



PMNCH PROGRESS REPORT 2012





PMNCH PROGRESS REPORT 2012



**World Health
Organization**



The Partnership
for Maternal, Newborn
& Child Health

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Acronyms & abbreviations

AIDS	Acquired immunodeficiency syndrome
AusAID	Australian Government Overseas Aid Program
AWHONN	Association of Women's Health, Obstetric and Neonatal Nurses
CoIA	Commission on Information and Accountability for Women's and Children's Health
Countdown	Countdown to 2015 for Maternal, Newborn and Child Survival
CSO	Civil Society Organization
DfID	Department for International Development
EFCNI	European Foundation for the Care of Newborn Infants
EWEC	Every Woman Every Child
FAO	Food and Agriculture Organization
FP2020	London Family Planning Summit 2020
GAPPS	Global Alliance to Prevent Prematurity and Stillbirth
Global Strategy	United Nations Secretary-General's Global Strategy for Women's and Children's Health
HIV	Human immunodeficiency virus
ICT	Information Communication Technologies
iERG	independent Expert Review Group
IPU	Inter-Parliamentary Union
IWG	Innovation Working Group
MDG	Millennium Development Goal
mHealth	mobile Health
PMNCH	The Partnership for Maternal, Newborn & Child Health
PSC	Participant Support Cost
QoC	Quality of Care
RMNCH	Reproductive, Maternal, Newborn, and Child Health
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WPD	World Prematurity Day



EXECUTIVE Summary

The year 2012 was marked by great progress in innovation and consolidation in the area of women's and children's health. After the massive scale-up in attention and effort that followed the 2010 launch of the United Nations Secretary-General's Global Strategy for Women's and Children's Health, it was a year of growing sophistication, with efforts focused on neglected areas in the Continuum of Care and aimed at helping both the global community and local implementers to address issues and priorities that have not yet taken centre stage.

The London Summit on Family Planning, convened by the United Kingdom Department for International Development and the Bill & Melinda Gates Foundation, with the United Nations Population Fund and other partners, mobilized US\$ 2.6 billion to give an additional 120 million women and girls in developing countries access to contraceptive information, services and supplies by 2020. The United Nations Commission on Life-Saving Commodities for Women and Children, chaired by President Goodluck Jonathan of Nigeria and Prime Minister Jens Stoltenberg of Norway, defined a priority list of 13 overlooked commodities that could save more than 6 million lives, with recommendations to increase their access and use.

Born Too Soon: The Global Action Report on Preterm Birth mobilized attention to the neglected issue of prematurity, with recommendations to eliminate three quarters of preventable deaths with simple, cost-effective care. The Child Survival Call to Action in Washington, D.C. launched the Commitment to Child Survival: A Promise Renewed movement, led by the Governments of Ethiopia, India and the United States with UNICEF, to monitor progress in child survival efforts and ensure mutual accountability. The first-ever International Day of the Girl Child called attention to the critical issue of child marriage as a human rights issues as well as a key determinant of both health and education outcomes – a call that PMNCH supported with a new Knowledge Summary on reaching child brides and a high-level multi-partner event and media campaign for the 2013 UN Commission on the Status of Women meeting in New York.

Finally, the annual *PMNCH Report – Analysing Progress on Commitments to the Global Strategy for Women's and Children's Health* looked at commitments made by 220 stakeholders, identifying substantial steps forward to deliver on the ambitions of the signatories, and finding that the Global Strategy has been an important catalyst to action at country level.

The Partnership continued to grow in 2012, and now brings together more than 523 partners in concerted action to deliver on MDGs 4, 5 and 6 – growing in number by more than two-thirds since 2010. The increase in the Partnership's activities can be measured in the scale-up of its media activities, including the achievement of 1 million hits in 2012 for www.pmnch.org.

The Partnership also maintains more traditional forms of engagement, such as teleconferences to bring together the various constituencies in joint planning exercises and to govern its work. The Partnership ensures that its governance activities, in particular its Board meetings, provide opportunities for advocacy and knowledge-sharing as well as good governance. This was especially notable at the Board meeting in Abuja, Nigeria, in October 2012 where high-level interventions with parliament occurred in conjunction with such major national events as the launch of the Saving One Million Lives initiative by Nigerian President Goodluck Jonathan.

Throughout 2012, advocacy was a key component of the Partnership's work. The Partnership provides support to a wide range of civil society partners, whether through catalysing national advocacy coalitions or through high-impact regional or global opportunities that can advance the agenda. The Asia-Pacific Leadership and Policy Dialogue, held in Manila in November, was an important opportunity to ramp up cross-sectoral collaboration in the region, bringing together ministers and policy leaders from nearly 20 countries with senior UN, NGO, donor, health professional, academic and private sector members of PMNCH.

Similarly, 2012 heralded other key moments for greater accountability. The spring meeting of the International Parliamentary Union in Uganda in March 2012 saw the culmination of years of effort by PMNCH and partners, resulting in a resolution by more than 120 national parliaments to scale up national action on maternal and child health, including greater national accountability measures. The independent Expert Review Group, which was established in 2011 at the request of the Commission on Information and Accountability for Women's and Children's Health, produced its first report, and also engaged with stakeholders to ensure a robust, transparent process incorporating a broad range of perspectives. The number of countries undertaking self-assessments of their progress and establishing roadmaps to chart their own course forward has grown substantially, demonstrating far stronger local ownership of the issues.

As secretariat to the Countdown to 2015 effort, The Partnership continued advocating for increased tracking of progress in countries that bear the greatest burden of maternal and child deaths. In 2012, Countdown prepared two reports, one focused on the core Commission indicators and the second on all of the indicators tracked by Countdown. Countdown's reports reflect on important progress made on increasing coverage of proven interventions and on decreasing maternal and child mortality. The Partnership advocated for key findings from the 2012 Countdown report, which showed that only nine of the 75 countries are on track to reach MDG 5 on maternal health, while 23 are on track to achieve MDG 4 on child mortality.

Finally, in the realm of innovation, the Partnership continued to act as secretariat for the Innovation Working Group. The Working Group is co-chaired by the Government of Norway and Johnson & Johnson, and the Partnership continues to support its work as a global hub for innovation, catalyzing the initiation and enabling the scale-up of cost-effective innovations across technological, social, financial, policy and business fields.

Looking ahead in 2013, the Partnership will continue to enhance efforts to deliver its strategic goals relating to knowledge, advocacy and accountability, ensuring that work continues to enhance, amplify and coordinate the important actions of partners at all levels – national, regional and global. Particularly relevant is the work of The Partnership in contributing to discussions on the post-2015 development framework through knowledge synthesis, partner consensus-building and advocating for that joint position. In this way the Partnership will continue to scale up knowledge, action and accountability on the most effective approaches to improve the health and lives of women and children.

CHAPTER ONE

Introduction

“Partnership is essential. We have demonstrated that together, governments, the United Nations family, the private sector and civil society can succeed in tackling tremendous challenges... while financial support is essential, so are investments in innovative technology, medicine, social policy and service delivery.”

— United Nations Secretary-General, Ban Ki-moon¹

Approximately 800 women die every day from preventable causes related to pregnancy and childbirth.² Some 6.9 million children under the age of five died in 2011, 43% during the neonatal period mostly from complications related to preterm birth.³ Stillbirths do not feature in the Millennium Development Goal (MDG) framework. Expanding access to essential interventions and integrating maternal, newborn and child health efforts will save the lives of many women and children every year. Individual countries, organizations and agencies cannot meet this significant challenge alone. The Partnership for Maternal, Newborn & Child Health (“PMNCH” or “the Partnership”) is the only platform that brings together the numerous partners in the global health community focused on improving the health of women and children. The Partnership looks to the Continuum of Care model to mobilize a common approach and direction. This model has been a central platform for the community working on reproductive, maternal, newborn and child health (RMNCH), and for the different constituencies that now make up the Partnership.

2012: A Year of Innovation and Consolidation

This year saw remarkable progress in women’s and children’s health through the efforts of all RMNCH partners around the world. The health of women and children was one of the most discussed topics at the 2012 World Health Assembly. Highlights included the Breakfast Briefing on



1 Statement by UNSG Ban Ki-moon, 21 May 2012. Retrieved from: www.un.org/News/Press/docs/2012/sgsm14296.doc.htm

2 *Trends in Maternal Mortality: 1990-2010*, UNFPA, UNICEF, WHO, World Bank, 2012.

3 *Levels and Trends in Child Mortality – Report 2012*, UNICEF, WHO, The World Bank, UN DESA/Population Division. UNICEF, 2012.

Born Too Soon (a report on the previously neglected area of preterm birth – see BOX 5, the endorsement of the Global Vaccine Action Plan (a roadmap to prevent millions of deaths by 2020 through more equitable access to vaccines in all communities), and an open consultation by the independent Expert Review Group (iERG) for the Commission on Information and Accountability for Women’s and Children’s Health (CoIA).⁴ WHO Member States further designated the last week of April as World Immunization Week.

In 2012, the Governments of Ethiopia, India and the United States, in coordination with UNICEF, convened the Child Survival Call to Action to focus attention on ways to enhance efforts to meet children’s needs. The year was also marked by the London Family Planning Summit which launched the FP2020 movement – a landmark partnership between the United Kingdom Department for International Development (DfID) and the Bill & Melinda Gates Foundation that mobilized at least US\$ 2.6 billion in commitments towards the goals of ensuring access for an additional 120 million women and girls in developing countries to contraceptive information, services and supplies by 2020. In September, the United Nations Commission on Life-Saving Commodities for Women and Children defined a priority list of 13 overlooked commodities, recommending concrete actions to increase their access and use with the aim to save 6 million lives by 2015.

Years of advocacy efforts are starting to show results, with greater investments in the health of girls and women and the development of new approaches to financing. The Partnership played a key role in facilitating discussion among partners to identify common aims, and to develop new initiatives that would deliver increased, sustainable financing for priority interventions and commodities. For example, at the 2012 International AIDS Conference in July, private companies including Johnson & Johnson, Alere and P&G showed how they are working with non-profit organizations to support HIV interventions for mothers, couples and young women.

The *PMNCH 2012 Report – Analysing Progress on Commitments to the Global Strategy for Women’s and Children’s Health* examined commitments made by 220 stakeholders to the Global Strategy for Women’s and Children’s Health (hereafter “the Global Strategy”)⁵ supporting the Every Woman Every Child (EWEC) movement led by United Nations Secretary-General Ban Ki-moon.⁶ The report found that the Global Strategy – which aims to save 16 million lives by 2015 in the world’s 49 poorest countries – has generated new and additional resources of about \$20 billion, acting as a catalyst for intensified, more focused and better coordinated efforts. The report identified remaining gaps and challenges, related in particular to financial and human resources, and the need to better balance support across countries and interventions along the Continuum of Care (See BOX 6).

About the Partnership

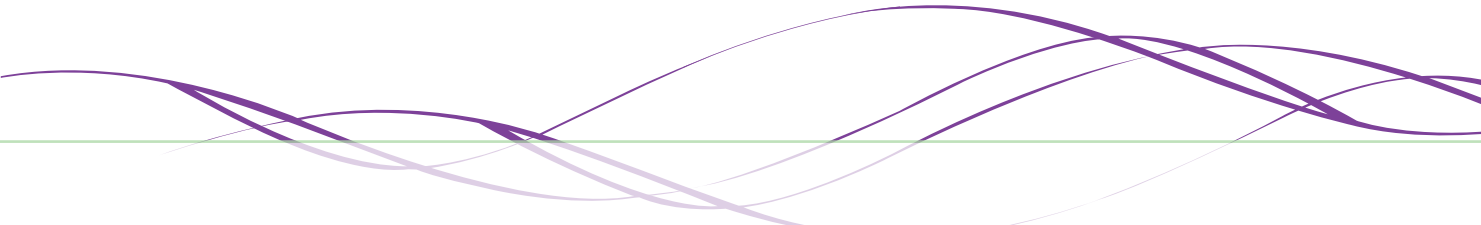
PMNCH currently brings together more than 500 partners drawn from seven main constituencies: Academic, research and teaching institutions; donors and foundations; health care pro-



4 For more information on the CoIA, please visit: www.everywomaneverychild.org/resources/accountability-commission

5 *Global Strategy for Women’s and Children’s Health* (2010). Available at: www.who.int/pmnch/topics/maternal/201009_globalstrategy_wch/en

6 For more information on Every Woman Every Child: www.everywomaneverychild.org



professionals; multilateral agencies; non-governmental organizations; partner countries; and the private sector (see Annex One). A board selected from among the seven constituencies governs PMNCH. Board members represent the seven constituencies, ensuring a balance between reproductive, maternal, newborn and child health, national and international institutions, as well as a mix of geographical representation. The Partnership is based on the following core principles that thread through the activities highlighted in this Report:

- Being partner-centric, by supporting partners deliver the Partnership's objectives, without replacing or replicating their work or their internal governance and accountability processes.
- Focusing on convening (i.e., providing a platform for partners to discuss and agree on ways to align their existing and new activities) and brokering (i.e., actively brokering knowledge, innovations, collaborations etc. among the partners).
- Being driven by country demand and regional priorities.
- Promoting the Continuum of Care approach to improve women's and children's health.

