



PMNCH 2014

Progress Report

MOVING INTO 2015
AND BEYOND

Acronyms and Abbreviations

AU African Union	GIF Global Investment Framework for Women's and Children's Health	PPD Partners in Population and Development
CAMEF Conference of African Ministers of Finance, Planning and Economic Development	ICT Information, Communication Technology	RMNCAH Reproductive, Maternal, Newborn, Child and Adolescent Health
CAF Country Accountability Framework	IEC Independent Evaluation Committee	RMNCH Reproductive, Maternal, Newborn, and Child Health
CIH The Lancet Commission on Investing in Health	iERG independent Expert Review Group	SDG Sustainable Development Goals
COIA Commission on Information and Accountability for Women's and Children's Health	IWG Innovation Working Group	SRH Sexual and Reproductive Rights
CSO Civil Society Organization	NGOs Non-Governmental Organizations	TWG Technical Working Group
ENAP Every Newborn Action Plan	MDGs Millennium Development Goals	UNFPA United Nations Fund for Population Activities
EWEC Every Woman Every Child	MSD Multi-stakeholder Dialogue	UNGA United Nations General Assembly
GAVI GAVI, the Vaccine Alliance	OHCHR Office of the High Commissioner for Human Rights	USAID U.S. Agency for International Development
GFF Global Financing Facility	OWG Open Working Group	WHA World Health Assembly
Global Fund Global Fund to Fight AIDS, Tuberculosis & Malaria	PMNCH Partnership for Maternal, Newborn & Child Health	WHO World Health Organization

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MESSAGE FROM THE BOARD CHAIR



Mrs Graça Machel

It has been heartening to witness the progress that we made in 2014 towards achieving the health-related Millennium Development Goals.

This year we generated irrefutable evidence that investing in women, children and newborns yields broad economic, health and social benefits. The Countdown to 2015 report shows that progress is being made at the country level, where it is needed the most, and highlights areas

that need our urgent attention; and through the Success Factors studies, we recognized that we can only make progress if underlying determinants of health, such as poverty, gender, environment, education, nutrition, water and sanitation, are taken into account.

PMNCH continues to serve as a platform to facilitate a common position for our community that can generate a knowledge base, guide policy and investments, as well as advocate and ensure accountability to improve the health of all people. Together we have advocated for and integrated shared targets for the post 2015 global development framework. We have helped to generate consensus and called for the inclusion of differentiated targets for countries based on their levels of development.

I was delighted to host many of our partners at the 2014 Partners' Forum and witness how our partnership, through our members, can generate momentum and impressive results. The Forum presented a unique opportunity to increase our commitment to the Millennium Development Goals (MDGs) and consolidate our thinking for the post-2015 era. In the Forum communiqué, we generated an agreed roadmap for collective action, as well as enriched plans and activities at the global, regional and country level through the active exchange of information and experiences.

I was very pleased with the level of youth participation in the Forum. Their efforts and those of others were reflected in the Forum communiqué which recognized the rights of marginalized and underserved groups, including young people, to actively participate as partners in the design and implementation of policies and strategies that affect their lives and health. I look forward to welcoming a youth representative to attend our upcoming board meetings.

I have no doubt that 2015 will be a critical year for the reproductive, maternal, newborn, child and adolescent health (RMNCAH) community, as we continue to work together to achieve a vision of a world in which there are no preventable deaths of newborns, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.

Last but not least, I wish to extend my personal gratitude, as well as that of the PMNCH Secretariat and Board Members, to Dr. Carole Presern, who has stepped down after more than three years at the helm of PMNCH. I also take this opportunity to welcome Robin Gorna, who is taking over from Dr. Presern. She has my support and best wishes, and also that of the Board and the PMNCH Secretariat.

MESSAGE FROM THE EXECUTIVE DIRECTOR A.I.

Dr. Andres de Francisco

PMNCH's added value is, and remains, its ability to bring together a large number of diverse stakeholders from various constituencies, and to drive consensus on critical issues related to RMNCAH. This way, all partners can achieve more together than they would alone.

In 2014, PMNCH united stakeholders, used evidence to lead advocacy, put a spotlight on the most urgent issues, and promoted real accountability on several key issues, including the following examples. The Every Newborn Action Plan (ENAP) was finalized after nearly two years of discussions by more than 60 organizations and has brought a strong focus on preventing newborn deaths. The 'Success Factors for Women's and Children's Health' studies, conducted in collaboration with partners over three years, has identified the strategies that low- and middle-income countries have used to accelerate progress to reduce maternal and child mortality. These findings have shaped RMNCAH related policy recommendations and advocacy despite economic and political constraints. And, the Countdown to 2015 report highlighted important areas of progress in equitable coverage of essential interventions in the 75 countries where over 95% of all maternal and child deaths occur, and gap areas where efforts need to be accelerated to save women's and children's lives.

At the Partners' Forum in Johannesburg this year, we brought together more than a thousand people to "envisage the world we want by 2030 and take stock of progress in women's and children's health". PMNCH provided a platform for its members to align messages and strengthen the impact of RMNCAH Post-2015 advocacy.

Leveraging its unique position, PMNCH is coordinating consultations on the Global Financing Facility in advance of its finalization and launch.

PMNCH is also working with the UNSG's office, WHO and a wide range of stakeholders under the umbrella of the *Every Woman Every Child* movement to lead the consultations around an *updated Global Strategy for Women's, Children's and Adolescents' Health* for the Post-2015 period. The updated Strategy to be launched in September 2015, is a roadmap for ending all preventable deaths of women, children, and adolescents by 2030 and improving their overall health and well-being.

As PMNCH approaches its 10th anniversary in 2015, we need to think how PMNCH will establish its priorities Post-2015 and prepare for the future. In recent months, we have taken stock of our achievements, strengths and weaknesses. A Board commissioned independent, external evaluation of PMNCH's performance has allowed us to understand what we are doing well and where we can improve. The development of a new strategic framework will ensure greater synergy between the Partnership's constituencies, and allow optimum support to realize the goals of the updated Global Strategy.



EXECUTIVE SUMMARY

PMNCH in 2014 focused on two main areas of work: drawing attention to the remaining gaps in reaching the MDGs, including newborn and adolescent health, and promoting greater visibility for women's, children's and adolescent health in the global development framework emerging as part of the post-2015 sustainable development goals (SDGs).



PMNCH co-hosted the 3rd Partners' Forum with the Government of South Africa, Countdown to 2015, A Promise Renewed, and the independent Expert Review Group (iERG). The Forum, which took place on 30 June –1 July 2014 in Johannesburg (South Africa), was a critical opportunity for reaching policymakers, the media and uniting the global health and development community with a common strategic vision. More than 1,200 participants joined the meeting, including H.E. Erna Solberg, Prime Minister of Norway; South African Deputy President Cyril Ramaphosa; Archbishop Desmond Tutu, UN Secretary-General Ban Ki-moon, former US Secretary of State Hillary Clinton and Bono of U2, via special video addresses. The strong representation of youth participants underlined the message that adolescent health is central to the concerns of this community.

The Forum was a key venue for the launch of new evidence products, action plans and commitments. These included the *ENAP*, which resulted from consultations with more than 60 organizations over a period of nearly two years, led by WHO and UNICEF. PMNCH led the advocacy drive for the ENAP, resulting in a resolution approved by the World Health Assembly in May 2014. More than 40 new commitments to the ENAP were announced at the meeting in support of Every Woman Every Child (EWEC).

The Forum saw the launch of *Countdown to 2015's* latest report which showcases progress in the 75 countries which account for over 95% of all maternal and child deaths in achieving MDGs 4 & 5. The report describes lessons learned from Countdown's 10 years of work on accountability, and presents country profiles for each of the 75 countries. Based on 10 in-depth country case studies and the analysis of 20 years of data from 144 countries, the *Success Factors* series of studies, coordinated by PMNCH with a wide range



of partners, to shed a light on how and why countries are succeeding in their efforts to achieve MDGs 4 and 5 was also launched at the Forum. The Success Factors studies show that high-impact health interventions have accounted for 50% of the child mortality reduction achieved since 1990 – the remaining 50% is due to factors outside the health sector, such as girls' education and access to clean water. Through these reports, PMNCH has intensified the call for a continued focus on women's and children's health and greater cross-sectoral collaboration as part of the operationalization of the new SDGs framework, including promoting synergies between health and education, water and sanitation, nutrition and gender equity programmes and policies.

This year also saw an intensified focus on the global health financing architecture. A PMNCH aid architecture study in 2011 reflected its long-standing interest on this issue and contributed to intensified discussions among RMNCAH partners for greater coherence and efficiency. In September 2014, the governments of Norway, Canada and the United States, together with the World Bank, announced catalytic funding towards the creation of a Global Financing Facility (GFF). The GFF, to be launched in mid-2015, aims to support country efforts to mobilize additional domestic and international resources to scale up and sustain efficient and equitable delivery of quality services to improve women's, children's and adolescents' health and well-being.

PMNCH is currently playing a key role in the GFF development process by convening a broad-ranging consultation process to enable the dissemination of information and inputs from stakeholder groups to GFF planners. This consultation platform, using a full range of instruments including constituency-based outreach and digital communications, will be scaled up and expanded in early 2015, as PMNCH builds from this platform to gather inputs from members and the wider health and development community towards the development of an updated Global Strategy for Women's, Children's and Adolescents' Health, to be launched in September 2015 in support of the SDGs. The *Global Strategy for Women's, Children's, and Adolescents' Health* will build upon the successes of the 2010-2015 *Global Strategy for Women's and Children's Health*, which provided a roadmap to accelerate progress towards the achievement of MDGs 4 (reduce child mortality), 5 (improve maternal health) and 6 (combat HIV/AIDS, Malaria and other diseases) by 2015. PMNCH played a key role in facilitating the development and launch of the current strategy in 2010. Along with key partners all working under the Every Woman Every Child umbrella, PMNCH, with United Nations Foundation (UNF), will co-lead the Advocacy and Communications work stream, one of five work streams which will support the process for updating the Global Strategy. The GFF is a key part of the operational plan of the updated Global Strategy.



Accountability will also be a key component of the updated Global Strategy. The Partnership in 2014 produced an annual report on progress towards commitments made to the Global Strategy – its fourth such report since 2011. The 2014

PMNCH report, *Tracking Financial Commitments to the Global Strategy for Women's and Children's Health*, highlighted that the number of commitment-makers to EWEC had tripled from about 100 upon its launch 2010 to 300 in 2014, and that financial commitments to the Global Strategy had now reached almost US \$60 billion, of which US \$27.3 billion has been disbursed.

Other key PMNCH activities and achievements in 2014 included the production of a number of essential tools to support the planning, management or implementation of RMNCAH programmes in regional and country contexts. These included: the Policy Guide for Implementing Essential Interventions for Reproductive, Maternal, Newborn and Child Health: A Multisectoral Policy Compendium for RMNCH; Information and Communication Technologies (ICTs) for Women's and Children's Health: A Planning Workbook for Multi-Stakeholder action; and Multi-Stakeholder Dialogues for Women's and Children's Health: A Guide for Conveners and Facilitators.

In 2014, the PMNCH Board commissioned an independent evaluation of PMNCH's performance and achievements against its strategic goals and objectives over the period 2009-2013. The evaluation noted a number of strengths and areas for improvements in each of the three PMNCH strategic objectives (knowledge, advocacy and accountability) that will enable PMNCH members to consider the shape of a new strategic framework for PMNCH after 2015.

Priorities for this discussion include the consideration of PMNCH's comparative advantage in an increasingly crowded RMNCAH space; leveraging the voice and participation of different constituencies and sectors, including greater collaboration between stakeholders at national and subnational levels; the role of accountability products and processes within the PMNCH Workplan; and greater collaboration among actors within and between the health sector and those sectors, such as education and nutrition, that determine a healthy future for women, newborns, children and adolescents.

INTRODUCING PMNCH

The principal mission of the Partnership for Maternal, Newborn & Child Health (PMNCH) is to support its partners in aligning their strategic directions and catalysing collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health. It does this by providing an institutional platform that brings together and enhances the interaction of partners focused on improving the health of women and children, working across the reproductive, maternal, newborn and child health continuum of care.

