

The role of the PMNCH in achieving MDGs 4 and 5

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WHO WE ARE

Multilateral organizations

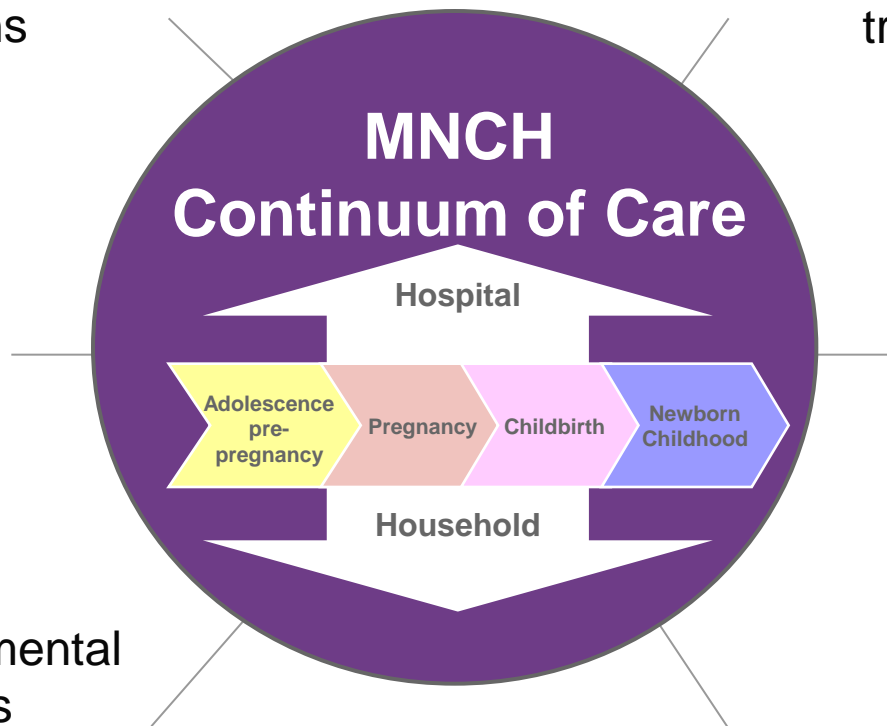
Academic research and training Institutions

