
Realizing the promise of The Partnership for Maternal, Newborn and Child Health

Hareya Fassil,^{1,*} John Borrazzo,¹ Richard Greene,¹ Troy Jacobs,¹ Maureen Norton,¹ Mary Ellen Stanton,¹ Nana Taona Kuo,² K. Rogers,³ Luwei Pearson,³ Ted Chaiban,³ Anshu Banerjee,⁴ Shyama Kuruvilla,¹ Marta Seane,⁴ Ann Starrs,⁵ Betsy McCallon,⁶ Stefan Germann,⁷ Anshu Mohan,⁸ Flavia Bustreo,⁴ Helga Fogstad⁹ and CK Mishra¹⁰

¹United States Agency for International Development, Washington, DC, USA, ²Executive Office of the United Nations Secretary General, New York, USA, ³United Nations Children's Fund, New York, USA, ⁴Office of the Assistant Director General for Family, Women's and Children's Health, Geneva, World Health Organization, Switzerland, ⁵Guttmacher Institute, New York, USA, ⁶White Ribbon Alliance, Washington, DC, USA, ⁷World Vision International, Kuala Lumpur, Malaysia, ⁸Partnership for Maternal, Newborn and Child Health, Secretariat, Geneva, Switzerland, ⁹Norwegian Agency for Development Cooperation (NORAD), Oslo, Norway and ¹⁰Ministry of Health and Family Welfare, Government of India, New Delhi, India

*Corresponding author. Senior Policy Advisor, United States Agency for International Development (USAID), Bureau for Global Health, United States Agency for International Development (USAID) Address: USAID Bureau for Global Health 2100 Crystal Drive, Suite 1000. Arlington, VA 22202, USA. E-mail: hfassil@usaid.gov

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Abstract

Reflecting on Storeng and Béhague ("Lives in the balance": the politics of integration in the Partnership for Maternal, Newborn and Child Health. *Health Policy and Planning* Storeng and Béhague (2016).) historical ethnography of the Partnership for Maternal, Newborn and Child Health (PMNCH), this commentary provides a more current account of PMNCH's trajectory since its inception in 2005. It highlights PMNCH's distinct characteristics and how it is positioned to play an instrumental role in the current global health landscape.

Keywords: Every Woman Every Child, multi-stakeholder platforms Global Strategy for Women's Children's and Adolescents' Health, Partnership for Maternal, Newborn and Child Health (PMNCH), sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH)

Key messages

- Today, PMNCH occupies a key position in the global Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) landscape as an inclusive, constituency-based global multi-stakeholder platform, designed to drive alignment and evidence-based advocacy among partners, and mandated to facilitate a 'Unified Accountability Framework' for tracking progress on the 2016–30 Global Strategy for Women's, Children's and Adolescents' Health (2016–30 Global Strategy).
- With its new strategic plan and strengthened governance and operational processes, Partnership for Maternal, Newborn and Child Health (PMNCH) is well-positioned to promote the collaborative action and integrated approaches needed to enhance impact and advance SRMNCAH in the integrated Sustainable Development Goal era.
- At the country level, application of PMNCH's constituency-based partnership model can foster the inclusive country-led multi-stakeholder platforms needed to plan and monitor implementation of national SRMNCAH programs for delivering on the 2016–30 Global Strategy.

Introduction

As we embark on the Sustainable Development Goals (SDGs), the Partnership for Maternal, Newborn and Child Health (PMNCH or ‘The Partnership’) finds itself at an inflection point. In an historical ethnographic analysis entitled: ‘Lives in the balance: The politics of integration in PMNCH’, [Storeng and Béhague \(2016\)](#) chronicle PMNCH’s progression from its creation in 2005–9. They highlight the pragmatic choices made in forming this alliance, revealing key issues underlying the early tensions among its founders. Their account is an important reminder of PMNCH’s value proposition and its earlier challenges in advancing integration across maternal, newborn and child health. The authors surmise that such ‘...integration may only be possible with a more radical conceptualization of global health governance...’ ([Storeng and Béhague 2016](#), p. 1). But might such a shift already be taking place? Below, we aim to provide a more current picture of PMNCH’s trajectory, highlighting key developments that have positioned it to play an instrumental role in the evolving global sexual, reproductive, maternal, newborn child and adolescent health (SRMNCAH) arena.

Foundational years and value proposition

PMNCH’s creation was based on a compelling value proposition which has even more currency in today’s integrated SDG environment, i.e. partners in the interconnected spheres of maternal, newborn and child health could achieve more together than by working alone. [Storeng and Béhague’s \(2016\)](#) ethnography of PMNCH’s start-up years focuses on only one of its co-founders: the maternal health community. Concurrent ethnographies of the newborn and child health communities may have elucidated how the dynamic interplay among these groups shaped PMNCH’s evolution. Nonetheless, PMNCH’s first evaluation provides germane insights; it elicited critical feedback on tough questions about PMNCH’s ‘value-add’, recognized its role in advancing the unifying continuum of care framework ([PMNCH 2010b](#)), and recommended prioritizing its advocacy function ([HLSP 2008](#)). Its recommendations proved pivotal. PMNCH’s advocacy efforts effectively highlighted the inadequate progress on child and maternal survival. In 2010, these efforts were bolstered by the launch of the UN Secretary General’s ‘Every Woman Every Child’ (EWEC) initiative and its first Global Strategy ([UNSG 2010](#)) which elevated women’s and children’s health on the global political agenda ([EWEC 2015a](#)).

