The Partnership for Maternal, Newborn & Child Health

PMNCH Strategy and Finance Committee

Anders Nordstrom

Strategy and Finance Committee's main tasks

Board proposed to combine roles of the existing Finance Committee and the Ad Hoc Strategy Group into a single "Strategy and Finance Committee"

Strategic issues:

- Identification and elaboration of **long- and short-term strategic issues** and PMNCH priorities for improving WCAH and the attainment of the SDG 3, including those relevant to the EWEC Global Strategy

- PMNCH's added value and **strategic focus as a partnership**, and how this can be articulated to the broader global community and thus reflected in the Partnership's forthcoming 2021 to 2025 Strategic Plan and subsequent Business Plans

- How PMNCH can be used as a platform to advocate for a greater **flow of resources** globally, and better alignment of those resources, to support women's, children's and adolescents' health globally

Strategy and Finance Committee's main tasks

Operational issues:

- Review and provide advice on the overall strategic and operational approaches to **PMNCH's annual workplans**, in the context of the overarching Business Plans and Strategic Plans

- Advise the leadership of the PMNCH Secretariat on **resource mobilization** strategies and best practice to secure adequate funding

- Review the **annual PMNCH financial report** as certified by WHO, as the host agency, and findings of WHO generated financial audits and reports, as may become available

Members of the Committee

Name	Organization	Role / Constituency
Anders Nordström	Government of Sweden	Chair
Angela Chaudhuri	Swasti Health Catalyst	Non-Governmental Organizations
Anneka Ternald Knutsson	UNFPA	United Nations Agencies
Anuradha Gupta	GAVI	Global Financing Mechanisms
Enes Efendioğlu	Civil Life Association	Adolescents & Youth
TBD	TBD	Private sector
Johannah Phumaphi	African Leaders Malaria Alliance	Inter-Governmental Organizations
Julia Bunting	Population Council	Academic, Research and Training Institutes
Nosa Orobaton	Bill & Melinda Gates Foundation	Donors and Foundations
TBD	TBD	Partner Governments
Zulfiqar Bhutta	SickKids, Centre for Global Child Health	Healthcare Professional Associations

Key issues discussed to date

- ***Progress report on 2019 workplan***
- ***2018 certified Financial Report***
- ***Supporting the Secretariat in resource mobilization efforts***
- ***WCAH in a changing landscape***
- ***Political Engagement***
- ***Advocacy for ensuring that WCAH is included in UHC***
- ***PMNCH knowledge related products***
- ***PMNCH Digital Strategy***

Women, Children and Adolescents' health in a shifting landscape and global agendas

We are living longer – but we are not getting healthier at the same rate

72 yrs

People are living longer: 72 years on average compared with 62 years 40 years ago.

Large differences between and within countries

- The individual's health is affected by their **lifestyle and environment** they live in, ie the determinants of health.
- The **poorest billion** of the population does not have any real access to health care if all barriers are considered, including the risk of catastrophic health expenditures.
- Negative developments of health is seen most clearly in countries with **humanitarian disasters**.
- Within **SRHR** there are major deficiencies and inequalities regarding peoples' access to services and information.
- Clear link between **discrimination**, lack of respect for **human rights** and unequal access to health care.

Positive but uneven development in child and maternal mortality

- **Under five child mortality has decreased** globally, although large differences exist between countries:
    - In Sub-Saharan Africa 1 child in 13 dies before its 5th birthday while the corresponding figure in high-income countries is 1 child in 189.
    - Today **four countries account for almost 50% of child deaths** (under 5 mortality): India, Pakistan, Nigeria and the Democratic Republic of the Congo.
- The number of **maternal deaths decreased** from 532 000 to 303 000 between 1990 and 2015. 99 per cent of maternal mortality occurs in low- and middle-income countries.
- **Unsafe abortions are among the top 5** most common causes of maternal death globally with large regional differences.

