The Partnership for Maternal, Newborn & Child Health

Wednesday
28 April 2010

Briefing Session for New Board Members

Moving forward the global agenda MDGs 4 & 5

improving
maternal, newborn and child health
through active partnership

The Partnership for Maternal, Newborn & Child Health

Establishment of PMNCH

- Launched Sept. 2005 as merger of 3 pre-existing partnerships:
  - New structure following evaluation in 2008
  - New "partner-centric" approach
- Focus on MNCH Continuum of Care
- Aims to accelerate achievement of MDGs 4 & 5

"This is a major effort, and no one agency can do it alone. Commitment and partnership are essential."

Thoraya Ahmed Obaid,
Executive Director of UNFPA

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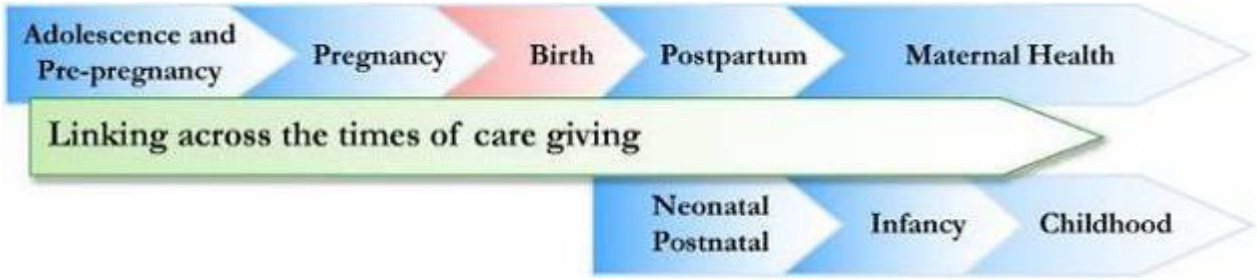
MNCH Continuum of Care - 2 dimensions:

1. Time – pre-pregnancy through pregnancy, childbirth, postnatal period, childhood



2. Approaches for service delivery

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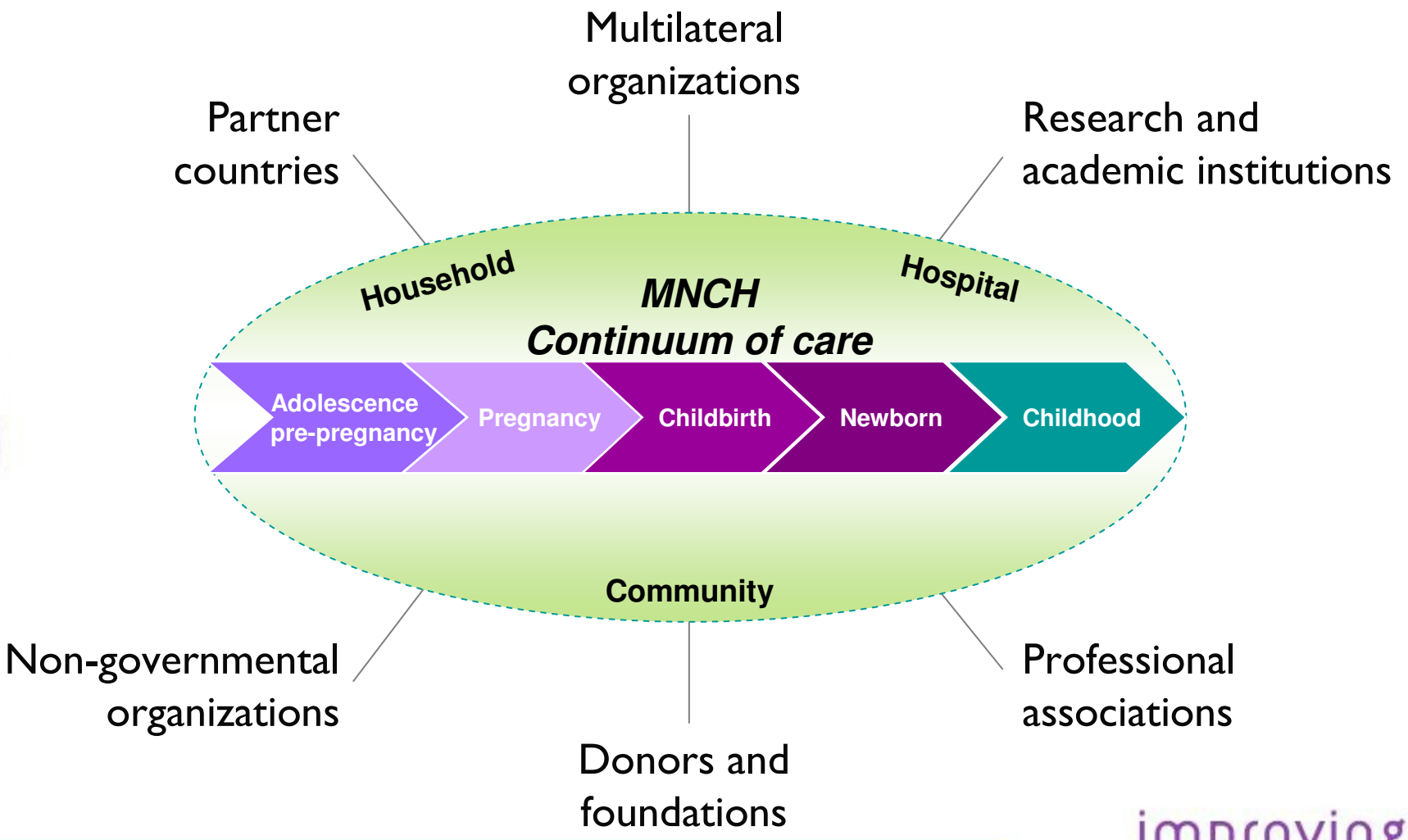
Who we are