About this Report

In 2012, the Partnership's work was designed to meet three strategic objectives reflecting the Partnership's value-added as a joint platform for knowledge, action and accountability. These objectives are:

1. **Knowledge:** Broker knowledge and innovation for action, leading to increased access to, and use of, knowledge and innovations to enhance policy, service delivery and financing mechanisms.
2. **Advocacy:** Advocate for mobilizing and aligning resources and for greater engagement, leading to additional resource commitments for RMNCH, visibility of women's and children's health issues in relevant forums, and consensus on evidence-based policy development and implementation.
3. **Results:** Promote accountability for resources and results, leading to better information to monitor RMNCH results, as well as better and more systematic tracking of how resource commitments are actually allocated.

Looking towards 2013, PMNCH has designed a new set of outcomes that will emphasize the results that the Partnership seeks to achieve. This set does not reflect any change in approach; rather, it is designed to integrate the strategic objectives, building on the synergies between them. This is a natural evolution that takes the overarching Strategic Framework as its base, and should drive a clearer focus on tracking results.

This Report highlights some key areas of progress made by the PMNCH constituencies, board and secretariat in 2012 towards delivering the Partnership's vision and mission⁷ through the implementation of the 2012–2015 Strategic Framework. It is not an exhaustive report on all the activities undertaken by PMNCH, nor does it report on the work of individual partners. Rather, it is designed to highlight a number of key achievements that set the stage for outcome-oriented action in 2013.

7 The Partnership's vision is "the achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health in the years to 2015 and beyond". The Partnership's mission is "supporting Partners to align their strategic directions and catalyse collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care".

2012 PMNCH Events

JANUARY

Geneva

PMNCH welcomed new Co-Chairs and Members

The new Co-Chairs, elected by the Board and welcomed by PMNCH in January, were the Government of India, represented by the then Minister of Health and Family Welfare, the Honorable Ghulam Nabi Azad, and the WHO, represented by Assistant Director-General, Dr. Flavia Bustreo.

Africa-wide

Know the numbers: African statisticians resolved to improve systems that report births, deaths, and causes of deaths

PMNCH issued a press release to call attention to the need to improve systems that capture births, deaths, and causes of death, particularly among women and children, to assist in the proper planning and allocation of resources to improve reproductive, maternal, newborn and child health outcomes.

Davos

Growing Business and Improving Women's and Children's Health

PMNCH led two special side events at the World Economic Forum. A luncheon was held with UN Secretary-General Ban Ki-moon to address ways in which business and government leaders can invest in women's and children's health. In addition a meeting was held to discuss a guide to outline ways in which companies can contribute to improve the health of women and children.

FEBRUARY

Worldwide

PMNCH Moderated launch of Hidden Crisis event on child hunger

Joined by Save the Children and the UN Foundation, PMNCH moderated the launch of this event which included a non-stop worldwide twitter consultation on child malnutrition – The *"Hidden Crisis" Tweet Chat – Life Without Hunger: Tackling Child Malnutrition*.



MARCH

Worldwide

Health Partnerships reached out to G8 Leaders

Alongside three other leading global health partnerships, PMNCH sent an open letter to G8 leaders to ask for the inclusion of a specific statement of commitment to global health in the 2012 G8 Summit Declaration and Accountability Report.

Kampala

Africa Regional RMNCH Advocacy Strategy Implementation Meeting

Together with the Women Deliver Africa Regional Consultation and led by the African Union, PMNCH and partners gathered in Kampala, Uganda, to identify the next steps for the implementation of the Integrated Strategy for RMNCH. This strategy, devised during a consultation in August 2011, promotes alignment of the implementation of several African and global frameworks for women's and children's health, including the Campaign for the Accelerated Reduction of Maternal Mortality in Africa, the Maputo Plan of Action and the Global Strategy for Women's and Children's Health. The meeting yielded commitments by the African MNCH Coalition and partners to strengthen national partnerships in support of the Integrated Strategy for RMNCH. Partners also committed to launch country Countdown to 2015 efforts, to underpin national advocacy efforts.

APRIL

Kampala

Maternal Newborn and Child Health Resolution – Parliaments scale up efforts in securing the health of women and children

Leaders of nearly 120 national parliaments attended a major meeting in Kampala, Uganda to prioritize action and resources for improving the health of women and children worldwide. Delegates to the Inter-Parliamentary Union passed a resolution to call for all member-parliaments to take all possible measures to achieve MDGs 4 and 5 by 2015 – the first time that the world's parliaments had passed a resolution on this issue. PMNCH had continually worked with the IPU since 2008 on this issue.



MAY

New York & Geneva

Born Too Soon: Launch of Global Action Report on Preterm Birth

Born Too Soon – The Global Action Report on Preterm Birth was launched in May, providing the first ever regional, national and global estimates of preterm birth. This launch was held on the side of the PMNCH Board meeting in New York, where Board members discussed the report in a meeting hosted by UNFPA. It was followed by a Ministerial Breakfast Briefing in Geneva, held at the World Health Assembly. More than 70 participants from 30 different countries attended this briefing to discuss the new evidence on preterm birth emerging from the report.



JUNE

Washington DC

Committing to Child Survival: A Promise Renewed

The governments of the United States, India and Ethiopia, in collaboration with UNICEF convened the Child Survival Call to Action in Washington, DC, bringing together 700 world leaders and global experts to launch a sustained effort to save children's lives.

On the side of this, PMNCH supported Country Civil Society Organizations discussion on RMNCH advocacy and collaboration from 10 countries. CSOs working to strengthen coalitions of national RMNCH advocacy met in Washington, DC, to exchange experiences.

Washington DC

Countdown to 2015 launched the 2012 Report

Countdown to 2015 launched its 2012 Report at the Child Survival Call to Action, a two-day high-level meeting in Washington DC.

Washington DC

Food Security and Climate Change

PMNCH launched its Knowledge Summary on food security and climate change, a detailed analysis undertaken in partnership with WHO, the UN System Standing Committee on Nutrition, 1,000 Days, World Vision International and the Canadian International



JULY

London

Family Planning Summit: Private Enterprise for Public Health – Creating Shared Value and Collective Impact

The UK Department for International Development (DFID) and the Bill and Melinda Gates Foundation, with participation by other partners sponsored a high-level Family Planning Summit in London on World Population Day, 11 July, to galvanize political commitment and financial resources to meet the family planning needs of women in the world's poorest countries. As part of this summit and in collaboration with the Innovation Working Group and the UN Foundation, PMNCH organized a roundtable parallel session to launch a new guide for businesses, identifying investment opportunities for improving the health of women and children.

▶ Development Agency and partners. This analysis was launched to inform G8 leaders of the potential increase of women and children's undernourishment, caused by the impact of climate change on global food production, ahead of both the Group of 20 (G20) and the United Nations Conference on Sustainable Development (Rio+20) meetings, where food security was high on the agenda.

AUGUST

Geneva

White Ribbon Alliance announced to join PMNCH Board

The PMNCH Board was pleased to announce the joining of the White Ribbon Alliance (WRA) as a new board member to represent the Constituency for NGOs, in August 2012.



SEPTEMBER

New York

United Nations General Assembly: PMNCH 2012 Report Launch

During the UN General Assembly in New York, a high-level brunch hosted by PMNCH, the Countdown to 2015, the Lancet and the independent Review Group (iERG) launched the much-anticipated 2012 PMNCH Report, as well as highlighting a new Lancet/ Countdown series on maternal and child health, and the up-coming iERG Report. The PMNCH Report looks at commitments made to advance the Global Strategy for Women's and Children's Health and sheds light on what progress needs to be made to reduce needless deaths.



OCTOBER

Abuja

PMNCH board meeting in Abuja

The 13th PMNCH board meeting opened on 18 October, in Abuja, Nigeria, with introductory remarks from Nigerian Senate President David Mark, and federal Minister of Health C.O. Onyebuchi Chukwu, followed by a keynote address on Nigeria's profile on maternal, newborn and child health by Professor Emanuel Otolorin, country director of JHPIEGO.

On the eve of the PMNCH Board meeting, Nigerian President Goodluck Jonathan launched "Saving One Million Lives", a major national initiative to scale up access to primary health services and commodities for Nigerian women and children.

NOVEMBER

Worldwide

World Prematurity Day 2012

PMNCH facilitated the cooperation of hundreds of individuals, associations, societies, professionals, and private sector organizations in marking the second World Prematurity Day on 17 November, with events and activities in nearly 50 countries, bringing attention to the global challenge of premature birth.

Manila

Asia-Pacific Leadership and Policy Dialogue for Women's and Children's Health

Ministers and senior officials from nearly 20 countries in the Asia-Pacific region gathered to discuss mutual strategies and principles in accelerating progress for women's and children's health in the region.

DECEMBER

London

Global Burden of Disease 2010 Study Launched

Launched on 3 December, The Global Burden of Disease Study 2010 is the largest ever systematic effort to describe the global distribution and causes of a wide array of major diseases, injuries, and health risk factors. The results highlight that infectious diseases, maternal and child illness, and malnutrition now cause fewer deaths and less illness than they did twenty years ago.



CHAPTER TWO

Knowledge, Innovation & Consensus Building

To support the achievement of universal access to comprehensive, high-quality care for RMNCH, the Partnership aims to increase access to, and use of, knowledge and innovations to enhance policy, service delivery and financing mechanisms. PMNCH also shares lessons on success factors and constraints to help develop consensus on key RMNCH topics among partners.

The Partnership's 2012 workplan outlined specific activities to strengthen knowledge, innovation and consensus building. These included:

- Developing country investment and implementation scenarios to take forward the Global Strategy;
- Technical support to optimize private sector engagement with PMNCH and the Innovation Working Group (IWG) of the Global Strategy;
- Ongoing analyses, with partners, of the economic benefits and impact of investing in RMNCH;
- Promotion of RMNCH essential interventions.

To facilitate consensus on key RMNCH topics, PMNCH agreed to work to:

- Promote countries' implementation of essential RMNCH interventions;
- Develop consensus of Quality of Care (QoC) indicators, with selected country profiles;
- Facilitate alignment of partners' strategies and action through evidence syntheses and Knowledge Summaries on key RMNCH-related topics.

Activities in 2012 ranged from high-level events to dissemination of knowledge products and support to health workers, policy-makers and other partners to deliver on, and expand, the global, regional and national commitments to women and children's health. For example, the RMNCH Advocacy Strategy Implementation Meeting in Kampala, attended by nearly 150 key advocacy actors from Africa (March 2012), agreed that a cross-sector approach to women's



and children's health is crucial, and yielded commitments to strengthen national partnerships in support of the Integrated Strategy for RMNCH led by the African Union. This event, organized jointly by the Africa MNCH Coalition and PMNCH in conjunction with the Africa regional consultation meeting for Women Deliver, brought together participants from civil society, the UN, government, national parliaments, academia and the private sector and committed to support the launch of country Countdown to 2015 efforts to underpin national advocacy efforts.

PMNCH also continued to develop and disseminate Knowledge Summaries – short, user-friendly syntheses of current scientific evidence, designed to inform policy and practice. As of the end 2012, 21 Knowledge Summaries had been developed on key RMNCH issues, along with 10 technical reports and 21 How To Guides (see Annex Three). Knowledge Summaries synthesize evidence on a specific topic through the lens of women's and children's health; they summarize existing evidence, providing policy makers with evidence based recommendations and advocates with succinct messages for their campaigns. Examples are given in BOXES 1 and 2.

In addition to Knowledge Summaries, PMNCH also builds the global knowledge base by producing reports and other key publications (see Annex Three).

