The Partnership for Maternal, Newborn & Child Health

in support of
Every Woman Every Child

2015 Annual Report

Achieving the World We Want for Women, Children and Adolescents

“Developing strategies to deliver the 2030 agenda”
## Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CoIA</td>
<td>Commission on Information and Accountability for Women's and Children's Health</td>
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<td>EWEC</td>
<td>Every Woman Every Child</td>
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<tr>
<td>GFF</td>
<td>Global Financing Facility in support of Every Woman Every Child</td>
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<tr>
<td>iERG</td>
<td>independent Expert Review Group</td>
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<td>IAP</td>
<td>Independent Accountability Panel</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MSD</td>
<td>Multi-stakeholder Dialogues and Platforms</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<tr>
<td>PMNCH</td>
<td>Partnership for Maternal, Newborn &amp; Child Health (&quot;the Partnership&quot;)</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>SRMNCAH</td>
<td>Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health</td>
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<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
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<tr>
<td>UNGA</td>
<td>UN General Assembly</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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Table of Contents

Message from the Chair of the Board ......................................................... 4
Message from the Executive Director ....................................................... 5
The Partnership for Maternal, Newborn & Child Health ......................... 7
Executive Summary .................................................................................... 9
Key moments for the Partnership in 2015 .............................................. 14
The Partnership: 10 years of evidence-based action and accountability ......................................................... 16
Chapter 1: Introduction ............................................................................. 19
Chapter 2: The Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 and the evolving architecture for Every Woman Every Child ................................................................. 23
  2.1 An updated Global Strategy for the SDG era ........................................ 23
  2.2 The Global Financing Facility: A new funding model to achieve the SDGs ......................................................... 29
  2.3 Strengthening accountability: the Unified Accountability Framework and Independent Accountability Panel ......................................................................................... 32
  2.4 Generating commitments to the updated Global Strategy .................. 33
Chapter 3: 10 years of the Partnership: Delivering by 2015 and planning for the SDG era ................................................................. 35
  3.1 Delivering on the Partnership’s Strategic Framework 2012-2015 .................. 35
  3.2 Developing the Partnership’s new Strategic Plan for 2016-2020 ................ 41
  3.3 Communications .................................................................................. 46
Conclusion: Achieving the world we want by 2030 ........................................ 49
Financials: Funding the Strategic Framework 2012-2015 .......................... 51
Annex 1: Partnership Board Members ...................................................... 55
Annex 2: Overview of Partnership Membership ........................................ 58
Annex 3: Partnership 2015 Workplan and Results Chain ................................ 59
Annex 4: Partnership Strategic Plan 2012-2015 ........................................ 62
Annex 5: Partnership Publications in 2015 ............................................... 64
Annex 7: The Partnership for Maternal, Newborn & Child Health Strategic Plan 2016-2020... 70
2015 was the culmination of 15 years of global progress towards the goal of health for all and saw the adoption of the Sustainable Development Goals (SDGs) and the updated Global Strategy for Women’s, Children’s and Adolescents’ Health. The Partnership was instrumental in shaping the health component of the SDGs and we can also be proud of our work to help develop the updated Global Strategy. The key pillars of the Strategy are Survive, Thrive and Transform. This builds on the vision to end all preventable maternal, newborn and child deaths and to promote adolescent health. The updated Global Strategy recognizes the need to address the needs of people living in fragile and conflict settings, to build the resilience of health systems, improve the quality and equity of health services, and work with health-enhancing sectors.

The SDGs and the updated Global Strategy are integrated agendas that aim to ensure equity for all. Our challenge now is to translate this agenda to national, sub-national, community and family levels, across gender, age groups and sectors, so that no one is left behind.

The philosophy underpinning the SDGs and the Global Strategy is the result of deep reflection and appreciation of the magnitude of the task ahead of us. This means changing our mindsets and the way we do business. The new global accountability framework will help to ensure mutual accountability for results, resources, and rights impacting on the health and wellbeing of all.

Platforms and mechanisms to engage stakeholders and organizations to internalize mutual responsibilities and obligations at country level are imperative. These multi-stakeholder platforms should aim to align and commit all stakeholders to generate a national social pact.

Unprecedented human and financial resources will be required for implementation. We have taken an initial step to develop innovative financing through the Global Financing Facility (GFF), a multi-stakeholder partnership that supports country-led efforts for the Global Strategy for Every Woman Every Child, which is working to grow development finance by blending domestic and international, public and private resources, to accelerate investments in the health of women and children. However, this is only one contribution amongst others.

I was delighted by the establishment of a new Adolescent and Youth constituency for the Partnership in October 2015. This new constituency will ensure that the voices of young people are heard, recognized, respected and integrated into all policy- and decision-making processes. The participation of this vibrant new constituency will enhance our capacity to develop evidence-based priorities for resource allocation to improve adolescent health and will help us to hold governments and organizations to account on adolescent and youth issues in support of the updated Global Strategy.

I am proud of the work we have accomplished in 2015 and I am confident that we will continue to challenge ourselves to do more, to do better, to be innovative, and to be relentless in improving maternal, newborn, child and adolescent health. Our collective efforts will be much more impactful than when we work alone.

Graça Machel
Message from the Executive Director

This Annual Report reflects a year of significant milestones and achievement for the Partnership for Maternal, Newborn & Child Health. In 2015, we celebrated the 10th anniversary of the Partnership’s creation to achieve MDGs 4 and 5. We celebrated by playing a leading role in shaping the world’s efforts to advance the full continuum of care for women’s, children’s and adolescents’ health for the next 15 years to deliver on the SDG agenda.

As we worked to conclude our 2012-2015 Strategic Framework, we focused on our three priority areas—knowledge, accountability and advocacy. One great example was the Knowledge Summary on “Operationalizing human rights in efforts to improve health”, produced in collaboration with more than 10 partner organisations. This document highlights the importance of human rights principles and approaches in improving health and points to concrete examples of how to integrate human rights for women, children and adolescents along the life course. This year felt very much like a life-course with endings giving way to new beginnings. We launched our final Accountability report on the Global Strategy for Women’s and Children’s Health and wrapped up Countdown to 2015 with their tenth and final report: “Decade of tracking progress in maternal, newborn and child survival”. Both reports pave the way for how we deliver the SDGs and will shape our future accountability efforts. Our advocacy in 2015 centred on support for global, regional and local consultations to inform the updated Global Strategy. The consultation process strongly demonstrated our added value as an inclusive platform for: synthesizing and disseminating evidence, convening thousands of stakeholders across sectors and giving voice to the most marginalized communities.

2015 was also a time for us to ensure that the Partnership is fit for purpose to deliver the SDGs and that our new Strategic Plan for 2016-2020 is closely aligned with the Global Strategy. While developing the Strategic Plan through the course of the year, we asked ourselves some hard questions: How can we make sure that partner countries are at the center of the Partnership? How can we ensure the meaningful engagement of adolescents and youth, now that the Global Strategy embraces their concerns? Given the central role of the private sector to the SDG agenda, how can we work more effectively and build a stronger platform? Given the findings of the Success Factors studies in 2014, how does the Partnership work best with the health-related sectors? This important process of reflection was essential to ensuring that the new Strategic Plan reflects the needs and aspirations of our partners and the women, children and adolescents whom we are here to serve.

The achievements and activities documented in this report have been possible because of the commitment and hard work of the Partnership’s more than 700 partners, our Board, Secretariat staff, donors, champions and allies. I am grateful to them all for their support throughout this challenging and exciting year.

At the end of 2015, the global development landscape and strategic direction for sexual, reproductive, maternal, newborn, child and adolescent health, together with the architecture for accountability and financing, are stronger and more closely aligned than ever before. The Partnership has proven that we can deliver so much more by working together. I look forward to continuing to work with all our partners in 2016 to build on a decade of achievement so that we can make an even greater difference in the lives of every woman, child and adolescent, everywhere.

Robin Gorna
Achieving the World We Want for Women, Children and Adolescents

“Developing strategies to deliver the 2030 agenda”
Who we are

The Partnership for Maternal, Newborn & Child Health (The Partnership, PMNCH) is an alliance of more than 700 organizations in 77 countries from the sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) communities. Its membership represents eight constituency groups: academic, research and training institutions; adolescents and youth; donors and foundations; health care professional associations; multilateral organizations; non-governmental organizations; partner countries; and the private sector.

The Partnership was formed in 2005 to bring together the reproductive, maternal, newborn and child health communities in a common platform with the mandate to strengthen alignment and consensus building to support the achievement of the Millennium Development Goals (MDGs), especially MDGs 4 and 5, calling for the reduction of under-five child mortality and maternal mortality. The Partnership focused particularly on the importance of delivering the full continuum of care spanning sexual and reproductive health needs and rights of women and adolescents, pregnancy care, safe delivery, the first weeks of life and the early years of life.

The Partnership has played a central role in the Every Woman Every Child movement since the launch of the first Global Strategy for Women’s and Children’s Health (2010-2015) by the UN Secretary-General in 2010. In 2015, the Partnership championed the consultation process and mobilized a broad range of stakeholders from countries, regional bodies and global partners for the creation of an updated Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), coinciding with the adoption of the Sustainable Development Goals.

The Partnership’s vision for the future is fully aligned with the updated Global Strategy’s vision of a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies. The Partnership’s mission is to increase the engagement, alignment, and accountability of its partners by providing a multi-stakeholder platform that supports the successful implementation of the Global Strategy, enabling partners to achieve more together than any individual partner could do alone.
Executive Summary

A new era in development

2015 was a landmark year for the Partnership for Maternal, Newborn & Child Health and for the SRMNCAH community. In September - the same month that the Partnership observed the 10th anniversary of its creation in 2005 to accelerate action on MDG 4 and 5 - the UN General Assembly adopted the 2030 Agenda for Sustainable Development that established global development priorities for the next 15 years. SDG 3 (Ensure healthy lives and promote well-being for all at all ages) includes new targets for reducing maternal, newborn, under-five mortality and sexual and reproductive health. Other SDGs address issues of critical importance to the SRMNCAH community, including education, gender equality, sexual and reproductive rights, nutrition, governance and accountability, and continued efforts to strengthen development partnerships.

The Partnership – its Board members, partners, Secretariat and champions – were closely involved in advocacy related to the development of the SDGs throughout the year, including through the Partnership’s Post-2015 Working Group representing more than 50 partner organizations across all eight constituencies. The Partnership’s advocacy particularly focused on ensuring that the SDGs emphasize areas in which progress has lagged, such as stillbirths, newborns, sexual and reproductive health and rights, and adolescent health.

An updated Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030

Throughout 2015, the Partnership recognized the need to reshape and closely align the SRMNCAH agenda with the evolving SDG framework. The Partnership provided strong support for the development of the updated Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 by coordinating a global consultation process that enabled the voices of more than 7,000 individuals and organizations to be heard. This included civil society meetings in Bangladesh, Burkina Faso, India, Indonesia, Nepal, Panama, Peru, Philippines, South Africa, Tanzania, Thailand, Uganda, USA and Vietnam, as well as two regional consultations, citizens’ hearings in 23 countries in Africa and Asia, a focused effort to reach youth and adolescents and extensive inputs received through the Partnership’s online consultation hub. The consultations ensured that the updated Global Strategy is based on the priorities and needs of affected communities and that it receives broad commitment and support across the diverse SRMNCAH constituencies. The Partnership also led on the development of papers for work streams on advocacy, accountability and humanitarian settings that informed the updated Strategy.
In the updated *Global Strategy*, the Partnership has a clear role to play in engaging and aligning global stakeholders and promoting accountability, and will link this work to support for country planning and implementation (led by the H4+ and partners) and financing (led by the GFF Investors Group).

**The Global Financing Facility: a new funding model to achieve the SDGs**

The Partnership was an early contributor to the design of the GFF, which was launched in July 2015. More than 1,400 individuals and organizations contributed views on the GFF in online consultations and in-person meetings facilitated by the Partnership during its design phase in 2014 and 2015. A report summarizing these consultations was released by the Partnership in January 2015 and fed into the consultation process on the updated *Global Strategy*. The Partnership also played a key role in supporting civil society and private sector contributions to the development of the GFF and coordinating the selection of civil society and private sector representatives to its governing bodies.

**Strengthening accountability in women’s, children’s and adolescent health**

As part of its role in coordinating global accountability efforts under a unified accountability framework, the Partnership Board agreed in October to host the Secretariat for the Independent Accountability Panel (IAP) established in the updated *Global Strategy*. The Partnership also helped to coordinate nominations for the selection of the Panel’s members by the UN Secretary-General in late 2015. A first report from the IAP will be delivered in 2016, with more extensive reports on the global state of women’s, children’s and adolescent’s health and progress under the *Global Strategy* to be produced from 2017.