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Structure and Governance - Overview

6 Constituency Groups

- Developing country governments
- Donors (bilateral and foundation)
- UN agencies (WHO, UNICEF, UNFPA, World Bank)
- Health care professional associations
- Academic/training/research institutions
- NGOs

Structural elements

- Board (23 members, specific seats for each constituency group)
  - Committees of the Board: Finance and Executive
- Lead partners/contributing partners
- Members "at large" – 300 and counting
- Secretariat hosted by WHO

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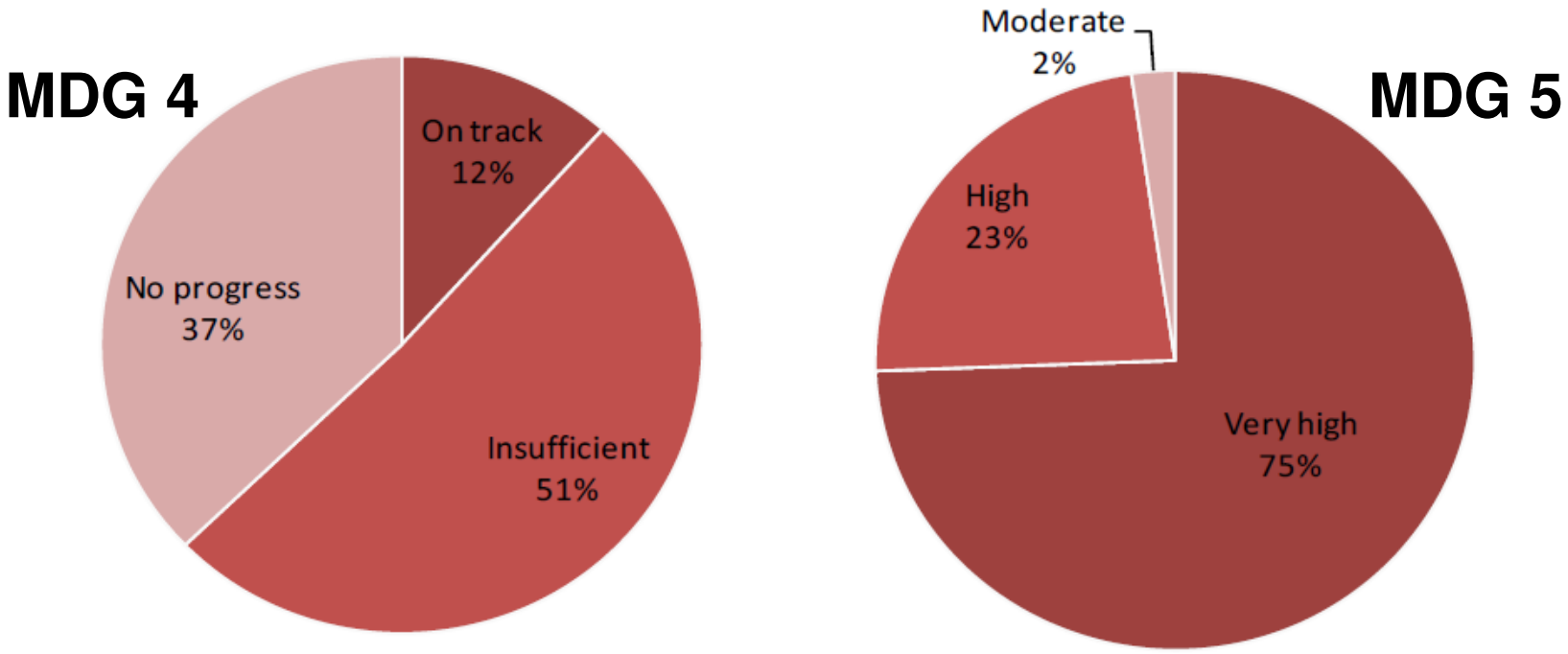
Why we act