5.6 m

The number of children that die before their fifth birthday decreased from 12.7 million to 5.6 million between 1990 och 2015.

NCDs are increasing – esp in LICs and MICs

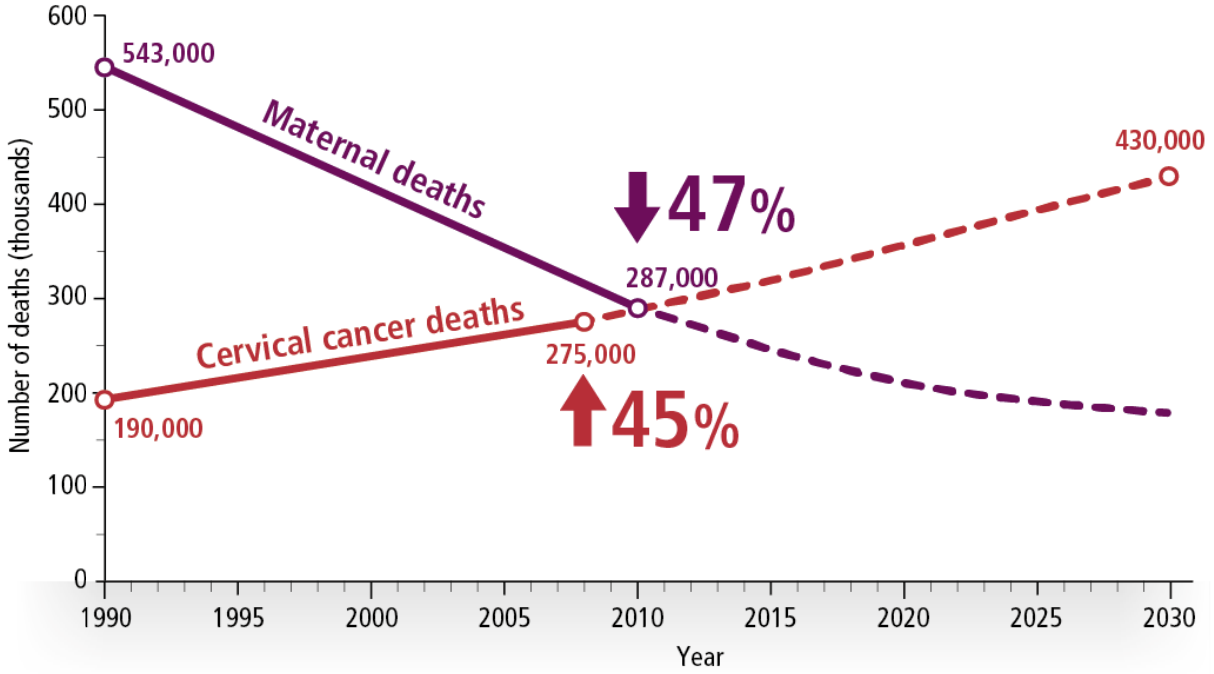
15 million people are dying prematurely (<70 yrs) globally.

- **Cardiovascular disease** is the largest cause of death globally and in Sweden. (54% of all deaths).
- The number of people living with diabetes is increasing globally but most rapidly in LICs and MICs
- **Mental illness** is a global health problem. About 300 million people in the world have at some time in their life suffered from depression. More women than men are affected.
- Globally suicide is the second most common cause of death among young people (15- 29 years).