**Generating commitments to the updated *Global Strategy***

The Partnership worked closely in 2015 with the H4+ partners and members of the *Every Woman Every Child movement* to secure commitments to the updated *Global Strategy*. This included the development of resource materials, a communication strategy, outreach letters to constituency members and direct contact with potential commitment-makers. By the end of 2015, these efforts had resulted in an estimated U$25 billion in financial commitments through more than 140 written commitments from a broad range of stakeholders, including more than 40 national governments.
Delivering on the Partnership’s Strategic Framework 2012-2015

In the last year of the Partnership’s Strategic Framework 2012-2015, the Partnership continued to deliver on its core priorities of advocacy, knowledge dissemination and accountability, including through the publication of a new knowledge summary on human rights in the context of SRMNCAH and hosting or coordinating multi-stakeholder policy dialogues in Mozambique, Bangladesh and Zambia. The 2015 edition of the Partnership’s annual accountability report, Strengthening accountability: Achievements and perspectives for women’s, children’s and adolescents’ health, presents the final update on financial commitments to the Global Strategy for Women’s and Children’s Health 2010-2015 and looks ahead to the implementation of the updated Global Strategy for 2016-2030 by providing recommendations on how to advance accountability efforts.

The 10th and final Countdown to 2015 report, A Decade of Tracking Progress for Maternal, Newborn and Child Survival was also published in 2015. The report includes an updated country profile for each of the 75 Countdown countries, which together account for more than 95% of the world’s maternal, newborn, and child deaths. The Partnership, which served as the Secretariat and main advocacy partner for Countdown during the past 10 years, will remain a close partner of the future Countdown initiative, to be known as Countdown to 2030. The next Countdown will continue its global reporting and production of country profiles focused on coverage of interventions. It will also increase its country focus by establishing a network of regional centres responsible for preparing independent assessments. Countdown’s data and technical analyses will continue to be fed into other global accountability processes, such as the annual reports to be produced by the Independent Accountability Panel.

A new Strategic Plan for 2016-2020

The Partnership’s Strategic Plan for 2016 to 2020 was developed in light of changes in the external environment, including the transition from the MDGs to the SDGs and the updated Global Strategy, as well as a process of internal reflection on experience delivering on the Strategic Framework 2012-2015 and an independent external evaluation of the Partnership conducted in 2014.

The process of developing the Strategic Plan required the Partnership to explore several key strategic challenges throughout the course of 2015. To ensure that the Partnership is more closely engaged with countries, an intensive consultation process involving around 50 country governments was undertaken to ascertain countries’ expectations of the Partnership and its role in supporting and engaging with countries at global, regional and country levels. In October, the Board formally
approved an adolescent and youth constituency as the Partnership’s eighth constituency group, setting a new standard for inclusiveness in global health and development. The Board also endorsed a proposal for the Secretariat, the private sector constituency and the UN Foundation to work together to build a new model for more integrated and effective private sector engagement to support Every Woman Every Child and the implementation of the Global Strategy.

To promote greater intersectoral collaboration - a strong emphasis of the SDGs - the Partnership convened two meetings of global partnerships in 2015 that brought together alliances operating in health, nutrition, education, water and sanitation, gender equality, social protection and energy to identify practical ways of working together and improving coordination, particularly with regard to accountability. These efforts led to a joint commitment to the updated Global Strategy in September 2015 under the
name of the “Alliance of Alliances”. An initiative also began to review and strengthen the Partnership’s governance, including membership, governance structures and processes, as well as the structure of the Secretariat.

The new Strategic Plan was approved by the Board in October. The plan includes four strategic objectives: 1) Prioritizing engagement in countries; 2) Driving accountability; 3) Focusing action for results, and 4) Deepening partnership.

A new Business Plan for the period 2016-2018 will serve as the basis for annual costed work plans and the Partnership’s future resource mobilization efforts.

In a year of reflection, transition and looking ahead, 2015 provided further evidence of the added value of the Partnership as an inclusive platform for synthesizing and disseminating evidence, convening partners and stakeholders across sectors, and giving voice to the most marginalized communities.
Achieving the World We Want for Women, Children and Adolescents
“Developing strategies to deliver the 2030 agenda”

Key moments for the Partnership in 2015

**January**
- The Partnership releases a consultation report on the GFF in support of *Every Woman Every Child* to provide input into the Facility’s business planning process and the development of an updated *Global Strategy*.

**March**
- UN Secretary-General launches progress report on the 2010-2015 *Global Strategy*, highlighting progress made and lessons learned over the past five years.
- The Government of Bangladesh, along with the Partnership and other organizations, convene a Multi-stakeholder Dialogue on “Shared Services in Health: A Digital Opportunity” in support of Bangladesh’s efforts to integrate information and communication technologies into the health system as part of the Digital Bangladesh Vision 2021.
- A Partnership report synthesizes the views of more than 4,550 organizations and individuals that contributed to the first round of consultations on updating the *Global Strategy*.

**April**
- The zero draft *Global Strategy* goes online for consultation. Inputs from this round will be used to develop the final version of the *Global Strategy* prior to its launch in September.

**May**
- The Partnership’s 16th Board meeting concludes with key decisions on a Strategic Framework that will guide and shape the work of the Partnership from 2016 to 2020.
- Endorsement of the updated *Global Strategy* and GFF in G7 Leaders’ Summit Communiqué as result of joint advocacy by the Partnership and other members of the SRMNCAH community.

**June**
- The Abu Dhabi Declaration is signed at a meeting of experts focused on addressing humanitarian challenges in the updated *Global Strategy*. This is part of an initiative by the Partnership and WHO to sponsor cross-sector collaboration to highlight the specific issues confronting women and children in fragile and conflict settings.
- The Partnership and WHO conduct a training workshop in Mozambique for facilitators of Multi-stakeholder Dialogues.
- The Government of India, in collaboration with EWEC partners including the Partnership and WHO, brings together 120 senior representatives from many sectors at a two-day consultation meeting, as part of the process to update the *Global Strategy*.
- First round of a two-phase online consultation to update the *Global Strategy* kicks off, led by the Partnership.
- The Partnership releases the final report on feedback from consultations on the zero draft *Global Strategy*— synthesizing the views of more than 2,450 organizations and individuals—highlighting emerging themes, issues that remain to be addressed and a series of recommendations.

Endorsement of the updated *Global Strategy* and GFF in G7 Leaders’ Summit Communiqué as result of joint advocacy by the Partnership and other members of the SRMNCAH community.

Countdown to 2015 releases case studies on Ethiopia and Tanzania.

The Partnership releases the final report on feedback from consultations on the zero draft *Global Strategy*—synthesizing the views of more than 2,450 organizations and individuals—highlighting emerging themes, issues that remain to be addressed and a series of recommendations.
July

The Partnership invites more than 40 adolescent and youth leaders to meet in London to develop proposals for meaningful participation in its work. Participants agree to advocate for a new constituency and integration of their issues and concerns throughout the work of the Partnership.

The Partnership convenes a meeting of global partnerships from across health-related sectors at a meeting in London to explore how sectors could work together to deliver on the SDGs. Participants agree to form an “Alliance of Alliances” network for joint action and accountability.

The Partnership participates in the launch of the GFF in support of Every Woman Every Child at the Financing for Development conference in Addis Ababa, welcoming this innovation and helping to ensure that youth voices are heard.

Every Woman Every Child, supported by the Partnership, kicks off a drive for sustainable, innovative long-term focused commitments to the Global Strategy ahead of its September launch.

August

The Partnership promotes draft indicators for the SDGs through a consensus statement endorsed by 150 partners.

A Call to Action Summit hosted by the Government of India, a member of the Partnership Board, concludes with Ministers and delegates adopting the Delhi Declaration on ending preventable maternal and child deaths.

September

The Partnership Board members, partners and Secretariat author papers on national leadership, finance, accountability, and advocacy published in a special supplement by the British Medical Journal highlighting the critical actions and investments that will have the greatest impact on the health of women, children and adolescents.

The Partnership helps secure an estimated $25 billion in commitments to the updated Global Strategy.

The Partnership’s 2015 Accountability Report on Global Strategy commitments is launched and reports that 75 percent of financial pledges have been disbursed since 2010. It makes key recommendations for future efforts on accountability.

The Partnership leadership participates in the first in-person meeting of the GFF Investors Group facilitating representation from the Private Sector and NGOs.

At the UN General Assembly, the Partnership brings together 300 partners at the 4th annual Accountability Breakfast; convenes “Alliance of Alliances” partners to discuss accountability; and holds a country-led discussion on the Global Strategy operational framework.

The Partnership celebrates the 10th anniversary of its creation to advance progress on MDGs 4 and 5.


Adolescents and Youth become the Partnership’s eighth constituency.

The Government of Zambia convenes a Multi-stakeholder Dialogue on SRMNCAH, supported by WHO and the Partnership.

Countdown to 2015 releases final report – A Decade of Tracking Progress for Maternal, Newborn and Child Survival – featuring new data and analyses for 75 countries that account for 95 percent of all maternal and child deaths.

The Partnership issues a global call for candidates to join the UN Secretary-General’s new Independent Accountability Panel, establishing a dedicated working group to review and shortlist applications.

November

Stakeholders meet in Geneva for a consultation on accountability, convened by WHO with the Partnership, to reflect on the work of the Commission on Information and Accountability for Women’s and Children’s Health (CoIA) and the independent Expert Review Group (IERG) and chart a way forward for a new global Unified Accountability Framework focused on results, resources and rights.

The Partnership calls for women’s, children’s and adolescents’ health to be a priority for UHC during the International Conference on UHC hosted by Japan. Partnership Executive Director Robin Gorna, Board member Nicole Klingen (World Bank) and others lead on a commentary in The Lancet on UHC and SRMNCAH to mark Universal Health Coverage Day.

Partnership Board Chair Graça Machel submits a shortlist of nominations for the Independent Accountability Panel to the UN Secretary-General.

December

The Partnership promotes draft indicators for the SDGs through a consensus statement endorsed by 150 partners.

A Call to Action Summit hosted by the Government of India, a member of the Partnership Board, concludes with Ministers and delegates adopting the Delhi Declaration on ending preventable maternal and child deaths.

Three years’ of Partnership advocacy translates into a range of targets relating to SRMNCAH in the proposed outcome document of the SDG Summit.
The Partnership: 10 years of evidence-based action and accountability.

10 YEARS of evidence-based action and accountability.

The Partnership joins the sexual, reproductive, maternal, newborn, child and adolescent health communities into an alliance of more than 275 partner organizations. Our mission is to increase the engagement, alignment and accountability of these partners, by creating a multi-stakeholder platform that will support the successful implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health, enabling partners to achieve more together than any individual partner could do alone.

September 2005
The Partnership is born. Maternal, newborn and child health (MNCH) alliances come together to achieve MDGs 4 and 5.

Kul Gautam, UNICEF, named Founding Chair.

2005

2006

2007

2008

2009

2010

WHO WE ARE
Partners include academic, research and teaching institutions; adolescents and youth; donors and foundations; health-care professional associations; multilateral organizations; non-governmental organizations; partner countries; and the private sector.

April 2007
First Partner’s Forum in Tanzania brings together all partners for the first time.

December 2007
Joy Phumaphi, The World Bank, named Board Chair.

September 2008
Launch of Countdown to 2015 report in South Africa informs action by the Inter-Parliamentary Union.

December 2009
Julio Frank, Harvard University named Board Chair.

September 2009
The Partnership launches first-ever global MNCH consensus informed by the high-level Task Force on Innovative Financing.

The Partnership: 10 years of evidence-based action and accountability.

2005

2006

2007

2008

2009

2010

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The Partnership for Maternal, Newborn & Child Health 2015 Annual Report

The Partnership: 10 years of evidence-based action and accountability

SEPTEMBER 2011
The Partnership launches first-ever report on tracking commitments to the Global Strategy.

MAY 2012
7th Constituency formed: The Private Sector.

APRIL 2013
Graça Machel: named Board Chair.

DECEMBER 2013

JUNE 2014
The Partnership co-hosts 3rd Partners’ Forum in South Africa, bringing together 1200 partners from 60 countries.

SEPTEMBER 2015
The Partnership supports consultation and development of the Global Strategy for Women’s, Children’s and Adolescents’ Health, launched by the UN Secretary-General with US$25 billion commitments from multiple partners.

OCTOBER 2015
8th constituency formed: Adolescents and Youth

PMNCH marks 10 great years and more to come!

