PMNCH PROGRESS REPORT 2012
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## Acronyms & abbreviations

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

**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-
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 mission 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.

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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”.

**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, theHonorable 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 death
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.
**New York & Geneva**

**MAY**

**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.

**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 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.

**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.

**Geneva**

**AUGUST**

**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.
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.

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. Onye-buchi 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.

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.

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.

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.
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.
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.
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 en-
hanced 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 un-
dertaken 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, ma-
ternal, 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 en-
gagement 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 dissemi-
nated 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 resour-
ces 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 Techni-
cal Advisory Group and HIV-RMNCH Advisory Group, designed to support
national parliaments in the implementation of the 2012 resolution.
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 and support multi-sector policy dialogue at regional and country levels.

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.
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. The iERG was set up in September 2011 and delivered its first report in September 2012.
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.

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**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

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

![Graph showing the number of teleconferences per month from 2007 to 2012](image)

**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.

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).
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. 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.

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12 For more information about the IWG, please visit www.everywomaneverychild.org/resources/innovation-working-group
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.
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
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, recien nacido y nino
21. All India Institute of Medical Sciences
22. Alliance for Reproductive Health Rights (ARHR)
23. Alliance of Bulgarian Midwives
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. Camerono 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
<p>| 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 &amp; Prevention, Division of Reproductive Health (CDC) |
| 64. | Centre d’Accueil et de Volontariat pour Orphelins, Abandonnés et Handicapés du Cameroun (CAVOAH CAM) |
| 65. | Centre for Counselling, Nutrition and Health Care (COUNSENUTH) |
| 66. | Centre for Development and Population Activities (CEDPA) |
| 67. | Centre for Girls and Interaction (CEGI) |
| 68. | Centre for Global Health, Population, Poverty &amp; 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 &amp; Family Research Institute (CFRI) |
| 81. | Child Health and Nutrition Research Initiative (CHNRI) |
| 82. | Child Maternal &amp; Youth Leadership Initiative |
| 83. | Child-Maternal &amp; Adolescent Life Project (CIMALP) |
| 84. | ChildFund India |
| 85. | Childlink Foundation |
| 86. | Children’s Project International |
| 87. | Choices and Challenges on Changing Childbirth (CCCC), Regional Research Network |
| 88. | Christian Community Development Programme (CCDP) |
| 89. | CIAM Public Health Research &amp; Development Centre |
| 90. | CLAN (Caring &amp; Living As Neighbours) |
| 91. | Coalition for Rational and Safe Use of Medicines (CORSUM) |
| 92. | Cochrane Pregnancy &amp; Childbirth Group |
| 93. | Columbia University, Mailman School of Public Health |
| 94. | Comite de Lutte contre les Pandémites 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) |
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| 112. | Development Communications Network |
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| 116. | Disease Management Association of India (DMAI) |
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| 120. | Edem Children Foundation (ECF) |
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201. Heideliberg Christian Community & Medical Centre
202. Helen Keller International
203. Himalayan Inland Mission CHDP Programme
204. Hindustan Latex Family Planning Promotion Trust (HLFPPT)
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210. Human Rights Watch
211. Ibis Reproductive Health
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214. Indian Social Service Institute
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223. Instituto Multidisciplinario para la Salud
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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
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233. International Association for Maternal and Neonatal Health (IAMANEH)
234. International Association of Infant Massage, Australia
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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
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271. Japan International Cooperation Agency
272. Japanese Organization for International Cooperation in Family Planning (JOICFP)
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285. Korea Foundation for International Healthcare (KOFIHC)
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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)
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301. Mahatma Gandhi Institute of Medical Sciences
302. MAMTA – Health Institute for Mother and Child
303. Management Sciences for Health
304. Manav Kalyan Pratisthan
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
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326. Mother & Child Health Care (MCHCare)
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337. National Center for Child Health and Development – Department of Health Policy
338. National Center for Global Health and Medicine
339. National Committee for Maternal Health (NCMH)
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343. National Research Center of Maternal and Child Care
344. Nations Capacity Building Programme (NCBP)
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356. Operation ASHA
357. Operation Smile, Inc.
358. Options Consultancy South Africa
359. Options Consultancy United Kingdom
360. Organisation pour la Sante des laisesses (OSAD)
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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
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
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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
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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
Events organized and/or supported by PMNCH

1. Consultation session on private sector engagement guide, Davos, 75 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)
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)
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)
Institutional reports
1. The PMNCH 2012 Report – Analysing Progress on Commitments to the Global Strategy for Women’s and Children’s Health
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
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
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

<table>
<thead>
<tr>
<th>Topic of PMNCH Global Press Release</th>
<th>Date</th>
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<tbody>
<tr>
<td>New Countdown to 2015 Decade Report</td>
<td>April 2010</td>
<td>400 Million</td>
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<tr>
<td>G8 prioritizes Maternal, Newborn and Child Health</td>
<td>June 2010</td>
<td>50 Million</td>
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<tr>
<td>Small Investment Could Save 11 Million Lives</td>
<td>Aug 2010</td>
<td>50 Million</td>
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<tr>
<td>UN: Maternal Deaths Decline by One-Third</td>
<td>Sept 2010</td>
<td>400 Million</td>
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<tr>
<td>UN Secretary-General Launches Global Strategy With Commitments of $40 billion</td>
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<td>Cell Phones Help Save the Lives of Women, Infants and Children</td>
<td>Nov 2010</td>
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<td>PMNCH Partners’ Forum in India</td>
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<tr>
<td>Stillbirths: The Invisible Public Health Problem</td>
<td>April 2011</td>
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<td>Launch of African Investment Case</td>
<td>April 2011</td>
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<td>Global Strategy Commitments at the World Health Assembly</td>
<td>May 2011</td>
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<td>Massive Push to Improve the Health of Women and Children</td>
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<td>Innovating for Every Woman, Every Child</td>
<td>Sept 2011</td>
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<tr>
<td>Three-Year Study Identifies Key Interventions to Reduce Maternal, Newborn and Child Deaths</td>
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<td>15 Million Babies Born Too Soon</td>
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<td>Good News: Fewer Maternal and Child Deaths</td>
<td>June 2012</td>
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<td>New Partnership Expands Access to Contraception for 27 Million Women and Girls in Low-Income Countries</td>
<td>Sept 2012</td>
<td>500 Million</td>
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<td>$20 Billion for Women and Children’s Health</td>
<td>Sept 2012</td>
<td>25 Million</td>
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<td>World Prematurity Day: A New Global Focus</td>
<td>Nov 2012</td>
<td>1.4 Billion</td>
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\(^3\) 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.