Incidence of communicable diseases is decreasing but sustained efforts are needed

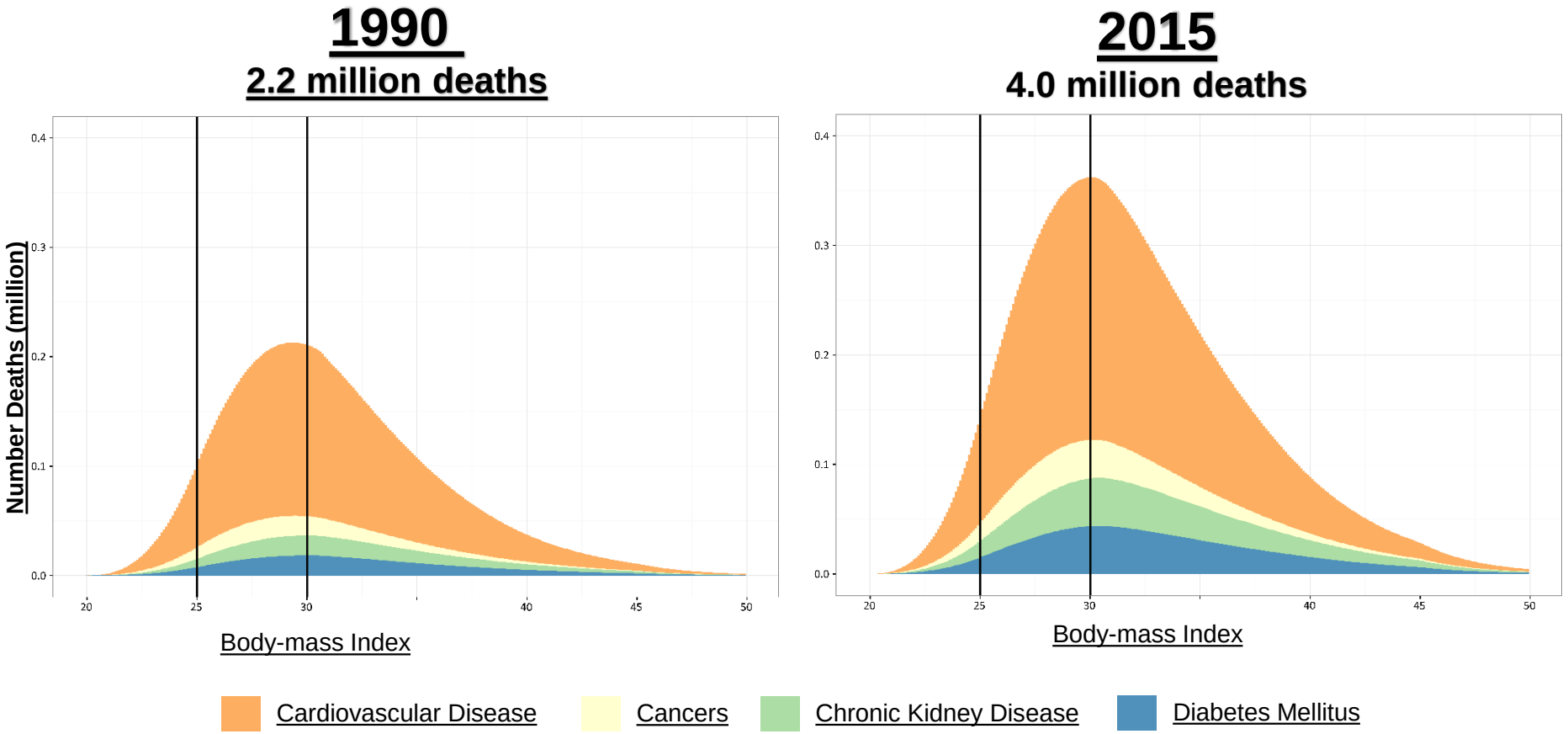
- An est. of 36.7 million people in the world live with HIV. 70% are aware of their disease and more than half are of ART, which is why AIDS mortality has decreased considerably.
- The no. of new HIV cases in the sexually active population has stabilised at around 1.7 million per year. There has been no marked increase in the last 5 years.
- Tuberculosis is no longer as common globally, but one person in four in the world still has tuberculosis and it is the ninth most common cause of death.
- After declining for many years, malaria incidence has now halted at around 216 million cases and 455 000 annual deaths. In some regions prevalence has risen again. Only half of the population in endemic regions has access to mosquito nets

