coverage, equity, financing, policy and health systems) updated and published in Countdown report 2010 and other materials (support provided to the work of the Countdown).	Between 2 and 3 years	\$ 200,000	-Co-chair WG on coverage: J Bryce (JHU), T Wardlaw (UNICEF); WG financing: P Berman (WB); WG Equity: C Victora (Pelotas University), T Boerma (WHO); WG Policies: B Daelmans (WHO), H Fogstad (Norad).	Support for Working Groups, through seed contribution funding from PMNCH; (\$200,000 for four WGs).

Core Functions and Staffing

Activities in 2009

This area comprises support to the Board and its committees, corporate communications, resource mobilization and Secretariat staffing and operations.

Key achievements from 2009

- The *Memorandum of Understanding* with the host agency, the World Health Organization, was renewed (signed on Nov 6, 2009) for a three-year period
- The *Board* met twice (February and December) in Washington DC and Ottawa, respectively. Mrs. Joy Phumaphi stepped down as Board Chair in October, due to family reasons; she is followed by Dr. Julian Schweitzer as Interim Chair and an election is in process. Results of the election will be available shortly.
- The *Executive Committee* met monthly throughout the year. These teleconferences were supported and facilitated by the Secretariat with sequenced agendas, clear documentation and rapid follow-up action. The Executive Committee was created during 2009 and has served to strengthen the Partnership by taking issues forward between Board meetings and to improve cross-constituency communications. The EC facilitated the signing of the new MOU, provided input to the development of the Consensus for MNCH Statement, and guided and assisted with the preparation of high-level advocacy events.
- The donor/foundation constituency met three times during the year. This group has arrived at a sequence for rotation of Board membership with one agency rotating off each year for next four years. An NGO rotation process is also in discussion, with support from the Secretariat.
- A *resource mobilization strategy* was developed which covers current and potential contributing donors and foundations. Very promising results have been achieved so far, although several confirmed commitments are still awaited.
- Regarding financial management and control, a *process for monitoring work plan implementation and expenditure rates* was put in place. PA implementation sheets are reviewed regularly by Secretariat staff and needed follow up actions identified.

- With approval of the work plan in April 2009, *Secretariat restructuring* got under way and a new team was fully in place by October. The Secretariat team is composed of nine fixed term staff, complemented by consultants who work in specialized areas as needed.

Further information and relevant products

- All Board, Finance Committee and Executive Committee minutes and reports are shared regularly with relevant members. EC minutes will be posted to the website from November 2009. In addition, Board members receive a periodic Email Update on key achievements and activities, and the membership at large received E-Newsletters.
- The website is updated with new content on a daily basis during key, high-profile events and weekly throughout the year.
- A new brochure explaining the three-year strategy and work plan has been produced in French and English and widely disseminated especially at partners' events. This provides a snap shot of the priority action areas and related funding requirements.

Budget

The cost of the Secretariat and PMNCH core costs were estimated to be around \$ 3 million per year over 2010 to 2012. For 2009, the Board had approved \$2,198 million for Secretariat staff costs and overheads (WHO overheads amount to 13%) and \$900,000 for core functions. Expenditures came to a small over expenditure of \$24,300 and an under expenditure of \$107,360 in these two categories, respectively.

Activities	Budgeted expenditure	10 months actual	Full year estimated	Carried forward
Core Functions	900,000	573,288	924,301	(24,301)
Staff costs	2,198,000	1,490,637	2,090,637	107,363

Core functions - Activities in 2010

While 2009 was a year of significant change, 2010 promises to be a year of "settling into" full-scale implementation of the program of work. Two regular meetings of the Board are planned. Monthly EC meetings will continue as before. With staff recruitment and MOU negotiations successfully completed during 2009, Secretariat staff team can now devote full energies to supporting partners achieve work plan outcomes. Resource mobilization efforts will need to continue until funds are fully committed for 2010 and 2011. Website maintenance will be fully coordinated with implementation of the knowledge portal (PA 1).

Key issues in delivering Core Functions in 2010

1. Resource mobilization

The challenge here is to continue to articulate the value-added of the Partnership to new donors/foundations in an increasingly competitive and populated global health landscape. This work will draw on a regularly updated resource mobilization strategy, soliciting partners to establish new contacts and prospects, and developing updated, innovative approaches.

2. Strengthening engagement of partners in PA implementation

A series of new proposals will be implemented during the year to bring existing partners more fully into the broad range of activities in the work plan. This will require coordinated and consistent effort by Lead Partners and the Secretariat in reaching out effectively.

Timetable for 2010

As planned

Budget

Budget	2010 Original	2010 Revised
Core Functions	900,000	900,000
Staff Cost	2,031,000	2,031,000