Progress on MDGs 4 & 5 in developing counties is insufficient



Progress towards MDGs 4 & 5 for 43 low-income countries

Source: High Level Taskforce on International Innovative Financing for Health Systems, Working Group 1 Technical Report

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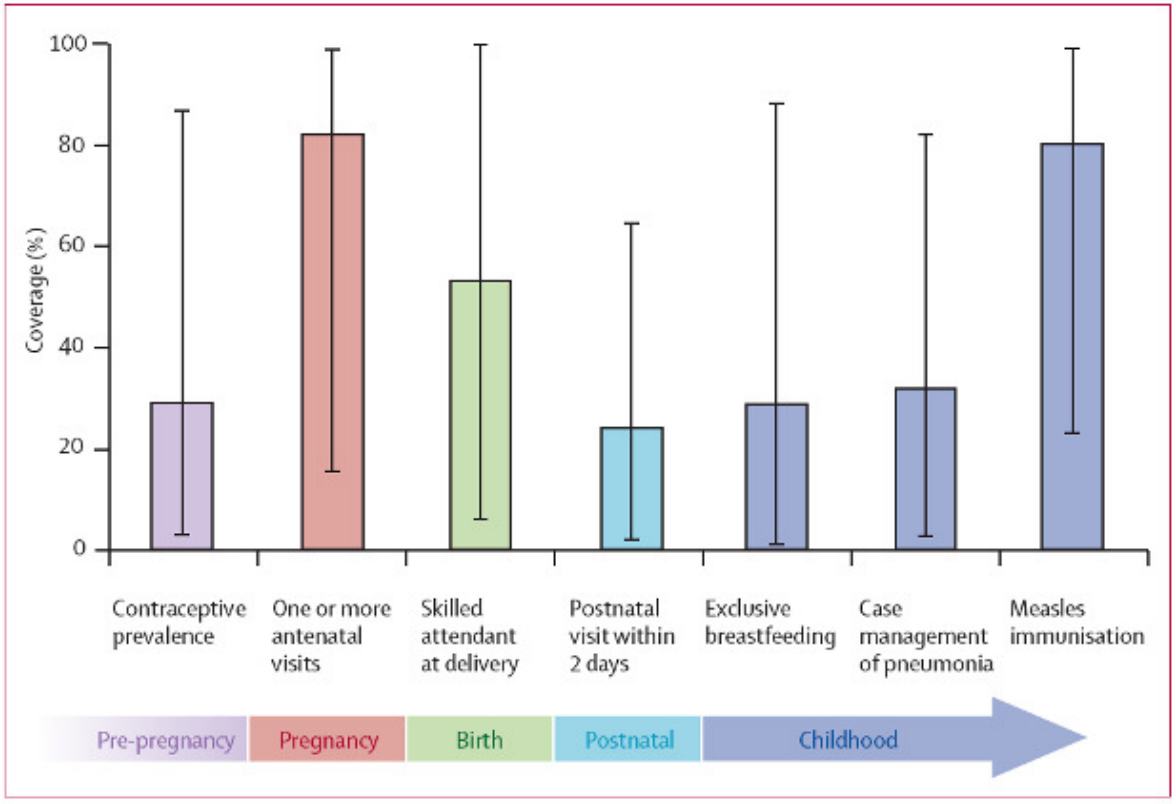
Why we act