The Partnership's work is based on three key priorities – knowledge, advocacy and accountability – supporting all partners to achieve better outcomes for women and children in high-burden countries.

- In the area of knowledge, PMNCH works to increase access to and use of knowledge and innovations to enhance policy, service delivery and financing mechanisms, addressing key constraints to universal access to high-quality RMNCAH care in high-burden countries.
- In the area of advocacy, PMNCH seeks to identify and mobilize additional resources for RMNCAH through partner engagement and by maintaining visibility of women's and children's health issues in policy and development forums, and promote consensus on evidence-based policy.
- In the area of accountability, PMNCH strives to 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.



In achieving these objectives, The Partnership supports partners to deliver the Partnership's objectives; provides a platform for partners to discuss and agree on ways to align their existing and new activities; focuses on **brokering** by actively facilitating knowledge, innovations, collaborations, etc. among its members; is driven by **country demand** and **regional priorities**; and promotes the **continuum of care** approach to improve women's and children's health.

The 2014 PMNCH Workplan was aimed at accelerating progress towards MDGs 4 and 5, and other relevant MDGs; ensuring that women's and children's health figure prominently in the post-2015 development agenda; improving accountability for women's and children's health; and strengthening partner alignment.

KEY MOMENTS

JANUARY

Government of India launches new health programme for adolescents with Mrs Anuradha Gupta, PMNCH board co-chair and Additional Secretary for the Government of India at the helm of programme.

World YWCA with the support of PMNCH, UN Women and the Nike Foundation, brings more than 50 young women and girls from 14 African countries for a special high level intergenerational dialogue during the African Union Summit in Addis Ababa to deliver a statement on the future they want.



JANUARY

MARCH



Nepal and Peru host success factors multi-stakeholder review workshop as part of The Success Factors study, a collaborative effort between the PMNCH and a number of partners which aims to find out what factors distinguish some high performing countries from countries who have not performed as well in reducing maternal and child mortality, given similar levels of economic development.

MARCH

MAY

PMNCH, WHO & UNICEF led a multisectoral budget tracking workshop, closed with a commitment from a wide range of stakeholders including civil society representatives, the media, parliamentary health and budget committees, and ministries of health and finance from 5 Francophone African countries. They committed to work together towards improving transparency and accountability in health sector budgetary allocation and expenditure, for better health outcomes for women and children.

The Every Newborn Action Plan is endorsed by the 194 member-states of the World Health Assembly, paving the way for national implementation and monitoring of key strategic actions to improve the health and well-being of newborns and their mothers around the world.

MAY

FEBRUARY

Partners in Population and Development commits to the Every Woman Every Child movement and working closely with PMNCH.

Countdown to 2015 leads a three-day workshop in Nairobi to provide technical support to country case study teams and equip them with the skills needed to use a set of standard tools for carrying out health systems, policies and financial tracking analyses.

PMNCH leads the advocacy for the Every Newborn Action Plan online consultation which closes with more than 300 official comments received from national governments and state actors, academics, professional associations and NGOs.

The RMNCH Policy Compendium, released by PMNCH and WHO brings together for the first time key consensus-based policy recommendations and guidance to improve the delivery of proven interventions to women and children.

FEBRUARY

APRIL

PMNCH hosts roundtable on the centrality of Women's and children's health Post-2015 at the 2014 Global Donors Forum in Washington and contributes to the Forum declaration with an invitation to delegates to sign up to a multi-stakeholder call for the global community to include a focus on women's and children's health in the post-2015 development agenda.



African Ministers of Health meeting at the first Joint African Union and WHO Conference of Ministers of Health commit to ending preventable maternal, newborn and child deaths.

APRIL

JUNE



The third PMNCH Partners' Forum co-hosted by Government of South Africa, Countdown to 2015, A Promise Renewed and iERG opens in Johannesburg with more than 1,200 delegates from around the world in attendance.

Three landmark reports are launched at the Partners' Forum: The Every Newborn Action Plan, Success Factors for Women's and Children's Health and the Countdown to 2015 report.

More than a 100 youth representatives from around the world attending the Partners' Forum develop a Youth Outcome Document.

JUNE

SEPTEMBER



The 2014 PMNCH Report on Commitments to the Global Strategy for Women and Children's Health is launched at the yearly Accountability Breakfast around the UN General Assembly, and shows a tripling in commitment makers since 2010.

PMNCH publishes a series of findings from research across 142 countries, as a follow up to the launch of the 10 Success Factors for Women's and Children's Health country highlights at the Partners' Forum. The findings answer the question why some countries achieved faster reductions of maternal and child mortality compared to other low and middle income countries.

Countdown to 2015 launches its first Countdown Country Case Study Brief on Bangladesh, part of a new series of country-specific briefs with report graphically summarizing the exciting findings and lessons learned.

PMNCH takes the lead as a consultative platform for the newly introduced Global financing Facility as the World Bank, Norway, USAID and partners commit resources to the global efforts to improve and priorities investment in maternal and child health.

NOVEMBER

PMNCH and partners mark **World Prematurity Day** by releasing figures from a new study showing that for the first time in history, the complications of preterm birth outrank all other causes as the world's number one killer of young children.

A landmark resolution calling for a ban on child marriage is agreed on during the 69th session of the General Assembly marking a major breakthrough in the **child marriage** campaign, which Mrs Graça Machel, PMNCH Board Chair and The Elders have been leading through Girls Not Brides

PMNCH leads key session on violence against women during the 11th International Inter-Ministerial Conference on Population and Development which focuses on South-South collaboration for promoting healthy lives of adolescents and eliminating violence against women and girls.

Countdown to 2015 releases Maternal & Child Nutrition in the 75 Countdown Countries, a new Countdown Briefing Note that presents important evidence on the critical importance of nutrition to maternal, newborn, and child survival and well-being.

JULY

The Partners' Forum communiqué, outlining the MNCH+A priorities until the deadline for the MDGs and the publication of the post-2015 SDGs targets and indicators, **receives more than 260 signatures of endorsement**.

JULY

PMNCH joins Every Woman Every Child partners in **marking 500 day milestone to the MDG deadline** to gather support and momentum in the remaining days.

PMNCH releases new infographic recapitulating energy of Partners' Forum and encouraging advocacy for women's and children's health for action now, and beyond the MDGs' delivery date in 2015.



PMNCH and partners launch a new **Knowledge Summary – Protecting Women's and Children's Health from a Changing Climate** to coincide with WHO conference on Health and Climate and ahead Climate Summit 2014 to empower the health and sustainable development communities to advance action on addressing the impacts of climate change on the health of women and children.

AUGUST

SEPTEMBER

OCTOBER

PMNCH along with the IPU and WHO co-host **side event for parliamentarians and high level delegates** which ends with a commitment to review the IPU resolution on Maternal and Child Health in 2015 and countries reporting on progress over the past three years on implementing the actions put forth in the 2012 landmark resolution in Kampala

PMNCH begins **multi-stakeholder consultations on the new Global Financing Facility** through a new interactive consultation hub.

OCTOBER



NOVEMBER

DECEMBER



PMNCH Board members at a two day retreat in Geneva decide on the Secretariat's priorities and activities in 2015 and lay the foundation for the development of The Partnership's post-2015 Strategic Framework.

PMNCH releases report from the Global Financing Facility online consultation to input to the GFF business planning process, and feed into the development of an updated Global Strategy for Women's, Children's and Adolescents' Health.

DECEMBER

CHAPTER 1

Advocacy

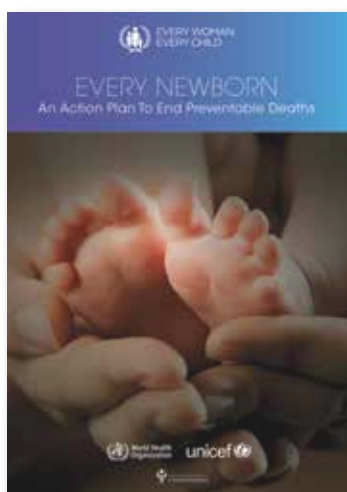
In 2014, the Partnership worked to achieve the highest possible political commitment to women's, children's and adolescents' health in the post-2015 era by developing and facilitating partner-based advocacy work. Linking evidence-based messages and partner-based action to key policy moments, PMNCH in 2014 accelerated momentum towards the MDGs, enabling a clear focus on women's and children's health in the post-2015 development framework. Key areas of work in 2014 included addressing major gaps in current advocacy efforts, including in relation to newborn and adolescent health.



“Together we can achieve a vision of a world in which there are no preventable deaths of newborns, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.”

- Mrs Graça Machel

Every Newborn: An Action Plan to End Preventable Deaths



The ENAP, launched at the PMNCH Partners' Forum in June 2014, is the culmination of nearly two years of consultations involving more than 60 organizations and a web-based consultation drawing over 300 comments. Led by WHO and UNICEF, the ENAP aims to end preventable deaths by enhancing and supporting coordinated and comprehensive planning and implementation of newborn-specific actions within the context of national RMNCAH strategies and action plans.

PMNCH, as a founding partner of the Every Newborn effort, has worked with its 650+ member base to mobilize action to disseminate core messages and action on ENAP. Building on similar efforts for the successful *Born Too Soon* report of 2012 and the World Prematurity Day campaigns, PMNCH has led a highly effective process based on political advocacy and messaging, commitment-gathering, and media and communications. This advocacy movement celebrated several key milestones in 2014, including the adoption of a resolution supporting the ENAP by all 194 member states of the World Health Assembly; global and country launches of the *Lancet* Every Newborn series; more than 40 new ENAP commitments to EWEC, including a US\$90 million pledge from the Islamic Development Bank; and a social media campaign resulting in more than 1 billion Twitter impressions using the #EveryNewborn hashtag.



Adolescents

Of the near 300,000 women who die every year, 50,000 are adolescent girls.¹ In response, the PMNCH board in late 2013 called for increased focus on preventing adolescent pregnancy as part of PMNCH's advocacy work, particularly in relation to the post-2015 sustainable development agenda.

In 2014 PMNCH worked with youth-led organizations and an adolescent expert advisory group was established to oversee the development of the PMNCH adolescent strategy, to promote a better reflection of youth priorities in the post-2015 development agenda. This included research on youth priorities and their reflection in the post-2015 formal documents, and an advocacy campaign based on the outcomes of this research which identified crucial gaps in addressing key adolescent concerns, such as access to sexual and reproductive health services, information and commodities, and the fulfilment of sexual and reproductive rights.

The outcomes of this research fed into youth engagement at the PMNCH Partners' Forum. In a meeting prior to the Forum, youth representatives assessed adolescent and youth health priorities as they pertain to RMNCH and successful strategies that can be undertaken to improve health outcomes. They also discussed key advocacy priorities for the post-2015 development agenda and were able to successfully shape the Forum outcomes, using the various speaking opportunities afforded to them, including as key speakers on four out of five plenaries and two leadership dialogues, social media and traditional media to outline their priorities and a call for strengthening the involvement of youth in planning, implementation



and monitoring of programmes and initiatives. Since the Partners' Forum, adolescent health has been an integral part of PMNCH planning and discourse, and youth are now systematically represented in PMNCH governance and on project working groups.

PMNCH will continue to work to ensure that youth play an active role in decision-making and policy setting through representation on various PMNCH working groups and the PMNCH Board. Plans are in hand to place more emphasis on cross-sectoral strategies focusing on, among others, education, nutrition, gender and, where relevant, highlight their importance for youth; one such event, a meeting of the Partners in Population and Development (PPD) on violence against women and girls took place in November 2014. PMNCH will also continue to strengthen the capacity of adolescents to undertake their own advocacy and support youth organizations to advocate for adolescent priorities within the post-2015 development agenda in 2015.

1. UNFPA. *The State of the World Population: Motherhood in Childhood. Facing the Challenge of Adolescent Pregnancy*. New York. 2013.

Regional Initiatives and South-South Cooperation for RMNCH



Despite a focus on global advocacy, PMNCH continued to support regional institutions such as the African Union in their work to improve women's and children's health across the continent. In January, PMNCH supported a special

high-level intergenerational dialogue during the African Union (AU) Summit in Addis Ababa which was attended by more than 50 young women and girls from 14 African countries. Organized by the World YWCA, UN Women and the Nike Foundation, the event gave the young women and girls an opportunity to engage with government leaders, heads of multilateral and non-governmental organizations and private sector representatives.