Global maternal and cervical cancer mortality

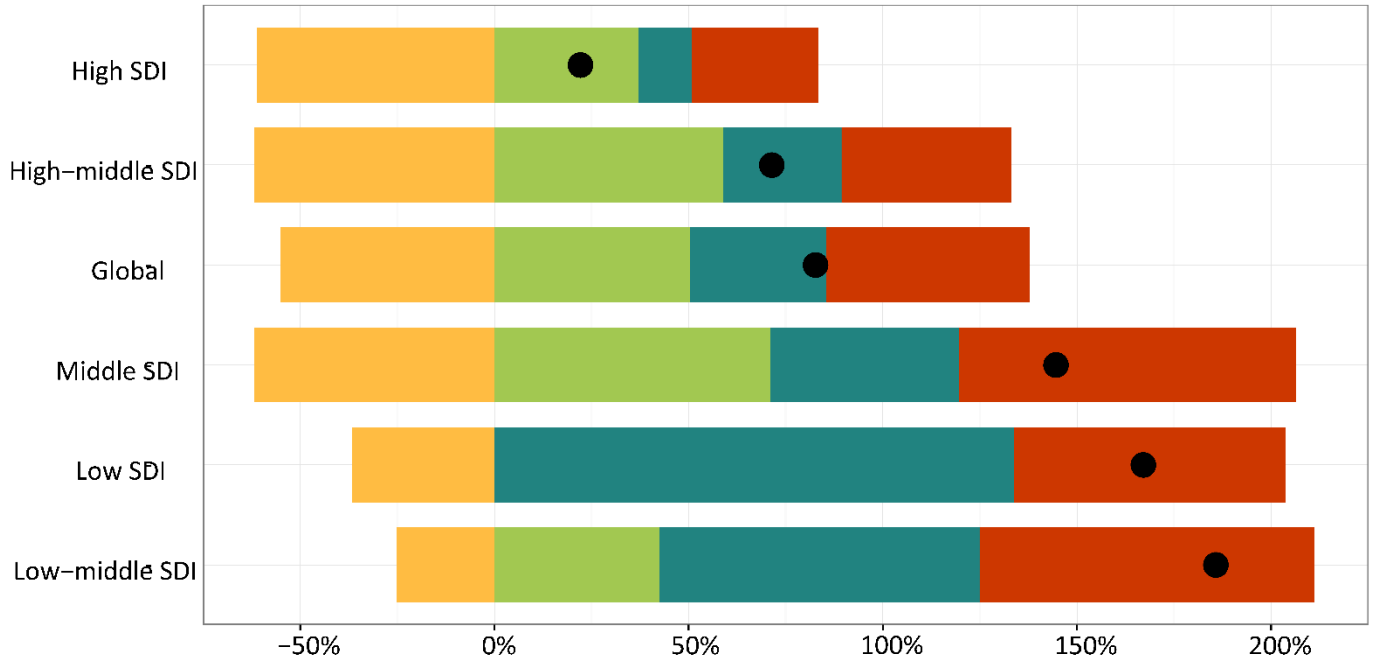


Sources: Globocan, 2008
Pistani et al, Estimates of worldwide mortality from 25 cancers in 1990. Int J Cancer 1999 83(1) 18-29
WHO UNICEF UNFPA and World Bank, Trends in maternal mortality: 1990-2010

Global Deaths related to High Body-mass Index



Drivers of Change in Deaths related to High BMI (1990-2015)



Total percent change

Change due to population ageing

Change due to risk exposure

Change due to population growth

Change due to risk−deleted mortality rate

Risk factors:
Lifestyle, food, physical activity

- **Tobacco kills more than 7 million people each year**. About 80% of 1.1 billion smokers live in LICs and MICs, where the burden of tobacco-related diseases is highest.
- **Alcohol is the cause of 1/3 of the global ill health and 11 % of global deaths**, despite the fact the half of the world's population does not consume alcohol.
- **Obesity** has surpassed malnutrition as a global risk factor and cause of death the past decade.
- **Trafic accidents** are the 10th most common cause of death and a major societal problem in many countries.