In terms of innovation, the Partnership, through the IWG, has been focusing on the gaps in the RMNCH response. As the Secretariat for the IWG, PMNCH continues to support its work as a global hub for innovation, catalyzing the initiation and enabling the scaling up of cost-effective innovations across technological, social, financial, policy and business domains. IWG launched three reports in September 2012, compiling two years of research with multi-sectoral inputs and recommendations through the following work streams: Medical Devices, Checklists, Sustainable Business Models, and Innovative Financing. These reports will be carried forward by the IWG Secretariat in 2013 in close collaboration with the chairs of the task forces behind the reports, who are functioning as advisory groups. The IWG, understanding the need for regional prioritization, launches its Asia chapter at the Women Deliver Conference in Kuala Lumpur in May 2013. Engaging Asian private sector, academic, NGO, and government actors will bring considerable value, not only to the work of the IWG, but also to the region,

BOX 1: "Nutrition" and "Food Security & Climate Change" Knowledge Summaries



Nutrition plays a key role in supporting positive health outcomes for women and children and creates a foundation for sustainable economic growth. Evidence demonstrates that improving nutrition – particularly in the 1,000 days between a woman's pregnancy and a child's 2nd birthday – has a significant impact on a country's long-term economic development and stability. The PMNCH Knowledge Summary on Nutrition identified causes and effects of malnutrition, and outlined some successful strategies used to improve health outcomes for women and children. The PMNCH Knowledge Summary on Food Security and Climate Change sought to highlight the linkages between climate change, food production and nutritional status, in light of the Rio+20 discussions. The Summary noted that by 2020, one in 5 newborns born in low and middle income countries could be born to a life of undernourishment. These Knowledge Summaries were shared with senior G8 and G20 policy-makers to advocate successfully for greater prioritization of food security and nutrition for women and children – a key issue taken up during the UK presidency of the G8 in 2013. The G8 launched

the New Alliance for Food Security and Nutrition to accelerate the flow of private capital to African agriculture, to scale-up new technologies and other innovations that can increase sustainable agricultural productivity, and to reduce the risk borne by vulnerable economies and communities. This New Alliance was launched with an aim of lifting 50 million people out of poverty over the next decade.

BOX 2: “Healthier is wealthier”: Building the economic case for investment in women’s and children’s health



Good health for women and children is a human right. In addition, improved women’s and children’s health is instrumental as a means to economic growth and sustainable development. Investment in children’s health has a positive impact on cognitive development, educational attainment, future health, and productivity. Investment in women’s health encourages greater labour force participation and increased savings and investment. To support ongoing efforts to expand the evidence base and enhance methods to better quantify the economic returns on investment, PMNCH commissioned analytical work by Boston University and Lund University, including a systematic literature review, an econometric study of the association between RMNCH outcomes and economic growth, the development of a model to estimate national economic returns, and a study on economics returns of investing in nutrition.

The findings of these studies and of previous work were summarized in a PMNCH Knowledge Summary that seeks to inform policy on prioritization and resource allocation decisions through a more thorough understanding of the economic returns of investments in women’s and children’s health.

and to the EWEC initiative at large. Activities under the IWG Asia umbrella are linked to the Working Group’s global undertakings, but they will drive the priorities identified for the region.

PMNCH is supporting partners to harmonize and operationalize implementation frameworks for mHealth and Information Communication Technologies (ICT) to enable greater inter-operability and scale-up. The motivation is to build consensus on the essential building blocks of a mHealth and ICT framework. PMNCH is developing a mHealth and “ICT readiness” checklist/tool/framework, which will be an integral component of a policy and systems compendium toolkit that will identify processes and policy measures necessary to implement essential RMNCH interventions in countries. The checklist development is led by PMNCH private sector board member GSM Association (GSMA). An Advisory Group of experts has also been formed to ensure that partners are closely involved. This tool is designed to enable policy-makers to identify gaps in their ability to leverage mHealth & ICT, and will be a practical instrument to make decisions.

In 2012, the Partnership and the Foundation Strategy Group, in collaboration with the IWG, also developed *Private Enterprise for Public Health: Opportunities for Business to Improve Women’s and Children’s Health – A short guide for companies*. The main goal of this document is to trigger and strengthen collaboration with businesses in order to accelerate the achievement of health-related MDGs. This innovative guide focuses on how to use core business skills to create shared value and collective impact.

The knowledge, innovation and consensus building activities undertaken by the Partnership have



contributed to a substantial growth in global awareness of the challenges and opportunities for improving RMNCH, and have resulted not only in increased political commitment (See BOX 3) but also in the implementation of more efficient interventions. Improved efficiencies have led to a broad range of commitments to innovation in fields ranging from service delivery; pharmaceuticals, including the development of other RMNCH products; stakeholder coordination; and financing.

BOX 3: The Asia Pacific Leadership and Policy Dialogue for Women's and Children's Health

The Asia Pacific Leadership and Policy Dialogue for Women's and Children's Health, held on 8 November 2012 in the Philippines, brought together Ministers of Health from across Asia and the Pacific to share their successes and challenges getting value from RMNCH investments, promoting accountability, and achieving results for women's and children's health. Co-hosted by the Partnership, WHO, the Asian Development Bank, AusAID and UNICEF, the meeting brought together for the first time more than 200 participants from different sectors to share knowledge and experiences related to regional strategies for investment, policy implementation and accountability. The resulting Manila Declaration sets out concrete, measurable actions for countries in the region: Invest and Act, Share and Learn, Integrate and Innovate, and Promote accountability and rights. These actions are designed to accelerate the implementation of essential RMNCH interventions and promote regional cooperation strategies to take forward the Global Strategy.



CHAPTER THREE

Advocate to Mobilize & Align Resources

The Global Strategy for Women's and Children's Health, facilitated by the Partnership, identified a financing gap for women's and children's health of US\$ 88 billion for the period 2011–2015. While commitments made since the launch of the Strategy in 2010 are now addressing a sizeable part of that deficit, more than half of the financing gap remains. Given that the priorities for investment are now widely known and agreed, the opportunity to reduce maternal and child deaths and reach the MDGs can be understood fundamentally as a political challenge relating to the pledging and implementation of funds and policies to strengthen health systems for delivery of key interventions, as well as to the underlying social and economic determinants of equitable care for women and children, including gender equity, education and economic participation.

The Partnership implements partner-based advocacy strategies and uses evidence-based communication to promote greater investment to:

- Mobilize concrete, time-bound commitments to the Global Strategy through the Every Woman Every Child effort;
- Advocate for greater commitment to women's and children's health in international and national policy and development, through direct engagement with policy-makers and parliamentarians, as well as those who influence those decision-makers, such as media and civil society;
- Align partners on evidence-based messages on policy priorities.

The first meeting of the PMNCH Task Team on Financing for RMNCH was held in February 2012 at the UK Department for International Development in London. This Task Team provides strategic advice



to the Partnership's board on financing options for RMNCH in order to advance effective and efficient global and national financing, advancing consensus on new financial instruments that could deliver enhanced results for RMNCH in a harmonized way.

The work of the Task Team on Financing is part of a wide portfolio of advocacy-related activities undertaken by PMNCH in 2012. Among other activities, this portfolio included:

- engagement with the Inter-Parliamentary Union and Pan-African Parliament to support members in carrying out their accountability, oversight, representation and advocacy for reproductive, maternal, newborn and child health (see box 4: IPU Resolution on Maternal and Child Health);
- partner-based traditional and social media campaigns on key RMNCH issues and news, such as preterm birth, essential health interventions for women and children, civic and vital registration, impact of climate change on nutrition and food security, the the launch of the new Countdown to 2015 report, the PMNCH annual report on commitments to the Global Strategy, and an announcement of a new consortium on female contraceptive implants in support of the work of the UN Commission on Life-Saving Commodities for Women and Children;
- national RMNCH CSO coalition development in nearly a dozen key countries in Africa and Asia to enhance joint advocacy planning and impact, including India, Nigeria, Ethiopia and Indonesia;
- focused work with key regional institutions such as the African Union to strengthen policy engagement on RMNCH issues, including through preparation of the Tunis meeting of African health and finance ministers (July 2012).

Outcomes of PMNCH advocacy work in 2012 included the IPU Resolution on Maternal and Child Health (BOX 4) and the *Born Too Soon* report (BOX 5).

Supporting this partner-based advocacy work, The Partnership also produced promoted and disseminated more than 40 individual publications in 2012, including Knowledge Summaries, reports, case studies, policy briefs, press releases, and – increasingly – social media and web-based products, such as monthly “e-blasts” to the PMNCH community (ie, a Director’s Letter and web news digest sent by e-mail to more than 7000 recipients each month), blogs, and tweets.

In addition, the PMNCH website, www.pmnch.org, continued to grow, attracting 1 million visits in 2012 – up five-fold in visits since 2007. A revised web design and navigation system will implemented in 2013 to support this fast-expanding user base.

BOX 4: Global parliamentary action



More than 120 national parliaments agreed to prioritize action and resources for improving the health of women and children at the 126th Assembly of the Inter-Parliamentary Union (IPU) held in Kampala, Uganda (31 March – 5 April). IPU delegates passed a resolution calling for Member Parliaments to take all possible measures to achieve MDGs 4 and 5 by 2015. The resolution followed five years of intense advocacy by PMNCH, Countdown to 2015 and other partners, with efforts stretching back to 2008, when PMNCH first co-hosted a Countdown session on maternal, newborn and child health during the IPU's spring assembly in South Africa. Since then, PMNCH has worked closely with the IPU in organizing panel discussions, site visits, research reports, and Knowledge Summaries to increase knowledge and awareness among parliamentarians, focusing on their important roles in allocation, oversight, representation and accountability for women's and children's health. Additionally, PMNCH is a key member of the IPU's RMNCH Technical Advisory Group and HIV-RMNCH Advisory Group, designed to support national parliaments in the implementation of the 2012 resolution.

BOX 5: Putting preterm birth on the agenda



Born Too Soon: The Global Action Report on Preterm Birth was launched in May by PMNCH, the March of Dimes Foundation, Save the Children and WHO. It provided first-ever national, regional and global estimates, showing the extent to which preterm birth is on the rise in most countries and is now the second leading global cause of death for children under five, after pneumonia. Supporting the Every Woman Every Child effort, development and advocacy for *Born Too Soon* was a major multi-partner collaboration by more than 100 actors, representing United Nations agencies, national governments, universities, donors, NGOs, academic institutions, health professional networks and parent groups. The joint effort garnered 31 statements of commitment on preterm birth. The release of the report received massive global media attention with television and media coverage reaching nearly 1 million print, TV and online media consumers. The success of the launch and unprecedented response is a testament to the importance of aligning stakeholders around a common endeavour and in

so doing maximizing resources and opportunities and mobilizing greater action, attention and accountability around a joint movement.

Work on *Born Too Soon* has also laid the groundwork towards a major partner-based effort in 2013 on a Global Newborn Action Plan, which will seek to enable policy makers and others to take action to accelerate national plans to achieve clear results for newborn survival, enhancing the achievement of wider goals for women's and children's health.

Specific PMNCH publications in 2012 included:

- Six new PMNCH Knowledge Summaries (civic and vital registration, food security and climate change, nutrition, family planning, reaching child brides, and domestic financing);
- The PMNCH 2012 Report on the progress in implementing commitments to the Global Strategy;
- Nine country case studies, including six on implementation successes and challenges (Bangladesh, India, Indonesia, Nepal, Papua New Guinea, Solomon Islands) presented at the Manila meeting, and three for the 2012 Report on commitments (Bangladesh, Burkina Faso and Uganda) (see Annex Three).

The broad range of advocacy efforts undertaken in 2012 are expected to continue the pace in 2013, growing and reflecting the evolving agenda for women's and children's health. For example, in 2013, PMNCH expects to expand will expand its advocacy on adolescent health and rights, including protection from early marriage and ensuring that pregnant adolescents have the access to care that they need. The social and economic determinants that underpin health outcomes, including gender equity, education and nutrition, will become a more visible part of PMNCH's advocacy agenda, including through support for multi-sector policy dialogue at regional and country levels.

CHAPTER FOUR

Holding Ourselves Accountable for Commitments Made

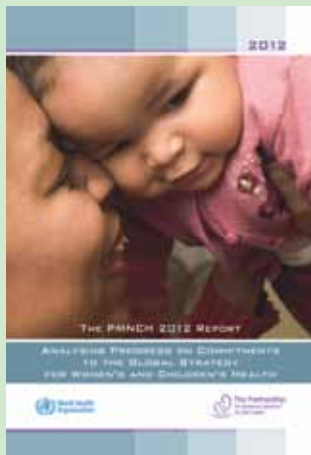
The Global Strategy has mobilized commitments estimated at more than US\$ 50 billion. It is of great importance that these commitments be honoured, that efforts to deliver them be harmonized, and that progress be tracked. In response to the United Nations Secretary-General's request to coordinate a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health, WHO created the Commission on Information and Accountability for Women's and Children's Health. The Commission developed 10 key recommendations to track whether disbursement of commitments to women's and children's health is made on time, resources are spent wisely and transparently, and results are achieved.

