



The PMNCH 2013 Progress Report



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Design: Roberta Annovi.



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Executive summary



“If we are to achieve the MDGs, we need to put women and children at centre stage of our planning, be it economic, political, social or cultural. That is what will bring social transformation and change.”

– Graça Machel, Chair, the Partnership for Maternal, Newborn & Child Health



With just two years left until 2015 and the end of the Millennium Development Goals (MDGs) era, the Partnership for Maternal, Newborn & Child Health (PMNCH) took a pragmatic decision in 2013. It struck a balance between accelerating progress towards achieving MDGs 4 and 5 on child and maternal health (taking account of other related MDGs) while looking ahead to the post-2015 development agenda – and promoting the role of women and children in that global agenda.

As such, four main themes shaped the Partnership's work in 2013:

- **Achieving political commitment at the highest possible level** for women's and children's health, both in relation to the unfinished MDGs agenda and the emerging post-2015 development agenda;
- **Improving the coverage of essential interventions** for women's and children's health;
- **Promoting accountability** on commitments and processes towards improving women's and children's health;
- **Strengthening partner engagement and alignment**, globally, regionally and nationally.

These four areas of work were underpinned by a commitment to cross-sectoral technical collaboration. This ensured that advocacy, evidence and accountability approaches were embedded in all outputs of the 2013 workplan.

The **appointment of Graça Machel as PMNCH Board Chair** in 2013 has further enabled PMNCH to sharpen its mission, building on the recognition that education, gender, nutrition and equity play vital roles in shaping outcomes.

In 2013, PMNCH played a major leadership role in partner-based advocacy efforts to support Every Woman Every Child. PMNCH was particularly active in supporting the reproductive, maternal, newborn and child health community (RMNCH) in consolidating and harmonizing the many important efforts established under the Every Woman Every Child umbrella.

Major efforts undertaken by the RMNCH community in 2013 included the country-level work of Committing to Child Survival: A Promise Renewed (linking to the establishment of the Every Newborn action plan and movement); the launch of FP2020 (supporting and monitoring the pledges made at the London Summit on Family Planning of July 2012); ongoing technical and advocacy work associated with the United Nations Commission on Life-Saving Commodities for Women's and Children's Health and the development of the RMNCH Steering Committee; and the implementation of country accountability frameworks to advance the recommendations of the Commission on Information and Accountability for Women's and Children's Health (CoIA).

Significant advocacy efforts included advocacy coordination for Every Newborn, CoIA and the United Nations Commodities Commission (the latter through PATH on behalf of the PMNCH NGO constituency).

Every Newborn, in particular, will remain high on the PMNCH agenda in 2014. It represents an important opportunity to emphasize the need for quality of care at the time of birth for both women and children, and to support countries in strengthening national RMNCH plans and programmes. Both activities will help advance progress towards the MDGs.

The development of evidence for policy, underpinned by multi-stakeholder dialogue and collaboration, was another major theme for PMNCH in 2013. Together with the World Health Organization, PMNCH launched the Global Investment Framework for Women's and Children's Health, linked to the Lancet Commission on Investing in Health. The investment case – the first ever produced by the RMNCH community – provides clear guidance to national policy-makers on investment priorities and expected economic and social returns. It was developed on the basis of robust analysis led by a group of more than a dozen partner organizations. Their work culminated in a November 2013 article in *The Lancet*.

The policy compendium for RMNCH (A Policy Guide for Implementing Essential Interventions for RMNCH) was published in February 2014. Based on a collaborative effort by partners over the course of 2013, it highlights that it is essential to have core policies in place to improve the coverage and quality of RMNCH interventions. For the first time, the document brings together key consensus-based health and multisectoral policy recommendations and guidance to improve the delivery of proven interventions to women and children. It is a companion document to Essential Interventions, Commodities and Guidelines for RMNCH.