25%

Physical inactivity causes one fourth of all breast and colon cancers, diabetes and cardiovascular diseases.

16%

Of the world’s total deaths, 16 per cent is caused by pollution and is also a major cause of ill health.

Risk factors: Pollution and chemicals

- It is est. That 9 out of 10 people in the world breathe air that is harmful to their health. **Air pollution (indoor and outdoor) leads to 7 million premature deaths each year**.
- **Dangerous chemicals affect human health**. Some chemicals can cause acute poisoning and death; others have effects that appear many years after exposure, e.g. cancer or reproductive impacts, and some can be transferred from mother to child during pregnancy and breast feeding.

11 310

The number of people that lost their lives in the world’s largest ebola outbreak in western Africa between 2013 – 2016.

Global health threats

- **Antimicrobial resistance**, and esp. Antibiotic resistance, is a transboundary and multi-sectoral threat which is on the increase globally.
- Population density and increased mobility creates the conditions for **pandemics.**
- **Weak and fragmented health systems** that lack the capacity to manage large epidemics.

2000-2015 – the MDG


HEALTH IN THE SDG ERA
3 GOOD HEALTH AND WELL-BEING
ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES
1 NO POVERTY
PRIORITIZING THE HEALTH NEEDS OF THE POOR
2 ZERO HUNGER
ADDRESSING THE CAUSES AND CONSEQUENCES OF ALL FORMS OF MALNUTRITION
4 QUALITY EDUCATION
SUPPORTING HIGH-QUALITY EDUCATION FOR ALL TO IMPROVE HEALTH AND HEALTH EQUITY
5 GENDER EQUALITY
FIGHTING GENDER INEQUITIES, INCLUDING VIOLENCE AGAINST WOMEN
6 CLEAN WATER AND SANITATION
PREVENTING DISEASE THROUGH SAFE WATER AND SANITATION FOR ALL
7 AFFORDABLE AND CLEAN ENERGY
PROMOTING SUSTAINABLE ENERGY FOR HEALTHY HOMES AND LIVES
8 DECENT WORK AND ECONOMIC GROWTH
PROMOTING HEALTH EMPLOYMENT AS A DRIVER OF INCLUSIVE ECONOMIC GROWTH
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
PROMOTING NATIONAL R&D CAPACITY AND MANUFACTURING OF AFFORDABLE ESSENTIAL MEDICAL PRODUCTS
10 REDUCED INEQUALITIES
ENSURING EQUITABLE ACCESS TO HEALTH SERVICES THROUGH UNIVERSAL HEALTH COVERAGE BASED ON STRONGER PRIMARY CARE
11 SUSTAINABLE CITIES AND COMMUNITIES
FOSTERING HEALTHIER CITIES THROUGH URBAN PLANNING FOR CLEANER AIR AND SAFER AND MORE ACTIVE LIVING
12 RESPONSIBLE CONSUMPTION AND PRODUCTION
PROMOTING RESPONSIBLE CONSUMPTION OF MEDICINES TO COMBAT ANTIBIOTIC RESISTANCE
13 CLIMATE ACTION
PROTECTING HEALTH FROM CLIMATE RISKS, AND PROMOTING HEALTH THROUGH LOW-CARBON DEVELOPMENT
14 LIFE BELOW WATER
SUPPORTING THE RESTORATION OF FISH STOCKS TO IMPROVE SAFE AND DIVERSIFIED HEALTHY DIETS
15 LIFE ON LAND
PROMOTING HEALTH AND PREVENTING DISEASE THROUGH HEALTHY NATURAL ENVIRONMENTS
16 PEACE AND JUSTICE
EMPOWERING STRONG LOCAL INSTITUTIONS TO DEVELOP, IMPLEMENT, MONITOR AND ACCOUNT FOR AMBITIOUS NATIONAL SDG RESPONSES
17 PARTNERSHIPS FOR THE GOALS
MOBILIZING PARTNERS TO MONITOR AND ATTAIN THE HEALTH-RELATED SDGs
World Health Organization
WWW.WHO.INT/SDGS
SUSTAINABLE DEVELOPMENT GOALS