2011
The Partnership, WHO and Aga Khan University broker consensus on Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health.

2012
IPU

2013
Success Factors studies and Every Newborn Action Plan highlight need for multisectoral collaboration

2014
725 Partners

2015
427 Partners

545 Partners
Chapter 1

Introduction

2015: A year of reflection, transition and looking ahead

2015 was a landmark year for The Partnership for Maternal, Newborn & Child Health and for the SRMNCAH community. In September, the Partnership observed the 10th anniversary of its creation in 2005 to accelerate action on MDGs 4 and 5. Over this decade, remarkable progress had been achieved. By 2015, global under-five mortality rates had declined by more than half - from 90 to 43 deaths per live births - since 1990, while in the same period the number of deaths of children under five had declined from 12.7 million per year to less than 6 million. Efforts to achieve MDGs 4 and 5 greatly accelerated progress: in sub-Saharan Africa, the annual rate of reduction of under-five mortality was more than five times faster during 2005-2013 than it was during 1990-1995. Since 1990, the maternal mortality ratio declined by 45 percent worldwide, with most of the reduction occurring since 2000.\(^1\)

Despite progress made in improving the lives of women, children and adolescents around the world over the last 15 years, much remains to be done. Newborn mortality rates currently account for 44 percent of all under-five mortality, even though the knowledge and tools to save these young lives exist.\(^2\) Eight hundred women still die each day from largely preventable causes before, during and after the time of giving birth; 99 percent of these deaths occur in low- and middle-income countries and the risk of death is disproportionately high among the poorest and most vulnerable women.\(^3\) The unfinished agenda of the MDGs includes the need for greater attention to maternal mortality and morbidity, accompanied by improvements along the continuum of care for women, children and adolescents and a stronger focus on newborn and child survival and sexual and reproductive health.

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2. Every Newborn Progress Report, 2015.
More effort is also needed to address violence, gender inequality and social, economic and political marginalization that prevent women, children and adolescents from accessing the health and social services that they need. An urgent need remains to address pockets of inequity, in particular in humanitarian and fragile settings, where rates of ill health and mortality are among the highest.

Within this context, the global health and development landscape evolved significantly in 2015 with the end of the MDG framework and the adoption of the 2030 Agenda for Sustainable Development by the UN General Assembly in September 2015. SDG 3 (Ensure healthy lives and promote well-being for all at all ages) includes new targets for reducing maternal, newborn, under-five mortality and achieving sexual and reproductive health and rights (SRHR). Other SDGs address a range of issues of importance to the SRMNCAH community, including education, gender equality, sexual and reproductive rights, nutrition, non-communicable diseases, water and sanitation, governance and accountability, as well as further efforts to strengthen development partnerships.

The Partnership – its Board members, partners, Secretariat and champions – has been closely involved in advocacy related to the development of the SDGs, including through the Partnership’s Post-2015 Working Group that represents more than 50 partner organizations across all eight constituencies, including youth organizations involved in the development of the Partnership’s adolescent and youth constituency. Since its establishment in 2013 at the request of the Partnership’s Board, the Working Group has helped to coordinate advocacy efforts within the SRMNCAH community to ensure that its priorities are addressed within the post-2015 development agenda, including through the development of policy and position papers, thematic consultations, editorials and other initiatives. In 2015, the Partnership’s advocacy particularly focused on ensuring that the SDG monitoring framework emphasizes areas in which progress has lagged, such as stillbirths, newborns, sexual and reproductive health and rights, and adolescent health.
Throughout 2015, the Partnership recognized the need to reshape and closely align the SRMNCAH agenda with the evolving SDG framework. Accordingly, its work in 2015 focused on two major objectives:

- Supporting the development of the updated *Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)*, along with a refreshed global architecture to deliver on and fund the promises of *Every Woman Every Child*, notably through the establishment of the Global Financing Facility and an Operational Framework for the updated *Global Strategy*.

- Development of a new Strategic Plan for the Partnership for the period 2016-2020 that articulates its role in supporting the implementation of the updated *Global Strategy* and implementation of the SDGs.

These two major activities for the Partnership in 2015 are discussed in detail in Chapters 2 and 3 respectively. Chapter 3 also describes core activities of the Partnership in 2015 to deliver in the final year of its Strategic Framework for 2012-2015.
Chapter 2

The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) and the evolving architecture for Every Woman Every Child

2.1 An updated Global Strategy for the SDG era

The first objective of the Partnership’s 2015 workplan was to mobilize political support for and contribute to the development of an updated Global Strategy for Women’s, Children’s and Adolescents’ Health for the next five years, including an accompanying operational framework to support national implementation. The updated Global Strategy was launched during the 70th session of the UN General Assembly in September 2015 on the sidelines of the SDG Summit. The updated Strategy is a roadmap for ending all preventable maternal, newborn and child deaths - including stillbirths - by 2030 and accelerating improved health and wellbeing for women, children and adolescents. It was conceived as a “front-runner” strategy to help drive progress in achieving the SDGs and is therefore closely aligned with the evolving architecture to finance and deliver on the SDGs (see Annex 6). This includes the Global Financing Facility in support of Every Woman Every Child, launched in July 2015, and an Independent Accountability Panel, the Secretariat for which will be hosted by the Partnership.

The launch of the updated Global Strategy, GFF, and IAP were preceded by a major process of consultation undertaken by the Partnership in late 2014 and 2015 through its members and the broader SRMNCAH community. In addition, the Partnership contributed to the development of the Global Strategy’s Operational Framework, a five-year plan for country implementation developed with leadership by the Government of India and Partners in Population and Development with the support of UNICEF.

This chapter highlights key contributions made by the Partnership to the Global Strategy consultation process in 2015.
Partnership-supported strategy consultations: Thousands of voices heard

From November 2014 to June 2015, more than 7,000 individuals and organizations, representing a wide range of stakeholders and countries from all regions of the world, contributed to the consultation and drafting of the updated Global Strategy through a global consultation process supported by Every Woman Every Child and coordinated by the Partnership. At each stage of the process, an opportunity to provide feedback and comments was provided, using a range of online and offline instruments, including a dedicated web hub (www.WomenChildrenPost2015.org). The consultations ensured that the updated Global Strategy is based on the priorities and needs of affected communities and that it receives broad commitment and support across the diverse SRMNCAH constituencies.

Key steps in the consultation process included:

- **A preliminary round** (November–December 2014), in which 1,400 individuals and organizations provided views on the experience of delivering on the Global Strategy for Women’s and Children’s Health (2010-2015) and the MDGs, as well as initial views on priority areas that should be included in the new Strategy. This round took place alongside a consultation process focused on recommendations for the development of the GFF.

- **Priorities for the Global Strategy** (February–March 2015): The views of more than 4,550 organizations and individuals were collected in this round of the consultation, which was specifically focused on identifying what the updated Strategy should include and how it should build on the strengths and limitations of the 2010-2015 Global Strategy for Women’s and Children’s Health. Views were collected through an online survey and a range of global, regional and national consultation events, side events at national and regional meetings and other opportunities.

- **Feedback on the Global Strategy work stream papers** (March-April 2015). Work streams were created to produce an evidence base for the new strategy leading to the development of strategy papers on national leadership, accountability, advocacy and financing; technical papers on women’s, children’s and adolescent’s health and maternal and newborn health, and cross-cutting papers on early child development, nutrition, health systems, multi-sectoral determinants of health, human rights, and financing. More than 150 sets of comments on the draft work stream papers were received. The papers were then revised and published in a special issue of the British Medical Journal in September 2015 entitled “Towards a New Global Strategy for Women’s, Children’s and Adolescents’ Health”. Partnership Board members, Secretariat staff and consultants led on five of these papers (addressing national leadership, financing, advocacy, accountability and humanitarian settings) and contributed to several others, reflecting their leadership roles in key content areas.
Feedback on the zero draft of the Global Strategy (May-June 2015): Nearly 2,500 individuals and organizations provided feedback on the zero draft Global Strategy through a range of instruments including an online survey and at events such as a regional stakeholder consultation in Johannesburg, a high-level event at the World Health Assembly, and citizen hearings in five countries.¹

Representation on the Strategy and Coordination Group: Throughout 2015, several members of the Partnership’s Board and the Executive Director took part in the Every Woman Every Child Strategy and Coordination Group (SCG), established to oversee the development of the Global Strategy. In this role, the Partnership worked to ensure that findings from the consultations were reflected in the development of the Global Strategy.

Highlights of major consultation events are described in further detail below.

Online surveys and consultations

Overall, nearly 2,500 people responded through the online web hub. Comments emphasized the need for the updated Global Strategy to include a stronger focus on adolescent health and human rights-based approaches, the importance of addressing inequities and the particular health needs of women, children and adolescents in humanitarian settings. The need for an expanded focus on sexual and reproductive health and rights (including abortion services), breastfeeding and gender equality were also frequently mentioned.

Regional stakeholder consultations

Two regional stakeholder consultations on the updated Global Strategy involving more than 500 participants were coordinated by the Partnership, WHO and national partners under the banner of Every Woman Every Child.

The first regional consultation, held on February 26-27 in New Delhi, India, gave government, UN, private sector, youth and civil society stakeholders from India and around the world the opportunity to discuss priorities and approaches proposed for the updated Global Strategy based on lessons learned from national experiences. Country ownership was recognized as central to the success of the updated Strategy and it was broadly acknowledged that governments must play a leading role in implementing the Strategy through national policies, allocating adequate financial resources, adopting supportive legislation, training and empowering health workers, improving quality standards and measuring progress.

The second regional consultation took place in Johannesburg, South Africa, in May. Participants reviewed progress made under the 2010-2015 Global Strategy, reviewed and made recommendations on the zero draft of the updated strategy, and suggested approaches to generate political engagement.

Participants in the consultation recommended that, to reduce the complexity of the public health landscape in the region, the updated Global Strategy should be aligned with existing regional initiatives and platforms. These include the Common African Position on the Post-2015 Development Agenda, the Campaign for Accelerated Reduction of Maternal Mortality, regional commitments on Universal Health Coverage and ending preventable maternal and child deaths by 2035, and Agenda 2063: The Africa We Want.

Participants in the regional consultations welcomed the focus on adolescent health in the zero draft of the updated Global Strategy, while also recommending increased focus on a range of issues, including preventive services and community engagement; transformative actions to realize human rights; actions in humanitarian settings; ensuring the availability of disaggregated data by age and gender, and strengthening health systems for Universal Health Coverage. Increasing use of technology, partnerships with the private sector and engagement of young people, and alignment of partner resources from different constituencies in support of government priorities across the continuum of care, were also discussed.

**Civil society and youth consultations**

The Partnership supported many national civil society consultations. These included meetings in Bangladesh, Burkina Faso, India, Indonesia, Nepal, Panama, Peru, Philippines, South Africa, Tanzania, Thailand, Uganda, United States, and Vietnam.

Prior to both the New Delhi and Johannesburg stakeholder consultations, the Partnership also supported national civil society groups to hold pre-meeting sessions. Recommendations emerging from the meetings were fed into the subsequent regional consultations. These included recommendations to highlight the importance of rights-based approaches, with a strong focus on adolescent health and gender-based violence; the need to ensure youth participation in national and regional platforms; the importance of stronger intersectoral collaboration to address determinants of health; the need for stronger health information systems and for governments to finance national health plans to implement the SDGs, as well as the importance of accountability for all stakeholders at all levels.
The Partnership focused on ensuring that young people and youth-led organizations were central to the consultation process. Under the guidance of an adolescent advisory group, the Partnership developed youth-friendly consultation tools, undertook targeted social media campaigns to attract youth voices, and worked through key youth networks to conduct outreach. For instance, the Hriday NGO in India translated the survey and took it to schools to be filled out by adolescents. Women Deliver simplified the language on survey questions and distributed it to youth leaders around the world. AfriYAN, a regional youth network in Africa, supported regional and country youth consultations. The Girls’ Globe network organized youth-focused Google hangouts to solicit feedback.

In addition, a consultation prior to the Johannesburg regional meeting brought together youth leaders from 13 eastern, southern, central and western African countries. These young people expressed strong support for the inclusion of adolescent health in the updated Global Strategy. Participants stressed the need for the updated Strategy to take advantage of interest in Africa in investing in the holistic development of youth and adolescents in order to harness the “demographic dividend” and position adolescent health within the broader development agenda. Participants also called for increased use of age-disaggregated data to inform programming and resource allocation for adolescents’ health. They also emphasized the need for adequate funding for adolescent health and stressed the need for meaningful and active youth participation in governance structures and accountability mechanisms for the Global Strategy.