The final Commission recommendation requested the establishment of the independent Expert Review Group (iERG), which reports annually to the United Nations Secretary-General on progress made on women's and children's health and on the implementation of the CoIA recommendations.⁹ The iERG was set up in September 2011 and delivered its first report in September 2012. The Partner-



⁹ Recommendation 10 of the Commission on Information and Accountability for Women's and Children's Health: Starting in 2012 and ending in 2015, an independent Expert Review Group is reporting regularly to the United Nations Secretary-General on the results and resources related to the Global Strategy and on progress in implementing this Commission's recommendations.

BOX 6: The 2012 PMNCH Report



The 2012 PMNCH Report reviewed the second year of progress made towards implementing the commitments to advance the Global Strategy and support the Every Woman Every Child effort. The Report found that the Global Strategy had leveraged about \$20 billion in new and additional resources for women's and children's health and that, of all financial resources pledged, about \$10 billion had been disbursed by mid-2012. In the Report, catalysts and constraints to the delivery of commitments were identified alongside examples of good practices and challenges to accountability for women's and children's health. Key constraints identified include insufficient funding for RMNCH and shortages of skilled health workers. Better targeting of interventions was identified as a key need: stakeholders have tended to focus on the same countries, usually those receiving the most development assistance, while other countries are neglected and some areas, recognized as major threats, attracted few commitments.

Despite the challenges, more than 80% of respondents to the online survey that informed the Report suggested that the Global Strategy is adding value by generating high-level political support, supporting alignment between stakeholders, raising the visibility of existing RMNCH national plans and objectives, and promoting innovative approaches.¹⁰

ship supported the work of the iERG in several ways, including by disseminating its report to members, as well as by contributing to efforts to implement the recommendations in 2013. The *PMNCH 2012 Report – Analysing Progress on Commitments to the Global Strategy for Women's and Children's Health* was commissioned by the iERG to inform its reporting to the United Nations Secretary-General, and built on the PMNCH 2011 Report on commitments (See BOX 6).

The Partnership's multiple efforts to promote accountability for resources and results have contributed to the availability of better information to monitor results for RMNCH, as well as to a more efficient tracking of commitments for women's and children's health. More than 70 countries have now completed self-assessment reports and 61 of those countries have either finalized or are in the process of finalizing a country accountability framework and roadmap supported by the Commission workplan budget and coordinated by WHO. These processes provide entry points for countries to take responsibility for holding themselves, as well as development partners, to account for delivering on their commitments, and ensuring that there is transparent, accurate data available as well as a clear plan of action to meet priority needs.

¹⁰ For more information: www.who.int/pmnch/topics/part_publications/2012_pmnch_report/en

CHAPTER FIVE

Countdown to 2015

Established in 2005 as a multi-disciplinary, multi-institutional collaboration, Countdown to 2015 for Maternal, Newborn and Child Survival (“Countdown”) is a global movement comprising academic institutions, governments, international agencies, health-care professional associations, donors, and NGOs. PMNCH provides support by serving as the Countdown Secretariat, engaging in advocacy and technical activities, and actively disseminating Countdown results at country and global levels.

Countdown uses country-specific data to track, stimulate and support country progress on maternal, newborn, and child survival. Countdown also proposes new actions to reduce child mortality and improve maternal health, identifies knowledge and data gaps, and examines the policy, health system, and financial factors that are crucial to determining coverage levels, patterns, and trends. In addition, Countdown recognizes that a broader set of political, economic, social, technological, cultural, environmental, and other contextual factors affect coverage and mortality.



Countdown promotes accountability from governments and development partners, and contributes to the follow-up agenda of the Commission on Information and Accountability by providing annual reporting and analysis of country-specific information on key coverage indicators. Countdown’s work at the global and country levels is closely linked to that of the independent Expert Review Group, and is supportive of efforts to track and ensure fulfilment of the commitments made to the Global Strategy and to the *Committing to Child Survival: A Promise Renewed*.¹¹

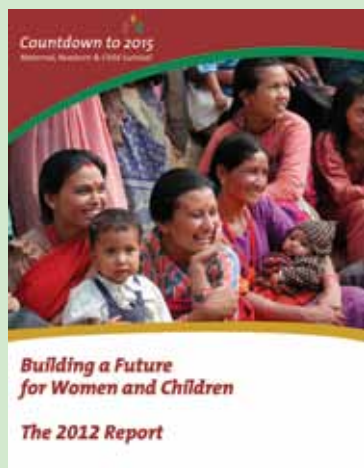
In conjunction with the April 2012 IPU assembly in Kampala (See BOX 4), Countdown released a report: *Accountability for Maternal, Newborn & Child Survival: An Update on Progress in Priority Countries* as part of its commitment to the Commission follow-up agenda. The report focused on the 11 Commission indicators and included one-page profiles for each of 75 countries where more than 95% of the world’s maternal and child deaths occur, presenting the most recent available trend data for these indicators. In June 2012,

¹¹ For more information, please visit: <http://apromisere-newed.org>

Countdown launched a full report on all the indicators tracked in Countdown: *Building a Future for Women and Children: The 2012 Report* (see BOX 7).

Countdown will continue not only to publish annual global reports, short briefs on specific RMNCH topics and scientific articles, but also to expand its efforts at country level. In addition to two global reports and several briefs, Countdown published a number of articles in 2012 (see Annex Five).

BOX 7: Building a future for women and children



On 14 June, Countdown launched its 2012 report, *Building a Future for Women and Children*, at the Child Survival Call to Action summit in Washington, DC, which charted a course towards the end of preventable child deaths around the world by 2035. The 2012 Countdown report is authored by a global collaboration of academics and professionals from Johns Hopkins University, the Aga Khan University, the University of Pelotas in Brazil, Harvard University, the London School of Hygiene and Tropical Medicine, UNICEF, WHO, UNFPA, Family Care International and Save the Children.

The report highlights country progress, and obstacles to progress, towards achieving MDGs 4 and 5. It shows that substantial progress has been made since 1990 in many of the 75 priority countries, but that challenges remain. The report included updated 2-page country profiles for all Countdown countries and found that the number of annual maternal deaths has decreased by 47% over the past two decades. Nine Countdown countries are on track to meet MDG 5 goal of reducing the ma-

ternal mortality rate by 75%, but more than a third of the 75 countries have made little, if any, progress. Similarly, while 23 Countdown countries are expected to achieve MDG 4 (reducing deaths of children under age 5), 13 countries have made no progress.

CHAPTER SIX

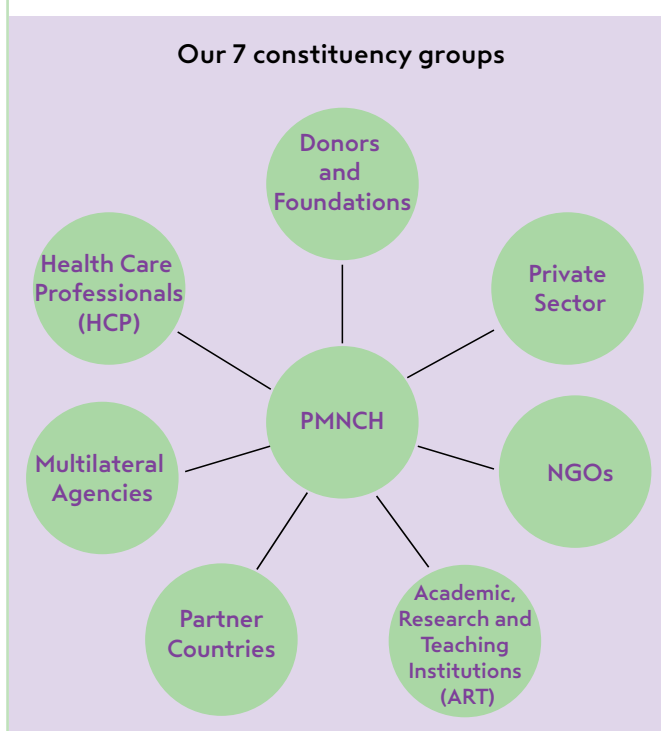
Partner Engagement

Making partnerships work is fundamental to the role of PMNCH. Effective partnerships enhance the work of each agency, raise the profile of maternal and child health and, more broadly, intensify and harmonize national, regional and global action to improve RMNCH. The effort involved in bringing together often disparate actors, and forging work that maximizes their synergies, can be slow and complex. It also entails much unseen labour. Working cooperatively behind shared agendas is not always straightforward, especially for organizations that come from profoundly different cultural backgrounds and diverse geographical regions, and that have very different perspectives on the work to be done. The work of the Partnership's in developing, sustaining and maximizing these partnerships requires actions across a broad range of areas.

Membership and Constituency Support

The Partnership has a broad membership that sits within seven constituencies:

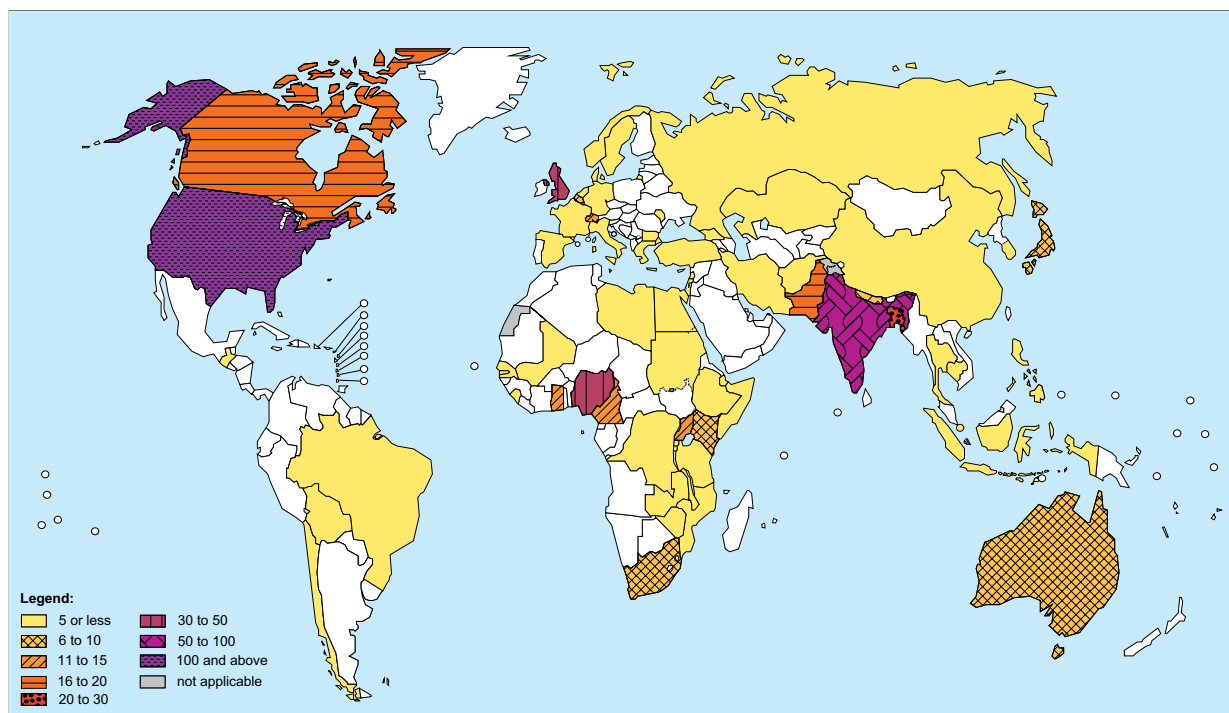
- Partner Countries
- Donors and Foundations
- Multilateral Agencies/ International Organizations
- NGOs
- Academic, Research and Teaching Institutions
- Healthcare Professional Associations
- Private Sector



PMNCH's main value added is that it provides opportunities for members to partner with a wide range of stakeholders on events and other initiatives to advance the global health agenda. Through the Partnership, members can also enhance their own visibility, jointly advocate for RMNCH issues and have access to knowledge and new resources.

There was a 66% increase in new memberships in 2012, and the number of members who have joined the Partnership since 2010 now stands at nearly 530 (see Annex One). Engaging members through a range of processes and structures is a key component of the core work of the Partnership.

PMNCH membership (15 February 2013)



World Health Organization

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2012. All rights reserved.

Data Source: World Health Organization
Map Production: WHO Graphics

There has been a strong upwards trend in the number of teleconferences convened from 2009 to 2012 (with a small decrease in 2011), illustrating the level of partners' engagement in PMNCH activities, whether constituency engagement or governance processes.