Huge coverage gaps of essential interventions across the continuum of care



Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000-06)

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However - recent data brings hope

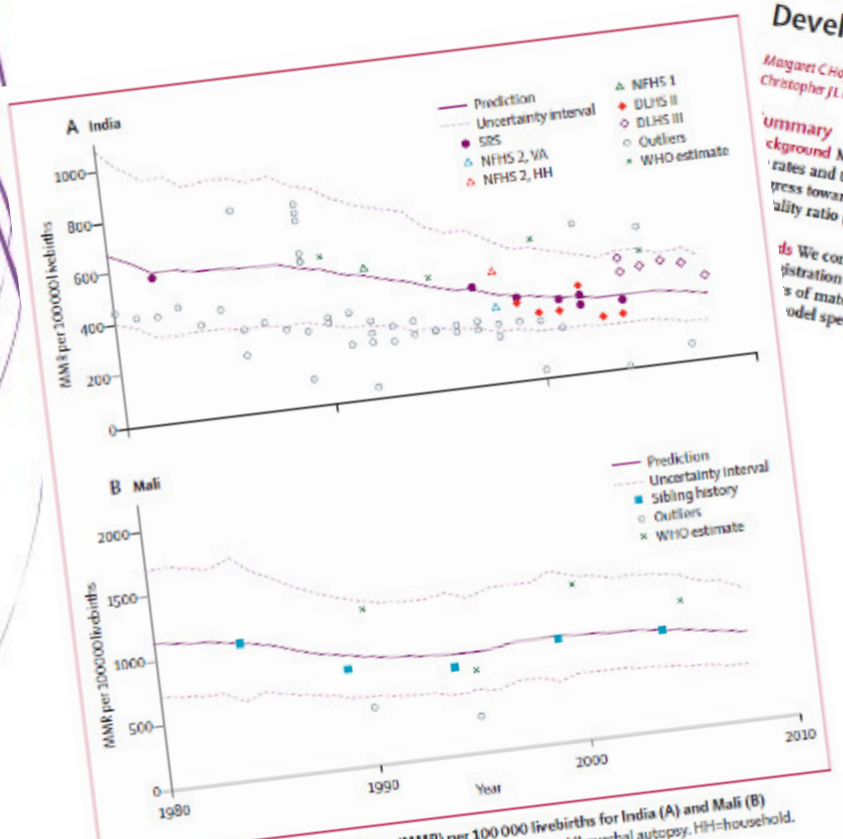

Figure 1: Predicted maternal mortality ratio (MMR) per 100 000 livebirths for India (A) and Mali (B)
SRS=sample registration system. NFHS=National Family Health Surveys. VA=verbal autopsy. HH=household. DLHS=District Level Household Surveys.

Articles

Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5

Margaret C Hogan, Kyle J Foreman, Mahsen Naghavi, Stephanie Y Ahn, Mengru Wang, Susanna M Makela, Alan D Lopez, Rafael Lozano, Christopher JL Murray

ummary

ckground Maternal mortality remains a major challenge to health systems worldwide. Reliable information about rates and trends in maternal mortality is essential for resource mobilisation, and for planning and assessment of gress towards Millennium Development Goal 5 (MDG 5), the target for which is a 75% reduction in the maternal ality ratio (MMR) from 1990 to 2015. We assessed levels and trends in maternal mortality for 181 countries.

ds We constructed a database of 2651 observations of maternal mortality for 181 countries for 1980–2008, from gistration data, censuses, surveys, and verbal autopsy studies. We used robust analytical methods to generate s of maternal deaths and the MMR for each year between 1980 and 2008. We explored the sensitivity of our odel specification and show the out-of-sample predictive validity of our methods.

