



Ten-Year Strategy

The Partnership for Maternal, Newborn & Child Health



THE PARTNERSHIP
For Maternal, Newborn & Child Health



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Each year more than half a million women die in pregnancy or childbirth, and more than 10 million children die before their fifth birthday - nearly 40% of these in the first month of life. But evidence shows that we could save at least seven million of these lives each year with proven, cost-effective interventions that are readily available to the world's wealthy - and out of reach for the vast majority of the world's poor. At the same time, there is growing international consensus that investments in saving the lives of women and children have the potential to bring substantial, long-term development returns, not only to the lives of those who are vulnerable, but also to global and national economies.

The Partnership for Maternal, Newborn & Child Health (PMNCH) is a new global health partnership launched in September 2005 to accelerate action towards achieving Millennium Development Goals (MDGs) 4 and 5. The Partnership is an advocate, a catalyst for innovation, and an ambassador for the health of women, newborn, and children. The Partnership joins the maternal, newborn and child health (MNCH) communities into an alliance of currently more than 125 members representing governments, donors, United Nation agencies and other multilateral agencies, nongovernmental organizations, private institutions, professional associations, and academic and research institutions - all committed to ensuring that women, infants and children not only remain healthy, but thrive.



THE PARTNERSHIP: Invest. Deliver. Advance.

This is a ten-year strategy to guide the implementation of The Partnership. The Partnership's mandate is urgent, so innovative and bold action is critical to its success. The Partnership is committed to an intensive, focused, and rapid scale-up of effective, life-saving interventions in 60 high-burden countries, building on existing efforts. This strategy endorses the Paris Declaration on Aid Effectiveness.

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Our Vision: A world where all mothers and children receive the care they need to live healthy, productive lives.

Our Goal: To invest in, deliver and advance maternal, newborn and child health, and there-by put 50% of the 60 high-burden countries "on track" to achieve MDGs 4 and 5 in 5 years.

The Partnership is a dynamic forum where the public health and development communities can combine their strengths and work together for an impact that no one partner could achieve alone. The Partnership will function as a server in a virtual network, facilitating the flow of information, linking needs with resources, identifying opportunities for catalytic joint action and spotlighting critical programmatic or resource allocation gaps.

This requires solid commitment at global, regional, national and sub-national levels; a thorough understanding of partner resources and capabilities; a commitment to solidifying the link between country needs and available resources and capacities; and government and other stakeholder buy-in in all countries.

To accomplish this bold agenda, The Partnership will gain the commitment of the world's highest leadership, identify the specific value that Partnership inputs add to national, regional and global MNCH efforts and target The Partnership initiatives on "gap" areas where value can be added most effectively and achieve greatest impact. The Partnership will also build capacity and leadership at all levels.

THE PARTNERSHIP adds value by:

- Making the development case for MNCH and raising visibility through advocacy and dialogue
- Generating commitment and substantial, new resources
- Fostering and building leadership development at all levels
- Using media strategically to create awareness and action of poor maternal, newborn and child health as a social issue of the highest priority
- Empowering women, men, families and young people to demand MNCH services that meet their needs
- Strengthening capacity in countries to deliver an essential package of MNCH interventions at scale
- Aligning and accelerating partner MNCH activities for an impact that no single organization could achieve alone
- Unifying partners in a shared agenda and a clear, cohesive message while embracing the diversity of each member
- Linking partner organizations in a virtual network for sharing tools, materials and best practices
- Promoting country, partner and stakeholder accountability to MNCH commitments
- Highlighting service delivery, research and resource gaps, and helping to fill gaps either through members' efforts or by bringing in new partners
- Creating a dynamic movement that unites societies, governments, international communities behind health for all women, men, newborn and children.

As a conceptual framework for creating an environment in which women, men, children and infants thrive, The Partnership promotes a two-dimensional continuum of care. This encompasses a continuum of essential interventions that should be accessible to mothers, newborn and children at household, community, district and national levels, as well as the continuum that follows them through the lifecycle of maternal, newborn and child health (Please see figures 1 and 2).

Figure 1: Connecting care giving across the continuum of time for MNCH

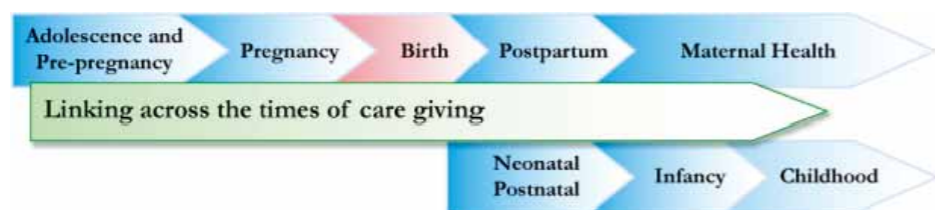


Figure 2: Connecting care giving across the continuum of place between households and health facilities



INTRODUCTION:

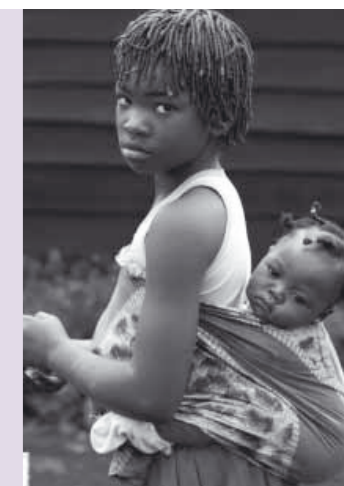
The Partnership has established eight Strategic Objectives. Achievement of these strategic objectives will contribute significantly to the realization of The Partnership's goal of a world where child mortality has been reduced by two-thirds and maternal mortality by three-quarters through achievement of MDGs 4 and 5 by 2015. Actions to achieve these Strategic Objectives are set out in a Work Plan and budget which will guide the implementation of The Partnership's work over the next five years.

The work of The Partnership is largely accomplished through its partners, working on behalf of The Partnership at the global, regional and country levels. However, without extensive partner ownership and involvement, The Partnership will not be able to implement its strategies or achieve its goal. So, the efforts of each partner contribute to the overall work of The Partnership, and are geared towards commitment and action to improve maternal, newborn, and child health on behalf of The Partnership. Hence, the Strategic Objectives belong to all the partners and pertain to all MNCH work.

The work of The Partnership is largely accomplished through its partners, working on behalf of The Partnership at the global and country levels.

The Partnership's Strategic Objectives

- Include MNCH as a core component of national development and investment plans
- Mobilize resources and advocate for increased commitment to maternal, newborn and child health.
- Align partner resources and action.
- Catalyze implementation at scale of national MNCH plans and essential packages of interventions.
- Strengthen national health systems, including human resources, to support MNCH.
- Improve equity in coverage of essential MNCH services.
- Increase demand for essential MNCH services.
- Monitor progress towards the achievement of MDGs 4 and 5 and feed results into decision-making processes at all levels.



ONE

Include MNCH as a core component of national development and investment plans

Indicator: By 2011, MNCH included as a core component of national development and investment plans in 25 "intensive" high-burden countries

Sustained reduction of MNC deaths requires that MNCH is embedded in planning frameworks and budgets, at national, district and sub-district levels. The Partnership will work closely with governments to reframe MNCH as an economic development issue and advocate for reducing maternal, newborn and child mortality as a primary development strategy. To achieve this, Partners will build analytical capacity

in countries to strengthen and support integration of MNCH into national development plans and budgets, including poverty reduction strategies, medium term expenditure frameworks and sector-wide approaches. Countries will work with The Partnership to find pragmatic ways to incorporate MNCH into national plans and budgets; this will include mainstreaming HIV/AIDS issues, especially in endemic countries.

... will work with governments to reframe MNCH as a development issue.

**TWO****Mobilize resources and advocate for increased commitment to maternal, newborn and child health**

Indicator: By 2008, G8 leaders and other donor countries commit and begin to disburse an additional \$3.5b/yr of new funds for the achievement of MDGs 4 and 5

Current funding levels for maternal, newborn and child health are far below what is necessary to significantly reduce the numbers of preventable deaths. Bold leadership and singular commitment to mobilizing sufficient resources and engaging stakeholders at all levels in society is urgently needed. The Partnership will engage developing-country leaders from within its membership to play a critical role in resource

mobilization and advocacy. The aim will be to make the case for realignment of existing government resources for MNCH. The Partnership will also target UN agencies, donors, Ministers of Health and Finance, and other financial decision-makers and business leaders to raise global awareness of MNCH as a development issue and to raise funds and other resources for country support.

... will make the case for realignment of government and donor spending.

THREE**Align PMNCH partner resources and action**

Indicator: By 2011, MNCH activities harmonized to reduce duplication and increase impact in all 60 high-burden countries

Despite improved interventions, increased resources for better health outcomes, and success stories at both national and sub-national levels, there remains an enormous gap between what can be done and what is being done to reduce MNC deaths. All too often, policies are inconsistent with best practice, programs are fragmented, and leadership on MNCH issues is lacking. The Partnership will support countries to review and update MNCH policies and

to align programs and resources with a focus on ensuring that funding and disbursements to all levels are truly in line with achieving MDGs 4 and 5. Within The Partnership itself, efforts of various existing MNC-related programs will be synchronized to maximize impact. Supporting the Road Map for Africa and the Child Survival Framework, and developing similar approaches for other regions, will be an important aspect of The Partnership's work.

... will support countries to update MNCH policies and align programs and resources with MDGs 4 and 5.