Partner countries

Professional associations

Non-governmental organizations

Donors and foundations



WHY WE ACT

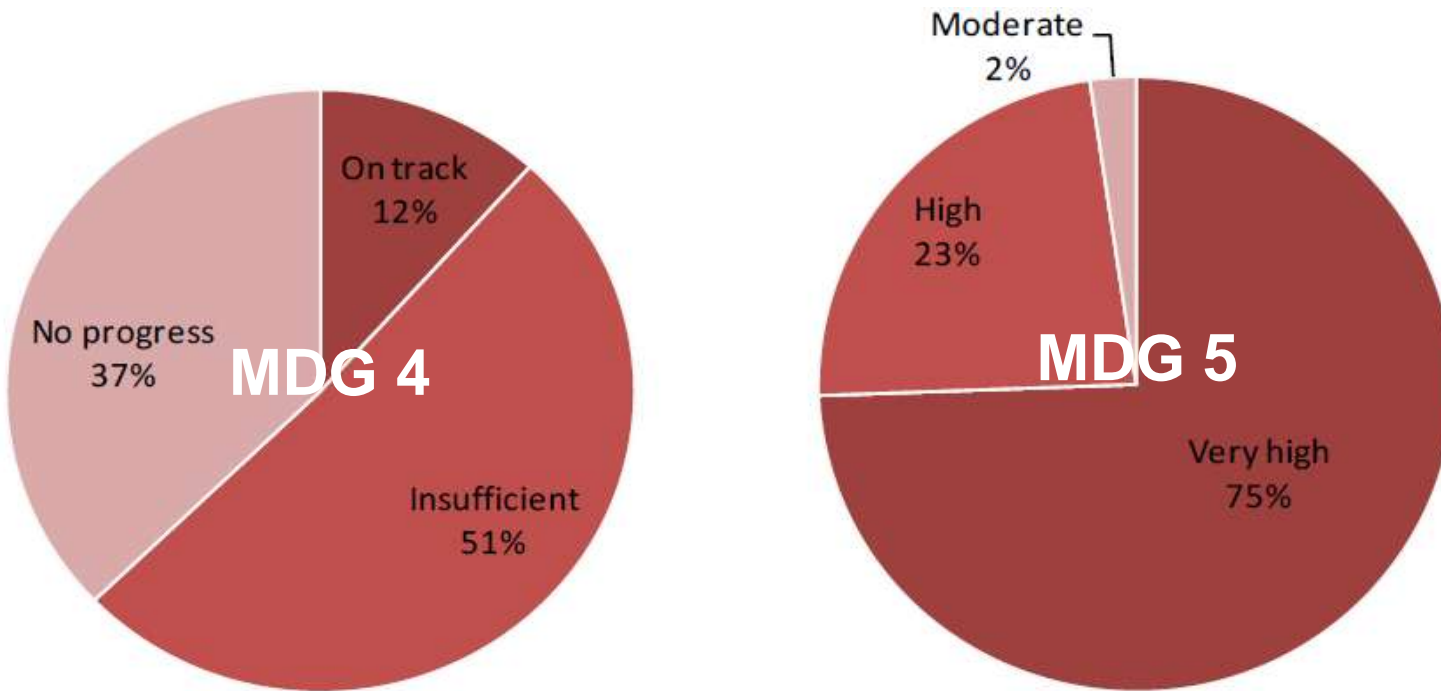
Global Picture

- **More than half a million women die during pregnancy and childbirth each year**
- **Less than 10 million children die each year before their fifth birthday, almost 40% in the first month of life**
- **At least two-thirds of these deaths could be prevented**



WHY WE ACT

Progress on MDGs 4 & 5 in developing countries is insufficient



Progress towards MDGs 4 & 5 for 43 low-income countries

Source: High Level Taskforce on International Innovative Financing for Health Systems, Working Group 1 Technical Report



WHY WE ACT

Huge coverage gaps of essential interventions across the continuum of care

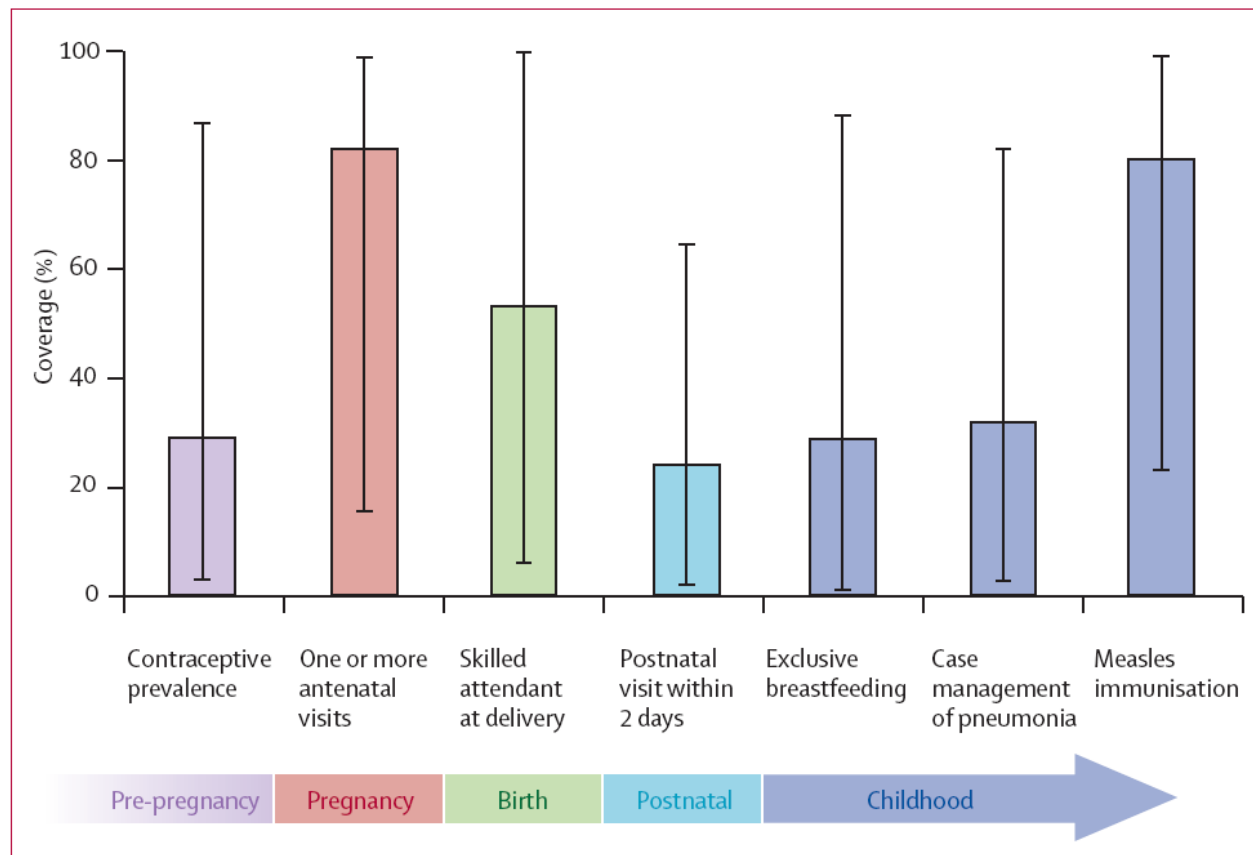


Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000-06)