Average teleconferences per month



Board and Committee Meetings

In addition to securing an effective and efficient governance of the Partnership, the Board and committee meetings have created important opportunities for additional advocacy to advance the Global Strategy. PMNCH convened its 12th and 13th Board meetings in New York from 2–4 May 2012, and

in Abuja, Nigeria, from 17–19 October 2012, respectively. Nigeria's Federal Minister of Health put in place a Local Organizing Committee of 13 key individuals who took responsibility for hosting the Board meeting and ensuring that it was convenient, efficient, effective and memorable. The Partnership used the opportunity of having so many key individuals together to advance local agendas, and a particularly important side meeting was held between the Partnership leadership and key members of the Parliament of Nigeria, led by the President of the Senate. There was a range of steps forward at the time of the PMNCH Board meeting, and holding the meeting in Nigeria and engaging with key leaders demonstrated the importance of how the Partnership's "routine" work can deliver advocacy outcomes (See BOX 8).

Funding the Partnership's Work

The Partnership budget has risen steadily in recent years, from US\$ 5.86m in 2009 to US\$ 14.27m in 2012, reflecting the conviction of partners in the value of collaboration.

The year 2012 has been particularly important, as it is the first year of the Partnership's 2012 to 2015 Strategic Framework. In early 2012, DFID, CIDA, and Sida hosted a donors and foundations meeting at DFID offices in London to support the delivery of the Partnership's 2012 to 2015 Strategic Framework. The meeting included participation from a number of new donors who were considering funding the PMNCH workplan for the first time. Other stakeholders, such as the Government of India and a number of NGOs partners, were also present. At this meeting, Donor organizations reaffirmed their strong support for the work of the Partnership and called on each other to make available the financial resources required to deliver the workplan for 2012 and beyond.

The donor community responded with strong support, ensuring that the 2012 workplan was fully funded. In addition, many donors provided multi-year, non-specified funding, which has the aim of supporting the workplan as a whole.

Relevant to 2012 activities, the Partnership has benefited from funding given by 11 donors. These were the governments of Australia, Canada, Netherlands, Norway, Sweden, UK and USA; the Bill and Melinda Gates and MacArthur Foundations; as well as the World Bank and the Commission on Information and Accountability. Other partners have committed in-kind resources (e.g., staff time), and/ or are in the process of approving funding arrangements.



BOX 8: PMNCH Board catalyzes new Nigerian commitments towards building a future for women and children

On 16 October, on the eve of the PMNCH Board meeting, Nigerian President Goodluck Jonathan launched "Saving One Million Lives", a major national initiative to scale up access to essential primary health services and commodities for Nigeria's women and children. The launch was attended by government officials, traditional leaders, development partners, private sector representatives, members of civil society and Nigerian midwives and built on international efforts, such as the UN Commission on Life-Saving Commodities for Women and Children. Nigerian leaders used the opportunity of the PMNCH Board to urge action for Nigeria to be a model country in its efforts to achieve MDGs 4 and 5.

Further details on any financial issues related to the funding of the Partnership can be found in the deliberations and reports of the Finance Committee, which are publicly available as Financial Reports on PMNCH website.

Web, Communication and Social Media

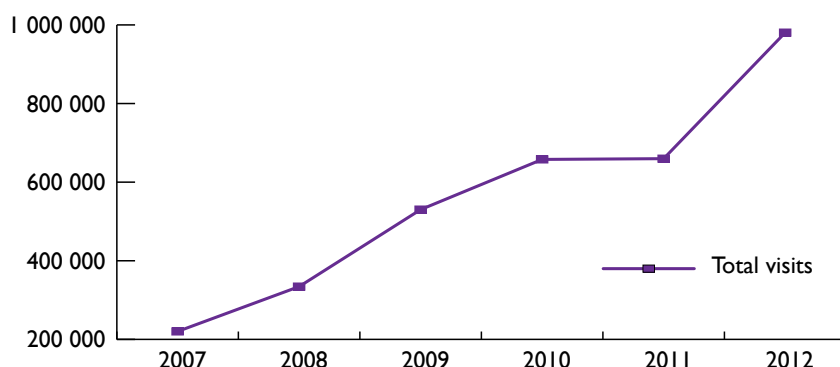
The Partnership uses www.pmnch.org to mobilize partners and supporters, increase visibility of its work, promote and align member activities, and raise awareness of important RMNCH issues.

The PMNCH website received close to 1 million total visits in 2012, an increase of roughly 50% from 2011. Over the year, there were spikes in web traffic around the Born Too Soon launch, World Prematurity Day and the G8 and Child Survival Call to Action summits in June. Compared with 2007, the PMNCH website had:

- Four times the total number of visits;
- Three times the number of pageviews and hits;
- Six times as many gigabytes downloaded.

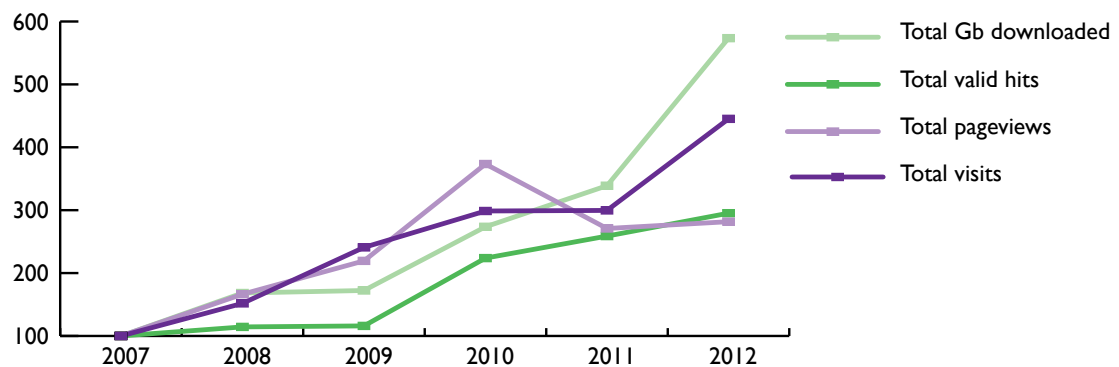
News stories and new information on the website drew the greatest number of visitors in 2012, with fewer visitors to the basic information in the What We Do section than in previous years.

Total visits each year



The Partnership also makes active use of Twitter, sending a tweet whenever something new is posted to the website, as well as retweeting and replying to tweets from partners and supporters. The PMNCH Twitter account, launched in October 2010, had nearly 3,500 followers by the end of 2012 (an increase of more than 2,000 from the previous year).

PMNCH Web growth – 2007 2012 ((2007 = 100))



In May the #BornTooSoon Global Twitter Relay engaged hundreds of Twitter users and thousands of their followers in a rolling, seven-hour conversation on the issue of premature birth. Led by PMNCH, Save the Children, the United Nations Foundation, March of Dimes and the Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), the tweet chat reached roughly 6.5 million people through 6756 tweets coming from some 2792 individual contributors. PMNCH kicked off the first hour of the virtual relay with a Q&A featuring MNCH expert Dr Joy Lawn, one of the authors of *Born Too Soon: The Global Action Report on Preterm Birth*.

Hosting Secretariats

The Partnership hosts two secretariats, one for Countdown and one for the Innovation Working Group (IWG). Countdown to 2015 is a consortium of interested institutions and individuals (see Chapter 5). The IWG was created in 2010 to tap into the potential of innovations that can accelerate progress towards the health MDGs, in support of the Global Strategy. The IWG's work sets out to achieve the outcomes of the Global Strategy to provide:

- Access to services and essential medicines, medical devices and other life-saving commodities;
- Improved capacity, efficiency and impact of services;
- Integrated packages of essential, quality interventions and services;
- Enhanced coordination in research and innovation.

IWG members and experts have collaborated on a number of published thought-papers on innovation in women's and children's health, including a practical engagement guide for the private sector, *Private Enterprise for Public Health*, all available from the IWG website.¹² The IWG has demonstrated that building bridges among the public, private and non-profit sectors can help tear down barriers and ensured equitable service delivery.

¹² For more information about the IWG, please visit www.everywomaneverychild.org/resources/innovation-working-group

CHAPTER SEVEN

Conclusion

This Report highlights some key areas of progress made by PMNCH in 2012 towards delivering the Partnership's vision and mission, through implementation of the 2012–2015 Strategic Framework and its three Strategic Objectives.

The surge in energy for women's and children's health in 2012, seen through the rise of such efforts as the UN Commodities Commission and FP2020, was supported by PMNCH through extensive analytical, advocacy and accountability work, reflected in the increased budget and activity plan established in 2012 and continued in 2013. This was enabled by the expanding support of partners, working across a wide range of activities. The work of the Partnership expanded significantly with more partners joining and a greater engagement in a range of activities. Many of these activities highlight important gaps in the global response and represent steps taken to mobilize further action.

The Partnership, in 2012, has through its planned activities responded to many of the key lessons from the *PMNCH 2011 Report: Analysing Commitments to Advance the Global Strategy for Women's and Children's Health*, which identified a number of challenges and ways forward. For example in response to the finding that knowledge is not always organized in a way that makes it useful for decision-making, in 2012, the PMNCH work focused on country experience and the development of case studies and on sharing this knowledge, for example through new Knowledge Summaries that synthesized partners' collective understanding of key issues and formed the basis for joint advocacy.

The 2011 Report had also identified the need to ensure the full engagement of a diverse range of players, each of whom has its own priorities and needs. Again, the trend in PMNCH's 2012 activities shows significant steps forward. For example, building on the *Born Too Soon* movement, PMNCH led a major partner-based effort around World Prematurity Day, bringing together hundreds of partners – including United Nations agencies, civil society organizations, parent groups, private sector partners, and universities – who used this special event to reach 1.4 billion people through coordinated use of social media. Tweets, blogs, stories from partners' sites, a Facebook page that attracted 50 000 "Likes", as well as global events, policy meetings around World Prematurity Day, television and media



coverage all created a truly collaborative effort, providing a benchmark for how to approach future advocacy events.

The Partnership secured substantial new commitments by the private sector to the Every Woman Every Child movement in 2011. In 2012, the private sector remained highly engaged advocating to the RMNCH community on the need for a joint approach with the private sector to improve health, sharing innovations and launching the report *Private Enterprise for Public Health* an important tool to help shape private-public partnerships for health.

Funding for PMNCH, thanks to the confidence and generosity of donors is increasingly unrestricted and long term. In 2012, the total available donor funding for RMNCH as well as actual expenditures has increased.

Reflecting on progress to the end of 2011, the Partnership noted that the Continuum of Care and evidence-based advocacy would remain central to its actions, as would a focus on population groups rather than diseases, and a responsive approach to the needs of countries. This report of action in 2012 shows that the Partnership continues to be guided by the principles that have served it well in the past and has delivered on its own commitments to work hand-in-hand with partners to deliver the global goals set.

Looking toward 2013, PMNCH has established a new approach to work planning by starting with defining outcomes to integrate the current three strategic objectives that have guided implementation of the Strategic Framework. Moving forward, PMNCH will organize its work in order to achieve the following results:

1. Highest possible political commitment to women's and children's health achieved and maintained in the years to 2015 and beyond;
2. Increased and improved coverage and implementation of essential interventions for women's and children's health (in priority countries);
3. Information to guide investments and promote accountability on progress, commitments and process towards improving women's and children's health synthesized and disseminated;
4. Strengthened partner engagement and alignment nationally, regionally, and globally.

These will be the intended outcomes of the Partnership's work, crafted to highlight the niche role played by the Partnership in securing effective action across the global and local efforts to accelerate efforts to achieve MDGs 4 and 5.

A number of outputs have been identified that will contribute to the achievement of these outcomes, and in turn, for each output, the workplan identifies a series of individual projects that have been defined and resourced in a detailed bottom-up exercise. Partners are central to delivering the workplan and are fully integrated into the work of individual projects, supported by the Secretariat; advisory groups of interested partners are being established for each of the four identified outcomes.

The Partnership continues to operate along the Continuum of Care, and will focus on four priority areas:

- (i) reproductive and sexual health, with a focus on adolescents;
- (ii) safe birth, with a focus on pregnant women and neonates;
- (iii) newborn health, with a focus on the first 28 days of life; and
- (iv) social and environmental determinants, with a particular focus on equity and rights, education, and nutrition.

In implementing the workplan, the Partnership will continue to build on the ongoing work in countries, and align with the efforts already underway by partners.

While these new work planning approaches are designed to enhance the work of the Partnership, major challenges await PMNCH through 2015. In particular, the Partnership will need to focus on ensuring that commitment to women's and children's health is highlighted in the post-2015 development agenda; accelerating country, regional and global progress through harmonized efforts by all stakeholders; and ensuring mutual accountability for all partners' efforts.

The achievements of 2012 indicate a positive trend, with momentum continuing in the right direction. However, it is important not to lose sight of the fact that just over 20 countries are "on track" for achieving the MDG 4 on child survival, and that less than 10 countries are considered "on track" for achieving MDG 5 on maternal health. 2013 is a critical year to demonstrate results at the country level and to transform these positive trends into even more action that will deliver real impact in the lives of women and children.