Citizens’ hearings

An innovative approach to consultation on the Global Strategy was undertaken through the Partnership’s NGO constituency, with Board members International Planned Parenthood Federation, Save the Children, White Ribbon Alliance and World Vision International mobilizing tens of thousands of citizens in 23 countries across Africa and Asia between January and June 2015. More than 100 “citizen hearing” events were held in villages, districts and capital cities, engaging local citizens, health workers, local leaders and media. Drawing on the success of public hearing approaches to improve accountability on the health of women, children and adolescents pioneered in India, Nepal and Nigeria, a Citizens’ Hearings Toolkit was developed by sponsoring partners for use by local and national action networks. Citizen-led recommendations on country priorities were developed during these hearings, and strong calls were made for citizen inclusion in
decision-making. Many of the hearings highlighted the importance of participatory accountability in the updated Global Strategy and the SDGs. The recommendations from the hearings at district and national levels were taken to the 2015 World Health Assembly in Geneva, where citizens, NGOs, government delegations and UN agencies met for the first ever Global Citizens’ Dialogue on accountability for SRMNCAH. This innovative approach successfully brought citizen’s voices from the village to the global level.

The Post-2015 Working Group

The Partnership’s Post-2015 Working Group worked during 2015 to align partners around a common set of indicators across SRMNCAH-related targets in the SDGs, expressing its consensus through a joint statement on indicators endorsed by more than 150 organizations. The Working Group also proposed a set of targets to the Global Strategy writing team that was used as an input in the selection of the final Global Strategy targets.

World Health Assembly

The zero draft of the Global Strategy was shared with WHO Member States at the 68th World Health Assembly in May 2015 and was also discussed at several side events, including a high-level moderated discussion co-sponsored by the governments of Canada, India, Norway, South Africa, United Arab Emirates and United States and supported by the Partnership and WHO.

70th UN General Assembly

At the time of the Global Strategy launch during the MDG Summit at the United Nations in New York in September 2015, the Partnership hosted several side events to promote the Strategy and kick off implementation.

The annual accountability side event, co-hosted by The Partnership, Countdown to 2015 and the Independent Expert Review Group (iERG), featured the presentation of the iERG’s final report to the WHO Director-General; presentation of new data from Countdown to 2015 on country successes and the Partnership’s 2015 Accountability Report on ‘Strengthening Accountability: Achievements and Perspectives for Women’s, Children’s, and Adolescents’ Health’ (see Chapter 3.1). The side

event attracted a record number of 300 participants and included discussions on evidence progress in SRMNCAH over the past five years, scaling up for the post-2015 era and future directions for accountability processes. An additional side event among global partnerships was also held to discuss intersectoral collaboration and joint accountability for the SDGs. This event is discussed under Section 3.3 (Developing the Partnership’s Strategic Plan 2016-2020).

Another meeting organized by the Partnership on the sidelines of the General Assembly involved a dialogue among the four country members of the Partnership Board (India, Indonesia, Nigeria and Tanzania), including the participation of the South African Minister of Health. This meeting highlighted best practices and experiences from countries that have achieved improvements in health outcomes for women, children and adolescents, particularly those linked to the implementation of the 2010-2015 Global Strategy. Feedback was also obtained from partner governments on the further development of the updated Strategy’s Operational Framework to ensure that the implementation of the Global Strategy supports countries’ ambitions and needs.

2.2 The Global Financing Facility: A new funding model to achieve the SDGs

First announced at the UN General Assembly in September 2014, the GFF in support of Every Woman Every Child was formally launched in July 2015 at the Third International Conference on Financing for Development in Addis Ababa, Ethiopia. The Partnership has played an important role in shaping this important new financing platform for achieving the SDGs and the goals of the updated Global Strategy. The GFF aims to provide smart, scaled and sustainable financing to support country-led investment plans for women’s, children’s and adolescents’ health.

With a secretariat hosted by the World Bank - and a dedicated Trust Fund allocated to 12 countries that accounted for more than 60% of maternal and child deaths in the 63 GFF-eligible countries - the GFF aims to attract and align resources from a broad range of domestic and international partners and to leverage the World Bank’s IBRD and IDA instruments. The GFF brings together multilateral institutions, regional banks, the H6 group of agencies, GAVI Alliance, the Global Fund to Fight AIDS, TB and Malaria, civil society and the private sector in support of nationally determined investment cases to scale
up priority investments in SRMNCAH. The GFF model acts as a pathfinder for development financing in the SDG era, shifting focus from traditional Official Development Assistance towards an approach that combines domestic and international funding with innovative funding sources aligned behind country-led plans. The GFF will seek to mobilize public and private sector resources to close the $33 billion annual funding gap for SRMNCAH.

*Partnership-supported consultations on the Global Financing Facility*

The Partnership has been closely involved in the GFF process since the beginning. In 2014-2015, the Partnership participated in the GFF Oversight Group that was responsible for guiding the design phase of the Facility.

To support the development of the GFF, the Partnership organized a broad consultation process to enable the dissemination of information and inputs from stakeholder groups to GFF planners. A consultation platform using approaches such as constituency-based outreach and online tools was launched in late 2014 and expanded in early 2015 to gather inputs on the GFF from partners and the wider health and development community. More than 1,400 individuals and organizations contributed views on the GFF in online consultations and in-person meetings facilitated by the Partnership. A report summarizing these consultations was released by the Partnership in January 2015. Participants in the consultations strongly supported the central aim of the GFF to build long-term domestic financing for women’s and children’s health in the context of the updated *Global Strategy* and to mobilize additional financing for SRMNCAH. They also supported the broad approach of strong national plans backed by broadly agreed financing roadmaps that reflected country leadership, priorities, and decision-making processes, and emphasized the need for the GFF to contribute to improved harmonization – rather than further fragmentation – of SRMNCAH financing.

The Partnership consultations reflected a strong commitment by stakeholders to accountability and recommended that the GFF should seek to build a much broader coalition of partners among donors, countries and health and non-health sector stakeholders, and that it should develop a political advocacy strategy to foster a better understanding about the GFF within and beyond the health sector. Respondents to the online survey recommended that the GFF should develop a set of operating principles that incorporated the promotion of human rights; transparency and openness; the promotion of multi-sectoral collaboration; the inclusion of civil society in global/country-based accountability processes, and that eligibility for funding should extend to all elements of the updated *Global Strategy*, including sexual and reproductive health and rights.
GFF Investors Group

Following the launch of the GFF in July 2015, an Investors Group was established to guide and ensure effective complementary financing of SRMNCAH investment cases; to create an enabling environment for long-term financial sustainability of SRMNCAH and health programmes; to mobilize additional domestic and international (including private sector) resources and ensure effective financing for investment cases; and to monitor the performance of the GFF and foster learning among co-investors based on country experiences.

The Partnership facilitated the nomination of two civil society representatives and one private sector representative to the Investment Group. Partnership Board Chair Graça Machel is a member of the Investment Group and is responsible for representing the collective view of the Partnership, and there is a substantial overlap in membership between the Partnership’s Board and the Investors Group. The Partnership Secretariat provides support to these representatives in their constituency engagement and preparation for GFF Investors Group meetings, convening regular meetings and briefings of all members as well as information-sharing processes within its constituency groups and through its web and social media platforms.

Strengthening civil society and private sector engagement in the Global Financing Facility

Throughout 2015, the GFF business planning and implementation processes were of major interest to the Partnership’s Board and constituency groups, including its NGO and private sector partners. Ensuring the close engagement of these two constituencies in the GFF was a priority for the Partnership in 2015.

Meaningful engagement of civil society in SRMNCAH country platforms is critical for achieving the goals of the Global Strategy and the SDGs. Multi-stakeholder country platforms are the core of the Global Strategy architecture (see Annex 6), as well as a key space for aligning resources through the GFF. In November, the Partnership coordinated a meeting of 45 civil society representatives from 13 countries, including 10 of the 12 GFF countries, in Nairobi. The meeting brought together key global and regional members of the GFF Civil Society Coordination Group with representatives of country level civil society organizations. The objective of the meeting was to discuss the experience of civil society organizations in engaging in the GFF at country level, and to make recommendations for strengthening civil society engagement where required.

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6. The 10 countries attending the meeting were Cameroon, DRC, Ethiopia, India, Kenya, Uganda, Liberia, Mozambique, Nigeria, and Tanzania. Representatives from two other GFF countries, Bangladesh and Senegal, did not attend the civil society meeting.
Participants called for systematic inclusion of civil society in SRMNCAH country platforms; the adoption of “minimum standards” for participation, inclusiveness, transparency and accountability of these platforms; better information flow to civil society, and the provision of resources for civil society engagement in GFF countries and the Civil Society Coordination Group. The adoption of minimum standards in GFF countries and strengthened civil society engagement remains a key Partnership advocacy goal.

The Partnership’s Private Sector constituency was actively involved in shaping the GFF by developing an initial background paper to inform early thinking on private sector engagement in the GFF, participating in country-level Investment case discussions, and representation and policy inputs through the GFF Investors Group. As a result of these engagements, a GFF private sector engagement strategy is currently under development. Ensuring appropriate country level engagement and representation of the private sector remains a challenge. The Private Sector constituency continues to work with the GFF to ensure that the private sector is able to fully leverage its capabilities and to define criteria and priorities for targeted private sector GFF investments.

2.3 Strengthening accountability: the Unified Accountability Framework and Independent Accountability Panel

Increased accountability for resources and results is a key element of the SDGs, the updated Global Strategy and the architecture established to deliver on them. The Global Strategy emphasizes the importance of establishing a Unified Accountability Framework (UAF) that will provide a structure and system to strengthen accountability at the country, regional and global levels and between different health-enhancing sectors. The UAF builds on experience implementing the recommendations of the 2011 Commission on Information and Accountability for Women’s and Children’s Health (CoIA) between the 2011 and 2015 period and the findings of the iERG.

From 2016, an Independent Accountability Panel, the secretariat for which will be hosted by the Partnership, will carry forward the work of CoIA. The iERG’s 2014 report called for the creation of this new independent review group to monitor, review and accelerate global and country progress during the term of the SDGs. The annual report produced by the IAP will use information routinely provided from United Nations agencies and independent monitoring groups. It will include results reported against Global Strategy actions and targets; a review of key policy commitments and their implementation by the global health community; a review of good practice and innovations; a review of major bottlenecks to implementation, and recommendations and guidance for all stakeholders on how to accelerate progress. A first statement from the IAP will be delivered in 2016, with more extensive reports to be published from 2017.
The IAP is a key part of the UAF, which is designed to support the progress review of the SDGs to be undertaken by the High-Level Political Forum on Sustainable Development, as well as political bodies such as the World Health Assembly and the Inter-Parliamentary Union that should also regularly review progress on the Global Strategy.

After the launch of the Global Strategy in September and the Partnership Board’s formal agreement to host the IAP Secretariat in October, the Partnership took a number of rapid steps to assume this responsibility, including:

- Working with WHO to hold a stakeholder consultation in Geneva in November 2015 to highlight lessons from accountability under the 2010-2015 Global Strategy, including the contributions of CoIA and iERG to advancing women’s, children’s and adolescents’ health;
- Coordinating the nomination process for IAP members and submitting a shortlist of potential panel members to the UN Secretary-General;
- Re-convening the Partnership’s Post-2015 Working Group to consult on indicators for monitoring the Global Strategy and providing inputs to the multi-stakeholder technical working group established for this process by WHO;
- Preparing for an accountability stakeholder meeting in early 2016 to agree roles and responsibilities in implementing the UAF; and
- Groundwork for operationalizing the IAP Secretariat.

2.4 Generating commitments to the updated Global Strategy

In 2015, the Partnership worked closely with the H4+ partners and members of Every Woman Every Child’s Strategy and Coordination Group to secure new commitments to the updated Global Strategy. This included the development of resource materials, a communications strategy, outreach letters to constituency members and direct contact with potential commitment-makers. By the end of 2015, these efforts had resulted in an estimated $25 billion in financial commitments through more than 140 written commitments from a broad range of stakeholders, including more than 40 national governments. In 2016, the Partnership will continue its work to ensure that the updated Global Strategy generates additional commitments.
Chapter 3
10 years of the Partnership: Delivering by 2015 and planning for the SDG era

In September, the Partnership celebrated the 10th anniversary of its creation in 2005 when three maternal, newborn and child health alliances were brought together to coordinate action and accelerate progress on MDGs 4 and 5. Milestones and highlights of the Partnership’s achievements over the last decade are shown in Fig. 1. For the last four years, the Partnership’s own work has been guided by a Strategic Framework for 2012-2015 shown in Annex 4. Section 3.1 describes the Partnership’s core work to deliver in 2015 - the last year of the Framework’s term – on its core objectives of advocacy, knowledge brokering and promoting accountability.