In April, African Ministers of Health meeting in Luanda at the first Joint AU/WHO Conference of Ministers of Health committed to ending preventable maternal, newborn and child deaths. During this meeting attended by PMNCH, Ministers debating African health priorities described the preventable maternal, newborn, child and adolescent deaths on the continent as a “continental catastrophe”.

PMNCH used the data in the Global Investment Framework to develop an African Investment Framework which was launched during a side event at the Conference of African Ministers of Finance, Planning and Economic Development (CAMEF) held in April 2014.² Organized by health development partners, including PMNCH, the side event underlined the urgency for African governments to prioritize investment in health and human capital development as a prerequisite to preventing up to 4 million maternal deaths,

90 million child deaths (including 30 million newborn deaths) and 17 million stillbirths by investing an additional US\$ 8 per capita per year during one generation (i.e. from 2013 until 2035). Media editors and professionals at the event underlined the important role of the media in public education, awareness and accountability, and urged development partners to prioritize effective partnership with the media to ensure quality coverage of health and development issues.

PMNCH provided support to the 8th Stop Cervical, Breast and Prostate Cancer in Africa (SCCA) conference which was held in Windhoek, Namibia from 20-22 July. Over 1,200 participants, including the Head of State of Namibia, 18 First Ladies, 30 Ministers and 40 senior parliamentarians, took part in the conference.

In November 2014, PPD-EWEC-PMNCH held a special session to build on the unprecedented global momentum to further accelerate improvements in RMNCAH and investing in sectors that enhance population, health and development outcomes, e.g. education, water and sanitation, gender and economic development.



2. http://www.who.int/pmnch/media/news/2014/aif_report.pdf?ua=1



Deliberations at the special session revolved around a new, more inclusive Global Strategy in support of EWEC; financial mechanisms to drive the transformative investments needed so that all countries achieve the levels of population, health and development outcomes reached by the best-performing middle-income countries by 2030; opportunities for south-south collaboration for investing in the demographic dividend; and the new Global Financing Facility (GFF) in support of EWEC. At the same meeting, PPD, PMNCH and WHO also organized a session on violence against women and girls, highlighting the need for increased investment and cross-sectoral collaboration for prevention of violence and care of victims.

The Updated Global Strategy for Women's, Children's and Adolescents' Health

In 2015, maternal, child and adolescent health will continue to feature prominently in the work of PMNCH as the Partnership joins a wide range of national, regional and global stakeholders under the umbrella of the *Every Woman Every Child* movement, in crafting an updated Global Strategy. The updated Strategy will support the achievement of women's, children's and adolescents' health related Sustainable Development Goals (SDGs) and anticipates a more integrated post-2015 development framework in which all countries are supported to attain and sustain their health goals, moving beyond reductions in mortality to a vision of healthy life for all through the life-course. PMNCH, along with UNF, will co-lead the Advocacy and Communications workstream for updating the Global Strategy as well as coordinate an extensive outreach and consultation process around key national, regional and global events in early 2015. Inputs from the consultations will feed into the drafting of the updated Global Strategy which will be launched around the United Nations General Assembly in September 2015.



Strengthening of National CSO alliances for RMNCH Advocacy

PMNCH continued to provide technical support this year to civil society coalitions (formed in 2012 through PMNCH support), in order to assist them in their advocacy efforts and to hold stakeholders accountable for better health outcomes. With their unified voice and efforts, CSO alliances are proving to be critical platforms in advocating for women's and children's health as they are familiar with local conditions and are able to provide more effective capacity building

and reach those most in need. They have focused their work on budget advocacy, reversing budget decisions and increasing health financing in some countries, and advocating for specific budget lines in other countries. In many countries, CSO alliances have engaged the media for increased RMNCAH coverage. They have also strengthened the capacities of their members in policy advocacy strategies and encouraged joint planning and implementation of activities.

Highlights of National CSO Advocacy Coalitions

CSO alliances are proving to be critical in advocating for women's and children's health through a unified voice and efforts.

In Uganda, the national RMNCAH CSO coalition led by ACHEST and World Vision Uganda successfully lobbied for a health budget increase of approximately US\$20 million, part of which was used to fund the recruitment of more than 6,000 health workers.

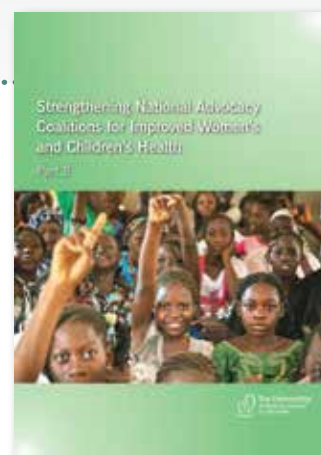
In Indonesia, the coalition generated research on health professionals' awareness of RMNCAH issues and worked with the media to raise the profile and coverage of such issues.

In Tanzania, with support from White Ribbon Alliance, the coalition campaigned, among others, for widespread access to Comprehensive Emergency and Obstetric and Newborn Care (CEmONC) at health centres.

In Ghana, the coalition launched the Evidence for Action (E4A) and DfID funded the "Mama Ye Campaign", which focuses on the strategic use of evidence and advocacy to ensure accountability to save lives.

Kenya and Burkina Faso have centred their efforts on building the capacity of their members, training them in advocacy techniques, budget tracking and analysis, and producing advocacy materials for use by all members.

More information on these coalitions is available in the 2014 PMNCH report: *'Strengthening National Advocacy Coalitions for Improved Women's and Children's Health'*, which highlights the progress made by these coalitions in Burkina Faso, Ethiopia, Ghana, India, Indonesia, Kenya, Nigeria, Uganda and Tanzania.



CHAPTER 2

Knowledge

A key objective in PMNCH's knowledge-related activities is to broker knowledge and innovation to enhance policy, service delivery and resources for RMNCAH. In 2014, PMNCH increased access to and use of RMNCAH knowledge through, among others, the development and dissemination of papers, evidence syntheses, policy briefs, RMNCAH-related publications, in-country policy events, and conferences and forums. A main focus of work in 2014 has been to continue to facilitate the alignment of multistakeholder partnerships and to support multistakeholder dialogue for women's and children's health to inform national planning processes and the post-2015 development agenda more broadly.



Success Factors for Women's and Children's Health: Multisectoral Pathways to Progress

Some low- and middle-income countries are accelerating progress towards MDGs 4 and 5 ahead of comparable countries. Understanding what works to accelerate progress to reduce maternal and child mortality is important to support countries achieving the MDGs and to inform post-2015 strategies. To find answers PMNCH, WHO, World Bank and the Alliance for Health Policy and Systems Research have collaborated closely with governments, academic institutions and other partners on a three-year series of multidisciplinary studies on “Success Factors for Women's and Children's Health”.

Analysing 20 years of data from 144 low- and middle-income countries, the studies found that around 50% of the gains in child mortality reduction resulted from investments in the health sector; the remaining 50% of the gains came from investments in other health-enhancing sectors, such as education, water and sanitation, social protection and infrastructure development. The studies show that low and middle income countries can make progress despite political and economic challenges. Smart, focused, multi-sectoral interventions are critical to securing the essential foundations for the health of women and children. While there is no standard formula for improved results, progress across a set of core factors and sectors can make the most difference. These important findings have helped shape PMNCH's post-2015 agenda and are informing the development of the updated Global Strategy for Women's, Children's and Adolescents' Health.



The studies also included multistakeholder policy reviews in ten countries that are on the fast-track in reducing maternal and child mortality ahead of comparable countries. The 10 countries are: Bangladesh, Cambodia, China, Egypt, Ethiopia, Lao PDR, Nepal, Peru, Rwanda and Viet Nam. In each country, Ministries of Health, together with national and international development partners, conducted a policy review of the evidence on multisectoral factors contributing to progress towards MDGs 4 and 5.

This was part of a method developed by PMNCH to support the alignment of multistakeholder partnerships and multistakeholder dialogue for women's and children's health. Within the ten countries, a policy dialogue was sparked among stakeholders from within health and from health-enhancing sectors, including water and sanitation, education, and nutrition. Lao PDR, for example, used the policy dialogue to identify lessons learned across sectors to inform future national policy and planning and the dialogue was integrated in the annual national MCH review meeting, which brings national and subnational staff together.

As an output of the in-country policy review process, ten country policy reports, focusing on how improvements were made in women's and children's health and emphasizing policy and programme management best practices, were published in the last quarter of 2014. These policy reports, authored by each Ministry of Health and international and national partners, are contributing to ongoing national and global efforts to strengthen leadership for RMNCAH and improve access to and use of RMNCAH knowledge.

Furthermore, in sharing each country's policy story, opportunities have been created for learning across countries to help support progress towards the MDGs and inform the post-2015 strategies under preparation. South-South learning and policy dialogue have been promoted in international fora, including at the Partners Forum in Johannesburg in July 2014. During a high-level panel discussion, participants explored the in-country policy environments and multisectoral strategies that have accelerated progress in fast-track countries, and identified lessons adaptable for other countries. The session also featured the launch of the Success Factors for Women's and Children's Health publication, which highlights successful policies and programmes in the ten fast-track countries.

The launch was accompanied by a local and international media campaign to highlight the different transformative strategies countries have used to accelerate progress. The campaign had a wide local and international reach, and included radio, press and online coverage, particularly in Africa and Asia, as well as blogs by RMNCH experts from Nepal (Impatient Optimists), Peru (PSI Impact), and Dr Carole Presern, former Executive Director of PMNCH (Lancet Global Health). This was followed in August 2014 by a global media campaign of the overall Success Factors studies, which was picked up by 11 wire services and distributed throughout the world. Country-specific media campaigns also took place, with stories carried widely in Africa, by such newspapers as This Day (Nigeria), The Ghanaian Times and the Ethiopian Herald.

In 2014, articles on the Success Factors studies were published in a number of journals, including the Bulletin of the World Health Organization, The Lancet Global Health and Globalization and Health. A journal series, based on the Success Factors studies and which will draw out important policy lessons, is also planned.



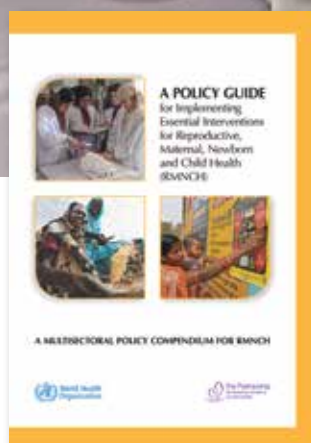
Essential Tools to Support Planning, Management and Implementation of RMNCH Policies and Programmes

PMNCH, together with health and development partners have collated a package of essential tools to support the planning, management or implementation of RMNCH programmes. The tools support the delivery of essential RMNCH interventions along the continuum of care. They are evidence-based, relevant for the planning and management of RMNCH programmes; and have multi-stakeholder consensus for use by policymakers, programme managers, non-government, international and private sector organizations involved in the design and implementation of RMNCH programmes. PMNCH supported the development of three tools in 2014:

Multisectoral Policy Compendium

Published in February 2014, 'A Policy Guide for Implementing Essential Interventions for RMNCH: A Multisectoral Policy Compendium' provides a succinct overview of key health and multisectoral policies that support the delivery of essential RMNCH interventions for women and children. It is a companion document to the Essential Interventions, Commodities and Guidelines for RMNCH.

The Compendium has been designed for policymakers and managers responsible for developing, implementing and evaluating RMNCH strategies, plans and programmes, as well as other sectors influencing health-service delivery and RMNCH outcomes. The Policy Compendium is being used in a range of ways, including supporting RMNCH planning, priority setting and advocacy, and the development of methodology to measure RMNCH programme implementation strength.





Multistakeholder Dialogue Guide

As an important element of PMNCH's work is to support multistakeholder country policy dialogue on women's and children's health, PMNCH, WHO and partners published the Multistakeholder Dialogue (MSD) for Women's and Children's Health in 2014. The Guide applies the principles and best practice of MSD to women's and children's health, and provides specific guidance for managing the entirety of the MSD process.

