

# **PMNCH Partners' Forum 2010:**

Innovation & Partnerships for Maternal, Newborn, and Child Health

Co-hosted by the Ministry of Health & Family Welfare, Government of India

New Delhi, India, 13-15th November, 2010







## 2010: two-thirds of the way to achieving the MDGs

- Significant progress made, but need for renewed commitment to accelerate progress in the last part of this historic global journey.
- High-level meetings on MDGs 4 & 5: G8 summit in June,
   Special Session at the UN General Assembly in September.
- The first PMNCH Partners' Forum was held in Dar es Salaam in April 2007.
- This second PMNCH Partners' Forum will build on the first forum and on the commitments of the high-level 2010 meetings.





### Revisiting PMNCH Roots: The Delhi Declaration, 2005

# THE DELHI DECLARATION ON MATERNAL, NEWBORN AND CHILD HEALTH 9 April, 2005

We. The Ministers and delegations from Bangladesh, Bokes, Carnbodie, Ethiopis, India, Mali, Mazambajus, Alejal, Pakistan, Tempera deliganda, as sed as the representatives of other governments, the Lindesh Nalipris, the World Bank, Isoschitoris, radional and stemational NaClos, probasional budies, academia, and civil society from all continents, essentialed in New Deht, India, to purilipope in "Lines in the Golance: The Portnership Masting on Malamai, Malamai, New India and Carlottinesh and Carlottinesh and Carlottinesh processing and academic and Carlottinesh processing and process

#### Lives in the Balance

- The lives of millions of women and childhen are in the behance lodge, Each year, programs; and childhen holism
  the lives of more from onest-million women, while more than 10 million childhen, including it million newborns,
  dis each year. In addition, more than 2 etilion babbes are stifficen. The inapply moral and.
- As many as 99% of the maternal, newborn and child deaths occur in developing operative. The highest burden is laped by leaser-developed countries of Africa and Asia, particularly within poor families.
- Cost-effective, enidonce-based interventions, if taken to scale world-wide, can prevent dose to three fourths of material deaths, and more than two-thirds of child deaths. Thus, we have - atmost within resich - the interval to save neeth 7 million lives again; year.

#### With a Global Commitment to the 2015 Vision, an Opportunity Beckons.

- The Milliannium Development Goals (MDGs) signify the world's correstment to acreaving time found and quantifiable improvements in development and powerly reduction by 2015, including MDGs is and 5 defining ubserfaces in enabranal and chief house.
- With feeth clearly recognized as sesential to poverty reduction, the global health community has a rare
  opportunity to surricum obstacks political, financial, technical and programmatic that have hampered
- Despite answerd consumace, however, the current rate of progress is not sufficient to affain the child curveol, and inspectation with MOGs in many countries. Only through an obtained and concerned action and supprocederated miscolor mobilization at the national and international levels can we keep to meet our conveniences by 2015. This will also require strong collaborations with other socioes, including education, neutries, water and surfacilities manual others.

#### the Way Forward

#### This high-level meeting on majarnal, newtorn and child health (MNCH) asserts that the way toward is to

- Take an integrated approach to reproductive, maternal, newborn and child health, ensuring a continuum of care from pregnancy timusgo childhood, recognizing that nesternal, healthout and child health are inseparable and interdependent, and that the achievement of their MDGs must be based on a strong commitment to the notifies of scener, childher and adolescents:
- Pacogrape that there is no single model of care to prevent maternal, newborn and child mortality and recrtainty, and therefore our tribe are vegated to design and implement programmes that are takened in the needs and realities of the hebbrail and add-netonal settings, employing a rational risk of quality tienfly/community, outmoch and directly services, in public and private sections, to college known cost defeative immerations.
- Aftern that universal access to excuse and reproductive health is sesential to receiving MDG.5 and will make significant contributions toward MDG.4.
- Build systems for the collection and use of high-quality data, disaggregated by equity parameters to inform policy and programmes:
- Inset in strengthening health systems, train community to the internal levels, to ensure sustained and long-term improvemental in reproductive, maternal, revolution and orbid beauth;
- Incorporate specific storagies to address inequities in reproductive, maternal, newborn and chief health
- programmes to invite that intervenence neath and benefit the poor, the marginulized and the undiminental or Build effective partners applied comprising governments, to evologishest partners, desponding, the private sector, per consistent and anademia in a strong and unprecedented common masket to active MDOs of each.

#### A Califo Action

Recognizing that the responsibility of saving maternal, newborn and child lives and promoting their health lies roll, only with the countries, but also with the informational community working together as committed partners.