TOWARDS A

ACTION PLAN

FOR HEALTHY LIVES AND WELL-BEING FOR ALL

The Partnership for Maternal, Newborn & Child Health

OUR COMMITMENT TO ACCELERATING TOGETHER

The Sustainable Development Goals are within our reach. In our relentless pursuit of these goals and a healthier and more prosperous humanity, we are coming together to leverage the full potential of the multilateral system and to more effectively support the countries and people we serve.

Recent achievements in improving health for billions of people inspire us, and signal that the global community, including global actors, can do even more.

In that spirit, we welcome the request from Chancellor Angela Merkel of Germany, President Nana Addo Dankwa Akufo-Addo of Ghana, and Prime Minister Erna Solberg of Norway, with support from United Nations Secretary-General António Guterres, to develop a "Global Action Plan for Healthy Lives and Well-being for All."

In line with calls across the international community, this initiative challenges us to innovate, to be agile and to continuously enhance the way we work together in assisting countries with the people-centred financing, capacity-strengthening, advocacy, legal and policy frameworks, research, knowledge, and data required to be successful.

This first phase in the development of the Global Action Plan marks the beginning of a comprehensive effort to maximize our collective value proposition. In it we commit to **align** our joined-up efforts with country priorities and needs, to **accelerate** progress by leveraging new ways of working together and unlocking innovative approaches, and **account** for our contribution to progress in a more transparent and engaging way.

To do so, we will build on existing coordination efforts and collaboration in countries. We will further leverage the capacities of the larger multilateral system, including the United Nations system with its country presence, and support the Secretary-General's reform efforts to make the system fit-for-purpose to implement the 2030 Agenda.

We will expand and refine this work to propel us forward in our collective contribution as global health and development organizations. In doing so, we will continue to partner with other institutions and sectors and explore pragmatic solutions to maximizing collective impact.

Healthy lives and well-being for all at all ages cannot be achieved without the full commitment of governments, and participation of all stakeholders, including civil society, the private sector, academia, and other international, national, and local institutions, that influence health and well-being.

We are fully committed to do everything we can – together.

Seth Berkley, CEO
Gavi, the Vaccine Alliance

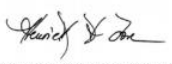
Mariam Claeson, Director
Global Financing Facility

Peter Sands, Executive Director
Global Fund to Fight AIDS, Tuberculosis and Malaria

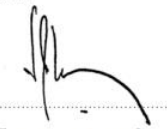
Michel Sidibé, Executive Director
UNAIDS

Achim Steiner, Administrator
UNDP

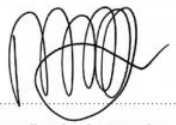
Natalia Kanem, Executive Director
UNFPA



Henrietta Fore, Executive Director
UNICEF



Lelio Marmora, Executive Director
Unitaid



Phumzile Mlambo-Ngcuka
Executive Director *UN Women*

Jim Kim, President
World Bank Group

Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

CONTEXT

We must accelerate progress if we want to reach the health-related SDGs targets

- The world is **off-track to achieve the health-related SDGs by 2030**
- Progress made has been **uneven and too many people are still being left behind**
- **Business as usual will not get us far and fast enough** to meet the goals of the 2030 Agenda – TIME TO ACT IS NOW

The multilateral system must join forces to more effectively support countries

COMMITMENT

*"We commit to **align** our joined-up efforts with country priorities and needs, to **accelerate** progress by leveraging new ways of working together and unlocking innovative approaches, and **account** for our contribution to progress in a more transparent and engaging way."*

We are developing a cohesive and coherent plan to support national efforts towards SDG3+.