The MSD guide informed the planning and implementation of ten multistakeholder policy dialogues in 2014 (see section above on Success Factors for Women's and Children's Health). It has been widely promoted on websites and social media, including the Maternal Health Task Force blog and disseminated among policy and research networks such as the Population Council.

In 2015, a training workshop for facilitators of MSDs will be conducted to train resource persons in countries to facilitate MSDs. The participants will be trained in the use of the approaches outlined in the MSD guide. For example, participants from Mozambique and Bangladesh will be among the facilitators trained in preparation for an MSD in 2015 (see box).



Planned MSDs in Mozambique and Bangladesh (2015)

In **Mozambique**, the government will use an MSD to bring together health and development stakeholders to review multisectoral progress to reduce maternal and child mortality and to identify remaining gaps, challenges and priorities.

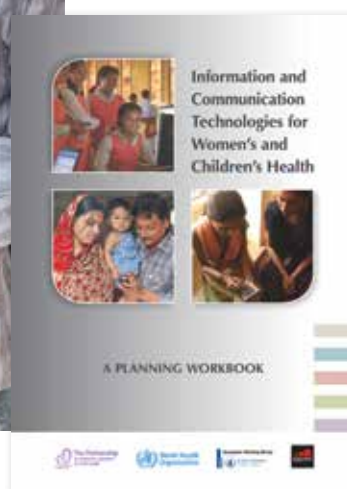
In **Bangladesh**, the government will use the MSD, following the introduction of its e-Health strategy, to facilitate an open dialogue to strengthen government leadership in scaling up ICT through effective collaboration with implementation partners. The MSD, to be held in March, is being convened by the Prime Minister's Office (Access to Information (A2i) Programme) and the Ministry of Health & Family Welfare, and is supported by PMNCH and other partners. The Government of Bangladesh will use this template to host MSDs in other sectors that include Agriculture and Financial Services.

Information and Communication Technologies (ICTs) for Women's and Children's Health



In 2014, PMNCH issued a publication on Information and Communication Technologies (ICTs) for Women's and Children's Health. This publication, designed as a Workbook, enables collaborative and inclusive multi-stakeholder conversations on using ICTs to improve women's and children's health. It provides a way to identify key obstacles for accelerating the use of ICTs via a dialogue tool and focuses the attention towards finding potential solutions to those obstacles. The workbook builds on and complements past and

current efforts of the GSM Association, IWG, Johns Hopkins University Global mHealth Initiative, the mHealth Alliance, USAID and WHO, among others. In 2015, the Government of Bangladesh will be organizing a MSD on the scale-up of ICTs in Bangladesh (see above).



Planning Guide on Developing Scenarios for Partners to Work Together to Improve Women's and Children's Health

The publication, referred to as the Scenario Development Guide, was developed following requests for a tool to identify scenarios and options for collaborative work, and map out future challenges and opportunities. The Guide is aimed at supporting country-led health plans to identify future challenges and opportunities; facilitating an integrated delivery of health services and life-saving interventions through partnership building and stakeholders dialogues; strengthening health systems; investigating innovative approaches to financing, product development and efficient delivery of health services; and for use as a monitoring and evaluation mechanism to ensure accountability, transparency and good governance.

Knowledge Summaries

PMNCH regularly produces knowledge summaries that synthesize recent scientific evidence into a clear and concise, user-friendly format to support advocacy, policy and practice on issues related to RMNCH. It also works with partners from different organizations and constituencies to develop the series and ensure that these summaries are widely disseminated at key events, e.g. the World Health Assembly and Partners' Forum. In a recent evaluation of PMNCH's programme of work, the knowledge summaries were singled out by respondents and interviewees as one of the most successful initiatives PMNCH has engaged in. This year, PMNCH produced the following knowledge summaries:



Opportunities to Improve Financing for Population, Health and Development highlights that significant declines in mortality and fertility rates since 1990 provide some low- and middle-income countries with a unique window of opportunity to achieve a faster rate of social and economic development. This is a result of an increase in working age population. Countries, however, need to invest effectively in meeting the health needs of young and adolescent people to realize these benefits. Thus, there is now a renewed global momentum to improve financing for population, health and development issues. Additional financing is required and there is a need to channel and spend resources more efficiently. Global partnerships and country ownership will be needed to achieve these goals.

Protecting Women's and Children's Health from a Changing Climate concludes that climate change increases challenges to women's and children's health, and that efforts to prevent, mitigate and address the effects of climate change should include integrated action across sectors to address these health inequities, now and for future generations.³



Maternal Mental Health: Why it Matters and What Countries With Limited Resources Can Do makes the case that maternal mental health is fundamental to achieving global health targets relating to women and children because of its direct and potentially long-term impact on their general well-being and social and economic participation.⁴

3. <http://www.who.int/pmnch/knowledge/publications/summaries/ks32.pdf?ua=1>

4. <http://www.who.int/pmnch/knowledge/publications/summaries/ks31.pdf?ua=1>

“ Survey respondents and interviewees consider Knowledge Summaries as one of the most successful initiatives PMNCH has engaged in.”

- External Evaluation of PMNCH



Water, Sanitation and Hygiene – The Impact on RMNCH

states that investing in WASH programmes, especially for hard-to-reach communities, has the potential to bring about lasting change.⁵ WASH interventions are cost-effective and have the potential to improve gender equality and human rights – crucial to the post-2015 development agenda – by giving women and girls more social freedom and safety, and removing inequitable work burdens.

Delivering Our Future: Survival and Health for Every Newborn makes the case that reduction of global newborn mortality can be achieved through accelerated scale-up of what is known to work and that efforts must be focused on evidence-based country plans, transparency and mutual accountability, and global communication and social mobilization.⁶



The Knowledge Summaries, together with other knowledge products, e.g. the Success Factors study, are guiding future PMNCH activities. PMNCH has advocated integrated shared targets into all relevant sectors of the post-2015 development framework, e.g. in areas such as nutrition, education, gender and infrastructure (water, sanitation and energy) to address the underlying determinants of health. It has also called for the inclusion of differentiated targets for countries based on their levels of development.



5. <http://www.who.int/pmnch/knowledge/publications/summaries/ks30.pdf?ua=1>

6. <http://www.who.int/pmnch/knowledge/publications/summaries/ks29.pdf?ua=1>

CHAPTER 3

Accountability

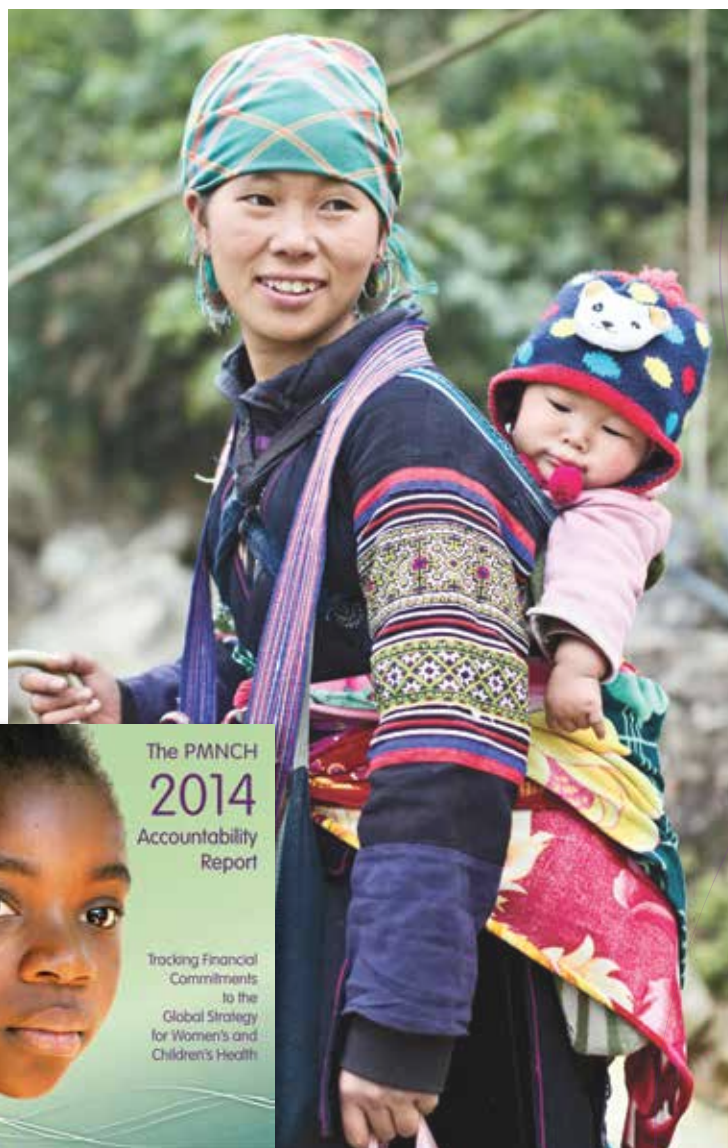
The Partnership promotes accountability on progress, commitments and process by maintaining a forum for discussion and political dialogue on financing mechanisms, and works with the Commission on Information and Accountability (CoIA) to help ensure that EWEC commitments are reported and implemented. Together with the Executive Office of the UN Secretary-General, WHO and partners, PMNCH also strives to promote better and more systematic tracking of commitments; produces annual accountability reports on the implementation of commitments to EWEC, thereby informing the work of the iERG; and helps monitor the implementation of policies and programmes to reduce preventable maternal morbidity and mortality.



PMNCH 2014 Accountability Report: Tracking Financial Commitments to the Global Strategy for Women's and Children's Health

In 2014, the number of commitment-makers tripled, from about 100 in 2010 to 300 in 2014 and financial commitments to the Global Strategy now reached almost US\$60 billion (US\$45 billion once doubled-counted figures are removed). Additional financing is still needed to achieve the goals of the Global Strategy and to reach the targets outlined by the Global Investment Facility and the Global Health 2035 report, particularly as a number of low-income countries with very high absolute numbers of maternal and child deaths and/or very high mortality rates, and poor access to reproductive health services continue to receive comparatively little donor support.

The Accountability Report recommends, among others, that given the unprecedented support catalysed by the Global Strategy, a new mobilization and advocacy effort similar to the Global Strategy should be considered for the post-2015 era to finance the unfinished agenda of MDGs 4, 5 and 6 and achieve a “grand convergence” in global health.⁷



7. http://www.who.int/pmnch/knowledge/publications/2014_pmnch_report/en/

Countdown to 2015 for Maternal, Newborn and Child Survival

Countdown continues to occupy a specific niche in the array of initiatives aimed at monitoring the MDGs by focusing on coverage of life-saving interventions. Countdown harnesses the global learning potential of its datasets through the production of its annually accountability reports, country profiles, cross-cutting research across the coverage, equity, financing, and health systems and policies datasets, and country case studies that allow for an in-depth exploration of the “how” and “why” of progress in RMNCH.

In 2014, a new Countdown report and Lancet article noted that many of the 75 Countdown countries, which account for over 95% of all maternal and child deaths, have taken substantive action to save women’s and children’s lives, but that vast areas of “unfinished business” still need to be addressed. The report shows that substantial inequities persist, even in countries that have made substantial gains in maternal and child health. Many countries are still only reaching half or less of women and children with vital health interventions, and the poorest are being left behind. According to the Countdown analysis, the MDGs related to maternal and child health will not be achieved by most of the priority countries. Fewer than half of the 75 Countdown countries are likely to have succeeded in reducing child mortality by two-thirds from 1990 levels (MDG target 4.A), and only a small fraction of these countries will have cut maternal deaths by three-quarters (MDG target 5.A). Progress is also lagging in achieving universal access to reproductive health (MDG target 5.B). The report calls for intensified support and action to end preventable maternal and child deaths by improving nutrition, equitable coverage of effective interventions, financial flows to RMNCH, adoption of supportive policies, and sustained effort in countries where progress is taking place.⁸

In 2014, Countdown played a central role in the follow-up to the Global Strategy by reporting on all of the indicators it tracks, including the 11 indicators selected by the CoIA, updating its two-page profiles containing demographic, coverage, equity, health system, policy and financial flows information, and continuing work on its portfolio of in-depth case studies. The case study on maternal survival in Bangladesh was published in the Lancet in June 2014.