PMNCH VISION

A world where all women and children receive the care they need to live healthy, productive lives



PMNCH MISSION OBJECTIVES

MISSION

Contribute to the achievement of MDGs 4 and 5 by enhancing partners' interactions and use of comparative advantages

Build consensus, and promote evidence-based, high-impact interventions and commodities

Contribute to raising US\$ 30 billion to improve maternal, newborn and child health

Track partners' commitments and measure progress



THE "PARTNER-CENTRIC" APPROACH

- The Partnership's mission is best achieved by enhancing partners' interactions and using their comparative advantages
- The Workplan and Strategy 2009-2011 is driven by partners' initiatives and participation
- All Priority Action activities are spearheaded by Lead and Contributing partners
- The Secretariat provides a *platform for collaboration*, facilitation and knowledge/information exchange to ensure achievement of objectives



PRIORITY ACTIONS 2009-2011

1. MNCH knowledge management system
2. Core package of interventions
3. Essential commodities globally and in countries
4. Strengthening human resources for MNCH
5. Advocacy for increased funding and positioning of MNCH in the development agenda
6. Tracking progress and commitment for MNCH



PRIORITY ACTIONS 2009-2011

1. MNCH knowledge management system

2. Core package of interventions

2.5

- Build credible platform for constituencies in maternal, newborn or child health, not dominated by any single area
- Build joint evidence base on essential interventions, health systems and domains related to MNCH
- Identify current knowledge gaps
- Build a single, easily accessible and robust knowledge portal, a “one-stop shop”

Achievements: PMNCH knowledge mapping is underway - will build linkages with the MHTF and Healthy Newborn Network information systems



PRIORITY ACTIONS 2009-2011

1. MNCH knowledge management system

2. Core package of interventions

3. Essential commodities globally and in countries

4. Core

- Develop consensus on a *core* package, derived from available packages
- Build consensus on the content, delivery and utilization strategies
- Increase demand through community outreach and other means
- Build agreement on "quick win" interventions while strengthening health systems to provide full package of services

Achievements: WHO, Academics and HCPAs are classifying interventions based on efficacy and delivery channels. Complete list to be available for consensus in early 2010



PRIORITY ACTIONS 2009-2011

1. MNCH knowledge management system
2. Core package of interventions

3. Essential commodities globally and in countries

4. Strengthening human resources for MNCH

- Reach a consensus on essential commodities required for MNCH
- Harmonize commodity management to be implemented in 25 partner (high-burden) countries identified by H4 (UNFPA, UNICEF, WB and WHO)
- Support in-country activities developing internal capacity

Achievements: Commodity management strategy agreed. Focused on gap identification linked to MNCH commodity production, procurement, forecasting, prequalification and supply chain issues.– partnering with H4 and others



PRIORITY ACTIONS 2009-2011

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5. Advocacy for increased funding and commitment of

- Ensure integrated human resource planning as part of national MNCH plans
- Strengthen health care professional associations involved in national health planning
- Provide a neutral consultation platform for key partners including the health care professional associations and civil society players

Achievements: WHO leading work on scoping tools for mapping HR for MNCH; assessment of progress of HCPA network work plans in Burkina Faso and Nigeria underway; technical support to country teams; Arab speaking country HCPA workshop: Amman, December 2009



PRIORITY ACTIONS 2009-2011

- Advance partner efforts to raise and mobilize an additional US\$30 billion for MNCH in 2009-2015
- Create and use opportunities to raise MNCH on agendas of high-level policy makers (UNGA, G8, G20, High Level Task Force)
- Ensure harmonization of messages to enable a consistent and collective push maximizing partners' comparative advantages and reducing duplication

gathering human resources for MNCH

5. Advocacy for increased funding and positioning of MNCH in the development agenda

6. Tracking progress and commitment for MNCH

Achievements: PMNCH/HLTF side event at the 2009 UNGA gathered 12 heads of states and yielded commitments for additional funding instruments and reduced user fees



PRIORITY ACTIONS 2009-2011

- Support and enhance efforts of the Countdown process and its work tracking the progress, coverage of interventions, policies and the funding for MDGs 4 & 5
- Build an accountability and information-sharing mechanism, which works in coordination with the Partners' own processes, for tracking commitments that Partners make in taking forward the MNCH agenda

and positioning of
MNCH in the development agenda

6. Tracking progress and commitment for MNCH

Achievements: Design of a framework to link donor pledges to commitments, disbursements, use and impact. Plan to complete and disseminate next round of Countdown studies developed.



MOVING FORWARD

- **To work with partners in a partner centric approach**
- **To promote partners' comparative advantages to reach MDGs 4&5.**



Thank you!