Align: We will align programmatic, financing and operational policies, approaches and methodologies where it can enhance efficiency and effectiveness.

Accelerate: We are identifying where we can accelerate progress. We are scaling up collective action approaches for key cross-cutting "accelerators"

Account: We are enhancing our joint accountability for delivering collective results for people.

Strengthened support to national actors to drive SDG acceleration

Accelerated progress towards the health-related SDGs

ACCELERATE

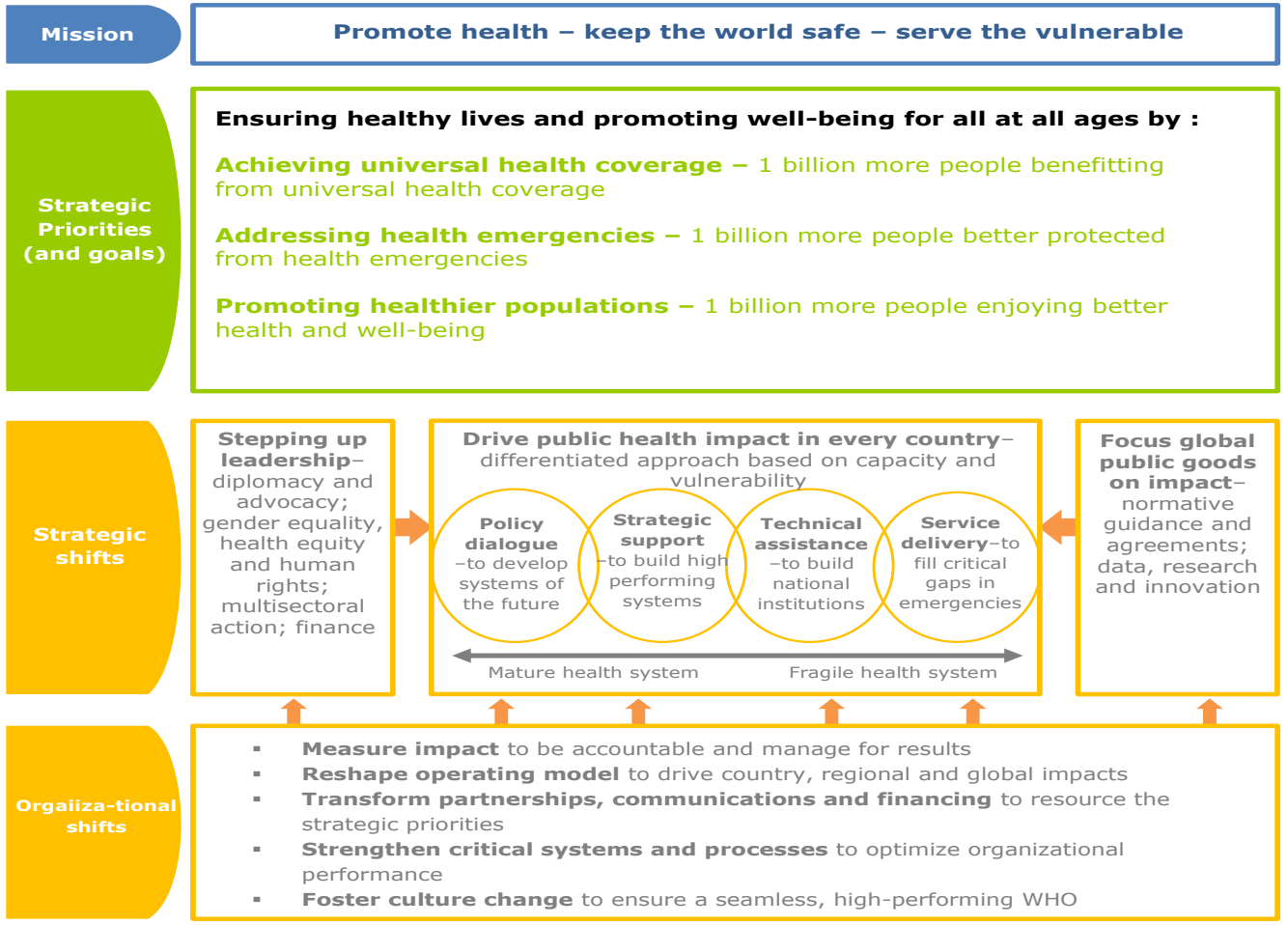
7 cross-cutting areas where more innovative, synergistic efforts can significantly accelerate progress towards the health-related SDGs.