8. <http://www.countdown2015mnch.org/reports-and-articles/2014-report>

Other outputs for Countdown included equity profiles for each of the 75 countries, a policy brief on Tanzania's success in reducing child mortality and improving maternal health, an article published in the International Journal of Epidemiology on the Countdown databases, and an article on health policy maker's perceptions of Countdown data. Greater emphasis has been placed on 'infographic' display techniques, resulting in less text, more graphics, and simpler ways of conveying data and messages. A short brief using such techniques summarizing the Bangladesh case study results was made available at the joint iERG-Countdown-PMNCH Accountability brunch in New York in September. Core members of Countdown are also serving on the Independent Expert Group for the Global Nutrition Report.

A new set of profiles for each of the 75 Countdown countries will be prepared in 2015 and a final report on country progress towards MDGs 4 and 5 will be launched. Countdown anticipates that the remaining case studies will be completed (Afghanistan, Pakistan, Ethiopia, Malawi, Peru, Kenya, Tanzania and China) by the end of 2015 with the results expected to be published in peer review journals and disseminated through national events. Each of the technical working groups of Countdown – coverage, equity, financing, and health systems and policies – are preparing papers for publication, and the databases used for the Countdown analyses will be made publicly available on the Countdown website along with Powerpoint presentations of the country profiles. In addition to a global report launch, Countdown will be organizing a technical retreat to shape the next iteration of Countdown for the post-2015 landscape.



A joint iERG-Countdown-PMNCH brunch event was held in New York in September 2014. At this event, Countdown to 2015 presented key results from the 2014 report, preliminary findings from the financial analysis of official development assistance to RMNCH, and summary results from the Peru case study. The first Countdown Country Case Study Brief, a one-page report that graphically summarizes the findings of the Bangladesh case study on improvements in maternal survival, was also launched at the event and published in The Lancet in June 2014. This year, Countdown to 2015 products and materials were launched during high-level events such as the ICM Congress, the World Health Assembly, Partners' Forum and at related product launches (State of the World's Midwifery (SoWMy), ENAP, CD Report, PMNCH Report).

Human Rights

In 2014, PMNCH and partners continued to strengthen linkages between human rights bodies, iERG and CoIA, and national policy environments that support improved outcomes for women's and children's rights and health in other contexts. Guided by a joint workplan (2013-2014) between PMNCH, the Office of the High Commissioner for Human Rights (OHCHR), WHO, CoIA and UNFPA, key activities included:

- Analyses of legal and policy environments for RMNCH and human rights and implementation gaps are being undertaken in South Africa, Malawi, Uganda and Tanzania. These are being conducted as a follow up to a regional workshop held in Malawi in November 2013 to promote the implementation of a human rights-based approach to maternal and child health in these four countries.
- Multistakeholder dialogues will take place in the four countries between 2014 and 2015 to align advocacy, action and accountability for RMNCH and human rights. The first multistakeholder dialogue took place in Uganda in November 2014. Besides considering the findings of the legal and policy assessment, the purpose of the national meeting was for health, human rights and development stakeholders to identify potential actions and entry points for implementing rights based approaches in RMNCH policies and programmes.
- A series of reflection guides is being developed to support ongoing in-country dialogues on integrating human rights-based approaches to RMNCH, and to spur collective deliberations on the problems that are happening to whom and where; why they are happening; and who or what institution is responsible for taking action. The two following reflection guides were published in 2014: "A Reflection Guide for Health Policymakers" and "A Reflection Guide for National Human Rights Institutions". A reflection guide for the judiciary and another for health service providers are to be published in 2015.



Human Rights Council, September 2014

PMNCH co-sponsored a side-event on maternal mortality and morbidity and human rights. Participants at the session highlighted the ways in which the technical guidance has been applied by States and other actors to address maternal mortality and morbidity in a range of countries. The report launched at the event details the various initiatives related to the implementation of the technical guidance, highlights barriers to implementation and makes recommendations for future actions.

In mid-2014, PMNCH was a member of an Advisory Group charged with developing technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children aged under-5. At the launch of the technical guidance at the Human Rights Council, PMNCH made a statement welcoming the technical guidance, and together with other partners at the event, gave its support to dissemination and implementation efforts in 2015.⁹

9. www.who.int/pmnch/media/events/2014/tc_report.pdf?ua=1

Multisectoral Budget Tracking Workshop for Francophone Africa

A capacity building workshop meeting on budget advocacy for improved women's and children's health was held in May 2014 in Dakar, Senegal. This was attended by 75 representatives of national parliaments from health and budget committees, civil society, ministries of health and finance, and media and development agencies from Burkina Faso, Democratic Republic of Congo, Mali, Niger and Senegal.

The workshop, organized by WHO, UNICEF, PMNCH, Save the Children, Inter-Parliamentary Union, Family Care International, under the auspices of Harmonization for Health in Africa, aimed to build the capacity of all stakeholders in country teams to understand how to undertake health budget advocacy; foster greater collaboration among stakeholders from different constituencies who influence budget processes in countries; and support the development of budget advocacy strategies that build on the advocacy plans of existing RMNCH or CSOs active in health-related issues. The participating partners from these countries are currently developing their budget advocacy workplans. The Dakar workshop builds on the August 2013 Nairobi workshop organized on the same theme for Anglophone African countries (including Kenya, Liberia, Sierra Leone, Tanzania and Uganda). This year, PMNCH continued to support the countries that participated in the Nairobi workshop in the implementation of their budget advocacy workplans.

Organizing partners are also working on a third workshop scheduled for early 2015 in Zimbabwe that will bring together representatives from Ghana, Malawi, Nigeria, Zambia and Zimbabwe and a fourth workshop in the Asia region in 2015.



CHAPTER 4

Partners' Coming Together

The third PMNCH Partners' Forum was held from 30 June –1 July 2014 in Johannesburg, South Africa. Over 1200 participants including representatives from countries, multilateral organizations, UN agencies, civil society and the private sector participated in the Forum which was co-hosted by Government of South Africa, PMNCH, Countdown to 2015, A Promise Renewed and iERG.



2014 Partners' Forum

The PMNCH Partners' Forum came at a critical moment, coming at the end of a series of high visibility events and report releases focused on the continuum of maternal and child health.

It served as a platform where a range of maternal and child health issues and concerns could be unified, creating a strong call to action for continued investment to achieve progress by 2015 and beyond.

With only 550 days remaining and post-2015 negotiations reaching a critical point, the Partners' Forum provided a unique opportunity to establish a strategic vision and align partners from across health and related sectors to prioritize greater action and accountability for the health and wellbeing of women, adolescents, children and newborns and ensure they are at the heart of the new SDGs.

Mrs Graça Machel, PMNCH Chair and African Ambassador for A Promise Renewed, opened the Partner's Forum and spoke of the importance of using this moment to draw on the lessons learned from the implementation of the MDGs and in looking forward to the next 500 days ahead. She remarked that contributions from unique partnerships such as PMNCH, as well as individual contribution and accountability were vital and urged participants to create a social pact to save every single life possible in every country.

Five plenary sessions and numerous parallel sessions were held during the Forum. In the first plenary session (**Healthy women and children at the heart of sustainable development**), speakers highlighted areas where accelerated action and accountability is urgently needed and how the global community can ensure a strong focus on RMNCAH in the post-2015 development framework.



The second plenary (**Health: An accountability model for post-2015**) revolved on the Countdown to 2015 report and a review of the current tools and data that are used to track progress on maternal and child health, as well as new mechanisms and tools to strengthen accountability across sectors in the post-2015 era. The third plenary (**Equity – leave no one behind**) saw discussions on solutions to address inequities across various areas, including access to technology and health care in conflict environments.

The fourth plenary (**Leveraging investments for health and sustainable development**) explored how innovative financing collaborations between global south players, regional blocs and new public-private partners can support health and development in an integrated manner. During the fifth and final plenary (**Delivering health and development for women and children beyond 2015**), panellists examined how best to align the roles of private, public, civil society and other sectors – and how stakeholders can work together to accelerate progress toward health for all.

A Forum Communiqué issued at the end of the meeting outlined the MNCH+A priorities until the deadline for the MDGs and the publication of the post-2015 SDGs targets and indicators.

Among the priorities for the MDGs were continued investments in:

- (a) universal access to integrated SRH information, education, services and supplies;
- (b) poor and marginalized populations and other groups requiring special attention, such as newborns and adolescents and young people; and
- (c) high-impact health interventions.

On the post-2015 SDGs, targets and indicators, Forum participants called for the inclusion of:

- (a) a comprehensive standalone health goal;
- (b) global targets for 2030;
- (c) differentiated targets and indicators;
- (d) establish shared goals with health-enhancing sectors;
- (e) meaningful engagement of young people and other key populations in policy-making and implementation;
- (f) developing civil registration and vital statistics systems; and
- (g) support good governance and leadership.

Media Action

PMNCH invested in a large-scale media strategy for the Forum to enable a wide variety of partners from around the world to learn about the meeting and to participate virtually from their home base. More than 110 journalists from 30 countries were accredited to attend the two-day Forum, including 90 foreign press members and youth bloggers, many of which PMNCH had sponsored to attend, including from Brazil, China, Nigeria, India and others. Together, they delivered more than 160 original media reports about the event, delivered through TV, radio, print and online, in addition to wire stories by major global and regional media outlets, including Voice of America and Xinhua of China.



Digital media played a major role in expanding the reach of the Partners' Forum. A partner-based digital media group brought together more than 30 PMNCH member-organizations to collaborate on the delivery of a digital strategy that included daily e-blasts to 40,000 subscribers (#PMNCHLive), tweets, phototiles, and a crowdsourced hub for curated content. A PMNCH child mortality scorecard based on the 2014 World Cup competing countries was a hit on social media, appearing on CNN's online site. The global launch of three major reports at the Forum – Countdown to 2015, the Every Newborn Action Plan and the Success Factors country case studies – each drew significant media and Twitter attention. All plenaries of the Forum were live-streamed, with daily recaps of each session published on PMNCH's own website.

Countdown to 2015

As a PMNCH hosted secretariat, Countdown to 2015 was a co-host of the Partner's Forum in June-July 2014. Hard copies of the Countdown report were disseminated to 75 countries and various UN agencies in country and regional offices, and formally launched at the Partners' Forum. Countdown members participated in agenda and session content development at key global/regional

events and ensured strong Countdown representation in the content of the plenary and parallel sessions. Media releases and coordination with media agencies and partners resulted in media coverage on Countdown results in Bangladesh, Ghana, India, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Zimbabwe, Ireland and Spain, in addition to global and regional wires.

ACCELERATING PROGRESS

PARTNERING FOR MATERNAL, NEWBORN AND CHILD HEALTH

2014 PARTNERS' FORUM

JOHANNESBURG SOUTH AFRICA 30 JUNE - 1 JULY 2014

1200 PARTNERS FROM 60 COUNTRIES GATHERED IN JOHANNESBURG TO ACCELERATE PROGRESS AND ENVISION THE FUTURE FOR WOMEN AND CHILDREN, AND HERE'S WHAT HAPPENED:



NEW DATA



COUNTDOWN TO 2015 REPORT FOR 2014:

DATA FROM 75 COUNTRIES TO HELP TRACK, STIMULATE AND SUPPORT COUNTRY PROGRESS

[READ MORE](#)



SUCCESS FACTORS REPORT:

LESSONS LEARNED FROM 10 COUNTRIES ON THE FAST TRACK TO IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH

[READ MORE](#)

CALLS TO ACTION



ERNA SOLBERG, PRIME MINISTER OF NORWAY

"THE WORLD COMMUNITY MUST UNITE IN A SHARED VISION OF HEALTHY WOMEN AND CHILDREN AT THE HEART OF THE POST-2015 SUSTAINABLE DEVELOPMENT AGENDA."



GRAÇA MACHEL, PMNCH BOARD CHAIR

"EVERY DAY COUNTS, EVERY ACTION COUNTS AND EVERY LIFE COUNTS. AND WHEN WE CARE ENOUGH TO ACT TOGETHER, WE CAN ACHIEVE GREATER RESULTS AND BETTER IMPACT."