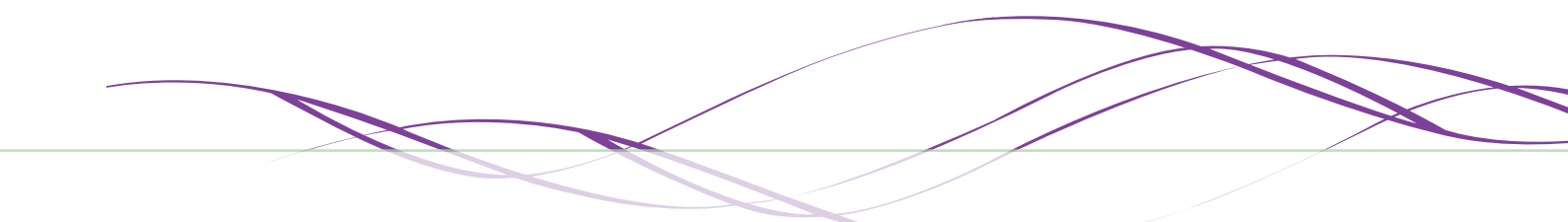


ANNEX ONE

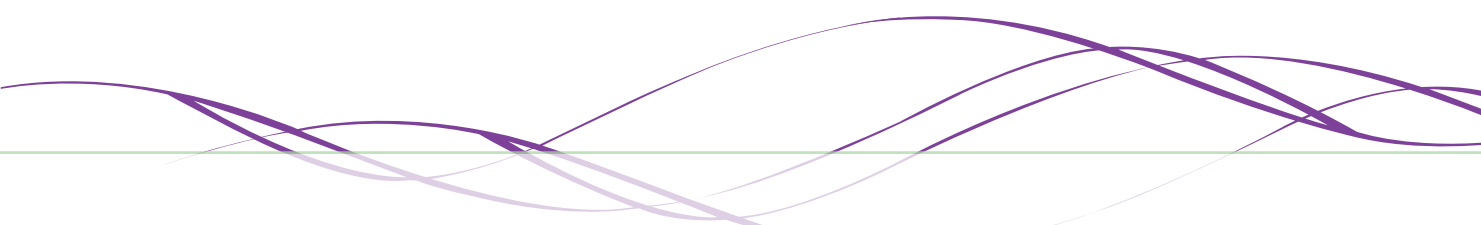
PMNCH Partners

523 members as of 31 December 2012

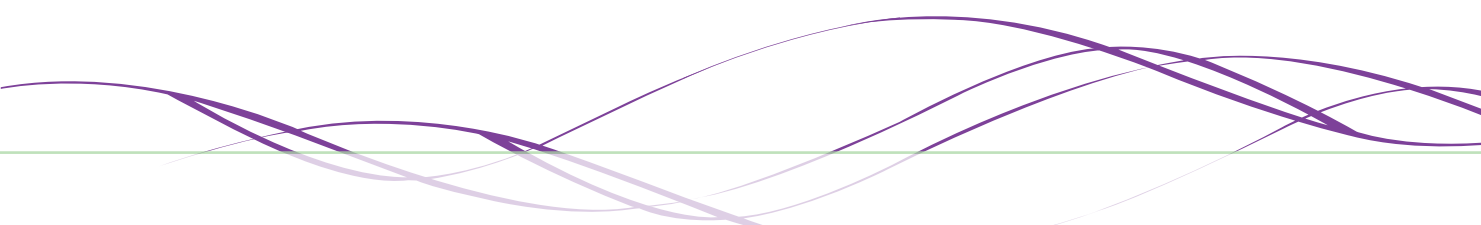
1. Abantu for Development
2. Academia Nacional de Medicina
3. Action Canada for Population and Development
4. Action for Sustainable Health
5. Action Group on Adolescent Health
6. ActionAid USA
7. Advanced Life Support in Obstetrics Advisory Board (ALSO)
8. Advocacy Initiative for Development (AID)
9. Africa Public Health Rights Alliance and "15% Now!" Campaign
10. Africa solutions, Inc.
11. Africa Youth for Peace and Development Organization
12. African Medical and Research Foundation (AMREF)
13. African Synergy against AIDS and Suffering
14. African Woman Foundation
15. Aga Khan Development Network
16. Aga Khan University
17. Aisedup
18. Akaa Project (The)
19. Alexandria University, Faculty of Medicine, High Institute of Public Health (HIPH)
20. Alianza Argentina para la salud de la madre, recién nacido y niño
21. All India Institute of Medical Sciences
22. Alliance for Reproductive Health Rights (ARHR)
23. Alliance of Bulgarian Midwives
24. American Academy of Pediatrics
25. American College of Nurse-Midwives
26. Anayetpur Mohila Kallyan Society
27. Aria International
28. Asian Liver Centre at Stanford University
29. ASL di Milano
30. Asociación Benéfica PRISMA
31. Association of Maternal and Child Health Programs (AMCHP)
32. Association of People With AIDS in Kenya (TAPWAK)
33. Association of Safe Motherhood Promoters Nigeria
34. Australian Agency for International Development (AusAID) - Member of the PMNCH Board
35. Averting Maternal Death and Disability (AMDD)
36. Azad India Foundation
37. Basic Support for Institutionalizing Child Survival (BASICS)
38. Batool Welfare Trust (BWT)
39. Baylor College of Medicine Childrens Foundation Malawi
40. Becton, Dickinson and Company
41. Ben Gurion University of the Negev Medical School for International Health
42. Bethlehem Foundation For Safe motherhood
43. Bhartiya Mahila Evam Gramin Utthan Sansthan
44. Bhoruka Public Welfare Trust
45. Bill & Melinda Gates Foundation
46. Blue Torch Home Care Limited
47. BRAC
48. Breastfeeding Promotion Network of India
49. Bridgewise
50. Burnet Institute
51. Cameroon Christian Welfare Medical Foundation (CAMCWEMEF)
52. Canadian International Development Agency (CIDA) - Member of the PMNCH Board
53. Canadian Public Health Association
54. Canadian Society for International Health (CSIH)
55. Cara International Consulting Ltd
56. Care International Zambia

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57. Care USA
 58. Carolina Breastfeeding Institute
 59. Catalan Agency for Health Information, Assessment and Quality
 60. CEDES, Centro de Estudios de Estado y Sociedad
 61. Center for Global Health and Development
 62. Center for the Review and Prevention of Child Deaths
 63. Centers for Disease Control & Prevention, Division of Reproductive Health (CDC)
 64. Centre d'Accueil et de Volontariat pour Orphelins, Abandonnés et Handicapés du Cameroun (CAVOAHCAM)
 65. Centre for Counselling, Nutrition and Health Care (COUNSENUETH)
 66. Centre for Development and Population Activities (CEDPA)
 67. Centre for Girls and Interaction (CEGI)
 68. Centre for Global Health, Population, Poverty & Policy (CGHP3)
 69. Centre for Health and Population Studies (CHPS)
 70. Centre for Health and Social Justice
 71. Centre for Health Policy and Innovation
 72. Centre for Health Sciences Training, Research and Development (CHESTRAD)
 73. Centre for Healthworks, Development and Research (CHEDRES)
 74. Centre for Pregnancy and Childbirth Education (CEPACE)
 75. Centro Rosarino de Estudios Perinatales (CREP)
 76. Cercle des Amis du Cameroun (CERAC)
 77. Chalmeda Anand Rao Institute of Medical Sciences
 78. Chelma Advisory Institute
 79. CHETNA
 80. Child & Family Research Institute (CFRI)
 81. Child Health and Nutrition Research Initiative (CHNRI)
 82. Child Maternal & Youth Leadership Initiative
 83. Child-Maternal & Adolescent Life Project (CIMALP)
 84. ChildFund India
 85. Childlink Foundation
 86. Children's Project International
 87. Choices and Challenges on Changing Child-birth (CCCC), Regional Research Network
 88. Christian Community Development Programme (CCDP)
 89. CIAM Public Health Research & Development Centre
 90. CLAN (Caring & Living As Neighbours)
 91. Coalition for Rational and Safe Use of Medicines (CORSUM)
 92. Cochrane Pregnancy & Childbirth Group
 93. Columbia University, Mailman School of Public Health
 94. Comité de Lutte contre les Pandémies pour le Développement Durable au Cameroun (CLPC)
 95. CommonHealth (Coalition on Maternal-Neonatal Health and Safe Abortion)
 96. Commonwealth Secretariat
 97. Community and Family Aid Foundation
 98. Community Transcultural Support Services (CTSS)
 99. Compassion Service Society
 100. Concept Foundation
 101. Concern Worldwide US
 102. CORE Group
 103. Council of International Neonatal Nurses (COINN)
 104. Curamericas Global, Inc.
 105. DALIT
 106. Deepak Foundation
 107. United Kingdom Department for International Development (DFID) – Member of the PMNCH Board
 108. Department of Global Health Policy, Graduate School of Medicine
 109. Destiny Enablers Foundation (DEF)
 110. Deutsche Stiftung Weltbevölkerung (DSW)
 111. Development Assistance for Farmers & Farm Labors Bangladesh (DAFF - Bangladesh)
 112. Development Communications Network
 113. Development Gateway Foundation
 114. Development Media International
 115. Development Organisation of the Rural Poor (DORP)
 116. Disease Management Association of India (DMAI)
 117. Doctors with Africa (CUAMM)
 118. Doris Duke Charitable Foundation
 119. Eakok Attomanobik Unnayan Sangstha
 120. Edem Children Foundation (ECF)
 121. Education Development Foundation for Excellence (EDFE)

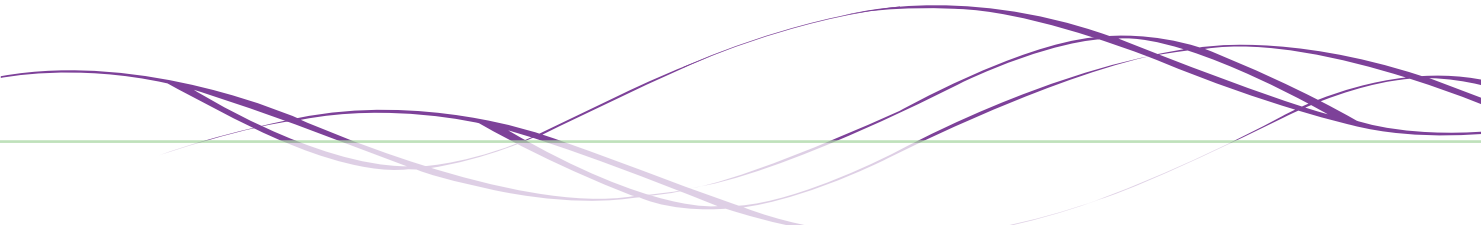
122. EKJUT
123. Elizabeth Glaser Pediatric AIDS Foundation
124. Elizka Relief Foundation
125. EMINENCE
126. Emory University
127. Empowering Women for Excellence Initiative (EWEL)
128. Enfants du Monde
129. Engender Health
130. Eniware, LLC
131. Esperanza Maternal, Newborn & Child Health Centre
132. European Commission
133. Extending Service Delivery Project (ESD)
134. Face Out Malaria and AIDS Foundation (FOMA)
135. Family Care International (FCI)
136. Family Guidance Association of Ethiopia
137. Family Health Development Organization
138. Fatherhood Institute
139. Federal University of Pelotas, Brazil
140. Federation of Asia and Oceania Perinatal Societies (FAOPS)
141. FHI 360
142. Fondation des Jeunes Volontaires Actifs et Dynamiques du Cameroun (FJEVAD)
143. Forum for Human Rights and Public Health-Nepal (Friendship-Nepal)
144. Foundation Josiaslive
145. France, Ministry of Foreign and European Affairs – Member of the PMNCH Board
146. Future Generations
147. Future Group International
148. G.M. Khan Memorial Medical Centre & Maternity Home
149. Gavi Alliance
150. Generation Youth Uganda (GYU)
151. Generosity International Lifecare Development Coalition
152. Georgetown University Institute for Reproductive Health
153. German Federal Ministry for Economic Cooperation and Development (BMZ)
154. Gharbbarakshambigai Fertility Centre
155. GICAR -CAM – Organisation de Développement et des Droits de l'Homme
156. Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)
157. Global Fund to Fight AIDS, Tuberculosis and Malaria
158. Global Health Council
159. Global Movement for Children
160. Global Network for Neglected Tropical Diseases
161. Global Network for Perinatal and Reproductive Health
162. Global Network for Women's and Children's Health Research
163. Global Organization for Maternal and Child Health
164. Government of Bangladesh
165. Government of Bolivia
166. Government of Cambodia
167. Government of Chile
168. Government of Ethiopia
169. Government of India – Member of the PMNCH Board
170. Government of Indonesia
171. Government of Mali
172. Government of Mozambique
173. Government of Nepal
174. Government of Nigeria – Member of the PMNCH Board
175. Government of Pakistan
176. Government of Senegal
177. Government of Tanzania – Member of the PMNCH Board
178. Government of Uganda
179. Gram Bharati Samiti (GBS)
180. Grameen Development Society (GDS)
181. Granti-Med Medical Clinic
182. Great-Lakes in action for Peace and Sustainable Development (GLAPD)
183. Green Cross Welfare Organization
184. GSM Association
185. Guards of the Earth and the Vulnerable
186. Gulu University
187. Gynuity Health Projects
188. Harvard Humanitarian Initiative and Massachusetts General Hospital
189. Hasaan Foundation
190. Hayfords Global Foundation
191. Health Alliance International – Member of the PMNCH Board
192. Health and Development Foundation
193. Health and Development International (HDI)
194. Health Partners International
195. Health Right International
196. Health Vigilance Programme Cameroon (HVP)

