

Implementation of PMNCH 2009-2011 Strategy and workplan

Partnership's achievements and products by Priority Action to end of Mar 2010

Objective:

Information to the PMNCH Board Meeting - April 2010

Introduction

Purpose of the paper

The Partnership for Maternal, Newborn and Child Health (PMNCH) Strategy and Workplan 2009 – 2011 document sets out an activity framework for the Partnership in six identified Priority Action (PAs) areas.

The purpose of this paper is to inform the Board about the Partnership's achievements and products in delivering the Strategy and Workplan, from April 2009, when the workplan was approved, to the end of March 2010.

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 PMNCH Secretariat supports the implementation of the workplan, keeps track of activities and assists in the communication among partners and with the public at large.

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

Structure of the paper

For each of the six PAs, the paper sets out an overview of the PA and the relevant achievements and products by each Output.

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. Upadhyay (UNFPA), I. Pett (UNICEF)	PA 3 – Essential MNCH Commodities are secured globally and in countries
M. Islam (WHO), A. Lalonge (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

Overview of PA

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 activities under this PA will therefore be robust knowledge resources, which are readily available to the global health community, including through a web based portal.

Achievements and Products

Output 1: *Knowledge mapping secondary analysis: disaggregating Maternal Newborn, and Child health resources*

1. The MNCH knowledge mapping analysis report (November 2009) is available on the PMNCH website.¹ This report concludes that an effective MNCH knowledge system should include a knowledge portal to route those seeking MNCH knowledge to the well-established sources, and should leverage local and regional solutions to overcome barriers to the transmission of knowledge.
2. MNCH knowledge mapping secondary analysis (February 2010) produced a database of maternal, newborn, and child health knowledge resources and producers (February 2010). PMNCH partners' online MNCH resources are categorized based on partners' priority information needs identified in the mapping exercise e.g. policy documents, project reports, research articles, training resources, job links etc. A summary report is available on the PMNCH website.¹

Output 2: *Knowledge system and web portal created and sustained*

3. PMNCH knowledge system options appraisal report (February 2010), analyzes the advantages and disadvantages of four options for developing knowledge-related work in PAI: (i) information dissemination e.g. through a web portal; (ii) collaboration and discussions; (iii) regional networks and demand-driven policy support; or (iv) some combination of the above. This work supported the debate among board members about the strategic emphasis of this priority area of work.
4. A PAI Advisory Group was set up to review the knowledge mapping and options appraisal reports (March 2010). The Group, will advise on which strategies will build on the Partnership's comparative advantages, will have the maximum impact on MNCH policy and practice, and are feasible with the available resources. The group consists of PAI leaders, three members of the board and individuals with expertise and experience on knowledge management and e-health, and its terms of reference can be viewed on the PMNCH website.
5. A web portal prototype was developed for review by PMNCH Board members (April 2010). This prototype already includes links and a search function across all partner organizations' websites and portals (identified in the knowledge mapping exercise), which was a key OVI for this PA. A link to this test portal will be provided to board members before the April PMNCH board meeting.¹

Output 3: *Knowledge summaries on critical issues for MNCH and key "gaps" flagged to the PMNCH Board*

6. Knowledge summaries or one-pagers. A questionnaire was developed and sent to PA leaders to identify priority topics for knowledge summaries as relevant to their work area (February 2010). Recommendations on the process for development and review of PMNCH knowledge summaries across all the PAs will be presented to the board in April 2010. At the meeting, early drafts of knowledge summaries will be distributed.

¹ www.who.int/pmnch/activities/knowledge/knowledgemanagementadvgroup/en/index.html

Priority Action 2 - MNCH Core Package of Interventions

Overview of PA

Evidence on the efficacy of single components of interventions is readily available today. However, as interventions are combined into packages across the continuum of care, there is insufficient evidence on the efficacy of these packages.² Developing consensus based on evidence of effectiveness for the the interventions for a core package for maternal, newborn and child health, is critical to efforts towards MDGs 4 and 5, and requires inputs from implementation research. A core package will help define and guide the actions that need to be taken in high-burden countries by national governments international partners and other local stakeholders (health-care professionals, academics, non-government organizations and others). Work is also needed on the demand side, i.e., increasing the demand for a core package of interventions through community outreach and other means.

Addressing this issue as part of the Partnership's activities is adding important value because the PMNCH brings together the right mix of stakeholders to define a common set of interventions. This will also enable a harmonized approach by partners in countries. Conclusions from this work on core packages will be presented at the Partners Forum, a bi-annual meeting of the PMNCH membership, to provide an opportunity for the Partners to incorporate implementation research gaps into their discussion.