BAN KI-MOON, SECRETARY-GENERAL OF THE UNITED NATIONS

"SUCCESS IS CLOSE. IF WE INCREASE INVESTMENTS, FOCUS ON EQUITY, AND PROMOTE HUMAN RIGHTS, WE CAN CREATE A WORLD FREE OF PREVENTABLE MATERNAL AND CHILD DEATH IN JUST ONE GENERATION. THIS IS A STRATEGIC, ECONOMIC, AND MORAL IMPERATIVE."



CYRIL RAMAPHOSA, DEPUTY PRESIDENT OF SOUTH AFRICA

"TO SUSTAIN THE GAINS WE'VE MADE, WE NEED TO DEAL DECISIVELY WITH THE STRUCTURAL FACTORS WHICH CONTRIBUTE TO ILL-HEALTH, HEALTH INEQUITY, AND PREMATURE DEATH AND MORBIDITY. MANY OF THESE FACTORS LIE BEYOND THE PURVIEW OF THE HEALTH SECTOR AND THUS REQUIRE A COMPREHENSIVE, MULTI-SECTORAL APPROACH."



HILLARY CLINTON

"WE CANNOT REST UNTIL THESE PROBLEMS ARE SOLVED, AND WE CANNOT SOLVE THESE PROBLEMS ALONE."

COMMITMENTS TO ACCELERATE PROGRESS



EVERY NEWBORN ACTION PLAN (ENAP):

PARTNERS LAUNCHED THE ENAP - A ROADMAP TO SAVE 3 MILLION LIVES PER YEAR - AND ANNOUNCED 40 SUPPORTING COMMITMENTS, INCLUDING 5 FROM GOVERNMENTS, 4 FROM PHILANTHROPIES, 11 FROM CIVIL SOCIETY GROUPS AND 14 FROM THE PRIVATE SECTOR.

[READ MORE](#)



SAVE THE MOTHERS:

THE ISLAMIC DEVELOPMENT BANK ANNOUNCED A NEW 3-YEAR, \$90 MILLION INITIATIVE TO IMPROVE MATERNAL AND CHILD HEALTH SERVICES IN 3 COUNTRIES.



EDUCATION AND HEALTH:

PM ERNA SOLBERG COMMITTED TO DOUBLE NORWAY'S COMMITMENT TO THE GLOBAL PARTNERSHIP FOR EDUCATION OVER THE NEXT 3 YEARS, INCREASING IT TO \$100 MILLION PER YEAR IN 2017.

[READ MORE](#)



MEASURABLE GOALS:

THE PARTNERS COMMITTED TO ACTION AND ENDORSED SPECIFIC GLOBAL TARGETS TO REDUCE MATERNAL, NEWBORN AND CHILD MORTALITY.

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YOUTH COMMITMENTS:

COMMITTED TO MOBILIZE PEERS, CONDUCT RURAL OUTREACH AND USE SOCIAL MEDIA TO RAISE AWARENESS.

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CHAPTER 5

Core Functions



Governance

PMNCH Board Meetings and Committees

The first PMNCH Board meeting of 2014 was held on 2 July 2014, immediately after the Partners' Forum. The Board discussed the findings of the External Evaluation (2009-2013) and agreed on a process for the Board response to the Evaluation Report. It also agreed on the need to develop a strategic framework for PMNCH beyond 2015, as well as its future strategic objectives. In early December, the Board held a retreat in Geneva to discuss options and provide guidance on the development of the PMNCH strategic framework beyond 2015, as well as to review and approve the 2015 Workplan.

The Partnership continues to have two governance committees supporting the Board to manage the implementation of the 2014 Workplan. These are:

- The Executive Committee which meets, through teleconferences, every two months. Executive Committee members held a formal meeting on 22 September on the margins of the Accountability Breakfast. Executive Committee documents and notes for the record are available on PMNCH website;
- The Finance Committee meets twice a year. The latest financial report was submitted to the Board for its approval during the Board retreat on 1-2 December 2014. Financial reports are subsequently posted on PMNCH website.

Governance Review and Board Representation

The Board has agreed to undertake a governance review following the development of the new PMNCH Strategic Framework. This review will take place in 2015. Under the guidance of the Executive Committee, the Secretariat introduced some modifications to its existing governance practices. The principle of Board self-assessment, as an example, has been approved by the Executive Committee and will be carried out by the Board in due course.

Constituency Board representation has been reviewed by all constituencies, ensuring a transparent selection of new Board members and/or alternates for vacant positions. Also, some constituencies ensured that only active Board members/alternates can represent constituencies and propose replacements when necessary.



During the Partner's Forum, several constituencies called for greater participation of youth in governance-related bodies, such as the Board. The Board subsequently accepted a youth representative to be designated an alternate seat on the Board.

Members, Constituencies and External Relations

PMNCH currently has more than 650 member organizations. This year, the Secretariat continued to strengthen its members' engagement, as reflected in the following developments:

- A set of 'Members and Constituencies Management Guidelines' have been developed and reviewed by all constituencies. The guidelines aim to streamline members' and constituencies' management and ensure effective communication across the seven constituencies. The guidelines were approved by constituencies and will be implemented in January 2015.
- SharePoints have been developed for each constituency and are currently being reviewed. This endeavour will allow members to meet virtually, share documents and discuss RMNCH matters, as well as to serve as a platform for periodic teleconferences among constituencies. The SharePoints are accessible to all constituencies' members through PMNCH website.
- The diversity of stakeholders and the increasing number of PMNCH membership requests has led to challenges in accurately assigning new members to the relevant constituency. Therefore, a new set of membership criteria has been developed.
- A new membership flyer has been published and uploaded on the website to facilitate the membership application process and to share information on PMNCH membership processes, particularly during live events and on the website.
- The members' database has been reviewed, cleared and updates of the system are being carried out with the support of WHO's IT department to allow for a smoother communication with PMNCH members in future.

Finance and Resource Mobilization

Donors and foundations, together with all the other partners and stakeholders more broadly, have continued to be very supportive of the Partnership's 2012-2015 Strategic Framework and its respective annual workplans. Grant funding for the work of the Partnership also continues to be made available, mostly in the form of multi-year and unspecified grants. Fundraising to secure resources for Partnership's activities in 2015 and beyond will continue to be an important area of work for PMNCH. In 2014, PMNCH activities were supported by grants from 13 different donors.

During the course of 2014, PMNCH reached out to several new donors, including the World Congress of Muslim Philanthropists (WCMP) and the Islamic Development Bank (IDB). In partnership with WCMP, PMNCH participated in the Global Donors Forum in April 2014, and IDB launched its "Save the Mothers" initiative during PMNCH Partners' Forum.



Hosting the Innovation Working Group

PMNCH hosts the secretariat of the Innovation Working Group (IWG). Since its inception in 2010, the IWG has made the case for innovation in maternal, newborn and child health (MNCH). In 2014, the IWG continued to advocate for, identify and support innovations to accelerate progress on the health MDGs. In September, the IWG co-hosted a EWEC private sector luncheon with the UN Foundation at the UN General Assembly, which focused on innovation and which resulted in several private sector companies making additional commitments to advance the Global Strategy for Women's and Children's Health. The IWG also continued to build on its ICT/m-eHealth activities this year. The Task Force on the Global m-e Health Knowledge Commons was launched in 2014 and will focus on developing guidelines to be followed by repositories of information and knowledge relevant to innovation in m-eHealth. In September, the IWG Asia released a report titled 'Roadmap for Telemedicine'. The IWG has also undertaken a consultative process this year to develop its strategy for the period between 2014 and 2016. During this period, the IWG will act as the global hub for innovation in support of the EWEC initiative. In particular, it will promote the leadership of countries, especially those in the global South, in innovation for impact in MNCH. It will also develop a strong network of private sector investors to help scale and sustain MNCH innovations in a sustainable and affordable manner, often alongside or building upon public funding.

Hosting the Countdown to 2015 Secretariat

PMNCH hosts the Countdown Secretariat. The Countdown to 2015 initiative has been discussed throughout the report.





External Evaluation

In 2013, the PMNCH board commissioned an independent, external evaluation of PMNCH. Its aim was to evaluate whether the PMNCH vision and mission, and more generally the underpinning theory of change, were appropriate. The work also aimed to evaluate the Partnership's subsequent efforts to achieve its aims and objectives, as set out in the relevant workplans and strategic frameworks, over the period between 2009 and 2013. The evaluation focused on the following four core areas:

- Vision, mission and strategy – relevance of PMNCH's vision and mission and the adequacy of its strategy in line with its mandate.
- Governance – level of effectiveness of the Partnership's governance mechanisms and processes.
- Operations, monitoring and delivery – adequacy of the operational model and the results.
- Performance and impact – level of achievement of results, outcomes and the impact of the Partnership's actions.

The Board delegated the oversight of the evaluation process to an Independent Evaluation Sub-Committee (IEC), which was composed of eight members nominated by the Chairs of respective PMNCH constituencies. The IEC selected the consultants through an open and transparent procurement process, reviewed the evaluation approach and proposed methodology, ensured the independent nature of the evaluation work, regularly reviewed progress, and provided guidance throughout the performance of the evaluation. At the end of the evaluation process, the IEC presented the evaluation report to the Board.¹⁰ The Board prepared a response, which was published together with the Evaluation report.

10. The final evaluation report is available at: <http://www.who.int/pmnch/about/strategy/evaluation.pdf?ua=1>

PMNCH Website and Social Media

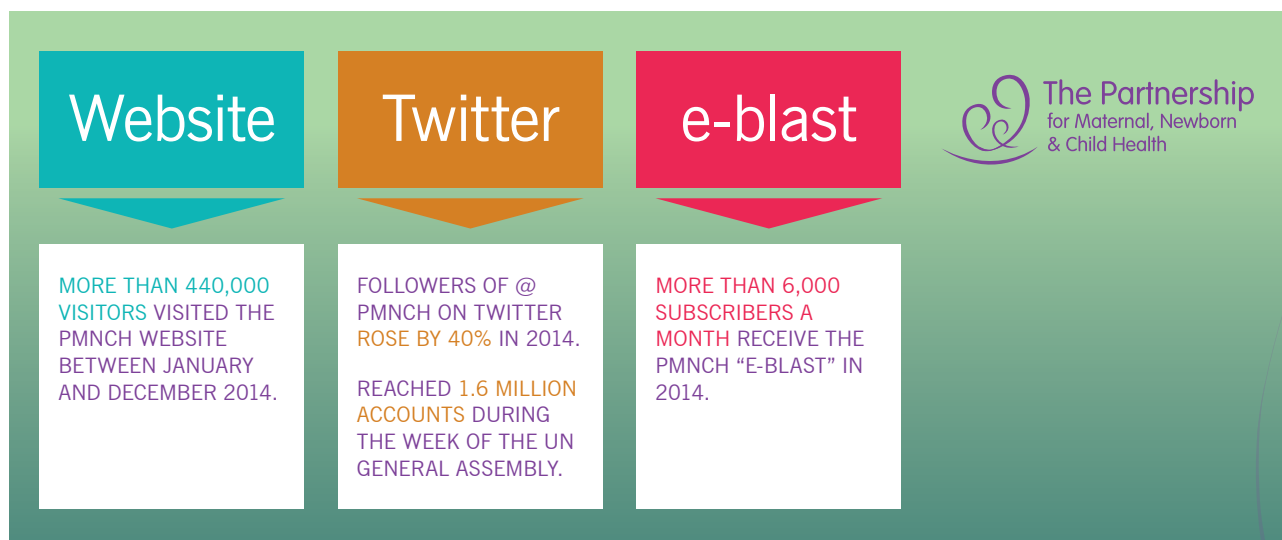
The PMNCH website continues to play a vital role in promoting the work of PMNCH and key developments in the RMNCAH community at large, as well as in raising awareness of relevant issues and initiatives. Some of the biggest web hits in 2014 included the launch of the Every Newborn Action Plan and resolution at the World Health Assembly and the MNCH Summit in Toronto in May, the International Conference of Midwives' triennial meeting in Prague and the Partners' Forum in Johannesburg in June. In 2014, more than 440,000 visitors came to the PMNCH website between January and December, an average of 40,000 visitors a month.