#### We. The aforement/orned elaberholders.

Appeal for the highest national and international political commencent to maternal, newtons and child health;

Request governments, private social, civil accisity and international partners to levelage and committee required resources (convertly estimated in the World Health Report 2005 as an additional USBN billion on the severage per year to achieve MCSs and it and it and

Reconstrend the adoption of a target for MDG 5 relating to universal access to sexual and reproductive health, with appropriate indicators, as well as recommend the addition of the reconstant mortality indicator to MDG 4.

#### We make the following pail to ection:

Countries should orient their national and sub-national development plans and budgets to fully achieve the maternal and child health MDGs by 2015.

#### Forther they need to

- Develop urganity, integrated national plans with national targets for coverage, octoones and resource allocations, with some participation of all stakeholders;
- By the middle of 2006 at the latest, develop plans of action to achieve such coverage, meet shortages of skilled health personnel and commodities, and devise mechanisms to involve all partners.
- Mobilize resources to finance the plane of action, in traditional and innovative ways, and identify treeds for external support, where recessary;
- By the end of 2006 at the latest, learnth the pion of action and accelerate the delivery of high-impact strategic interportions; and
- By 2007 of the latest, have in place a system to munitor and report coverage, resources and outcomes threshed lowers achieving mortality reduction and promotion of health.

#### The partnership of multiWarel organizations, bilateral partners, international foundations, and NGOs working with countries should:

- Agree to support tuly, at all levels of their organizations, the implementation of these comprehensive national plans;
- From this day downst, find and commit additional resources required to close the projected resource gap in
- support of country programmes samuetal achieving ADCs 4 and 5;

  Provide the recessary support to countries to deliver interventions at all levels for high and equitable coverage.
- for reproductive, maternal, newborn and child health programming, and for health-system attenginening.

  Develop and engineers strategies to address the crit
- thus abcolerating progress in reproductive, monernal, a direction good final Develop, support and mointain an agreed system to pro-
- Develop, explort and maintain an agreed system to proamong, partners of global and national levels to provide the 4 and 5 and
- Designate an armuel "World Meternal, Newborn and Child I first agenda and to provide an opportunity for countries a commitment to this cause.

Now is the time to translate statements of intent into action Now is the time to save 7 million lives in the balance





# Forum Objectives

 High-level political event to share best practices and innovation in MNCH policy and practice:

"A conclave for Healthy Women & Healthy Children"

- Promote South-South and South-North learning.
- Mobilize multisectoral partnerships for MNCH.
- Not a technical meeting, but an opportunity for partner exchange and alliance-building.
- Re-commitment to overall goals and messages.
- A platform for raising visibility for MNCH issues.





### **Themes**

- I. Ownership & voice: Supporting women and communities to speak out about MNCH issues and demand urgent change.
- 2. Innovation & change:
  Highlighting innovation in MNCH
   political, financial, delivery of interventions. Success stories
  will be highlighted.
- 3. Partnerships & mobilization: Expanding partnerships beyond the health sector to media, parliament, local government, education, and corporations.





### **Alliances and Attendance**

### Alliances

- Co-hosted by the Government of India and PMNCH.
- The World Economic Forum's Regional Business Alliance meeting (14-16 Nov, Delhi).
- A USAID-supported MCH-STAR technical meeting of national health officers in India (to be confirmed)

### **Attendance**

- 20-30 ministers from different countries
- 300 representatives of PMNCH partner organizations
- 200 national participants
- 150 additional invited guests/media for opening event.





# Organizational arrangements

- A Strategic Steering Group
- The PMNCH Acting Chair in continued coordinating role
- An organizing partner/ committee
- An event management company
- A PR company and communication partners
- The PMNCH secretariat in Geneva

Vigyan Bhawan, Delhi





# **Next steps**

March: Initial meeting with MoH India, re: hosting

arrangements, location, dates

April: Agreement at PMNCH board meeting

May: Follow-up meeting with MoH, re: organizing

committee, agenda, venue, invitations.

Meeting of strategic planning group.

June-July: Detailed budget & plans developed,

organizing committee members begin regular

meetings, contracts processed

Aug: Follow up with Ministers and participants

Sept: Strategic group agrees final agenda

Oct: Participant travel confirmed



# **Products and participation**

- Delhi Declaration 2010
- Innovation 'market-place'
- A multi-media project on participation & innovation
- A concert with national and international artists



http://www.indianetzone.com/photos\_gallery/16/Nrityagram\_20404.jpg