At the same time as the Partnership commemorated and completed a decade of action, 2015 was also a year of planning for the future to ensure that - with the transition from the MDGs to the SDGs – the Partnership is fit for purpose in the coming years. Section 3.2 describes work undertaken over the last year to develop the Partnership’s new Strategic Plan for 2016-2020. The new Strategic Plan is designed to closely align the Partnership’s work with the SDGs and the updated Global Strategy. Section 3.3 provides an overview of the Partnership’s communications activities.

3.1 Delivering on the Partnership's Strategic Framework 2012-2015

Advocacy and knowledge dissemination

While most of the Partnership’s advocacy work in 2015 was focused on the post-2015 development agenda and consultations to develop the updated Global Strategy and the GFF, its knowledge generation and dissemination work continued, both to support these activities and to inform broader advocacy efforts to strengthen the continuum of care for women’s, children’s and adolescents’ health. Key knowledge generation activities in 2015 are described below.

Knowledge summaries

Working with partners, the Partnership regularly produces knowledge summaries that synthesize recent scientific evidence in a concise and user-friendly format to support advocacy, policy and practice on issues related to the continuum of care for the full spectrum of women’s, children’s and adolescents’ health. This continuum of care includes integrated service delivery for women and children from post-pregnancy to delivery, the immediate postnatal period, and childhood and adolescence. Such care is provided by families and communities and through outpatient services, clinics and other health and community facilities.
Each peer-reviewed summary brings together information from authoritative sources such as journal articles, systematic reviews, technical guidelines and policy documents, drawing out practical lessons for policymakers and practitioners. The most recent knowledge summary, produced in 2015, addresses “Operationalizing human rights in efforts to improve health” (Knowledge Summary No. 34). This knowledge summary examines the importance of human rights principles and approaches in improving health outcomes and provides practical examples of integrating human rights for women, children and adolescents along the life course in policies and service delivery. The summary illustrates how recognition of the health and development needs of women, children and adolescents as essential and enforceable rights also places corresponding obligations on governments and other stakeholders to ensure that they are realized.

Knowledge summaries are valued by PMNCH partners as tools to foster and promote policy dialogue with a broad range of partners, including governments. A 2014 review found that the Partnership’s strengths in convening, collaborating and building consensus can be fully brought to bear in syntheses of current evidence and practice, such as the knowledge summaries. The review recommended that the Partnership should focus on producing a small number of knowledge products per year, to be launched at relevant advocacy events.

Reflection guides on human rights-based approaches

Two “reflection guides” were developed in 2015 for health policy makers and national human rights institutions that address human rights-based approaches to SRMNCAH. The guides were developed by the Partnership together with the Office of the UN High Commissioner of Human Rights, WHO, UNFPA and Harvard FXB, and position maternal health within the broader framework of sexual and reproductive health and rights, including for adolescents, noting that improvements in under-five child health also require explicit attention to child rights.

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A publication on the state of the evidence of key community-oriented interventions for RMNCAH is being developed to complement available titles produced by the Partnership on Essential Interventions, Commodities and Guidelines for RMNCAH and the Multisectoral Policy Compendium for RMNCH. It will provide support to decision makers and program managers in designing community-oriented RMNCAH programs, including those that improve individual and household capacity to care for themselves, strengthen community engagement and action and build capacity of health services for community engagement. Publication is planned for the second half of 2016.

Through multi-stakeholder and cross-sector policy dialogue and consensus building, the Partnership helps to ensure that best practices in evidence-based policy and practice are shared in international, regional and national fora. The structure of PMNCH as a multistakeholder platform lends itself to supporting similar approaches at the local and regional level.

In February 2015, the Partnership and WHO collaborated on producing a training workshop in Maputo, Mozambique for facilitators of multi-stakeholder dialogues. More than two dozen participants from Asian countries, including Indonesia and Lao PDR, and African nations, such as Ghana, Malawi, Mozambique and South Sudan, came together to put the principles and tools of the Partnership’s multi-stakeholder dialogue guide into practice and learn how to facilitate dialogues in their own contexts. A range of tools and approaches drawn from the guide were used during the training, including stakeholder mapping, joint fact-finding and group simulations to use the tools in practice.

In March 2015, the Partnership supported a multi-stakeholder dialogue on “Shared Services in Health: A Digital Opportunity” in Dhaka, Bangladesh. The dialogue was convened by the Prime Minister’s Office and the Ministry of Health and Family Welfare, and was supported by Johns Hopkins University, WHO and mPowering Frontline Health Workers. The dialogue was organized against the background of current efforts by the Bangladeshi government to integrate a national Information and communication technology (ICT)/eHealth strategy into the health system as part of its Digital Bangladesh Vision 2021.

Focusing on key risk factors that could hinder scaling up ICT in Bangladesh, the dialogue aimed to build consensus on key factors that impact on the national eHealth vision and to develop options to address implementation challenges, including identifying broad health system domains where ICT can contribute; identifying barriers and challenges to digital collaboration across stakeholders; and maximizing efficient information-sharing, data quality, access and use during national scale-up of health information strategies. Participants recommended improved use and quality assurance of telemedicine, shared health records, health insurance coverage, initiatives to improve and expand infrastructure, and improved ICT capacity in programs, the health sector and among Ministry staff.

A multi-stakeholder dialogue was also held in Lusaka, Zambia in October 2015, in conjunction with the Partnership’s 17th Board meeting. The dialogue was attended by 50 people and led by the Ministry of Community Development, Mother and Child Health, with support from WHO and the Partnership. Presentations were made on the updated Global Strategy, Zambia’s achievements and challenges in SRMNCAH and its future vision, as well as on the importance of partnering across sectors to achieve improved health outcomes.

Promoting accountability for resources and results

The Partnership continues to produce evidence and knowledge to promote and improve accountability in women’s, children’s and adolescents’ health. In 2015, this included publication of the Partnership’s annual report on tracking commitments to the Global Strategy, as well as acting as the Secretariat for the Countdown to 2015 initiative, a multidisciplinary, multi-institutional collaboration that tracks country progress on maternal, newborn and child survival. Since 2008, Countdown to 2015 has produced regular reports on progress towards achieving MDGs 4 and 5, as well as policy briefs and academic articles.11

To link evidence to action, these accountability products are shared at an annual side event in September on the eve of the UN General Assembly in New York, hosted by the Partnership and Family Care International, the communications and events co-lead for the Countdown effort.

2015 PMNCH Accountability Report

The 2015 edition of the Partnership’s annual accountability report, *Strengthening Accountability: Achievements and Perspectives for Women’s, Children’s and Adolescents’ Health*, presents the final update on financial commitments to the *Global Strategy* for Women’s and Children’s Health 2010-2015 and looks ahead to the implementation of the updated *Global Strategy* 2016-2030, with recommendations on how to advance accountability efforts. The report was produced to track progress on commitments made by development partners and national governments with regard to the health of women, adolescents and children, and to assess the extent to which funding from these sources meets SRMNCAH needs worldwide.

The analysis of financial commitments in the 2015 report shows a number of encouraging trends, including more than 400 financial, policy and serviced delivery commitments to the *Global Strategy* 2010-2015, including almost $45 billion in financial pledges (once double counting is removed). Many of these commitments were mobilized through advocacy by the Partnership’s Board, constituency groups and Secretariat. Donors disbursed US$9.5 billion for SRMNCAH in 2013 in the 49 *Global Strategy* countries, an increase of 31 percent since 2010. However, several high-burden countries received comparatively little donor funding, meaning that inequities in the targeting of donor disbursements remain. Overall, SRMNCAH expenditures by these countries grew to a total of US$2.8 billion in 2013; a 20 percent increase from 2010. However, expenditures on SRMNCAH have fallen in some countries, including in several fragile and conflict-affected states, such as Haiti and the Central African Republic.

The report reviews lessons learned during the past five years of tracking both financial and non-financial commitments to the *Global Strategy* and highlights 12 key areas in which to improve overall accountability for women’s, children’s and adolescents’ health. These include providing more technical support to stakeholders to encourage the production of clear, unambiguous commitments aligned with the updated *Global Strategy* and the SDGs; reducing fragmented and overlapping efforts in accountability through a single, unified global accountability framework; strengthening capacity to collect, analyze and synthesize data on resources, results and rights; expanding the scope of accountability efforts to track progress in sectors that influence health outcomes, and fostering leadership of national civil society organizations and local champions to hold states more accountable for their commitments to health and human rights, including through citizen hearings.

Countdown to 2015: A decade of tracking progress in maternal, newborn and child survival

The tenth and final Countdown to 2015 report, *A Decade of Tracking Progress for Maternal, Newborn and Child Survival*, published in 2015, includes an updated country profile for each of the 75 Countdown countries, which together account for more than 95 percent of the world’s maternal, newborn, and child deaths. The report shows that, although significant gaps remain, considerable progress has been made in some countries. More than half of the countries profiled in the report have succeeded in reducing mortality levels below set thresholds. However, 50 of the 75 Countdown countries have failed to achieve the child mortality reductions established for MDG 4, and 69 countries have not achieved the maternal mortality reductions needed to achieve MDG 5. Only 4 Countdown countries – Cambodia, Eritrea, Nepal, and Rwanda – have achieved both MDGs 4 and 5.

Countdown to 2030

In 2015, Countdown spent a considerable period of time planning for its future. Over the last 10 years, Countdown to 2015 performed an important independent monitoring role in SRMNCAH at global, regional and country levels. The next Countdown is expected to continue its global reporting and production of country profiles, focused on coverage of interventions. It will also increase its country focus by establishing a network of regional centres responsible for preparing independent assessments of progress. The focus of Countdown’s technical work will remain coverage and equity. Innovative work on the measurement agenda – undertaking research to improve coverage and equity measurement, including effective coverage, how best to capture information on quality of care, and increasing available data on nutrition programs – will continue, as will multi-country analyses.

Countdown’s data and technical analyses will also continue to be fed into other global accountability processes, such as the annual reports to be produced by the IAP. A proposed Countdown for Universal Health Care initiative would have strong links to SDG 3 monitoring coordinated by WHO. Countdown may also play a role in preparing high quality analyses needed for the GFF. The Partnership will continue to be a supportive partner to the new Countdown, including by disseminating its findings in key advocacy and communications messages. It is anticipated that the new Countdown will be launched in Spring 2016.
3.2 Developing the Partnership's new Strategic Plan for 2016-2020

The Partnership's Strategic Plan for 2016 to 2020 was developed in light of both changes in the external environment, including the transition from the MDGs to the SDGs and the updated Global Strategy. The Plan also draws on a process of internal reflection on the Partnership's strengths and weaknesses, including experience delivering on the Strategic Framework 2012-2015, in particular independent external evaluation of the Partnership conducted in 2014 and a “deep dive” into key challenges for the Partnership conducted in 2015.

Lessons from evaluation findings

The external evaluation of progress under the Strategic Framework for 2012-2015 found that the Partnership has achieved significant global visibility for SRMNCAH issues and that the Secretariat, operating with a limited number of staff, was committed to delivering a high quality service to the Board and partners, showing particular agility in addressing gaps in the continuum of care. The evaluation also identified areas where the Partnership could be strengthened to fulfill its mandate, including the following:

- **Meaningful country engagement** for greater impact requires stronger interface between the Partnership's global-level activities and in-country platforms and processes.

- **Partnership implies a two-way relationship**: The broad, inclusive multi-stakeholder platform is the Partnership's key strength. Building on this, the Partnership has an opportunity to ensure that being a Partner becomes more meaningful, with quality engagement and contributions fully galvanized, especially in the case of the partner country and private sector constituencies.

- **Prioritization and purpose**: The Partnership has to prioritize carefully in order to balance the breadth required to address the full continuum of care with the depth needed to focus on ‘leaving no one behind’.

- **Knowledge and analysis** underpins all that the Partnership does. High quality and rigorous analysis focusing on neglected areas and gaps is highly valued by partners.

Draft Strategic Framework and initial Board directions

Bearing in mind the evaluation findings, in early 2015 the Secretariat developed a framework for the Strategic Plan for 2016-2020 to guide Board discussions about the key elements that should underpin a full Strategic Plan. The framework sought to identify what is required to create a “fit-for-purpose” Partnership in the post-2015 development landscape that is aligned with the evolving SDGs and updated Global Strategy.
At its 16th Board meeting in London in April 2015, the Board approved a strategic framework based on the four core Partnership functions needed to support implementation of the evolving Global Strategy (“four A’s”): analysis, accountability, advocacy and alignment. The Board also established an Ad Hoc Strategy Group (ASG), chaired by the two Board Co-Chairs Katie Taylor and C.K. Mishra, with responsibility for further development of the Strategic Plan and an accompanying business plan. The ASG was also charged with undertaking a “deep dive” into five areas identified in the evaluation as key strategic challenges for the Partnership in order to inform the Strategic Plan and reporting back to the Board at the October Board meeting. The five key strategic challenges are discussed in detail below.