Social Media

PMNCH invested significant energy into building its Twitter presence in 2014. Followers of @PMNCH on Twitter rose by 40% in 2014, from 7,000 at the end of 2013 to 10,000 in 2014. In 2014, @PMNCH disseminated information about PMNCH's work, new publications and promoted events and tweet chats throughout the year. @PMNCH live-tweeted throughout the Partners' Forum and during the Accountability Brunch at UN General Assembly, reaching 1.6 million accounts during the week of the UN General Assembly alone.

PMNCH e-blast

More than 6,000 subscribers a month receive the PMNCH "e-blast", which updates on news and activities, shares blogs and information from other partner sites. During the Partners' Forum, PMNCH e-blast subscribers received a total of four #PMNCHLive Daily Delivery newsletters with all the news, important moments and video clips from Johannesburg.



CHAPTER 6

Looking Ahead to 2015 and Beyond

As the PMNCH 2012-2015 Strategic Framework nears its end-date, the Board and the Secretariat began to consider future key risks and challenges faced by the Partnership, set the context for identifying opportunities, and stimulate a discussion of strategic options as a basis for a more detailed examination in the run-up to the new Strategy.



PMNCH 2015 Workplan

In approving the 2012-2015 Strategic Framework, the Board requested that an updated annual workplan and budget be prepared every year to define PMNCH activities. This approach has enabled the Board to maintain a degree of flexibility in determining PMNCH's activities, and aligning them to the events in the broader RMNCH landscape. For PMNCH, 2015 represents the final year of its current Strategic Framework. As such, it will see the Partnership focus on concluding existing activities and developing a new strategic framework to guide PMNCH into the post-2015 era. The 2015 Workplan has been developed in the context of the Partnership's existing Vision and Mission.



The Partnership's 2012-2015 Strategic Framework provides the basis for partners to accelerate progress towards MDGs 4 and 5 (with integration on activities related to MDG 6), as well as work towards the health of women and children being included in the post-2015 development agenda. To this end, in 2014 PMNCH continued to advocate for and be involved in the work to complete the 'unfinished agenda' on the women's and children's health components of the MDGs, as well as actively bringing partners together to ensure that these are central to the RMNCH community's work beyond 2015.

Developing the PMNCH Post-2015 Strategic Framework

In the context of the emerging post-2015 development agenda, the PMNCH Board has agreed to the development of a new post-2015 Strategic Framework for the Partnership. It was agreed for this to be undertaken in two phases of work.

The first phase will involve developing a set of possible options describing how PMNCH members, and relevant stakeholders more generally, see the Partnership as best contributing to the challenges of improving women's and children's health in high disease burden countries. The second phase involves converting the most suitable option into a Strategic Framework that provides a coherent and deliverable strategy for PMNCH going forward, and is in line with the updated Global Strategy for Women's and Children's Health, and the broader post-2015 development framework.

Consultants were selected to support the work of the Partnership on developing the post-2015 strategic framework, and in particular to support the December Board retreat. The Board had an opportunity to brainstorm and discuss issues that would underpin the new strategic framework over the two days in Geneva, and have set the direction for the development of the framework during 2015.



Consultation paper on PMNCH's post-2015 strategy

To begin the stakeholder consultation process on defining the PMNCH post-2015 Strategic Framework, a consultation paper was produced to and consulted on widely during the second half of 2014. This paper highlighted seven interconnected risks and challenges. These include PMNCH's role and comparative advantage in an increasingly crowded RMNCH space; PMNCH's future strategic focus and the fate of unfunded mandates; the voice and participation of different constituencies and sectors; future knowledge generation and dissemination activities and advocacy and partner mobilization; enhancing accountability for RMNCH, and the possible contours and content of a future strategy. Among the issues that needed to be considered in the new strategic framework was whether PMNCH should:



- Have a direct role in efforts to harmonize and simplify the global RMNCH architecture, and how these should relate to new initiatives and existing global coordinating mechanisms. Alternatively, should PMNCH in coming years restrict itself to a monitoring role, identifying opportunities, gaps and accomplishments of the RMNCH harmonization process.
- Develop a strategic process that provides the necessary focus, ensures sufficient partner participation, while at the same time preserving its ability to respond to new demands rapidly. Also, should the rights and responsibilities of members be articulated and how would a revitalized membership engagement strategy be developed and resourced.
- Help establish country-level partnerships which align with existing country RMNCH agencies and structures. Likewise, should it broaden the dialogue between the health community responsible for the delivery of RMNCH services and the much broader community engaged in the health-enhancing sectors.
- Focus on multi-sector inputs in the next phase of knowledge generation, or should it continue disseminating best practice in policy, programme and financial areas.
- Focus on “niche” role in advocacy and be more closely linked with the governance, knowledge and accountability activities carried out by different partners and events. Should PMNCH address MNCH or RMNCH or RMNCH+A.
- Develop a new strategy to enhance accountability for RMNCH and revisit the Partnership's accountability activities (i.e. including adolescents).

In the context of the Partnership's efforts to support the transition from the MDGs to a post-2015 development agenda, a number of important activities undertaken in 2014 can be highlighted below. These include the work on: (a) developing consensus papers; (b) advocating across events; (c) acting as a consultative platform; and (d) defining ways in which the Partnership can add value.

Consensus Paper on Healthy Women and Children at the Heart of the Post-2015 Sustainable Development Framework

Under the guidance of a Post-2015 working group composed of 40 institutions, a policy brief on "Placing Healthy Women and Children at the Heart of the Post-2015 Sustainable Development Framework" was developed and endorsed by 262 partners. This powerful consensus document was used for extensive advocacy and to feed into the post-2015 consultation process. The PMNCH's Post-2015 Working Group also provided inputs into formal processes, such as the SDSN indicator

report, the Universal Health Coverage paper and provided guidance on which consensus-based statements to support, how to prioritize advocacy and which strategies to adopt. Building on the MDGs, the Working Group called for the post-2015 development framework to include a stand-alone health goal that maximizes health and well-being, specifying an end to preventable mortality and morbidity, leaves no one behind, and achieves this through universal health care.



"I welcome this initiative to support and increase national capacity to take leadership on financing women's and children's health. PMNCH looks forward to facilitating wide consultation among its 650+ members from government and development partners, to civil society, academia, health professionals and the private sector to realize this vision."

- PMNCH Board Chair Graça Machel

Post- 2015 Process Focused Advocacy Efforts

PMNCH followed discussions of the Open Working Group (OWG) on the SDGs and worked to ensure that any identified gaps of key RMNCH issues were adequately reflected in these discussions. PMNCH produced and provided the necessary evidence and engaged in a manner that ensured PMNCH constituency voices were heard by member states.

A number of side-events and mission briefings were held in New York in the course of 2014, as well as workshops, working through partner agencies and groups (such as PPD, the UN Foundation etc.). Bilateral meetings were held with delegates and missions to identify Member States willing to champion issues of interest/concern and provide updates on critical RMNCAH issues, including support to allow them to articulate their points during OWG discussions.



Key events such as the release of reports pertaining to women's and children's health were also seized as opportunities to provide evidence-based advocacy on the gaps that need to be addressed within women's and children's health. An example of such an event was the presentation of the Success Factors study to Member States prior to the UN General Assembly, during a briefing on EWEC. PMNCH also partnered with Member States and UN Agencies to hold side-events during the OWG sessions on issues, such as sexual and reproductive health and rights, to ensure that these sensitive but critical issues were reflected in the SDG agenda.

PMNCH will continue to engage in bilateral and organized mission outreach in New York, as well as to provide advocacy support for all constituencies, particularly at the country level, and engage in the discussion around RMNCAH indicators once these targets become known. Important new data and evidence were highlighted in two new reports – the 2014 PMNCH Report on Commitments to the Global Strategy for Women and Children's Health¹¹ and the third report of the iERG on a vision for women's and children's health in the post-2015 era.¹² These two reports were presented at a PMNCH/WHO/iERG hosted accountability breakfast on the margins of the 69th session of the UN General Assembly on 21 September 2014. Also for the first time in a public forum, panellists and attendees discussed the current plans to develop a World Bank hosted Global Financing Facility (GFF) to better coordinate and leverage financial resources for RMNCAH in the 2015-2030 period.

11. http://www.who.int/entity/pmnch/knowledge/publications/pmnch_report14.pdf?ua=1

12. http://apps.who.int/iris/bitstream/10665/132673/1/9789241507523_eng.pdf

The Global Financing Facility

The Global Financing Facility (GFF) in support of EWEC aims to contribute to global efforts to end preventable maternal, newborn, child and adolescent deaths and improve health and well-being. The GFF will mobilize and channel additional international and domestic resources required for scaling-up, and sustaining, efficient and equitable delivery of quality RMNCAH services while supporting the transition to long-term sustainable domestic financing for RMNCAH.

A special focus area for the GFF will be the scale-up of civil registration and vital statistics systems to contribute to universal registration by 2030. The GFF is being developed and implemented by the World Bank, Government of Norway and USAID, together with a broad range of stakeholders, including partner countries, donors, multilateral agencies, civil society groups and others working in the area of RMNCAH (see GFF concept note at <http://bit.ly/1onyzQa>).

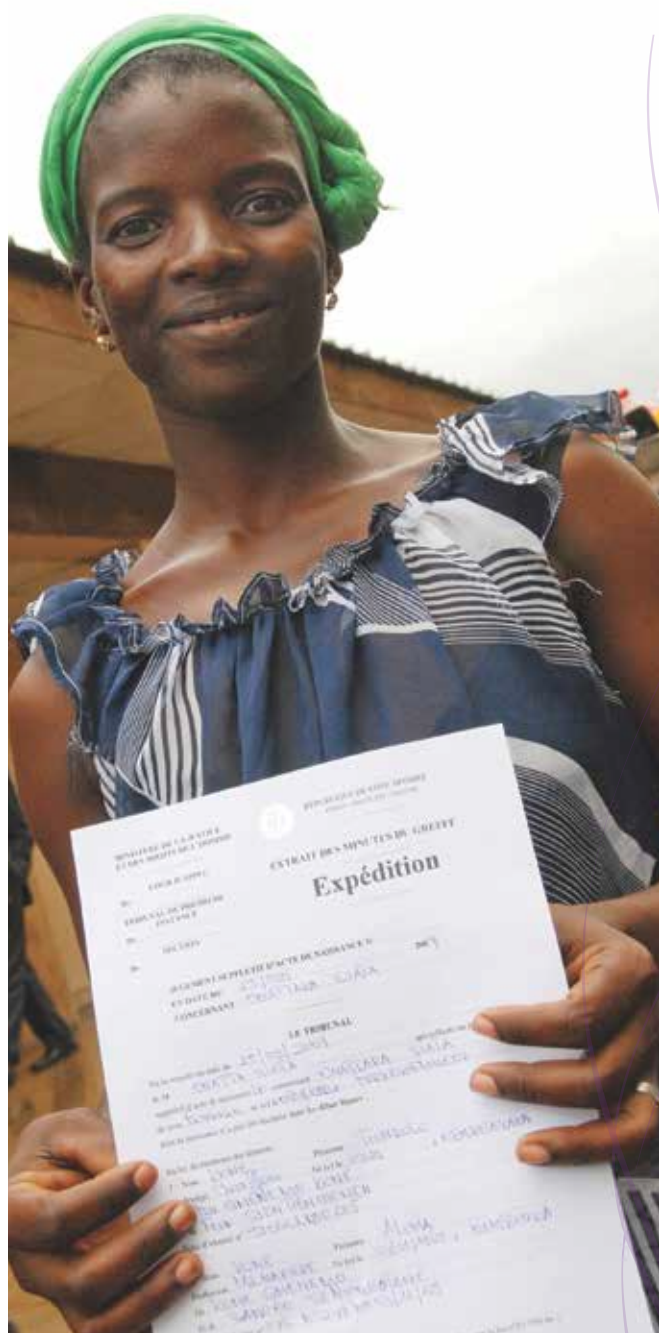
PMNCH as a Consultation Platform for the Global Financing Facility

The GFF Working Group has asked PMNCH to coordinate a wide-ranging consultation on the GFF in advance of its finalization and launch in 2015, and within the broader context of financing needs for RMNCAH more generally. PMNCH sits on the GFF Oversight Group which will maintain oversight of the GFF business planning process. In this role, PMNCH will ensure the views and concerns of constituents will contribute to the business planning process.

