improving maternal and child health through active partnership

The Partnership for Maternal, Newborn & Child Health

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The Partnership supports the global health and development community in working together towards the health Millennium Development Goals for women and children – improving maternal health and reducing newborn and child mortality.

Facing the crisis

Maternal, newborn and child health is in crisis. But it does not have to be. We know how to save the lives of women and children. Yet each year more than half a million women die of pregnancy-related causes and almost nine million children under five years die, nearly 40% of these in the first weeks of life. Although there are effective interventions that can save these lives, donors and governments alike have not invested enough resources to address this tragedy.

Without concerted action, the Millennium Development Goals will be missed, and the world will have failed its women and children.

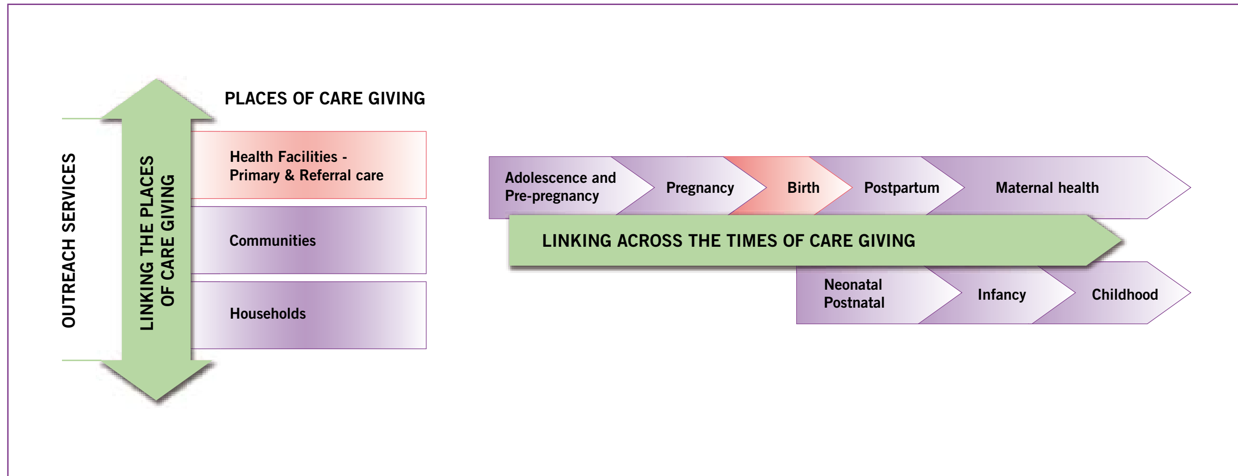
Achieving success through partnership

This is precisely why the Partnership was launched in 2005. The Partnership is a dynamic forum where the health and development communities can combine their strengths and work together for an impact that no one partner could achieve alone. The Partnership is an alliance of approximately 300 members representing governments, donors/foundations, UN agencies, non-governmental organizations, health care professional associations, and academic research and training institutions. The Partnership is led by an active Board representing these key constituencies. It is supported by a small Secretariat of senior staff, hosted by the World Health Organization.

Women, their newborns and older children are inseparably linked in health care needs. In the past, maternal and child health policies tended to address women and children separately. This resulted in gaps in care and lives lost. The challenge was to address these gaps – in particular during birth and the first days of life – and at home. Policy attention has shifted towards an MNCH *continuum of care*, which focuses on universal coverage of effective interventions, integrating care throughout the life-cycle and building a comprehensive and responsible health system. The continuum of care is achieved through a combination of policies and strategies to improve home care practices and health care services throughout the life cycle. The Partnership gives voice to the MNCH *continuum of care*.

The Partnership's unique role encompasses:

- Promotion of the *continuum of care* across maternal, newborn and child health,
- Bringing together MNCH communities and stakeholders to increase effectiveness of activities and accountability, and
- Improving donor co-ordination and aid effectiveness.