“Deep dive” into five strategic challenges

Country engagement

The Board requested the Secretariat to consult intensively with country governments to understand countries’ needs and expectations, and to explore and define models for better country engagement in the work of the Partnership. In May 2015, the Partnership began a series of interactions with country partners, including one-on-one consultations with representatives of Ministries of Health during the regional consultation on the updated Global Strategy in Johannesburg and with delegations to the World Health Assembly in May 2015. A briefing session was also held in June for representatives from 27 country missions to the United Nations in Geneva. In total, the Partnership engaged with around 50 senior representatives from governments about how the Partnership’s platform can best support national governments to deliver on their commitments to women’s, children’s and adolescents’ health.

A series of concrete recommendations emerged from the discussions about ways for the Partnership to engage more effectively with countries at global, regional and country levels. Critically, at country level, the Partnership was seen as having a key role in promoting multisectoral platforms, aligning the work of national actors around common objectives and promoting country ownership and leadership.

Adolescent and youth engagement

Over the last several years, the Partnership has sought to strengthen the meaningful engagement of adolescents and youth in its work, beginning with a request from the Board to develop an adolescent strategy in 2013, which then led to the establishment of an Adolescent and Youth Working Group at the Partners’ Forum in 2014. Following this, one of the NGO Board members (World Vision International) yielded its alternate seat to a representative from a youth led
organization to facilitate some engagement in the governance process. At the Partnership’s April 2015 Board Meeting, Board Chair Graça Machel spoke to the growing interest of Partnership members in deepening the formally relationship with adolescents and youth organizations through the creation of a dedicated constituency group, recognizing that for the SDGs to be achieved, young people must be meaningfully engaged at all levels of policy- and decision-making. The importance of greater efforts to increase the participation of adolescents and to focus more strongly on their diverse needs and contributions was also a recurrent theme in consultations on the updated Global Strategy.

In light of these developments, a youth and adolescent workshop was coordinated by the Partnership in London in July 2015. The workshop was attended by more than 30 young people and youth leaders from organizations from 20 countries working in advocacy, education, policy and health care services, and on issues including HIV, mental health, child marriage, road injury, violence and substance abuse. During the workshop, the group agreed to work towards the creation of a youth and adolescent constituency in the Partnership that would link across movements and networks, including Women Deliver and FP2020. It would also seek to align the Partnership’s youth-led work with efforts undertaken in the wider SRMNCAH, gender empowerment and HIV communities to enable greater collective impact. A working group was formed to develop a proposed structure for the new constituency and draft principles for youth participation in the Partnership. The Board accepted this proposal at its October meeting, and formally approved an adolescent and youth constituency as the Partnership’s eighth constituency group. The Board also asked the seven other constituencies to include youth within their structures.

**Private sector engagement**

The external evaluation of the Partnership in 2014 found that the proliferation of private sector networks involved in public health had caused some confusion and recommended that efforts be made to strengthen and more clearly define the private sector’s role in the Partnership and to align better with the other networks. In July and September 2015, the Partnership organized two multi-stakeholder consultations to discuss strategic alignment and reach consensus on common objectives among private sector partners. At its October meeting, the Partnership Board endorsed a proposal for the Partnership Secretariat, the private sector constituency and the UN Foundation to work together to build a new model for integrated private sector engagement to support Every Woman Every Child and the implementation of the Global Strategy. Full details of the model are still being developed, including in discussions with WHO to ensure compliance with its requirements. It anticipates significant growth in private sector partners in the Partnership to generate a greater strategic focus on mobilizing companies to invest for SDG impact, especially those that operate in countries with the greatest health challenges.
Stronger engagement for the private sector constituency and UNF in support of the Global Strategy is expected to lead to deeper engagement in women’s, children’s and adolescents’ health at the global, regional and national levels; increased SMART private sector investments in the Global Strategy and GFF; one collective private sector partnership strategy for Every Woman Every Child; expanded and strengthened advocacy, communications and marketing related to private sector engagement in the Global Strategy; and improved performance measurement.

**Intersectoral engagement**

The 2014 Success Factors study coordinated by the Partnership showed that, in countries that had been most successful in addressing maternal and child health, health sector and non-health sector interventions each accounted for about half of the impact achieved. At its retreat in 2014, the Board requested further reflection on how the Partnership could respond to such findings and to the emerging SDG agenda, which strongly emphasizes the need for intersectoral collaboration. To assess potential opportunities for more effective intersectoral engagement, the Partnership convened an exploratory meeting of 13 global partnerships and alliances in London in July 2015. The meeting brought together executive heads from alliances operating in both health and health-related sectors, including nutrition, education, water and sanitation (WASH), gender equality, social protection and energy13 to discuss common challenges and opportunities on shared agendas, share experiences of governance and identify practical ways to work better across sectors in the SDG era, including in relation to information sharing, accountability and advocacy. Under the informal banner of an “Alliance of Alliances”, discussions focused on the SDG agenda and how to address common issues such as verticalization; scarce funding and the potential for greater competition between sectors given shifting political priorities. Potential opportunities for future collaboration identified at the meeting included using legal systems and human rights frameworks to commit stakeholders to the SDGs and using the SDGs as an opportunity for developing more robust accountability frameworks.

A follow-up meeting was convened by the Partnership at a side event at the UN General Assembly in New York in September to explore the theme of “Partnerships for Accountability: Integrated Accountability in the post-2015 era”. The meeting led to a joint commitment to the updated Global Strategy under the name of the “Alliance of Alliances”. The discussions at this side event were fed into an initiative convened by the Netherlands government to advance SDG 17 (Revitalize the global partnership for sustainable development) under the banner of the “Partnership of Partnerships”. While the Partnership will not play a coordinating role, nor will the Partnership expand its membership, it has agreed to remain engaged in such efforts to promote alignment around the SDGs, including SDG 17 and to ensure that SRMNCAH is central to the broader agenda of advancing development partnerships.

13. Participating organizations included the International Alliance of Patients’ Organizations; NCD Alliance; Stop TB Partnership; International HIV/AIDS Alliance; Scale Up Nutrition (SUN); Global Partnership for Education; Girls not Brides; Together for Girls; Let Girls Lead; Sanitation and Water for All; Energy for All Partnership; Global Alliance for Clean Cook Stoves.
Governance strengthening

At its April meeting, the Partnership Board conducted a self-assessment process for the first time and initiated an external review of the Partnership’s governance process and a governance strengthening initiative. Since July 2015, the ASG has overseen this process with Accenture Development Partnerships providing support to the governance strengthening process to address enabling factors for success of the Partnership, including membership; effective governance structures and process; Secretariat structure; and a plan for implementation and transition. The specific objectives of this work are to 1) evaluate and recommend any updates to the Partnership’s governance structure, membership approach and management; 2) develop an overall approach to constituencies, their strategic approach, structure and composition, revitalizing and/or restructuring of key constituencies, and 3) develop relationships with other interrelated sectors, alliances and the global health architecture more generally.

With the approval of the new Strategic Plan in October, the Board agreed that the ASG should focus on providing oversight of the governance strengthening process and the group’s name was changed to the Ad hoc Governance Group (AGG) and a new chair was appointed in order to have more capacity to report to the Board leadership. It is anticipated that the process will be completed by mid-2016. To facilitate this process, the Board agreed to extend the terms of Board members until 31 July 2016.

The Partnership’s Strategic Plan 2016-2020

The iterative process described above - conducted in parallel with the evolving SDGs and Global Strategy and informed by internal reflection and analysis about key strategic challenges for the Partnership - led to Board approval of the new Strategic Plan in support of Every Woman Every Child in October. Under the Strategic Plan, the Partnership will deploy its four core functions of alignment, analysis, accountability and advocacy in full support of all targets in the Global Strategy,
Achieving the World We Want for Women, Children and Adolescents
“Developing strategies to deliver the 2030 agenda”

with a particular focus on targets of direct relevance to the continuum of care for SRMNCAH and ensuring a focus on the unfinished business of the MDGs. The four strategic objectives of the Plan emphasize engagement with countries, driving accountability, focusing action for results, and deepening partnerships. The Executive Summary of the Plan appears in Annex 7.

The Partnership’s new Business Plan for 2016-2018 will provide the basis for developing annual work plans. The Strategic Plan, Business Plan and costed annual work plans will support the Partnership’s resource mobilization efforts to deliver on the Global Strategy and the SDGs.

3.3 Communications

Between January and December 2015, there were nearly 400,000 visits to the Partnership’s website, www.pmnch.org, representing an average of 33,000 visitors a month. The website plays a vital role in promoting the work of the Partnership and key developments in the SRMNCAH community, as well as in raising awareness of relevant issues and initiatives and sharing curated partner content.

Throughout the year, the website featured live updates of special events in the SRMNCAH calendar, such as the regional stakeholder consultations on the updated Global Strategy in New Delhi and Johannesburg; the World Health Assembly; the launch of the Global Strategy and the annual Partnership accountability breakfast at the 70th UN General Assembly in New York in September; outcomes from the two board meetings, and the stakeholder consultation on accountability in November.

More than 6,000 subscribers receive the Partnership’s “e-blast” each month, which provides updates on news and activities and shares blogs and information from other partner sites. The e-blast is widely regarded as a useful tool for partner engagement. A new video blog series featuring insights from the Partnership’s Executive Director on important
developments and events provided additional visibility to the work of the Partnership. Two video blogs were streamed in September in the #GlobalGoalsLive coverage of the UN General Assembly. Three additional videos have also been shared via the monthly Partnership e-blast.

Throughout 2015, the Partnership used social media, particularly Twitter, to disseminate information on its work and that of its partners, and to promote initiatives and important publications, as well as to support key events via live tweeting, such as World Prematurity Day, linking to the Partnership’s continued leadership of the Every Newborn advocacy work, which it launched in 2013. The @PMNCH handle played a vital role in soliciting feedback from consultations throughout the year, particularly those related to the updated Global Strategy. Tweets from @PMNCH reached more than 18 million accounts and followers grew by 30 percent in 2015 to more than 13,000.

At the beginning of the third quarter of 2015, The Partnership began to explore new and creative ways of reaching out to partners based on the recommendations of a strategic communications plan commissioned from Portland Communications. This provided a roadmap for this transitional year, and will feed into a communications strategy that will be developed to deliver the new Strategic Plan.
Conclusion

Achieving the world we want by 2030

2015 has been an extraordinary year for the SRMNCAH movement and for The Partnership for Maternal, Newborn & Child Health. The Partnership has played a leading role in advocacy for the new SDG framework and in developing the updated Global Strategy. As this report shows, the consultation process for the updated Global Strategy strongly demonstrated the added value of the Partnership as an inclusive platform for synthesizing and disseminating evidence, convening partners and stakeholders across sectors, and giving voice to the most marginalized communities. At the same time, the Partnership developed a new Strategic Plan that clearly defines its role and contributions to achieving the goals of the Global Strategy, including coordination of a unified global accountability framework.

The achievements and activities documented in this report have been possible because of the extraordinary commitment and hard work of the Partnership’s more than 700 partners, its Board, Secretariat staff, donors, champions and allies.

At the end of 2015, the global development landscape and strategic framework for SRMNCAH, together with refreshed architecture for accountability and financing, are stronger and more closely aligned than ever before. The Partnership will continue its work in the year ahead to ensure that the new foundations for progress laid in this eventful year will result in accelerated efforts to improve the health and the lives of every woman, child and adolescent, everywhere.
Financials

Funding the Strategic Framework 2012-2015

A broad range of governments, bilateral and multilateral donors and private foundations supported the Partnership’s work to deliver on the 2012 to 2015 Strategic Framework and related annual work plans. All four years of the term of the Strategic Framework were fully funded with resources provided by 16 donors, including the governments of Australia, Canada, Finland, Germany, India, Netherlands, Norway, Sweden, UK and USA; the Bill & Melinda Gates Foundation and the MacArthur Foundation, as well as the Commission on Information and Accountability, UNICEF and the World Bank, and one private sector company, Johnson & Johnson. Around 70% of resources were provided to support whole work plans, and were therefore un-earmarked. Around 80% of resources were provided as part of multi-year grants, with almost half coming from four-year grants.