Published Online April 12, 2010 DOI:10.1016/S0140-6736(10)60518-1

See Online/Comment DOI:10.1016/S0140-6736(10)60540-8

Institute for Health Metrics and Evaluation

Comment

Maternal mortality: surprise, hope, and urgent action

The apparent failure to reduce maternal mortality during 20 years of the Safe Motherhood movement has been one of the most deforming scars on the body of global health. Despite strong advocacy efforts,[1] political leaders have either ignored the call or failed to make the health of women in pregnancy their priority. This striking lack of progress, despite maternal mortality reduction being awarded its own Millennium Development Goal (MDG-5) in 2000, has been a source of puzzlement and embarrassment to global health leaders. A sense of failure has triggered deeply reflective analyses to isolate its causes.[2]

Meanwhile, maternal health advocates, facing the prospect of missing MDG-5 targets badly, have tried to reframe the predicament women face in order to galvanise wholly through better reporting, show an increase in maternal mortality ratios (notably the USA, Denmark, Austria, Canada, and Norway).

What lessons can be drawn from these new data? First, the latest figures are, globally, good news. They provide robust reason for optimism. More importantly, these numbers should now act as a catalyst, not a brake, for accelerated action on MDG-5, including scaled-up resource commitments. Investment incontrovertibly saves the lives of women during pregnancy.

Second, the intimate connection between HIV and maternal health is now explicitly laid bare. Such an association, including tuberculosis, has been gaining important recent ground.[3] This latest evidence therefore supports growing calls[4] to integrate maternal and child

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PMNCH Mission Objectives

MISSION

Contribute to the achievement of MDGs 4 and 5 by enhancing partners' interactions and the use of their comparative advantages

- Build consensus, and promote evidence-based, high-impact interventions and commodities
- Contribute to raising US$ 30 billion to improve maternal, newborn and child health
- Track partners' commitments and measure progress

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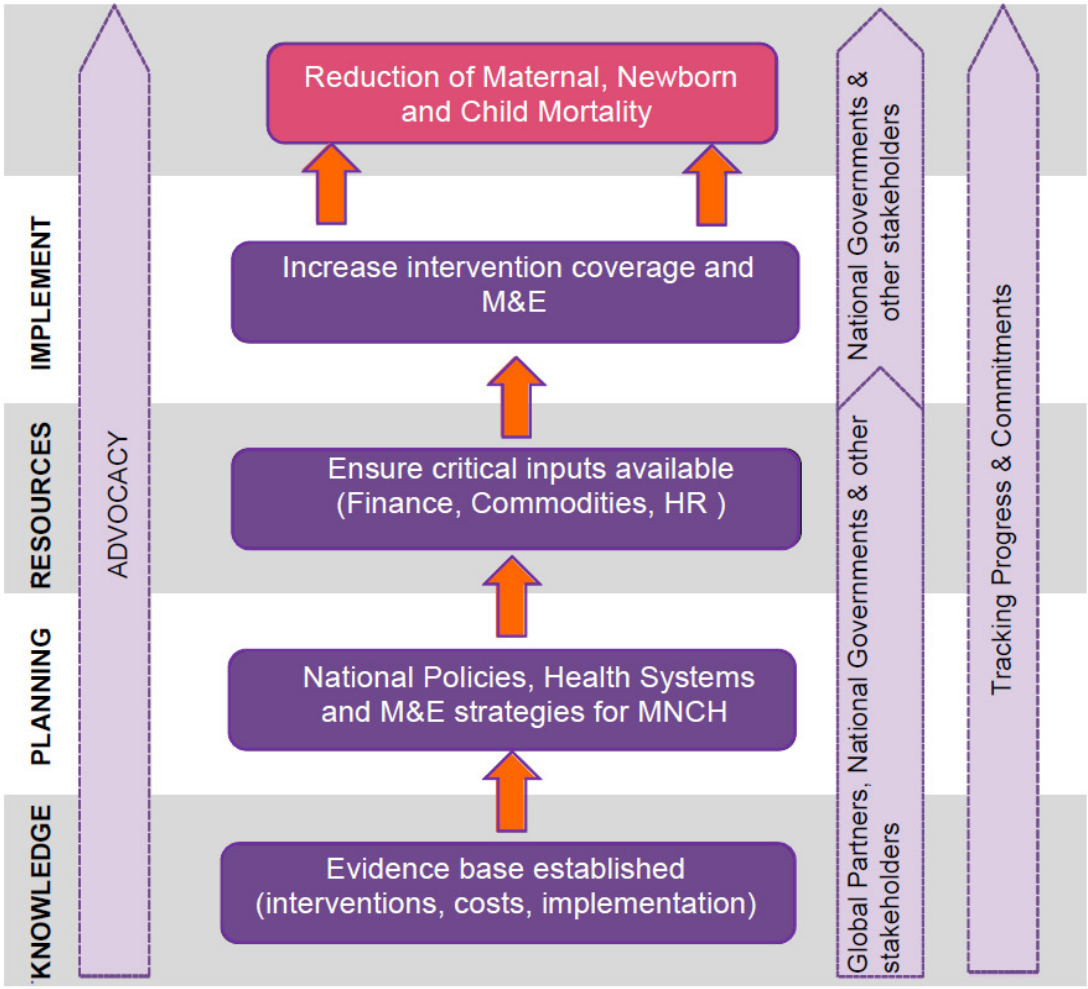
Framework of action