Since our launch, we have seen much progress:

- The *continuum of care*, a cornerstone of the Partnership's work, is now widely recognized as the critical framework for achieving gains for maternal, newborn and child health.
- There have been impressive declines in child deaths in some countries in some high-mortality countries and regions, more children are being vaccinated, receive vitamin A supplements and sleep under insecticide-treated bed nets, as documented by the *Countdown to 2015* data[1].
- Political leaders have committed themselves at the highest level to make maternal and child health a priority – including the first-ever G8 commitment in 2008 to address maternal and child health as part of a comprehensive approach to basic health care.
- The call to emphasise maternal mortality reduction has been significantly strengthened and is being championed by several organizations and eminent personalities such as Mrs. Sarah Brown and UN Secretary General Ban Ki Moon.
- Momentum to achieve MDG 5 (reducing maternal mortality) is now enhanced by the inclusion of a new target that calls on countries to achieve universal access to reproductive health by 2015.
- Health care professionals are now widely recognized as an important constituency with a significant role in shaping human resource strategies for achieving the health MDGs.

The Partnership reached an important milestone on the road towards realizing its vision – a world where all women and children receive the care they need to live healthy, productive lives – in early 2009 when the Partnership Board approved a new Three-Year Strategic Framework for Action and Commitment by Partners. The Framework sets out priority actions for the period 2009-2011, along with a new Secretariat Structure. This framework provides a blueprint to guide the Partnership's mission: supporting the global health community to work effectively towards achieving Millennium Development Goals (MDGs) 4 and 5. The need for action is even more urgent as the world grapples with financial crisis and climate change, threatening the health and survival of the most vulnerable: women and children living in poor communities.

Progress over the past several years has been real, but the greatest challenges lie ahead: the time horizon to reach the MDGs is very short; progress on MDG 5, in particular, has been very poor; and our mission to support stronger health systems for women and children in poor countries must be accomplished at a time of economic retrenchment in the rich world.

[1] *Tracking Progress in Maternal, Newborn and Child Survival. The 2008 Report.* UNICEF: 2008

Removing barriers to accelerated progress

There are key challenges to be tackled in advancing the health of women, newborns and children:

- Insufficient funding: Despite some increases in donor assistance, the increase is less than investment in other health priorities, which is why death rates are high and improvement slow. The lack of funding to strengthen basic health services for women and children suggests that the scale of infant, child and maternal mortality has not yet registered sufficiently on political agendas. As a community, we need to make the case for investment in MNCH with stronger evidence and renewed vigour.

- Programs are poorly targeted: Interventions are often not reaching those most in need, leading to inefficiency and inequality. Also, funds are not always allocated to those interventions that are most cost-effective. Nutrition interventions are chronically underfunded and funding for family planning has decreased.

- Fragmented actions: The priorities of global partners and national agencies supporting the health of women and children are rarely well coordinated in design and implementation. This means the coverage and quality of MNCH interventions is highly variable, with some median performance indicators particularly low.

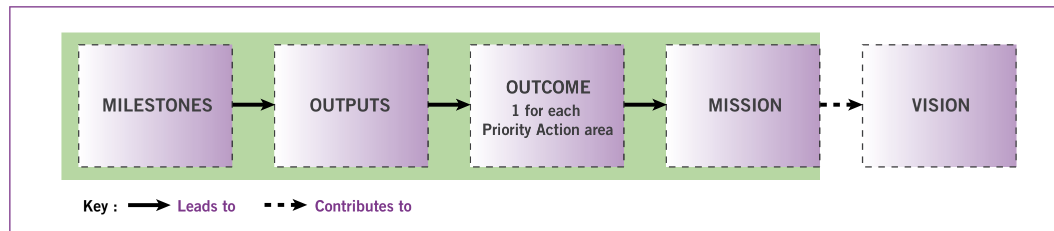
Our contribution

The Partnership works by bringing together and supporting the global health community in its efforts to:

- Build consensus on – and promote – evidence-based, high-impact MNCH interventions and a means to deliver them through harmonization;
- Contribute to raising US$30 billion (for 2009-2015) to improve maternal, newborn and child health;
- Track partners' commitments and measure progress towards MDGs 4 and 5 to enhance accountability.

A key characteristic of the Partnership is that it is "partner centric". It is not an implementing or funding agency; instead it acts to support and facilitate the work of its membership where either there is value added in partners working together or activities are beyond the manageable limits of the partners working separately or in isolation.

During 2009-2011, The Partnership work plan centres on six priority actions where its membership can *add value* through collaboration and consensus building. Each priority action is led by a Lead Partner accountable to the Partnership Board and supported and facilitated by the PMNCH Secretariat. Each action has a series of milestones - reflecting specific activities, as shown below - which themselves lead to a range of outputs that is expected to deliver a single outcome. The six outcomes will contribute significantly towards the achievement of MDGs 4 and 5 by the global health and development community.