Figure 1:
PMNCH 2012-2015 Grant Funding (US$ million)
2015, the final year of the Strategic Framework’s term, was a transition year for the Partnership’s fundraising efforts. As the 2012 to 2015 Strategic Framework was concluding, the Partnership was looking forward to 2016 and beyond to secure resources to support the new Strategic Plan for 2016 to 2020. Several donors - including the governments of the Netherlands and India and the Bill and Melinda Gates Foundation - agreed to extend grants ending in 2015, thus ensuring the continuation of the Partnership's work into 2016.

**Figure 2:**
PMNCH grant funding - % of total as specified and unspecified

**Figure 3:**
PMNCH grant funding - US$ millions
A strong financial base to deliver

In 2015 the Board approved a US$ 11.1 million work plan of which US$ 10.3 million was spent. Available resources of US$ 12.0 million in 2015 meant that the Partnership was able to carry forward some resources into 2016 to help it commence implementation of its new 2016 to 2020 Strategic Plan.

Figure 4:
PMNCH Donor Funding Overview:
Strategic Period 2012-2015 (US$ million)

<table>
<thead>
<tr>
<th>Donor</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
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<td>BMGF</td>
<td>8,619,946</td>
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<tr>
<td>Canada</td>
<td>3,907,000</td>
</tr>
<tr>
<td>CoIA</td>
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<tr>
<td>Finland</td>
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<tr>
<td>Germany</td>
<td>200,000</td>
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<tr>
<td>India</td>
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</tr>
<tr>
<td>Johnson &amp; Johnson</td>
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<tr>
<td>MacArthur</td>
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<td>Norway</td>
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<td>UK</td>
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<td>USA</td>
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<td>UNICEF</td>
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</table>

A number of donors have agreed to some of their 2012 to 2015 resources being carried forward into 2016 to support the implementation of the new 2016 to 2020 Strategic Plan.
# Annexes

## Annex 1: Partnership Board Members

**Board Chair:** Graça Machel

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Board Rotation in 2015</th>
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<tr>
<td><strong>Academic, Research and Training Institutes</strong></td>
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<tr>
<td>Institute of Clinical Effectiveness and Health Policy (IECS)</td>
<td>José Miguel Belizán (M)</td>
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<td>Fernando Althabe (A)</td>
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<td>BIRDEM and Ibrahim Medical College</td>
<td>Kishwar Azad (M)</td>
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<tr>
<td>Center for Health and Population Statistics</td>
<td>Saman Yazdani Khan (A)</td>
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<tr>
<td>Centre for International Health and Development, University College London</td>
<td>Anthony Costello (M)</td>
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<tr>
<td>Baylor College of Medicine Children’s Foundation Malawi</td>
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<tr>
<td>Guttmacher Institute</td>
<td>Ann Starrs (A)</td>
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<td>---------------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td><strong>Partner Governments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government of India</td>
<td>Mr C. K. Mishra (M)</td>
<td>Continuing</td>
</tr>
<tr>
<td>Government of Indonesia</td>
<td>H.E. Professor Nila Moeloek (M)</td>
<td>Continuing</td>
</tr>
<tr>
<td></td>
<td>Diah S. Saminarsih (A)</td>
<td>Continuing</td>
</tr>
<tr>
<td>Government of Nigeria</td>
<td>H.E. Prof. C.O. Onyebuchi Chukwu (M)</td>
<td>Departing</td>
</tr>
<tr>
<td></td>
<td>H.E. Professor Isaac Adewole (M)</td>
<td>Incoming</td>
</tr>
<tr>
<td></td>
<td>Tinu Taylor (A)</td>
<td>Continuing</td>
</tr>
<tr>
<td>Government of Tanzania</td>
<td>H.E. Dr Seif Suleiman Rashid (M)</td>
<td>Departing</td>
</tr>
<tr>
<td></td>
<td>H.E. Dr Ummy Mwalimu (M)</td>
<td>Incoming</td>
</tr>
<tr>
<td></td>
<td>Neema Rusibamayila (A)</td>
<td>Continuing</td>
</tr>
<tr>
<td><strong>Private Sector</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSM Alliance</td>
<td>Craig Friderichs (M)</td>
<td>Departing</td>
</tr>
<tr>
<td>MDG Health Alliance</td>
<td>Leith Greenslade (M)</td>
<td>Incoming &amp; Departing</td>
</tr>
<tr>
<td>Merck</td>
<td>Farouk Shamas Jiwa (Mato) (M)</td>
<td>Incoming</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>Sharon Kathryn d'Agostino (M)</td>
<td>Departing</td>
</tr>
<tr>
<td>Royal Philips</td>
<td>Jan-Willem Scheijgrond (M)</td>
<td>Incoming</td>
</tr>
<tr>
<td>Safaricom</td>
<td>Sylvia Mulinge (A)</td>
<td>Continuing</td>
</tr>
</tbody>
</table>

(M) Member  
(A) Alternate
Annex 2: Overview of Partnership Membership

By the end of 2015, the Partnership included nearly 726 member organizations in 77 countries. This is an increase of more than 10% from 2014 (650 members), and more than a third greater than in 2012, when 523 organizations belonged to the Partnership.

<table>
<thead>
<tr>
<th>Constituencies</th>
<th>Africa Region</th>
<th>Americas Region</th>
<th>Eastern Mediterranean Region</th>
<th>Europe Region</th>
<th>South East Asia Region</th>
<th>Western Pacific Region</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-governmental organizations (NGO)</td>
<td>146</td>
<td>124</td>
<td>29</td>
<td>69</td>
<td>87</td>
<td>12</td>
<td>467</td>
</tr>
<tr>
<td>Healthcare Professionals Associations (HCPA)</td>
<td>4</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td>2</td>
<td>4</td>
<td>42</td>
</tr>
<tr>
<td>Private Sector (PS)</td>
<td>8</td>
<td>14</td>
<td>0</td>
<td>9</td>
<td>5</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td>Academic, Research and Training institutes (ART)</td>
<td>19</td>
<td>39</td>
<td>13</td>
<td>27</td>
<td>15</td>
<td>11</td>
<td>124</td>
</tr>
<tr>
<td>Donors and Foundations (D&amp;F)</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Multilateral Organizations</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Partner Countries (PC)</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Adolescents and Youth (A&amp;Y)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>186</strong></td>
<td><strong>202</strong></td>
<td><strong>48</strong></td>
<td><strong>142</strong></td>
<td><strong>115</strong></td>
<td><strong>33</strong></td>
<td><strong>726</strong></td>
</tr>
</tbody>
</table>

**Partners by region and constituency**

![Diagram showing numbers of partners by region and constituency]
## Annex 3:
Partnership 2015 Workplan and Results Chain

### OBJECTIVE 1
To contribute to the development and increased political support for an updated *Global Strategy for Women’s, Children’s and Adolescents’ Health*, with an accompanying plan for national implementation.

#### 1. Knowledge-related inputs into the content of the Global Strategy

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Outputs</th>
<th>Outcome(s)</th>
<th>Long-term change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Finalisation of Success Factors studies, linking with <em>Global Strategy</em> content</td>
<td>Ten country reports and publications on the factors influencing successful improvements in SRMNCAH.</td>
<td>Greater awareness among decision makers about the identified success factors that affect RMNCAH outcomes in countries.</td>
<td>Strengthened political commitment ensures resources and policies are directed at identified success factors.</td>
</tr>
<tr>
<td>1.2 Update of essential interventions document(s)</td>
<td>Updated essential interventions document, with community-oriented interventions, and continuation of ongoing implementation of essential interventions through Healthcare Professional Associations (HCPAs).</td>
<td>Updated set of essential interventions available, with continued implementation through national HCPAs.</td>
<td>Greater use of updated, essential RMNCAH interventions in countries.</td>
</tr>
<tr>
<td>1.3 Development of resources on key issues and good practices</td>
<td>Resources and communications outputs, including knowledge summaries and policy briefs.</td>
<td>Improved access to knowledge on key RMNCAH-related issues.</td>
<td>Better access to knowledge to improve related decision making and therefore RMNCAH outcomes.</td>
</tr>
</tbody>
</table>

#### 2. National leadership and accountability related inputs into the content of the Global Strategy

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Outputs</th>
<th>Outcome(s)</th>
<th>Long-term change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Support to generating national leadership initiative(s)</td>
<td>Inputs into: (i) paper on national leadership in implementing lessons from the previous <em>Global Strategy</em>; (ii) hosting a working-group on national leadership issues; and (iii) outreach to relevant partners involved in or organising specific national meetings to support consultation processes on the updated <em>Global Strategy</em> with national stakeholders participating in these meetings.</td>
<td>Enhanced national stakeholders’ inputs into the development of the updated <em>Global Strategy</em>.</td>
<td>Increased coordination and ownership of implementation of and accountability for the <em>Global Strategy</em> at the country level.</td>
</tr>
<tr>
<td>Area of work</td>
<td>Outputs</td>
<td>Outcome(s)</td>
<td>Long-term change</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
<td>------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>2.2 Accountability - Contribution to existing and development of new accountability processes towards the Global Strategy</strong></td>
<td>Participation in institutional processes/working groups (e.g. Global Strategy accountability working group, The Global Financing Facility oversight group, post 2015 working group). Facilitate participation of PMNCH members in SDG indicator discussions. Contribute with reports, and knowledge products on options for and suitability of accountability processes and products for the existing Global Strategy.</td>
<td>Robust accountability processes for the Global Strategy are agreed and implemented (taking specifically into account those that are relevant at national level) and lessons learned are available to structure post 2015 accountability processes.</td>
<td>RMNCAH global, regional and national stakeholders are accountable for and incentivised to deliver on their commitments, actions and responsibilities towards meeting the goals and objectives of the Global Strategy.</td>
</tr>
<tr>
<td><strong>3. Financing related inputs into the content of the Global Strategy</strong></td>
<td>Encouraging and shaping the emergence of options for future financing mechanisms for the updated Global Strategy and the broader post-2015 development agenda, through stakeholder outreach and engagement, consultation reports, participation in institutional processes, and knowledge products on lessons learned.</td>
<td>Consensus building at the PMNCH Board is supported, and extended further into the partnership and community as may be possible, on options for financing mechanisms and relevant post-2015 indicators.</td>
<td>Financing approaches result in resources made available for the achievement of goals and objectives of the broader RMNCAH priorities in the post-2015 development agenda, including the updated Global Strategy.</td>
</tr>
<tr>
<td><strong>4. Advocacy, communications and consultations in support of Global Strategy development</strong></td>
<td>Consultations and multi-stakeholder dialogues with a wide range of RMNCAH stakeholders at the global, regional and national levels on updating the Global Strategy and preparing for its implementation, including reporting back to the community through synthesis of feedback.</td>
<td>Greater engagement of RMNCAH stakeholders, particularly those in countries, in the development of the Global Strategy, thus resulting in ownership and endorsement at all levels to support multi-stakeholder implementation of the Global Strategy.</td>
<td>An updated Global Strategy, owned and endorsed by the RMNCAH community at large, and specifically by national stakeholders, that improves coordinated action towards the implementation of RMNCAH aims and objectives.</td>
</tr>
</tbody>
</table>

**4.2 Advocacy and communications contributions to the update of the Global Strategy for Women’s, Children’s, and Adolescent’s Health**

Advocacy activities for the updated Global Strategy and its eventual implementation through events, working groups, initiatives, and media network engagement, with a specific focus on engaging country based stakeholders and processes, including dissemination of the Global Strategy when it is completed. | Greater awareness of the content and process for updating the Global Strategy, resulting in an updated strategy that reflects the perspectives and endorsement of a wide range of RMNCAH stakeholders, particularly country based stakeholders, together with commitments to implementing the strategy. | Improved coordinated action towards the implementation of the Global Strategy, reflected by increased commitments and implementation of commitments across all stakeholders at global, regional and national level. |
### Area of work