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197. Healthcare Links
 198. Healthsystem Plus
 199. Healthy Mother Wellness and Care
 200. Healthy Mothers Healthy Babies Coalition of Hawaii
 201. Heidelberg Christian Community & Medical Centre
 202. Helen Keller International
 203. Himalayan Inland Mission CHDP Programme
 204. Hindustan Latex Family Planning Promotion Trust (HLFPPT)
 205. Hoc Mai Australia Vietnam Medical Foundation
 206. Hope Alive Childcare Initiative
 207. Horizon Youth Development (HYD)
 208. Human Advancement, Reorientation and Empowerment for Environment & Health (HAREETH)
 209. Human Resources for Health Knowledge Hub
 210. Human Rights Watch
 211. Ibis Reproductive Health
 212. Impact Partners in Social Development
 213. Indian Council of Medical Research
 214. Indian Social Service Institute
 215. Infante Sano
 216. Initiative for Maternal Mortality Programme Assessment (IMMPACT)
 217. Institut National de Sante Publique
 218. Institute for Clinical Effectiveness and Health Policy (IECS) – Member of the PMNCH Board
 219. Institute for Global Health of Barcelona (ISGLOBAL)
 220. Institute for OneWorld Health
 221. Institute of Science Technology, Breastfeeding Research and Advocacy Group
 222. Instituto de Cooperación Social - Integrare
 223. Instituto Multidisciplinario para la Salud
 224. Instituto per l'Infanza IRSS Burlo Garofolo
 225. Integrated Health for All Foundation (IHAF)
 226. Integrated Rural Development Programme (IRDP)
 227. Integrated Social Development Effort (ISDE) Bangladesh
 228. Integrated Village Development Society (IVDS)
 229. Intel Corporation
 230. Inter-Parliamentary Union (IPU)
 231. Interact Worldwide
 232. Interchurch Medical Assistance (IMA)
 233. International Association for Maternal and Neonatal Health (IAMANEH)
 234. International Association of Infant Massage, Australia
 235. International Baby Food Action Network (IBFAN)
 236. International Baby Food Action Network (IBFAN) – Africa
 237. International Center for Research on Women
 238. International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
 239. International Centre for Reproductive Health
 240. International Child Health Group
 241. International Children's Center
 242. International Confederation of Midwives (ICM) – Member of the PMNCH Board
 243. International Council for Control of Iodine Deficiency Disorders (ICCIDD)
 244. International Council of Nurses
 245. International Diabetes Federation
 246. International Federation for Spina Bifida and Hydrocephalus
 247. International Federation of Gynaecology and Obstetrics (FIGO) – Member of the PMNCH Board
 248. International Federation of Pharmaceutical Wholesalers (IFPW)
 249. International Foundation For Mother & Child Health
 250. International HIV/AIDS Alliance
 251. International Initiative on Maternal Mortality and Human Rights
 252. International Institute for Health Care Professionals
 253. International Institute for Population Sciences (IIPS)
 254. International Labour Organization (ILO)
 255. International Lactation Consultant Association (ILCA)
 256. International Maternal and Child Health Foundation (IMCHF)
 257. International Pediatric Association (IPA) – Member of the PMNCH Board
 258. International Pharmaceutical Federation (FIP)
 259. International Planned Parenthood Federation (IPPF) - Member of the PMNCH Board
 260. International Planned Parenthood Federation/ Western Hemisphere Region
 261. International Pregnancy Advisory Services (IPAS)

262. International Relief and Development
263. International Society for the Study of Hypertension in Pregnancy (ISSHP)
264. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)
265. International Union Against Tuberculosis and Lung Disease
266. Interprea
267. IntraHealth International, Inc.
268. Italy Directorate General for Development Cooperation
269. Jaipur Zila Vikas Parishad
270. Janhit Kalyan Evam Vikas Sansthan
271. Japan International Cooperation Agency
272. Japanese Organization for International Cooperation in Family Planning (JOICFP)
273. Jhpiego
274. John Snow, Inc.
275. Johns Hopkins Bloomberg School of Public Health
276. Johnson & Johnson
277. Kalpavriksh
278. Kano State CTV67
279. Karolinska Institute
280. Kenya Association for Maternal and Neonatal Health (KAMANEH)
281. Kenya Community Health Network
282. Kids and Teens Resource Centre
283. Kisumu Kids Empowerment Organization
284. Korea International Cooperation Agency (KOICA)
285. Korea Foundation for International Healthcare (KOFIH)
286. Kritayanand UNESCO Club
287. Kulwanti Hospitals & Research Centre
288. Kyabugimbi Community Based Health Care Association (KCBHC)
289. La Leche League International
290. Latin American Maternal Mortality Reduction Initiative
291. Legal Aid Centre for Women
292. Libyan Society for Safe Childhood (LSSC)
293. Life Bridge US
294. Life Saving Organization for Afghanistan (LSOA)
295. Lifeline Foundation Nigeria
296. Little Big Souls
297. Live Alive Foundation
298. Local Development Agency on Reproductive and Maternal Health (LODARMAH)
299. London School of Hygiene and Tropical Medicine (LSHTM/IDEU)
300. John D. and Catherine MacArthur Foundation – Member of the PMNCH Board
301. Mahatma Gandhi Institute of Medical Sciences
302. MAMTA – Health Institute for Mother and Child
303. Management Sciences for Health
304. Manav Kalyan Pratishthan
305. Mant Kolkata
306. MARCH Centre
307. March of Dimes
308. March of Youth for Health, Education and Action for Rural Trust (MY-HEART)
309. Marie Stopes International
310. Maternal and Child Health Integrated Program
311. Maternal and Newborn Health in Ethiopia Partnership
312. Maternal Health Task Force
313. Maternity Worldwide
314. Maternity Worldwide Denmark
315. Médecins du Monde Suisse
316. Medical Women's International Association
317. Medicus Mundi International Network
318. Medtronic Foundation
319. Meera Foundation (Mutual Education for Empowerment & Rural Action)
320. MEMISA
321. Merck & Co., Inc.
322. Metis National Council
323. Micronutrient Initiative
324. Mintaka Foundation for Medical Research
325. Moi University
326. Mother & Child Health Care (MCHCare)
327. Mother Health International
328. MotherNewBorNet
329. Mothers at Risk
330. mothers2mothers International
331. Mwagala Health Centre
332. Nagaad Umbrella Organization
333. Nahar King Welfare Organization (NKWO)
334. Narayana Medical Institutions
335. Nari Unnayan Sangstha (NUS)
336. Narotam Sekhsaria Foundation
337. National Center for Child Health and Development – Department of Health Policy

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338. National Center for Global Health and Medicine
 339. National Committee for Maternal Health (NCMH)
 340. National Fund for Health Development
 341. National Institute of Applied Human Research & Development (NIAHRD)
 342. National Institute of Child Health and Human Development, US (NICHD)
 343. National Research Center of Maternal and Child Care
 344. Nations Capacity Building Programme (NCBP)
 345. Nepal Social Marketing and Franchising Project
 346. Ministry of Foreign Affairs of The Netherlands
 347. Norwegian Afghanistan Committee (NAC)
 348. Norwegian Agency for Development Cooperation
 349. Novartis Foundation for Sustainable Development
 350. Novo Nordisk A/S
 351. Obstetric Anaesthetists' Association (OAA)
 352. Obstetric Fistula Working Group – UNFPA
 353. Obstetrical and Gynaecological Society of Bangladesh
 354. Odysseus Foundation (The)
 355. ONE
 356. Operation ASHA
 357. Operation Smile, Inc.
 358. Options Consultancy South Africa
 359. Options Consultancy United Kingdom
 360. Organisation pour la Sante des delaissees (OSAD)
 361. Organization for Good Life of the Marginalized
 362. Organization for Public Health Interventions & Development (OPHID)
 363. Ormylia Foundation (The)
 364. Orphans Relief Services Tanzania (ORES)
 365. Osaka Medical Center and Research Institute for Maternal and Child Health
 366. Oslo University Hospital Norway
 367. Osservatorio Nazionale sulla Salute della Donna (O.N.da)
 368. Pan African Development, Education and Advocacy Programme (PADEAP)
 369. Parish Nurse Ministry
 370. Partners In Health
 371. Partners in Population and Development
 372. PATH (Program for Appropriate Technology in Health)
 373. Pathfinder International
 374. Peace and Life Enhancement Initiative International (PLEII)
 375. Peking University: School of Public Health
 376. Perinatal Education Trust
 377. Petcom Integrated Training Consult
 378. Pfizer, Inc.
 379. Pharmed Trade News
 380. Philippine NGO Council on Population Health & Welfare, Inc. (PNGOC)
 381. Plan International Canada
 382. Plan International USA
 383. Polli Dustha Kallyan Shangstha (PDKS)
 384. Population Action International
 385. Population Council
 386. Population Media Center
 387. Population Reference Bureau
 388. Population Services International (PSI)
 389. Pre-vent
 390. Prince Leopold Institute of Tropical Medicine Antwerp
 391. Program on Forced Migration and Health
 392. Programme for Global Paediatric Research (PGPR)
 393. PROJECT C.U.R.E. (Benevolent Healthcare Foundation)
 394. Project Concern International
 395. Project HOPE (Health Opportunities for People Everywhere)
 396. Promundo
 397. PSS Educational Development Society
 398. Qazvin Medical University
 399. Rainbow Health Care and Research Foundation
 400. Rainbow Nari O shishu Kallyan Foundation
 401. Rakiya Rural Approach Network
 402. RDRS Bangladesh
 403. Redeem Community Health Consult
 404. Regional Prevention of Maternal Mortality Network
 405. Religions for Peace
 406. Reproductive & Child Health Research Unit
 407. Reproductive Health National Council
 408. Reproductive Health Response in Conflict (RHRC) Consortium
 409. Reproductive Health Supplies Coalition
 410. Research Triangle Institute

411. Réseau Ensemble pour le Développement Durable du District d'Arta (EDDA)
412. Riders for Health
413. Rotarian Action Group for Population & Sustainable Development (RFPD)
414. Royal College of Nursing
415. Royal College of Obstetricians and Gynaecologists
416. Rural Integrated Relief Service
417. Rural Youth Development and Cultural Society
418. Rurowa Laue Tathang (RLT)
419. Rutgers WPF
420. Rwanda Initiative for Sustainable Environment and Agriculture (RISE)
421. Safaricom Limited
422. Safe Motherhood Network Federation Nepal
423. Safe Motherhood Programs, Bixby Center for Global Reproductive Health
424. Sahan Relief and Development Organization
425. Saint Francis Health Care Services
426. Samaritan Development Organization
427. Samarpan Sewa Samiti
428. Santé Globale Développement Intégré (SDI)
429. Saraswathy Shanmugam Public Charitable Trust
430. Save Mothers Foundation
431. Save the Children, India – Member of the PMNCH Board
432. Save the Children, Saving Newborn Lives Program
433. Save the Children, UK
434. Save the Children, USA
435. Save the Mothers East Africa
436. Save Visions Africa (SVA)
437. School of Human Sciences
438. Seattle Home Maternity Service
439. Serve Train Educate People's Society (STEPS)
440. Shri Mahila Evam Jan Kalyan Sewa Sansthan
441. SIMAVI
442. SingHealth IMPACT
443. Social Development and Management Society
444. Social Fund for Development Egypt
445. Social Welfare and Community Development Society
446. Society for Advancement of Health, Education and Research
447. Society for Anti AIDS Among the Nigerian Students (SANS)
448. Society for Developmental Action
449. Society for Education, Action, and Research in Community Health (SEARCH)
450. Society of Obstetricians & Gynaecologists of Pakistan (SOGP)
451. Society of Obstetricians and Gynecologists of Canada (SOGC)
452. Southern Health Improvement Samity (SHIS)
453. Space Allies
454. SPECTRA ORG
455. SRUSTI
456. Student Campaign for Child Survival (SCCS)
457. Students' World Health Assembly Nijmegen (SWHAN)
458. Suez Canal University, Faculty of Medicine
459. SUPRATIVA
460. Swaasthya Trust
461. Swami Ram Krishna Paramhansa Maa Sahrda Sewa Samiti (SRKM Civil Society)
462. Swasti
463. Swat Youth Front
464. Sweden, Ministry of Foreign Affairs
465. Tamil Nadu Federation of Obstetricians & Gynecologists
466. Task Force for Child Survival and Development
467. The Hunger Project
468. The Manoff Group
469. The Uganda Safe Birth Organization (TUSBO)
470. Thirty-four Million Friends of the United Nations Population Fund
471. Treatment Advocacy and Literacy Campaign (TALC)
472. Tribhuvan University
473. Tulane Center for Evidence-Based Global Health (CEBGH)
474. U.S. Agency for International Development (USAID)
475. UCL Centre for International Health and Development - Member of the PMNCH Board
476. Uganda Protestant Medical Bureau (UPMB)
477. Umeå International School of Public Health
478. UNAIDS Secretariat
479. United Nations Children's Fund (UNICEF) – Member of the PMNCH Board
480. United Nations Foundation (UNF)
481. United Nations Office for Project Services (UNOPS)