Achievements and Products

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*

1. Review of scientific evidence for list of packages of interventions for Category 'A'.³ The report will be published and be made available at the PMNCH website. The

² Core Package of interventions may include the evidence of grouped interventions for antenatal care, delivery care, postnatal and newborn care, and child care.

³ Category A of the package of interventions include those for which its efficacy (impact) and level of health care service are agreed by partners. If there are discrepancy on these, interventions are agglutinated into other categories.

work, which was a collaboration of the WHO and the AKU included assessing the quality of all published Cochrane-type systematic reviews using AMSTAR criteria, suggested by WHO, and mapping available evidence for the delivery of these MNCH interventions.

2. A technical consensus meeting was held in early 2010 to get inputs and agreement from relevant partners on a list which have evidence that the intervention is beneficial 'Category A'. Meeting participants included multilateral organizations, academics, health care professionals, The meeting reviewed the evidence of the initial assessment undertaken and modified the grading of the interventions accordingly. This information will shortly be available at the PMNCH website.
3. The meeting also reviewed and identified interventions that had a less degree of evidence, no evidence of effectiveness (or no evidence), these were classified as Category 'B' and 'C' and further categories D and E were added. The same approach as Category 'A' was used. The report will be shortly available on the PMNCH website.
4. The technical consensus meeting concluded on 'Category A' interventions to be recommended for rapid scale up, 'Category B' interventions for further systematic reviews of research to be undertaken, and 'Category C to E' interventions for which there is no consensus on likely effectiveness (possible further research, or even evidence of no or adverse impact).

Output 2: *Research gaps within content of core packages of interventions identified; ongoing research, mapping and synthesis*

Results will be published soon with the minutes of the Consensus Meeting in April 2010.

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

Activities planned to be undertaken later in 2010.

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

Overview of PA

Commodity security is an important part of improving maternal, newborn and child health. Lack of medicines, access to and ineffective use of the available medicines, compromises maternal and child health outcomes. Stemming from inefficiencies in forecasting, manufacturing and pricing through to downstream issues such as storage, transportation, data, rational use, and procurement and supply management of MNCH medicines (and commodities in general) remains suboptimal in many countries.

This PA intends to identify and remove key barriers to MNCH commodity security.

Achievements and Products

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

1. Report on the current status and players in commodity management for MNCH completed (September 2009). The report provided information for an October 2009 meeting of a New York Consortium of Partners, which includes: UNFPA, UNICEF, World Bank, Reproductive Health Supplies Coalition, USAID, PAI, WVI, JSI, and PMNCH. The report covered topics such as: essential MNCH commodities list, demand forecasting, supply chain information, procurement efficiency, financing, supply constraints, and health system capacity. The New York Consortium of Partners met again in April 2010 to review progress to date on the topics discussed and actions agreed, and decide on next steps.
2. Population Action International have been commissioned and are currently undertaking research studies on maternal health commodity issues in Bangladesh and Uganda. The studies are expected to inform partners on key issues related to commodity security and provide recommendations on advocacy entry points for addressing some of these bottlenecks. The studies use four maternal health commodities as tracers and assess the policy environment, financing, procurement and partnership. The studies also look at continuum of care issues in policy and service delivery. Draft reports are expected in late April 2010.

3. Final articulation of the supply component will be based on the consensus on interventions reached in the Priority Action 2 Output 1 report.
4. Potential for funding essential commodities from newly established innovative financing mechanisms being explored.

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

5. Tool collection and review is ongoing. Potential for harmonized single tool for essential commodities being explored.
6. Knowledge resources identified and developed in this process will be provided for content inclusion in the web portal developed in Priority Action 1 Output 2.

Output 3: *Assess currently used supply management practices*

7. Collection and review of existing studies and assessments ongoing.
8. Challenges relating to pre-qualification of suppliers under review for input into advocacy strategy.

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

Not applicable - Discussions to be undertaken upon completion of Output 1.

Priority Action 4 - Strengthening Human Resources for MNCH

Overview of PA

It has been estimated recently that achieving universal coverage of reproductive, maternal, newborn and child health services will require an additional two million health care workers globally. This calls for concerted efforts among all partners to ensure the necessary training, deployment and retention of staff. Furthermore, delivering any in-country strategy on improving MNCH will require not only additional numbers but also strengthened human resource capacity, whether this be health care professionals (e.g. doctors, nurses, midwives), or administrators. This is a neglected aspect of international and local strategies, with the lack of relevant human resources in developing countries being one of the major impediments to reaching the MDGs.