An evolving partnership: strengths and challenges

By using scientific evidence for driving consensus and leveraging partners’ diverse expertise, PMNCH generated tools for advancing common priorities, including: the first review of essential SRMNCAH interventions ([PMNCH 2011](#)); evidence-based guidance notes on SRMNCAH priorities ([PMNCH 2010a,b; 2016c,d](#)); and the seminal ‘Success Factors Study’, distilling lessons from 10 ‘fast-track’ countries ([PMNCH, WHO, et al. 2014](#)).

PMNCH’s second evaluation noted its recognition as a leading multi-stakeholder SRMNCAH platform ([PMNCH 2015](#)) and highlighted its other distinct features. Unlike the Global Fund to fight AIDS, TB and Malaria or Gavi, The Vaccine Alliance, for instance, PMNCH is neither a financing instrument nor an autonomous institution ([GAVI 2016; GFATM 2016](#)), but rather, a network of organizations administratively linked by a secretariat of about a dozen staff, hosted by the World Health Organization ([PMNCH, 2016a](#)).

Table 1. PMNCH’s Constituencies in 2016

• Academic, research and training institutions	• Multilateral organizations
• Adolescents and youth constituency (‘established in 2015’)	• Non-governmental organizations
• Donors and foundations	• Partner governments
• Health professional associations	• Private sector (‘established in 2010’)

^aIn May 2016, PMNCH’s Board decided to: (i) reconfigure the multilateral organizations constituency as the ‘UN Agencies constituency’; (ii) create a new constituency for non-UN Intergovernmental and Regional bodies; and (iii) create two new Board seats for the Executive Office of the UN Secretary General, and global financing mechanisms (including, Global Fund, Gavi and the Global Financing Facility for Every Woman Every Child, respectively). Implementation of these measures for strengthening PMNCH’s inclusiveness and governance is currently underway.

The Secretariat’s function is to facilitate the work of the broader partnership—currently comprising over 700 members, organized under eight constituencies represented on its Board ([Table 1](#)), and convened periodically through its Partners Forum ([PMNCH 2016b](#)). Although noting its inclusiveness and agility as its strengths, the evaluation also highlighted PMNCH’s pressing challenges, including engaging and harnessing the largely untapped contributions of its sizeable membership ([PwC 2014](#)).

Position in the global SRMNCAH landscape

In 2015, PMNCH helped shape the updated ‘Global Strategy for Women’s Children’s and Adolescents’ Health’ (Global Strategy), and the ‘Global Financing Facility in support of EWEC’ (GFF). PMNCH’s new strategy positions it to play a key role in supporting these two major components of the global SRMNCAH landscape ([PMNCH 2014a](#)).

PMNCH’s current strategy is aligned with the Global Strategy ([PMNCH 2015](#)). Launched in September 2015, the Global Strategy provides a roadmap for ending preventable deaths and transforming women’s, children’s, and adolescents’ health by 2030. It encompasses 17 targets, spanning nine SDGs and recognizes multi-stakeholder action as key to achieving them ([Kuruvilla et al. 2016](#)). ‘Engaging and aligning stakeholders and fostering accountability’ is one of the three pillars supporting the Global Strategy’s implementation ([Figure 1; EWEC 2015b](#)). PMNCH is playing a key role in this area by coordinating a ‘Unified Accountability Framework’ which tracks partners’ commitments and links global, regional and country-level accountability mechanisms ([EWEC 2015b](#), p. 71).

Launched in July 2015, GFF espouses a more balanced financing approach that combines external, domestic and innovative resource mobilization, and leverages diverse partners’ contributions through their engagement in multi-stakeholder country-led SRMNCAH platforms ([GFF 2015; 2016a](#)). PMNCH’s constituency-based model provides an ideal framework for fostering such platforms for developing and monitoring implementation of prioritized and costed national SRMNCAH plans and sound ‘investment cases’ for GFF support.