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Outcome(s)</th>
<th>Long-term change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE 2</strong></td>
<td><strong>To support partners to deliver on RMNCAH objectives, including those set out in the <em>Global Strategy</em>, through a fit-for-purpose PMNCH.</strong></td>
<td></td>
</tr>
<tr>
<td>5. Developing the PMNCH Strategic Framework and Strategic Plan for 2016 and beyond, followed by a detailed Partnership governance review</td>
<td>Development of the PMNCH Strategic Framework and Strategic Plan for 2016 and beyond; in addition, a detailed review of PMNCH governance structure will be undertaken in light of the new strategic framework.</td>
<td>PMNCH operating as a unifying platform for partners to achieve more working together than individually towards improved RMNCAH outcomes.</td>
</tr>
<tr>
<td>6. Governance and constituency management</td>
<td>Ongoing implementation of governance and management priorities for 2015: including constituency management; new tools to support membership engagement; and governance processes.</td>
<td>PMNCH as a well-structured, governed, and managed institutional platform that enables a broad range of partners to engage and collaborate on addressing important RMNCAH issues.</td>
</tr>
<tr>
<td>7. Corporate communications, resource management, and Secretariat administration</td>
<td>Corporate communications (PMNCH website, e-blast, annual progress reports, regular communication with membership, etc.), grant agreements signed and managed, and delivery of Secretariat administration operations (e.g. recruitment, contracting, financial management, etc.).</td>
<td>PMNCH operates as a fit-for-purpose partnership, enabling Partners to align priorities and establish mechanisms to work together to deliver more effectively on commitments to improve the health of women, children, and adolescents than they would have been able to do individually.</td>
</tr>
</tbody>
</table>

### Countdown to 2015

| 8. Countdown to 2015  | Countdown Secretariat is hosted, and operates to disseminate and launch the Countdown 2015 report and eight in-depth case studies; as well as to hold workshops and meetings for Countdown activities. | Countdown products and outputs are advocated on through PMNCH operations and a well-functioning Countdown Secretariat, increasing the coordination and linkages between accountability efforts; in addition, PMNCH is involved in the discussions on the future and nature of Countdown in 2016 and beyond. | Greater accountability for RMNCAH among a wide range of stakeholders at the global, regional and national levels. |

**Green**: Fully achieved in 2015

**Amber**: Partially achieved in 2015

**Red**: Not achieved in 2015
Executive Summary

This document sets out the Strategic Framework for the operations of the Partnership for Maternal, Newborn & Child Health (the Partnership) over the course of 2012 to 2015. It draws on discussions and conclusions from a number of Board meetings, as well as extensive consultations with the Partnership’s members. It also reflects the Board’s decision to recognize the entire reproductive, maternal, newborn and child health (RMNCH) Continuum of Care as the operational context for the Partnership.

The context for this Strategy is the success of the Partners in delivering the objectives in the Strategy and Workplan 2009 to 2011, which has contributed to major achievements in women’s and children’s health during this period. However, many opportunities and challenges are left for the global health community in terms of reducing child mortality (Millennium Development Goal 4) and improving maternal health (MDG 5), as well as in working towards achieving all the other MDGs. Key opportunities arise from the important political and financial commitments (e.g. the United Nations Secretary-General’s Global Strategy for Women’s and Children's Health, and the Campaign for the Accelerated Reduction of Maternal Mortality in Africa). Challenges include pressures on the global economy, other health priorities, an increasing tendency to focus on single health issues, and the challenges of the current global health aid architecture.

The Partnership’s value proposition arises from its being the only platform that brings together all of the many Partners in the global health community focused on improving the health of women and children and promoting the Continuum of Care.

The Partnership’s activities are guided by its Vision and Mission:

- **Vision:** The achievement of the MDGs, with women and children enabled to realize their right to the highest attainable standard of health in the years to 2015 and beyond.

- **Mission:** Supporting Partners to align their strategic directions and catalyse collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care.

The Partnership’s work will be focused through three Strategic Objectives (SOs), which reflect the Partnership’s value proposition and provide the framework for developing individual outputs and activities:

- **SO 1:** Broker knowledge and innovation for action, leading to increased access to, and use of, knowledge and innovations to enhance policy, service delivery and financing mechanisms.

- **SO 2:** Advocate for mobilizing and aligning resources and for greater engagement, leading to additional resource commitments for RMNCH, visibility of women’s and children’s health issues in relevant forums, and consensus on evidence-based policy development and implementation.

- **SO 3:** 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 will structure its activities around four operational principles:

1. Being **partner-centric**, by supporting Partners to deliver the Partnership’s objectives, without replacing or replicating Partners’ work or their internal governance / accountability processes.

2. Focusing on **convening** (i.e. providing a platform for Partners to discuss and agree on ways to align their existing and new activities) and **brokering** (i.e. actively brokering knowledge, innovations, collaborations, etc. among the Partners).
3. Being driven by country demand and regional priorities.
4. Promoting the Continuum of Care approach to improve women’s and children’s health.

The success of the Partnership will be measured in its ability to achieve the identified outcomes for each of its three Strategic Objectives, as summarized in Table 1 below, and ultimately by supporting the Partners to deliver their respective mandates, and achieve better RMNCH outcomes in high-burden countries than would otherwise have been possible.

Table 1: Summary of the Partnership’s Strategic Framework

<table>
<thead>
<tr>
<th>OVERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
</tr>
<tr>
<td>The achievement of the Millennium Development Goals, with women and children enabled to realize their right to the highest attainable standard of health in the years to 2015 and beyond.</td>
</tr>
<tr>
<td><strong>Mission</strong></td>
</tr>
<tr>
<td>Supporting Partners to align their strategic directions and catalyze collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care.</td>
</tr>
<tr>
<td><strong>Added Value</strong></td>
</tr>
<tr>
<td>To be an institutional platform bringing together and enhancing 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. In essence, enabling Partners to share strategies, align objectives and resources, and agree on interventions to achieve more together than they would have been able to achieve individually.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broker knowledge and innovation for action</strong></td>
</tr>
<tr>
<td>Observably increase access to and use of knowledge and innovations to enhance policy, service delivery and financing mechanisms, so as to address key constraints to achieving universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care in high-burden countries.</td>
</tr>
<tr>
<td><strong>Advocate for mobilizing and aligning resources and for greater engagement</strong></td>
</tr>
<tr>
<td>Identify and mobilize additional resource commitments for RMNCH through Partner engagement and by maintaining clear visibility of women’s and children’s health issues in international and national policy and development forums. Promote consensus on evidence-based policy development and implementation (including strategic priorities and alignment of resources).</td>
</tr>
<tr>
<td><strong>Promote accountability for resources and results</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| DELIVERABLES |
| To be developed as part of the detailed Workplan. |

| ACTIVITIES |
| To be developed as part of the detailed Workplan. |

<table>
<thead>
<tr>
<th>CROSS-CUTTING PRINCIPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner-centric</td>
</tr>
<tr>
<td>Convening and Brokering</td>
</tr>
<tr>
<td>Country demand and regional priorities</td>
</tr>
<tr>
<td>Continuum of Care</td>
</tr>
</tbody>
</table>
Annex 5: Partnership Publications in 2015

**Technical reports**


**Journal articles and conference papers**

- Towards a updated Global Strategy for Women’s, Children’s and Adolescents’ Health BMJ 2015; 351 doi: 10.1136/bmj.h4414 (Published 14 September 2015), including:
  - Mishra, CK et al. National leadership: Driving forward the Global Strategy for Women’s, Children’s and Adolescents’ Health
  - Zeid, S et al. Women’s, children’s and adolescents’ health in humanitarian and other crises
  - Schweitzer, J. Accountability in the 2015 Global Strategy for Women’s, Children’s and Adolescents’ Health
  - Lie, G et el Financing women’s, children’s, and adolescents’ health
  - McDougall, L et al. Prioritising women’s, children’s, and adolescents' health in the post-2015 world.
Knowledge summaries and related publications


- PMNCH and LSHTM. 2015. PMNCH Knowledge Summaries: improving their production process, reach and use. Two studies on the production process, reach and use of PMNCH Knowledge Summaries.

Countdown to 2015 publications


- Victora, C; Requejo, J; Barros, A; et al. Countdown to 2015: A decade of tracking progress for maternal, newborn and child health. The Lancet. (to be launched on October 16, 2015).


Partnership publications can be found at: http://www.who.int/pmnch/knowledge/publications/en/
Annex 6: The Global Strategy for Women’s, Children’s and Adolescents’

AT A GLANCE:
THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016-2030)

VISION
By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)

SURVIVE  End preventable deaths
- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being

THRIVE  Ensure health and well-being
- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines

TRANSFORM  Expand enabling environments
- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

Source: The Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030,
HIGH RETURN ON INVESTMENTS

Implementing the Global Strategy, with increased and sustained financing, would yield tremendous returns by 2030:

• An end to preventable maternal, newborn, child and adolescent deaths and stillbirths
• At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions
• At least US$100 billion in demographic dividends from investments in early childhood and adolescent health and development
• A “grand convergence” in health, giving all women, children and adolescents an equal chance to survive and thrive

ACTION AREAS

Country leadership
Reinforce leadership and management links and capacities at all levels; promote collective action.

Individual potential
Invest in individuals’ development; support people as agents of change; address barriers with legal frameworks.

Community engagement
Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.

Humanitarian and fragile settings
Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.

Research and innovation
Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.

Health system resilience
Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.

Multisector action
Adopt a multisector approach; facilitate cross-sector collaboration; monitor impact.

Guiding principles

• Country-led
• Universal
• Sustainable
• Human rights-based
• Gender-responsive
• Evidence-informed
• Partnership-driven
• People-centred
• Community-owned
• Accountable
• Aligned with development effectiveness and humanitarian norms

Implementation

Country-led implementation supported by the Every Woman Every Child movement and an Operational Framework. The power of partnership harnessed through stakeholder commitments and collective action. We all have a role to play.

available at: http://globalstrategy.everywomaneverychild.org/
The global architecture supporting *Every Woman Every Child*

Source: The Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030.
The Global Strategy’s Accountability Framework

**Country Accountability**
- Health sector reviews
- Human rights monitoring
- Gender assessments
- Parliamentary committees
- Citizen hearings
- Financial and performance audits
- Mortality and health audits

**Global Accountability**
- United Nations monitoring reports
- Expenditure reports
- OECD-DAC reporting
- Social accountability reports
- Civil society organization reports
- Academic reports

**Global Initiatives**
- High-level Political Forum for the Sustainable Development Goals
- World Health Assembly

**Act**
- Country plans
- Government
- Civil society organizations
- Private sector
- Development partners

**Monitor**
- Data collection
- Special studies
- Social accountability reports
- Score cards

**Review**
- Regional peer review
- Global report/report cards
- Country and regional reports/report cards

Source: The Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030.
### Annex 7: 
The Partnership for Maternal, Newborn & Child Health Strategic Plan 2016-2020

**Our vision**
A world in which every woman, child and adolescent in every setting realises their rights to physical and mental health and wellbeing, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

**Our mission**
To increase the engagement, alignment and accountability of partners, by creating a multi-stakeholder platform that will support the successful implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health, enabling partners to achieve more together than any individual partner could do alone.

The Partnership deploys its core functions of Alignment, Analysis, Accountability and Advocacy in full support of the 2030 Survive, Thrive and Transform targets of the Global Strategy. Over the course of this Strategic Plan, the Partnership will:

- **Accelerate action on the unfinished business of the MDGs**, with a focus on equity to sustain efforts in countries that have fallen behind and to address the most marginalised, excluded and high burden populations and settings;
- **Accelerate action and gather the learning and evidence needed to tackle “frontier” and other critical challenges**: including stillbirths, fulfilling SRHR needs and rights of all, meeting adolescents’ unique & varied needs, and inspiring action everywhere, in particular in humanitarian and fragile settings; and
- **Build knowledge and experience with inter-sectoral collaboration** among Partners and related sectors to address the drivers of ill health and inequity.

The Partnership is fully committed to all of the 2030 targets in the Global Strategy. During the life of this Strategic Plan, the focus will be on driving progress on the targets of direct relevance to the continuum of care across sexual, reproductive, maternal, newborn, child and adolescent health:

- Reduce global maternal mortality to 70 or fewer deaths per 100,000 live births [SDG3.1]
- Reduce newborn mortality in every country to 12 or fewer deaths per 1,000 live births [SDG3.2]
- Reduce under-five mortality in every country to 25 or fewer deaths per 1,000 live births [SDG3.2]
- Achieve universal access to sexual and reproductive health and reproductive rights [SDG3.7/5.6];

Ensure at least 75% of demand for family planning is satisfied with modern contraceptives to achieve this progress, the Partnership will necessarily strengthen inter-sectoral outreach and collaboration on other Global Strategy and SDG targets, including but not limited to those that relate to nutrition, water and sanitation, education, and the rights of women and girls.

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**To pursue these Strategic Objectives**

**And deliver these high level Results**

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**Monitored through**

The Strategic Plan is implemented by the Partnership, under the direction of its Board, supported by its Secretariat delivering annual workplans in the context of an overarching Business Plan. During its first two years, opportunities will be taken to review often, learn quickly, and adjust where necessary, to ensure that Partnership objectives remain aligned with country priorities and the emerging global architecture.