The five-week consultation period for the GFF took place between late October 2014 and early December 2014 and preliminary and synthesis reports were issued in December 2014. The consultation, conducted under the EWEC umbrella, aimed at canvassing and synthesizing views from PMNCH constituencies and other stakeholders on the GFF concept, proposed modalities and its implementation plan.

“The creation of the Global Financing Facility will enable us to transform the business of global health and development with scaled-up, smart, and sustainable financing, so that all women and children have access to lifesaving care.”

*- World Bank Group
President Jim Yong Kim*



Updated Global Strategy for Women's, Children's and Adolescents' Health

The 2014 iERG report recommended an update to the Global Strategy for Women's and Children's Health in preparation for the launch of the new global development goals. Given the links between the GFF and the Global Strategy and the aim of the GFF to become a major funding facility for women's and children's health, PMNCH worked in coordination with the Office of the UN Secretary-General to initiate the consultation on the proposed update to the Global Strategy alongside the GFF consultation. This preliminary consultation on the Global Strategy will continue in 2015 as the main work of renewing the strategy gets underway.

A consultation on setting the foundation for post-2015 era was held in Geneva on 6-7 November 2014. Co-convened by WHO, the Governments of Canada and Norway, and the Office of the UN Secretary-General, the consultation was held to initiate a discussion on a shared vision for women's and children's health beyond 2015, including the key pillars for a updated Global Strategy for women's and children's health, as well as to review existing accountability mechanisms; explore the role and alignment of the GFF in support of EWEC to a updated Global Strategy; and agree to next steps for building a updated Global Strategy for women's and children's health, including an accountability framework and the Global Financing Facility.



During discussions in plenary and working groups, a vision emerged for a Global Strategy which would build on the unfinished MDG agenda and go beyond, aligning with the global targets for 2030 to end preventable mortality and promoting health and wellbeing among mothers, newborns, children and adolescents. Amongst other elements, the strategy would emphasize investments in universal access to integrated sexual and reproductive health and human rights and be led by national plans and priorities, and supported by multistakeholder partner alignment; constituencies both within the health sector and health-enhancing sectors would also be engaged in the process. The updated Global Strategy will establish shared goals with health-enhancing sectors, including (but not limited to) education, nutrition, and water and sanitation. Calls were also made for key populations to be targeted and addressed, including newborns, adolescents, marginalized and underserved groups.

Participants at the consultation concurred that the updated Global Strategy should build on the success of the existing Global Strategy, and be aligned with and complement the emerging SDGs. The ultimate vision of the updated Global Strategy is to achieve convergence to ensure that women, children and adolescents in low-income countries are not at a higher risk of dying than those in high-income countries.



ANNEXES



Annex 1: PMNCH BOARD MEMBERS

Board Chair (EC): Mrs Graça Machel

Institution	Represented by
Academic Research & Training	
Academic Expert in the Field of Maternal Health (EC)	[M] José Miguel Belizán [A] Fernando Althabe
Academic Expert in the Field of Child Health	[M] Anthony Costello
Academic Expert in the Field of Newborn Health	[M] Elwyn Chomba [A] Yan Guo
Donor/Foundation	
Foundations seat Gates/ MacArthur	[M] Mariam Claeson [A] Erin M. Sines
DFID (UK)	[M] Will Niblett [A] Gillian Mann
USAID France	[M] Katie Taylor [A] Emmanuel Lebrun-Damiens
DFATD (EC)	[M] Jennifer Goosen [A] Geoff Black
NORAD SIDA	[M] Helga Fogstad [A] Anders Molin
Partner Country	
Government of India (EC)	[M] Mr C K Mishra
Government of Nigeria	[M] H.E. Prof. C.O. Onyebuchi Chukwu [A] Tinu Taylor
Government of Tanzania	[M] Dr Seif Suleiman Rashid [A] Neema Rusibamayila
Government of Indonesia	[M] H.E. Prof. Nila Moeloek [A] Diah S. Saminarsih
Health Care Professional Association	
International Confederation of Midwives	[M] Frances Day-Stirk [A] Nester Moyo
International Federation of Gynecology and Obstetrics (FIGO) (EC)	[M] Sabaratnam Arulkumaran [A] Hamid Rushwan
International Pediatric Association	[M] Peter Cooper [A] Dr. Zulkifli Haji Ismail Datuk

[M] Member [A] Alternate (EC) Executive Committee

Institution	Represented by
Non-Governmental Organization	
Save the Children (EC)	[M] Naida Pasion [A] Patrick Watt
International Planned Parenthood Federation (IPPF)	[M] Tewodros Melesse [A] Julia Bunting
World Vision International	[M] Stefan Germann [A] Kate Eardley
White Ribbon Alliance for Safe Motherhood PATH	[M] Betsy McCallon [A] Amie Batson
Private Sector	
GSM Alliance (EC)	[M] Dr Craig Friderichs
Johnson & Johnson Safaricom	[M] Sharon Kathryn d'Agostino [A] Sylvia Mulinge
United Nations/Multilaterals	
UNFPA	[M] Kate Gilmore [A] Laura Laski
UNICEF	[M] Geeta Rao Gupta [A] Mickey Chopra
World Bank (EC)	[M] Nicole Klingen [A] Rafael Cortez
World Health Organization Co-Chair since Jan 2012	[M] Flavia Bustreo [A] Acting Director

[M] Member [A] Alternate (EC) Executive Committee

Annex 2: PMNCH MEMBERSHIP

Constituencies	African Region	Region of the Americas	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	Total
Non-governmental Organizations (NGOs)	120	118	26	64	81	11	420
Healthcare Professional Associations (HCPAs)	2	9	4	16	2	3	36
Private Sector (PS)	6	11	0	9	1	0	27
Academic, Research and Teaching Institutions (ARTs)	15	38	10	24	13	11	111
Donors and Foundations (D&Fs)	0	8	0	11	0	5	24
Multilateral Agencies / International Organizations (MOs)	0	3	0	8	1	0	12
Partner Countries (PCs)	9	2	2	1	5	1	20
Total	152	189	42	133	103	31	650

Annex 3: 2014 WORKPLAN

Outcomes	Outputs
Outcome 1	Accelerate progress towards MDGs 4 and 5, and other relevant MDGs
Output 1.1	Every Newborn Action Plan (ENAP) related advocacy plan effectively delivered and PMNCH adolescent strategy implemented across PMNCH workplan.
Output 1.2	Improved coverage of essential RMNCH interventions through enhanced investments and policy tools (including Global Investment Framework follow up and multi-stakeholder policy dialogue in countries).
Output 1.3	PMNCH perspectives reflected in related Partner initiatives and reports.
Output 1.4	Evidence products for strategic policy and advocacy events (knowledge summaries and policy briefs).
Outcome 2	Women's and children's health in post-2015 development agenda
Output 2.1	Increased knowledge and awareness of strategies to improve women's and children's health for sustainable development.
Output 2.2	Lessons on high performance strategies related to MDGs are shared across countries and used to inform the post-2015 development agenda.
Output 2.3	PMNCH perspectives reflected in EWEC events and advocacy outputs.
Outcome 3	Improve accountability for women's and children's health
Output 3.1	PMNCH 2014 report on tracking commitments to EWEC and related advocacy.
Output 3.2	Stronger alignment between accountability processes for women's and children's health (including CoIA, regional and country, and human rights accountability mechanisms).
Outcome 4	Strengthen partner alignment
Output 4.1	PMNCH Chair functions facilitated.
Output 4.2	Effective governance of PMNCH for delivery of workplan and partner alignment.
Output 4.3	PMNCH members and constituencies actively engaged.
Output 4.4	PMNCH 2015 workplan and budget, and outline of strategic framework for 2016 to 2021 (if required), reporting on workplan and grants.
Output 4.5	External evaluation report on 2009 to 2013 PMNCH activities.
Output 4.6	PMNCH website and external communication.
Special Project - Countdown to 2015	Countdown to 2015 for 75 countries.
Cross-cutting Project - Partners Forum	Strategic vision for the RMNCH community to achieve the MDGs and for the post 2015-era embedded in the Partners' Forum declaration.

Annex 4: PMNCH SUPPORTED PUBLICATIONS

Commission on Information and Accountability for Women's and Children's Health (CoIA) and WHO (World Health Organization). 2014. *Progress Report*. Geneva: World Health Organization.

independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health. 2014. *Every Woman, Every Child: A Post-2015 Vision*. The Third Report of the independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health.

Technical Reports

PMNCH. 2015. *Developing Scenarios for Partners to Work Together to Improve Women's and Children's Health: A Planning Guide*. Geneva: World Health Organization.
<http://who.int/pmnch/knowledge/publications/scenarios/en/>

PMNCH. 2014. *Accountability Report: Tracking Financial Commitments to the Global Strategy for Women's and Children's Health*. Geneva: World Health Organization.
http://www.who.int/pmnch/knowledge/publications/2014_pmnch_report/en/

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http://www.who.int/pmnch/media/events/2013/progress_report.pdf?ua=1

PMNCH et al. 2014. *Investment Framework for Women's and Children's Health in Africa*. Geneva, Switzerland.
http://www.who.int/pmnch/media/news/2014/aif_report.pdf?ua=1

WHO. *Innovation Matters: Pioneering Innovation Today for Health Impact Tomorrow*. Geneva: World Health Organization.

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http://www.who.int/pmnch/post2015_policybrief.pdf

PMNCH. *Progress towards MDGs 4 and 5: status and gaps: a two-page graphical and geographical summary of status and gaps 2014*.
http://www.who.int/pmnch/knowledge/publications/summaries/needs_and_challenges/en/

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<http://www.who.int/pmnch/media/news/2014/compendium/en/>

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http://www.who.int/pmnch/knowledge/publications/success_factors_highlights.pdf?ua=1

PMNCH et al. 2014. *Multi-Stakeholder Dialogues for Women's and Children's Health: A Guide for Conveners and Facilitators*. Geneva: World Health Organization.
<http://www.who.int/pmnch/knowledge/publications/msd/en/>

WHO and UNICEF. 2014. *Every Newborn: an action plan to end preventable deaths*. Geneva: World Health Organization.
http://www.who.int/pmnch/about/governance/partnersforum/enap_full.pdf?ua=1

Knowledge Summaries and Policy Briefs

- No. 29 *Delivering our future: survival and health for every newborn*. PMNCH Knowledge Summary #29. Geneva: World Health Organization.
<http://www.who.int/pmnch/knowledge/publications/summaries/ks29/en/>
- No. 30 *Water, sanitation and hygiene – the impact on RMNCH*. Geneva: World Health Organization.
<http://www.who.int/pmnch/knowledge/publications/summaries/ks30/en/>
- No. 31 *Maternal mental health: Why it matters and what countries with limited resources can do*. Geneva: World Health Organization.
<http://www.who.int/pmnch/knowledge/publications/summaries/ks31/en/>
- No. 32 *Protecting Women's and Children's Health from a Changing Climate..* Geneva: World Health Organization.
<http://www.who.int/pmnch/knowledge/publications/summaries/ks32/en/>
- No. 33 *Opportunities to Improve Financing for Population, Health, and Development*. Geneva: World Health Organization.
<http://www.who.int/pmnch/knowledge/publications/summaries/ks33/en/>
- PMNCH et al. 2-page summary of main findings of Success Factors studies.
http://www.who.int/pmnch/knowledge/publications/success_factors_overview.pdf?ua=1

Journal Articles and Conference Papers

- Bishai D, et al. *Factors contributing to child mortality reductions in 142 low- and middle-income countries between 1990 and 2010*. Paper presented at the Population Association of America, 2014 Annual Meeting, Boston. 21 March 2014.
<http://www.who.int/pmnch/knowledge/publications/bishai.pdf?ua=1>
- Cohen, R et al. *Post-2015 health goals: could country-specific targets supplement global ones?* Lancet Global Health. 2 (7), 2014.
<http://download.thelancet.com/pdfs/journals/langlo/PIIS2214109X14701937.pdf>
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The Partnership for Maternal, Newborn & Child Health

c/o World Health Organization
20 Avenue Appia, CH-1211 Geneva 27, Switzerland
Telephone: +41 22 791 2595
Fax: +41 22 791 5854

pmnch@who.int
www.pmnch.org