Partnership fosters integration

[Storeng and Béhague \(2016\)](#) note two interrelated values that underpin PMNCH’s *raison d’être* and are also integral to achieving the SDGs: partnership and integration. Despite its progress in advancing

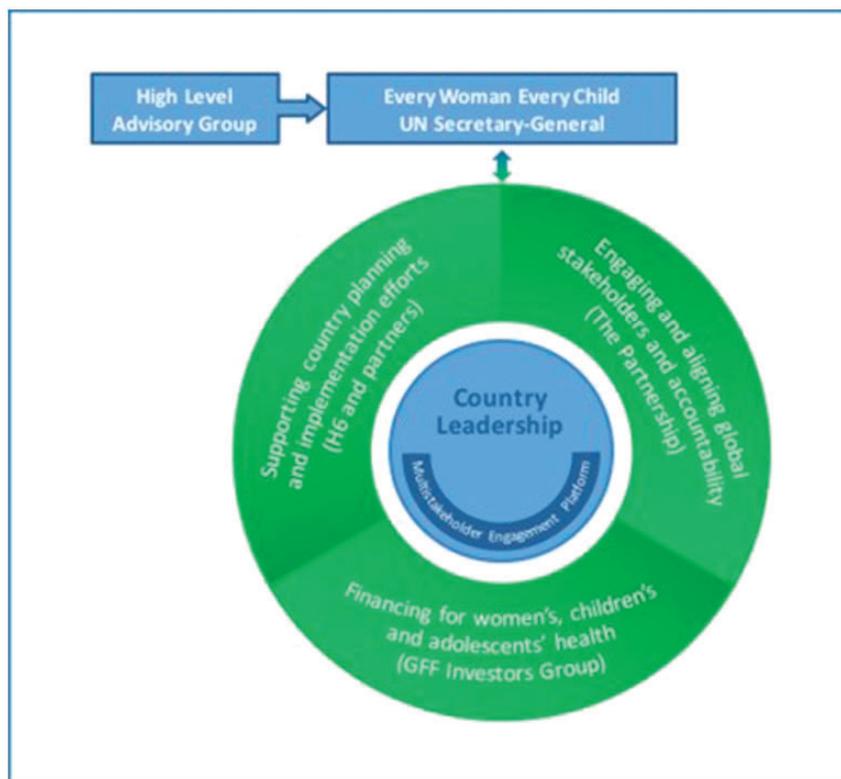


Figure 1. PMNCH’s role in the global EWEC architecture - The Partnership: Engaging and aligning global stakeholders and accountability in support of country-led multi-stakeholder platforms
(Source: EWEC 2015b, p.78)

Table 2. PMNCH’s four strategic objectives (2016–20)

1. Prioritize engagement in countries	With particular focus on the populations and places where the burden is highest, the need greatest, and inequity most acute, strengthen multi-stakeholder platforms and processes to align partners and financing and deepen commitment to the health outcomes of women, children and adolescents, promoting equity and human rights in every setting.			
2. Drive accountability	Nurture a culture of open accountability among all partners; championing purposeful engagement and a robust, sustained commitment to tracking progress and holding each other to account for delivery of the Global Strategy, including through the coordination of a Unified Accountability Framework			
3. Focus action on results	Drive advocacy and share learning to shape partners’ efforts at sub-national, country, regional and global levels			
4. Deepen partnership	Deepen the meaningful engagement of Partners by aligning incentives with contributions to strengthen collaboration, by identifying and recruiting Partner organizations whose voices are missing from the dialog.			
Four cross-cutting core functions:	Advocacy	Alignment	Accountability	Analysis

these principles, PMNCH has yet to fully realize the ‘partner-centric’ model envisaged at its inception. Recognizing this, partners are currently working in groups focused on advancing each of PMNCH’s four strategic objectives by deploying its core functions, as appropriate (Table 2). The aim is to concentrate partners’ resources and collaboration in areas where they have greatest comparative advantage, while advancing effective integration.

Partners’ alignment around the Global Strategy will help advance proven integrated approaches, e.g. integrating maternal and newborn care (MHTF 2015; 2016; WHO 2015; WHO and UNICEF 2015); and including family planning as part of maternal care (Gaffield *et al.* 2014). PMNCH is well-positioned to foster such integration, while also advocating for child and adolescent health and linkages with nutrition and water, sanitation and hygiene priorities. Through joint advocacy, e.g. PMNCH civil society

members’ collaboration on local citizens’ hearings (WRA 2016), partners can also promote accountability for SRMNCAH, while underscoring linkages between priorities across the continuum. Precisely because it convenes stakeholders across SRMNCAH, PMNCH will continue to serve as a vital forum for jointly devising such balanced approaches to advance common priorities.

Conclusion

To realize its promise, PMNCH will need to achieve balance within and across its core functions and objectives; the diverse priorities of its constituencies; and between the integrated approaches and targeted efforts needed for advancing SRMNCAH. Its continued success hinges on several factors.

First, is its effectiveness in mobilizing, capacitating and engaging more of its members in its joint work and governance. Second, at country level, PMNCH could help drive greater coherence among partners' efforts, including by applying its constituency-based model in fostering inclusive and sustainable country-led SRMNCAH platforms. Finally, PMNCH's leadership in facilitating an effective 'Unified Accountability Framework' for the Global Strategy will also be key.

Indeed, as work to advance SRMNCAH in the integrated SDG era, perhaps the only alternative to the PMNCH we have today is quite simply, an even more effective PMNCH.

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