improving maternal, newborn and child health through active partnership

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The "Partner Centric" approach

- The Partnership's mission will be best achieved by enhancing partners' interactions and using their comparative advantages.
- The Workplan and Strategy 2009 -2011 is driven by partners' initiatives and participation.
- All Priority Action activities are spearheaded by Lead and Contributing partners.
- The Secretariat is to provide an effective platform for collaboration, facilitation and knowledge and information exchange to ensure achievement of key objectives.

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Priority Actions 2009-2011

1. MNCH knowledge management system
2. Core package of interventions
3. Essential commodities globally and in countries
4. Strengthening human resources for MNCH
5. Advocacy for increased funding and positioning of MNCH in the development agenda
6. Tracking progress and commitment for MNCH

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Priority Actions 2009-2011

1. MNCH knowledge management system

2. Core package of interventions

- A credible platform by constituencies in maternal, newborn or child health, not dominated by any single area
- Build joint evidence base on essential interventions, health systems and domains related to MNCH
- Identify current knowledge gaps
- Build a single, easily accessible and robust knowledge portal
- Information and communication "one-stop shop"

Achievements → Knowledge mapping analysis report available on the PMNCH website. Database of MNCH resources categorized, report available. Mock portal will be presented at this Board meeting. Knowledge summaries (one-pagers produced).

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Priority Actions 2009-2011

1. MNCH knowledge management system

2. Core package of interventions

3. Essential commodities globally and in countries

- Developing consensus on a *core* package, derived from available packages
- Building consensus on the content, delivery and utilization strategies
- Increasing the demand through community outreach and other means
- Building agreement on the "quick win" interventions while strengthening the health systems to provide full package of services

Achievements → Consensus developed on content of MNCH package of interventions at each level of the health care delivery system, agreement on how to scale up – report soon available on www.pmnch.org

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Priority Actions 2009-2011

1. MNCH knowledge management system

2. Core package of interventions

3. Essential commodities globally and in countries

4. Strengthening human resources for MNCH

- Reaching a consensus on essential commodities required for MNCH, basket of essential commodities identified
- Set of tools and guidance agreed for country MNCH commodities supply management.

Achievements → Consensus reached on the supply component of evidence-based MNCH interventions and basket of essential commodities identified.