Outcomes of this Priority Action will include integrated human resource planning as part of national MNCH plans, which ensure that MNCH skills / competencies and knowledge gaps within human resources management are adequately addressed, and strengthened health care professional associations involved more directly in national health planning.

Achievements and Products

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

1. Tools for mapping human resources for MNCH are the required initial steps to identifying the key bottlenecks and gaps in human resources for MNCH in high burden countries. Relevant reports, as set out below, have been prepared as drafts. These will be sent to the PA 4 Advisory Group for review and approval and will

subsequently be posted on the PMNCH website:

- inventory and analysis of tools (March 2010);
 - inventory of country case studies (March 2010); and
 - position paper on gaps and recommended actions (April 2010).
2. Developed and agreed upon a strategy (joint statement) for collaboration with the Global Health Workforce Alliance (February 2010). The statement sets out specific roles to be played by the PMNCH and GHWA in scheduled joint activities in the areas of advocacy, policy development, monitoring and evaluation and country initiatives for improved HRH planning.

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

3. Reports for Burkina Faso, Niger and Nigeria on progress in implementing action plans emerging from HCPA workshops (March 2010). These provide both an insight into the agreed actions at the workshops and a learning opportunity for what approaches are seen to work best. The report is available in draft from PMNCH upon request. The workshops are a primary means by which capacity of healthcare professional associations is strengthened and their members encouraged to be more directly and constructively involved in national health planning.
4. A Terms of Reference has been developed for an impact evaluation of the first three health care professional workshops and a request for proposals has been

issued. (February 2010). The evaluation will assess the impact of the regional workshops in the 17 participating countries on three levels: (i) the achievement of the overall workshop objective - i.e. increased capacity of HCPAs to contribute to MNCH planning and implementation; (ii) the level of interaction between and among HCPAs, Ministry of Health and development partners; (iii) the implementation of action plans defined during the regional workshops.

5. Building on the noted workshops, the following has been developed (February 2010):

- template for reporting on action plan implementation, which will support the follow-through on actions agreed at the workshops;
- concept note for in-country meetings, to be used for future HCPA workshops; and
- Terms of Reference for global HCPA monitoring of in-country actions.

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

6. Regional HCPA workshop for the Arab-speaking states held in Amman, Jordan (December 2009). Report is available on the PMNCH website. The Arab speaking country health care professional association workshop brought together delegations from Iraq, Jordan, Morocco, Palestine, Somaliland, Somalia, Sudan, United Arab Emirates and Yemen. Having learned from lessons from earlier workshop, the Arab-speaking workshop incorporated a higher degree of UN country offices participation than past workshops, and had countries with an heterogeneous level of development of health care professional associations. The workshop yielded national action plans and plans of action to implement these. Interactions among participants strengthened knowledge of resources and the interaction of these

associations, development partners, and the ministries of health., An example of immediate action and follow up was that of the plan designed by the Iraqi delegation and led by UNFPA and the WHO, who met subsequent to the workshop to define a detailed implementation and fund seeking plan. The Emirati Medical Association in addition defined a workplan for international work to enhance their national associations which included the identification of support for training opportunities for professionals from Yemen and Somalia. The Islamic Hospital of Jordan also committed to training a selected number of Somali professionals. Key lessons from the Arab-speaking countries workshop will again be applied to the development of the meeting planned for Latin America in 2010.

7. HCPA database developed (December 2009). This is available upon request to IPA. This database provides updated contact information for national associations of ICM, IPA and FIGO. A process for updating this information on a yearly basis is agreed. This database will also be expanded to include information for ICN and FIP national associations.
8. PMNCH advocacy session held during the XIX FIGO Congress in Cape Town (October 2009), This session included presentations from ICM, FIGO and IPA on the importance of collaboration among health care professionals and between health care professionals and other stakeholders in achieving improved health outcomes for mothers and children.
9. Firm plans developed for organization of the Latin American HCPA workshop, scheduled for July 2010 in Bolivia.

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

Overview of PA

The prioritization and funding levels for MNCH have been low despite the availability of proven, high-cost effective strategies. As a result, maternal, newborn and child mortality remain high, claiming almost ten million lives each year. Recently, this problem has started to feature higher on the agendas of high-level policy makers, at venues such as the United Nations General Assembly and the G8, supported by evidence that investments in key interventions across the continuum of care can produce tangible results (see PA 2). The High-Level Task Force on Innovative Financing for Health Systems has also helped to bring these issues to the health policy agenda. A clear opportunity exists for PMNCH and its Partners to build on recent momentum to mobilize a greater level of resources, which – combined with an improved and more effective way of using those resources – will considerably advance efforts to meet the MDG 4 and 5 targets.