FOUR**Catalyze implementation at scale of national MNCH plans and essential packages of interventions**

Indicator: By 2011, essential package of interventions implemented at scale in all 60 high-burden countries

Up to 70% of MNC deaths could be prevented if proven interventions were implemented effectively with high coverage where they are needed most. The Partnership will build on efforts already under way in countries. Further, The Partnership will build consensus among the professional community and agencies on the essential packages, and put special emphasis on maternal and newborn health when needed. The Partnership will also support work at country level to adapt and refine packages, and to test and expand delivery mechanisms. With a view to rapidly increasing coverage in high-burden countries,

The Partnership will support governments to define the most effective phasing strategies for elements of the packages, develop capacities for enhanced delivery, as well as identify private-sector delivery strategies particularly at the community level. Recognizing the devastating effects of HIV/AIDS and its impact on maternal and child health The Partnership will use its privileged position to link HIV/AIDS initiatives with existing programs, thus reinforcing an integrative approach. The Partnership is committed to supporting south-south exchange and transfer of skills, best practices and innovations.

... will support work at country level to adapt packages, and expand delivery mechanisms.

FIVE**Strengthen national health systems, including human resources, to support MNCH**

Indicator: By 2011, health systems systematically deliver essential MNCH packages in 25 'intensive' high-burden countries

While health systems strengthening will contribute to reduction of MNC deaths, concerted efforts need to be made to identify and address structural obstacles to the delivery of MNCH essential services. Obstacles can include lack of leadership, gender bias, untimely and inadequate flow of funds, lack of skilled personnel, erratic supply of essential commodities and diagnostics, and poor quality of care. The Partnership will help to ensure that MNCH

services are a core element of all health systems strengthening. This work will be aimed at ensuring adequate numbers of health care providers for MNCH are supported and sustained in an integrated system at all levels in all high-burden countries. The Partnership will also compile evidence that MNCH outcomes can be reached in ways that strengthen health systems.

... will help to ensure that MNCH services are a core element of all systems strengthening.

SIX**Improve equity in coverage of essential MNCH services**

Indicator: By 2011, coverage gap between the poorest and least poor reduced by 50% in all 60 high-burden countries

Inequities in maternal, newborn and child health are unacceptably wide, both between and within countries. MNCH services that do not reach poor women and their families will widen this gap. The Partnership will work with governments to tackle MNCH inequities, by systematically identifying barriers to access and use of services by the poor and reaching agreement on strategies to address these

barriers. Inadequate flow of funds to the district and sub-district levels will receive special focus. MNCH services and budgetary support will be reoriented in high-burden countries to ensure access to services by the poorest. The Partnership will track coverage indicators for the poorest and least-poor quintiles, and feed the information back into decision-making processes.

... track inequities and reduce coverage gaps.





SEVEN

Increase demand for essential MNCH services

Indicator: By 2011, demand for MNCH services increased by 20% in all 60 high-burden countries.

Low demand and delayed use of care, often linked to low acceptability or affordability, are major obstacles to rapidly scaling up effective intervention packages and reducing MNC deaths. Low continuity and poor compliance are also problems in some settings, even where initial usage rates are high. Working with NGOs, families and communities, The Partnership will promote the identification and removal of barriers to

utilization of services, and advocate for empowerment of men and women to fully participate in decisions that affect the health of their families. This work will include multisectoral action, including media, as well as targeted approaches to reducing financial barriers. Demand-side strategies for MNCH, with a focus on women, will be included in all health sector plans for all high-burden countries.

... will foster multisectoral action in demand creation and reduce financial barriers.

EIGHT

Monitor progress towards the achievement of MDGs 4 and 5 and feed results into decision-making processes at all levels

Indicator: By 2011, common set of MNCH indicators applied across the board and results fed back into country and global dialogue in all 60 high-burden countries

Governments and their partners need up-to-date information on whether their programs are reaching mothers, newborn and children. Sound monitoring systems are critical for good management, informed policy analysis and budget allocation, as well as for awareness raising and advocacy. Working especially with the Health Metrics Network at the global level, The Partnership will develop methods for routine monitoring of coverage indicators. This work will incorporate an accountability index for tracking

resource flows and commitments made by each major bilateral and multilateral donor on maternal, newborn and child health. At country level, a common set of MNCH indicators will be applied across the board in all high-burden countries and results fed back into country dialogue. Engaging media at country level will be an important aspect of this work, to sustain momentum and political commitment to MNC health. The Partnership will convert monitoring and evaluation results into renewed momentum for programs.

... will incorporate an accountability index for tracking resources and commitments.



The Partnership Results -- focusing on high-burden countries

- Maternal, newborn and child mortality reduction is a core objective of national health sector development plans, poverty reduction strategies and medium-term expenditure frameworks.
- Global resources for MNCH substantially increased and channeled to country level.
- Partners' actions and budgets include MNCH as a priority.
- Coverage of essential packages of MNCH interventions increased.
- Fully functioning MNCH services accepted as tracer service for health systems.
- MNCH services re-oriented to ensure access to services for the poorest.
- Demand side strategies for MNCH included in health sector plans.
- Core MNCH indicators and donors' commitments tracked globally.



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THE PARTNERSHIP

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