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Priority Actions 2009-2011

1. MNCH knowledge management system
2. Core package of interventions
3. Essential commodities globally and in countries

4. Strengthening human resources for MNCH

5. Advocacy for increased [illegible]

- Ensuring integrated human resource planning as part of national MNCH plans
- Strengthened health care professional associations involved in national health planning
- Providing a neutral consultation platform for key partners including the health care professional associations and civil society players

Achievements → Draft reports for tools, case studies and gaps in review, available soon. Joint statement for collaboration between PMNCH and the GHWA issued in Feb 2010, analysis of HR in MNCH on its way, HCPA workshops continue (Arab-speaking countries in Dec 09, LAC in July 2010).

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Priority Actions 2009-2011

- Advance partner efforts to raise and mobilize an additional US$30 bln for MNCH in 2009-2015
- Create and use opportunities to raise MNCH on the agendas of high-level policy makers (UNGA, G8, G20, HLTF)
- Ensure harmonization of messages to enable a more consistent and collective push maximizing on partners' comparative advantages and reduce unnecessary duplication

~~4. Closing human resources for MNCH~~

5. Advocacy for increased funding and positioning of MNCH in the development agenda

~~6. Tracking progress and commitment for MNCH~~

Achievements → Investment case for Asia Pacific launched, African investment case being developed. Global advocacy strategy developed with partners. Special PMNCH session at IPU Assembly 2010 (March), G8 joint advocacy in Canada and G8 countries, PMNCH active in Joint Effort and Action Plan (MDGs review event for 2010)

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Priority Actions 2009-2011

1. MNCH knowledge management system

- Support and enhance efforts of the Countdown process and its work tracking the progress, coverage of interventions, policies and the funding for MDGs 4 & 5
- Build an accountability and information-sharing mechanism, which works in coordination with the Partners' own processes, for tracking commitments that Partners make in taking forward the MNCH agenda

6. Tracking progress and commitment for MNCH

Achievements → Draft framework for accountability developed. Common M&E framework agreed. Countdown report (2010 – with 11 new country profiles) on its way.

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Play your part in PMNCH

Priority Actions, Lead and Contributing Partners

PRIORITY ACTION - TITLE	LEAD PARTNERS *	CONTRIBUTING PARTNERS
KM (1): MNCH knowledge management system	• Academia (W. Graham) • HCP (Z. Bhutta)	All Board members and others
CP (2): MNCH Core Package of interventions	• WHO (E. Mason) • HCP (Z. Bhutta)	Ethiopia, Academics, Research Community, BRAC, CARE, USAID, WB, Save the Children, BMGF, Mali, UNFPA
EC (3): Essential MNCH Commodities are secured globally and in countries	• UNICEF (P. Villeneuve) • UNFPA (H. Belhadj)	USAID, WB, WHO, CARE, Mali, CIDA , BRAC
HR (4): Strengthening Human Resources for MNCH	• HCPA (A. Lalonde, J. Schaller, B. Lynch), • WHO (M. Islam)	UNFPA, Academics (Z. Bhutta), Ethiopia, WB, CARE, Mali, CIDA, Global Health Workforce Alliance (GHWA)
AD (5): Advocacy for increased funding and for better positioning of MNCH in the development agenda	• Norway (H. Fogstad) • FCI (A. Starrs)	Ethiopia, India, Mali, WHO, UNICEF, UNFPA, WB, BMGF, USAID, CIDA, DfID, SIDA, HCPA, Academics, other CSOs
TP (6): Tracking Progress and Commitments for MNCH	• UNICEF/Countdown (P.Villeneuve, P. Salama) • HCPA (Z Bhutta) • Academics (W. Graham) • World Bank (S. Chowdhury)	UNFPA, WHO, Save the Children, SNL, BMGF, FCI, USAID, Norway

* The name underlined refers to the main contact person.