When this workplan was drafted the overall target of this component of the PMNCH workplan was to raise and mobilize an additional US\$ 30 billion for MNCH for the period 2009-2015 from G8 and other stakeholders at global and country level. It was estimated that this outcome would save 3 million women and 7 million children by 2015. These figures (both cost and lives saved) are currently being re-calculated (April 2010).

The added value of PMNCH's advocacy for this resource mobilization target is that PMNCH represents key constituencies with a broad reach and mandate, which can mobilize their audiences and resources. Consensus among these Partners helps ensure harmonization of messages, and enables a more consistent and collective push. PMNCH will also offer an opportunity to synergise on different lines of work, maximize on each partner's comparative advantage and reduce unnecessary duplication.

Achievements and Products

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

1. "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 in 2009.
2. 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 MDG 4 & 5 module) for the tool have been completed.
3. 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 MNCH. The goal is to enable countries to gather and analyse these data as part of their routine information systems and to improve planning and resource allocation.
4. PMNCH has played a central role in planning and launching the UN Secretary General Joint Effort for the health of women and children, ahead of the Sept 2010 MDG Summit. The Secretariat and PMNCH members have helped produce the draft Action Plan and supplementary documents, as well as a landscape analysis (together with Countdown to 2015) and video presentation of the landscape at a senior strategy meeting in New York in April 2010 hosted by the UNSG.

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

5. Good representation of PMNCH members on WG 2 (Raising and Channeling Funds) of the HLTF contributed to focus being placed on MDGs 4 and 5. PMNCH is continuing to work 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.

6. PMNCH co-organized the “Healthy Women, Healthy Children” side event in New York on 23 Sept. 2009. 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). The event contributed to a significantly increased profile for MNCH as well as for the Partnership.
7. 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.

Output 3: *Global advocacy strategy developed and implemented, targeting key actors and policy-makers around high-level global events through mobilization and coordination of partners*

8. The global MNCH Consensus was 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. The MNCH Consensus was launched at the Sept 23 event, “Healthy Women, Health Children” (see above). MNCH Consensus forms the backbone of the Global Action Plan developed under the leadership of the UN Secretary General, spring 2010 and is being used by a range of partners and venues to lay out the core strategies and interventions for reducing maternal, newborn and child mortality.
9. 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. These task teams are now actively working and developing plans and products (e.g., a manifesto on MNCH for the G8).
10. Atlas of Birth project products in development, including identification of databases and sources for selected variables across countries. Atlas to be launched as White Ribbon/PMNCH co-branded product at Women Deliver in June 2010.
11. Four case studies were developed, 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. This will be produced as a synthesis document for launch in 2010.

12. Close collaboration has been established with the HIV community, other global partnerships (e.g. GAVI) and other MNCH stakeholders as part of strategic planning meetings and workshops.
13. Production of global media strategy, products and outreach for PMNCH and Countdown to support the UN Secretary General-led efforts on MNCH, resulting in more than 400 articles, including front page coverage in the New York Times on 14 April 2010.

Output 4: *Regional and national advocacy strategy developed and implemented, targeting key actors and policy makers around regional and national events through mobilization and coordination of partners*

14. Special session on MNCH and Countdown to 2015 at the IPU annual meeting in Bangkok (2010) and Addis Ababa (2009), attended by more than 1,500 parliamentarians.
15. Briefing to Ministers of Health on Asia Pacific investment needs for MNCH at the World Health Assembly.
16. Resolutions in Italian and Canadian national parliaments expressing commitment to MNCH.
17. G8 2010 under Canadian leadership prioritizes MNCH as top issue, following inclusion of MNCH in the 2009 L'Aquila communiqué. PMNCH chairs Canadian coalition of MNCH civil society stakeholders. PMNCH frequently requested by the Canadian government to provide technical inputs to the G8 initiative.
18. Parliamentary briefing held in Ottawa in lead up to G8-G20 in Canada and production of G8 Call to Action (April 2010) by PMNCH G8 task team.
19. The Deliver Now Advocacy Campaign in India (Orissa) 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. LSHTM has reported excellent endline findings, showing substantial increases in knowledge, attitudes and practices/behaviours in regard to key messages.

Priority Action 6 - Tracking Progress and Commitment for MNCH

Overview of PA

Funding commitments for health are frequently made at meetings and high-level fora. With regards to funding for MNCH, however, there is little or no follow-up on the implementation of these pledges across the continuum of care – although Partners do have their own accountability and monitoring mechanisms. PMNCH is well placed to track pledges made, assess whether pledges made are actually realized, and to link with global and national advocacy partners to hold donors, agencies and governments accountable. In addition, PMNCH can 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.