1. Sustainable financing
2. Primary health care
3. Community and civil society engagement
4. Determinants of health
5. R&D, innovation and access
6. Data and digital health
7. Innovative programming in fragile and vulnerable states and for disease outbreak response

Box 3. Accelerator criteria

Criteria for an area of work to be considered an accelerator:

- **Contribution to speeding up progress:** Potential to increase the pace in reaching the health-related SDGs
- **Collective and cross-cutting:** Requires cross-agency engagement, while playing an enabling function across several health priorities
- **Catalytic:** Catalytic and disruptive to the status quo
- **Country impact:** Relevant to countries and lead to measurable people-centred impact


Mission
Promote health – keep the world safe – serve the vulnerable
Strategic Priorities (and goals)
Ensuring healthy lives and promoting well-being for all at all ages by :
Achieving universal health coverage – 1 billion more people benefitting from universal health coverage
Addressing health emergencies – 1 billion more people better protected from health emergencies
Promoting healthier populations – 1 billion more people enjoying better health and well-being
Strategic shifts
Stepping up leadership– diplomacy and advocacy; gender equality, health equity and human rights; multisectoral action; finance
Drive public health impact in every country– differentiated approach based on capacity and vulnerability
Policy dialogue –to develop systems of the future
Strategic support –to build high performing systems
Technical assistance –to build national institutions
Service delivery–to fill critical gaps in emergencies
Mature health system
Fragile health system
Focus global public goods on impact– normative guidance and agreements; data, research and innovation
Orgaliza-tional shifts
Measure impact to be accountable and manage for results
Reshape operating model to drive country, regional and global impacts
Transform partnerships, communications and financing to resource the strategic priorities
Strengthen critical systems and processes to optimize organizational performance
Foster culture change to ensure a seamless, high-performing WHO

The Partnership
for Maternal, Newborn
& Child Health

The Global Strategy (GS) adopted by *Every Woman Every Child (EWEC)* defines three overarching objectives: ***Survive*** or end preventable deaths, ***Thrive*** or ensure health and well-being throughout the life time, and ***Transform*** or expand enabling environments.

Questions for discussion relating to PMNCH as an extensive partnership;

1. Should PMNCH more proactively highlight work relating to **the growing burden of NCDs including mental health** for women, children and adolescents as part of the *Thrive* objective? And by doing so seek opportunities to work more beyond the health sector addressing the main societal risk factors and vulnerability? If yes, how?

2. Should PMNCH evolve is capacity and competences around **the broader determinants of women's, children's and adolescents' health and wellbeing** (social including education, political, environmental, commercial)

3. Should PMNCH work more specifically and differently from today on issues of special importance for women, children and adolescent health related to **sustainable and resilient health systems** e.g linked to UHC, PHC, financing or human resources for health? If yes, which one and how?

4. Should PMNCH use even more of a **human rights** approach to its work and the importance of **empowerment** of women and girls and the rights of children? If yes, how to identify manageable deliveries?

5. Given a broader agenda (potentially yes to all three questions above), how should PMNCH ensure the continued support for and work on **the unfinished MDG agenda and SRHR**?

i.e not only the secretariat but the work and potential of all partner organisations