The Partnership for Maternal, Newborn & Child Health

The PMNCH Board - Functions (I)

- Endorses the Partnership's mandate and institutional framework;
- Sets policy, establishes goals, priorities and strategies for the Partnership in line with internationally agreed frameworks;
- Approves the Partnership's work plan and budget and monitors progress in their implementation;
- Mobilizes adequate funds for the effective operation of the Partnership and its strategic framework

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The PMNCH Board - Functions (II)

- Supports the PMNCH strategic priorities
- Establishes committees of the Board and time-limited task forces, it approves their ToRs;
- Represents the Partnership in different fora;
- Presents recommendation concerning the appointment of the Executive Director (ED) of the Secretariat;
- Assumes management responsibility for the Secretariat through the ED, monitors his/her performance

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The PMNCH Board - Representation

- 23 Members
- Constituency representation
- Institutional representation
- MNCH balance
- Regional balance

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The PMNCH Board - Terms of office & rotation

- Permanent seats for Multilateral representatives (4)
- Two year term – renewable for two years
- Rotation – staggered – ensure continuity. Responsibility to inform of rotation and allow for new nominations/selections
- Currently vacant seat for co-Chair: election at this Board Meeting
- Transition of the Board Chair: June 2010

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The PMNCH Board - Selection criteria

- Active in MNCH
- Level of profile & authority (constituency, regionally or globally)
- Willingness and ability to afford time and resources:
  - Requirements of attendance
  - One alternate only to each Member
  - PMNCH can fund only one participant to Board meetings (Representative or Alternate)

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The PMNCH Board - Chair and Co-Chair(s)

- One Chair and two co-Chairs, at this Board meeting:
  - Decision/Nomination of Board co-Chair
  - Transition of the Chair – June 2010
- Represent PMNCH to organizations, countries and other initiatives.
- Elected in a transparent manner by the Board, selected by Board Members following request for nominations (by Board Members only)

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Permanent Committees of the Board

Executive Committee:

- Six members (and WHO ex-officio)
- Monitors and takes decisions on workplan implementation
- Makes recommendations to the Board on governance issues

Finance Committee:

- Three members elected by the Board
- Provides advice to the Board on policy and strategy on finance and audit
- Reviews budgets and workplan implementation and makes recommendations to the Board

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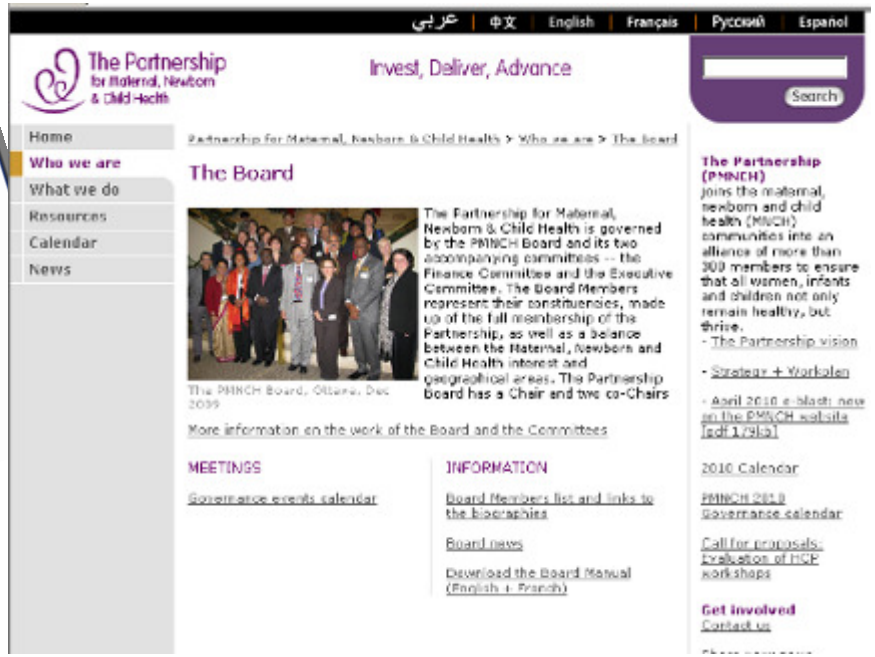
More information

- **PMNCH Governance pages - members, activities, calendar…**
  http://www.who.int/pmnch/about/steering_committee/en/index.html
  http://www.who.int/pmnch/about/steering_committee/govcalendar/en/index.html

- Board Manual



- Focal Point PMNCH Secretariat
  Marta Seoane
  Board Relations and Information Officer
  seoanem@who.int

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