The key outcome of this Priority Action Area will be 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. The membership of the PMNCH represents a unique mix of constituencies, and this in itself will add value by enabling the Partners to track progress on commitments made within the context of the continuum of care

Achievements and Products

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

1. A draft Framework for Accountability developed. The framework links financial pledges for MNCH with financial commitments, disbursements and programmes for MNCH. It is expected to track new funding promised at high level events for MNCH with action in countries.
2. Case studies (mainly country based) developed on the basis of the framework for accountability. The case studies is currently being developed on the basis of the framework for accountability are expected in the second half of 2010. This information will be useful to explore the ability of the Framework for Accountability

to track pledges and subsequent action on MNCH programmes.

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

Development of consistent M&E framework for use in high priority countries was undertaken by partners and currently being used by the IHP+ (available in their website). Work is currently undergoing to facilitate the development of consolidated/updated M&E framework that links the continuum of care with a continuum of accountability for credible results and this will be discussed at the April 2010 Board meeting.

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

3. Special Countdown to 2015 session at annual 2009 and 2010 Inter-parliamentary Union (IPU) meeting. The purpose of the session was to encourage greater engagement by parliamentarians in MNCH issues by sharing a background analysis and examples of parliamentary oversight of this issue, with a particular emphasis on the role of financial allocations for health.
4. Extensive use of Countdown ODA financing data in 2010 G8 advocacy documents and messages, including major global media push in April 2010 that resulted in more than 400 articles in dozens of OECD countries and CD high-priority countries.

Output 4: *Successful meeting on tracking progress for MNCH held.*

5. Establishment of the Countdown Core Group and Coordinating Committee.
6. Countdown 2010 sessions will be integral part of the June 2010 Women Deliver meeting. This will involve a presentation of key findings from the 2010 Countdown report in a program of six thematic sessions at the Washington, DC, conference, 7-9 June. It will also

involve an advocacy and media strategy to communicate key findings from the report, disseminated by a dedicated media team at the time of the June conference.

7. Countdown findings will be reported in a series of articles in June and September issues of The Lancet.

Output 5: *Tracking progress on MNCH.*

8. Plan of Action for Working Groups of the Countdown. Each of the Working Groups of the Countdown (coverage, equity, financing and health systems) have developed working plans for 2010. This information has been incorporated into a joint proposal for funding which can be available to the PMNCH Board upon request.
9. Initial drafts of the Countdown report for 2010 has been completed.
10. Intensive work undertaken towards securing funding for the Countdown process, with significant commitments already in place (around US\$ 7.5m has already been raised for the PMNCH Workplan and Strategy for 2010).



Core Functions and Staffing

Overview

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

Achievements and Products

1. The Memorandum of Understanding with the host agency, the World Health Organization, was renewed (signed on 6th November 2009) for a three-year period.
2. The Board:
 - Met twice, in Washington DC (February 2009) and Ottawa (December 2009).
 - Relevant papers / presentations prepared, advocacy side events, logistics.
 - Regular updates in-between meetings, on operational on other developments.
3. Corporate communication strategy:
 - Partnership website updated regularly - principal contact and source of information for PMNCH stakeholders and public at large.
 - Ongoing communication with constituency groups, and PMNCH membership.
 - Development of corporate identity for the Partnership.
4. The Executive Committee:
 - Meets monthly through teleconferences.
 - Relevant papers / presentations prepared, logistics support provided.
5. Resource mobilization:
 - Strategy developed focusing on current and potential contributing donors and foundations.
 - Around US\$ 8.5m (including PSC) raised from the donor community to date for implementing the Partnership's workplan. A number of additional proposals have also been produced and are currently being reviewed by relevant donors.
6. Management tools:
 - Activity management tool developed, based on individual PA report cards, enabling both colleagues at the Secretariat and Lead Partners to be more effective in overseeing the implementation of the workplan.
 - New internal financial management and monitoring processes developed and implemented.
7. The Secretariat was restructured and a new team was in place by October 2009. The team is composed of nine fixed term staff, complemented by consultants who work in specialized areas as needed. The new structure required downsizing of the Secretariat by about one half.
8. Main findings and follow up actions taken as result of the External Evaluation undertaken in 2008 have been summarized elsewhere. In summary, these include the following: (i) the Partnership is now a 'Partner-Centric' organisation, reinforcing and relying on the individual work, mandates, and responsibilities of each partner organization; (ii) the Board created Executive and Finance Committees of the Board to take executive decisions between Board meetings and to monitor financial aspects. The activity management tool was also developed as a result of the external evaluation conclusions.