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482. United Nations Population Fund (UNFPA) – Member of the PMNCH Board
 483. Unity for Promotion of Health and Development
 484. Universal Versatile Society
 485. University of Bergen
 486. University of KwaZulu-Natal
 487. University of Lagos
 488. University of Limpopo
 489. University of the Western Cape
 490. University of Zambia
 491. University Research Co., LLC,
 492. US Coalition for Child Survival
 493. Vaah Junior Foundation for Better Maternal and Child Health
 494. Vanderbilt University Medical Center: Center for Evidence-Based Medicine and Institute for Global Health
 495. Vicez Global Charities Inc.
 496. Volta Regional Health Administration
 497. WaterAid
 498. Wellbeing Foundation Nigeria
 499. WellShare International
 500. White Ribbon Alliance
 501. White Ribbon Alliance, Zambia
 502. Women Acting Together for Change (WATCH)
 503. Women Advocates Research and Documentation Center
 504. Women and Children Agenda (WCA)
 505. Women and Children First
 506. Women and Community Livelihood Foundation
 507. Women and Health Alliance International
 508. Women Deliver
 509. Women United for Economic Empowerment (WUEE)
 510. Women's Global Health Imperative at RTI
 511. Women's Health and Action Research Centre (WHARC)
 512. Women's Health and Education Center (WHEC)
 513. Women's Initiative for Self-Actualization (WISA)
 514. World Bank – Member of the PMNCH Board
 515. World Federation of Societies of Anaesthesiologists (WFSA)
 516. World Health Organization – Member of the PMNCH Board
 517. World Vision International – Member of the PMNCH Board
 518. Youth Ambassadors Singinda (YAS)
 519. Youth Coalition for Sexual and Reproductive Rights
 520. Youth Empowerment for Development Ministries International (YEDEM)
 521. Youth Front Pakistan (YFP)
 522. Youth Peer Education Network (Y-PEER)
 523. Zimbabwe Grace Trust

ANNEX TWO

PMNCH Events

Events organized and/or supported by PMNCH

1. Consultation session on private sector engagement guide, Davos, 75 people (January)
2. Technical consultation of RHR/HRP research network on PMNCH 2012 Report, Geneva, 50 people (January)
3. Launch of Save the Children's nutrition report, Geneva, 60 people and coordination of global Tweetchat (February)
4. African regional RMNCH Advocacy Strategy Implementation meeting, Kampala, 150 people (March)
5. Commission on the Status of Women accountability side event, New York, 75 people (March)
6. IPU general assembly MNCH luncheon, Kampala, 30 people, Kampala (April)
7. *Born Too Soon* global launch and press conference, New York, 160 people (May)
8. PMNCH board meeting, New York, 60 people (May)
9. World Health Assembly ministers' briefing on *Born Too Soon*, Geneva, 75 people (May)
10. Advisory group meeting on PMNCH 2012 Report, Geneva, 30 people (May)
11. Countdown to 2015 Finance Working Group meeting, Geneva, 10 people (June)
12. Meeting of national advocacy coalitions, Washington, 50 people (June)
13. Countdown to 2015 launch, Washington, 125 people (June)
14. Launch of private sector engagement guide, London, 50 people (July)
15. Launch of PMNCH 2012 Report, New York, 125 people (September)
16. Every Woman Every Child dinner during UNGA, New York, 400 people (September)
17. MNCH presentation during IPU Women Speakers of Parliament meeting, New Delhi, 60 people (October)
18. MNCH presentation during Pan African Parliament Women Parliamentarian meeting, South Africa, 150 people (October)
19. FIGO panels on *Born Too Soon*, MDGs 4 and 5, and Countdown side event, Rome, 800 people in total (October)
20. PMNCH board meeting and side events, Abuja, 75 people (October)
21. Day of the Girl child marriage event, Geneva, 70 people (October)
22. Asia-Pacific Policy Implementation Meeting, Manila, 150 people (November)
23. Countdown stakeholder meeting, London, 50 people (December)



ANNEX THREE

PMNCH Publications

Institutional reports

1. *The PMNCH 2012 Report – Analysing Progress on Commitments to the Global Strategy for Women’s and Children’s Health*
2. *The PMNCH Financial Report 2012*
3. *PMNCH Annual Report 2011*
4. *PMNCH Progress Report 2011 – Analysing Commitments to Advance the Global Strategy for Women’s and Children’s Health*

Country case studies

1. Six case studies on implementation successes and challenges (Bangladesh, India, Indonesia, Nepal, Papua New Guinea, Solomon Islands)
2. Three case studies for the PMNCH 2012 Report (Bangladesh, Burkina Faso, Uganda)

Technical reports

1. *Framework on Returns on RMNCH Investment*
2. *Private Enterprise for Public Health. Opportunities for Business to Improve Women’s and Children’s Health – A Short Guide for Companies*
3. *Born Too Soon: The Global Action Report on Preterm Birth*
4. *Accountability for Maternal, Newborn and Child Survival: An Update on Progress in Priority Countries*
5. *Countdown 2012 Report – Building a Future for Women and Children*
6. *Systematic Review on Returns on RMNCH Investment*
7. *Study of Association between RMNCH Outcomes and Economic Growth*
8. *Optimizing Domestic Financing*
9. *Private Enterprise for Public Health Guide*
10. *Policy and Systems Compendium for Essential RMNCH Interventions*
11. *Options for Effective Mechanisms to Support Evidence-Informed Policy-Making in RMNCH in Asia and the Pacific*
12. *Youth eEngagement*
13. *National Accountability Mechanisms*
14. *Financial Commitments to the Global Strategy*

Knowledge Summaries

1. Civil Registration Vital Statistics
2. Nutrition
3. Food Security and Climate Change

4. Access to Family Planning
5. Reaching Child Brides
6. National Financing

Notes for Discussion

Prepared for the Asia-Pacific Leadership and Policy Dialogue:

1. Development of Civil Registration and Vital Statistics Systems
2. Implementing Maternal Death Surveillance & Response (MDSR)
3. Implementing the Accountability Framework for the Global Strategy on Women's and Children's Health
4. Tracking Resources for Women's and Children's Health
5. Using Human Rights to Enhance Accountability for Women's and Children's Health
6. Budget Tracking and Parliamentary Action
7. Building Advocacy Coalitions for Greater Action and Accountability
8. Evidence-based Advocacy: Opportunities for Countdown to 2015 in Asia-Pacific
9. Achieving Universal Access to Quality Healthcare
10. Addressing Inequities in Healthcare Coverage
11. Effective Management of Decentralized Health Systems
12. Ensuring Quality of Care for Women's and Children's Health
13. Integrating HIV/AIDS and RMNCH Programmes: Best Practices
14. Promoting Nutrition for Women's and Children's Health
15. Promoting Shared Value and Collective Impact for Women's and Children's Health
16. Using ICTs and Mobile Devices to Accelerate Progress for Women's and Children's Health
17. Financing Access to RMNCH Interventions for Universal Health Coverage
18. More Health for the Money to Improve Women's and Children's Health
19. More Money for Women's and Children's Health
20. Prioritizing Investments in Women's and Children's Health in Asia and the Pacific
21. Responding to Evidence Requests for Policies and Programmes

ANNEX FOUR

PMNCH Media Work

PMNCH E-Blast 2012

- PMNCH E-Blast January 2012
- PMNCH E-Blast February 2012
- PMNCH E-Blast March 2012
- PMNCH E-Blast April-May 2012
- PMNCH E-Blast June 2012
- PMNCH E-Blast July 2012
- PMNCH E-Blast July-August 2012
- PMNCH E-Blast October 2012
- PMNCH E-Blast November 2012

Press releases in 2012

<i>Topic of PMNCH Global Press Release</i>	<i>Date</i>	<i>Est Reach¹³</i>
New Countdown to 2015 Decade Report	April 2010	400 Million
G8 prioritizes Maternal, Newborn and Child Health	June 2010	50 Million
Small Investment Could Save 11 Million Lives	Aug 2010	50 Million
UN: Maternal Deaths Decline by One-Third	Sept 2010	400 Million
UN Secretary-General Launches Global Strategy With Commitments of \$40 billion	Sept 2010	300 Million
Cell Phones Help Save the Lives of Women, Infants and Children	Nov 2010	100 Million
PMNCH Partners' Forum in India	Nov 2010	125 Million
Stillbirths: The Invisible Public Health Problem	April 2011	600 Million
Launch of African Investment Case	April 2011	25 Million
Global Strategy Commitments at the World Health Assembly	May 2011	275 Million
PMNCH 2011 Report on the Global Strategy	Sept 2011	250 Million
Massive Push to Improve the Health of Women and Children	Sept 2011	250 Million
Innovating for Every Woman, Every Child	Sept 2011	400 Million
Three-Year Study Identifies Key Interventions to Reduce Maternal, Newborn and Child Deaths	Dec 2011	200 Million
15 Million Babies Born Too Soon	May 2012	1.1 Billion
Good News: Fewer Maternal and Child Deaths	June 2012	200 Million
New Partnership Expands Access to Contraception for 27 Million Women and Girls in Low-Income Countries	Sept 2012	500 Million
\$20 Billion for Women and Children's Health	Sept 2012	25 Million
World Prematurity Day: A New Global Focus	Nov 2012	1.4 Billion

¹³ Estimated reach based on reported print, broadcast and online circulation figures of all media outlets worldwide carrying stories that refer specifically to PMNCH in relation to the story featured in this press release.

ANNEX FIVE

Countdown Publications

1. Hsu J, Pitt C, Greco G, Berman P, Mills A, Countdown to 2015: changes in official development stance to maternal, newborn, and child health in 2009–10, and assessment of progress since 2003. *Lancet*, 21 September 2012. 380 (9848), 1157–1168. DOI: 10.1016/S0140-6736(12)61415-9
2. Victora C, Barros A, et al, How changes in coverage affect equity in maternal and child health interventions in 35 Countdown to 2015 countries: an analysis of national surveys. *Lancet*, 21 September 2012. 380 (9848), 1149–1156. DOI: 10.1016/S0140-6736(12)61427-5
3. Amouzou A, Habi O, Bensaid K, Reduction in child mortality in Niger: a Countdown to 2015 country case study. *Lancet*, 21 September 2012. 380 (9848), 1169–1178. DOI: 10.1016/S0140-6736(12)61376-2
4. Sanda S, Comment: Niger's success in child survival. *Lancet*, 21 September 2012. DOI: 10.1016/S0140-6736(12)61514-1
5. Bhutta Z, Chopra M, The Countdown for 2015: what lies ahead? *Lancet*, 21 September 2012. 380 (9848), 1125–1127. DOI: 10.1016/S0140-6736(12)61382-8
6. Countdown 2012 Report Writing Group, Comment: Building a future for women and children. *Lancet*, 9 June 2012. 379 (9832), 2121–2122.
7. Barros A, Ronsmans C, Axelson H, et al., Equity in maternal, newborn, and child health interventions in Countdown to 2015: a retrospective review of survey data from 54 countries. *Lancet*, 31 March 2012. 379 (9822), 1225–1233.



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