The priority actions are:

1. **Developing an evidence base and a robust 'one-stop shop' *knowledge management system* for the MNCH community.**

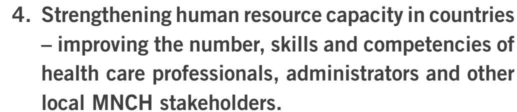
- Making the relevant knowledge accessible to stakeholders within the MNCH community is an essential starting point for defining and implementing interventions that will take high-burden countries closer towards reaching MDGs 4 and 5. Currently, information on MNCH is scattered over scientific publications, grey literature and case studies reflecting the experience of policy makers and those implementing policies in countries. There is no single, easily accessible place where the latest evidence and consensus is available. A knowledge management system will facilitate communication of evidence, consensus on actions and experiences.

2. **Building consensus among international, national and local stakeholders on a core package of MNCH interventions across the continuum of care.**

- Evidence on the efficacy of single components of interventions is readily available today. However, while single interventions have been combined into packages across the continuum of care, there is insufficient evidence on the efficacy of these packages. Developing consensus on a core package – derived from the variety of packages available for maternal, newborn and child health – is critical to maternal, newborn and child health efforts and requires results of implementation research. Core packages will help guide actions that need to be taken by national governments and local stakeholders, as well as international partners. These guidelines must then be adapted to national contexts.

3. **Harmonizing and coordinating the purchase and delivery of essential commodities required to advance MNCH initiatives in countries.**

- Commodities have traditionally been delivered by vertical programs, for example, child survival commodities are purchased and distributed by child health programs and reproductive health commodities by reproductive health institutions. Partners will agree on the essential commodities required for advancing MNCH, and commodity management will be harmonized in high-burden countries. Partners will increase coordination and harmonize supply policies and strategies.



4. Strengthening human resource capacity in countries – improving the number, skills and competencies of health care professionals, administrators and other local MNCH stakeholders.

- Achieving universal coverage of reproductive, maternal, newborn and child health services will require an additional two million health care workers globally. This calls for concerted efforts to ensure the necessary training, deployment, retention of staff. Also, delivering any in-country strategy on improving MNCH will require not only additional numbers but also strengthened human resource capacity. Integrated human resource plans will be developed as part of national MNCH plans to ensure that MNCH skills and competencies are addressed, and health care professional associations are more directly involved in national health planning.

5. Advocacy for the increased mobilisation and effectiveness of resources, and better positioning of MNCH in the global development architecture.

- Prioritization and funding for MNCH are inadequate. Very recently, MNCH has started to feature higher on the agendas of high-level policy makers at venues such as the United Nations General Assembly and G8 and G20 meetings, supported by evidence that the continuum of care framework can produce tangible results. The Taskforce on Innovative International Financing for Health Systems has also helped to bring these issues to the health policy and development agendas. The Partnership will use this momentum to mobilize a greater level of resources, which -- when combined with more effective use of those resources -- will considerably advance efforts to meet the health MDGs. Partners will aim to mobilize an additional US$30 billion for the period 2009-2015 which would save the lives of 1 million women, 4.5 million newborns and 6.5 million children by 2015.

6. Strengthening monitoring and evaluation to ensure partners are accountable in the implementing initiatives.

- The Partnership will track pledges for MNCH and assess whether these are actually realized, holding donors, agencies and governments to account. Linkages will be made with global and national advocacy partners to share information and publicize results. The Partnership will also support the important work of the Countdown to 2015 process and its work tracking coverage of interventions, policies and mortality rates.

Partnership budget

The Partnership is looking to mobilize funding of $13.6 million for the costs of the implementing the Partnership strategy during 2010 and 2011.

The Partnership's main cost in 2010-11 is program expenditure of $7.65 million, covering the six priority action areas. Core functions (e.g., Board meetings, governance and communications) amount to $1.9 million, and Secretariat staff costs are $4.06 million.

Partnership budget and funding requirements 2010-2011 (US$000)

	2010	2011	Total
Program expenditure	4,524	3,133	7,657
Core functions	900	1000	1,900
Secretariat staff	2,031	2,031	4,062
Total budgeted expenditure	7,455	6,164	13,619

World Health Organization

The Partnership
for Maternal, Newborn
& Child Health

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