Preliminary findings of the Success Factors study were presented in New York during the United Nations General Assembly in September 2013. This is a multidisciplinary study of key factors, within and beyond the health sector, that contribute to accelerated national progress towards MDGs 4 and 5. The study analysed data and trends across 144 low- and middle-income countries over the past 50 years. This quantitative and qualitative study is a collaborative effort coordinated by PMNCH with a wide range of United Nations, donor and civil society partners.

In 2013, PMNCH continued to advance the work on Accountability. For the third year since 2011, PMNCH produced a major annual report on the status and implementation of commitments to the Global Strategy for Women's and Children's Health. The PMNCH 2013 Report – Analysing Progress on Commitments to the Global Strategy for Women's and Children's Health is the only publication dedicated to tracking commitments made by more than 300 individual stakeholders. As such, it has become a key part of the global accountability architecture for women's and children's health. It was also an important input into the report of the independent Expert Review Group (iERG).

Other key products from PMNCH in 2013 included:

Post-2015 Consensus Statement

PMNCH convened nearly 250 partners in 2013 to sign a powerful joint position statement on the centrality of women's and children's health to the post-2015 development agenda. This statement was put forward to key members of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, resulting in a strong endorsement in the final report of the panel for the arguments made in the PMNCH statement.

Strategy brief series for policy events

Together with partners, PMNCH produces knowledge summaries and strategy briefs that synthesize evidence on proven approaches and helpful tools for the development and implementation of strategies to inform advocacy, policy and practice. These are developed for specific policy audiences and events. In 2013, PMNCH developed a series of 10 strategy briefs with the African Union (AU) and four multisectoral strategy briefs with the Partners in Population and Development (PPD).

Child marriage and adolescent health

Recognizing the important role that adolescent health plays in the RMNCH continuum of care, PMNCH in 2013 developed an adolescent health strategy. This will promote greater integration of adolescent health issues and representation in its advocacy, knowledge and accountability work. PMNCH convened more than a dozen partners, including the governments of Bangladesh, Canada and Malawi, at a high-level side event on child marriage at the 2013 session of the United Nations Commission on the Status of Women. This was accompanied by a global press campaign on child marriage that reached approximately 300 million people via TV, radio, print and the internet, and a further 4.6 million people on Twitter.

Handbook on MNCH for Parliamentarians

As a key member of the RMNCH technical reference group of the Inter-Parliamentary Union (IPU), PMNCH provided both technical and financial support for the development of the IPU's Handbook on MNCH for Parliamentarians. Launched at the IPU's autumn assembly in Geneva in October 2013, the handbook was distributed to more than 120 national parliaments.

Budget-tracking for parliamentarians, media and civil society

PMNCH is lead advocacy partner in the implementation of the Commission on Information and Accountability (CoIA) workplan. As such, it convened a major Africa regional workshop in August 2013 with WHO, Family Care International, Save the Children and other partners. The intention was to promote greater knowledge of budgets and accountability processes and to enhance effective advocacy and oversight among leading NGOs, media institutions and parliamentarians. Following the workshop, civil society coalitions from the five countries that attended were invited to develop proposals for catalytic funds to apply the knowledge from the workshop to national budget advocacy plans.

Conclusion

In 2013, PMNCH implemented a broad and ambitious workplan that collectively increased political commitment to women's and children's health. It also expanded the coverage of essential interventions, increased accountability for the many commitments that the community has made, and promoted stronger partner alignment and engagement.

Under the leadership of Graça Machel, PMNCH will continue in 2014 to support national, regional and global stakeholders in their efforts to accelerate the MDGs as 2015 approaches. At the same time, PMNCH will continue to mount a robust case for women's and children's health in the post-2015 goals and targets, serving as a unified platform for partners to speak with a common voice and to be heard.



Progress by Outcome



1. Outcome 1: Highest possible political commitment to women's and children's health achieved and maintained in the years to 2015 and beyond

1.1. Partner alignment for campaigns

- 1.1.1.** Develop and/or facilitate partner-based advocacy work (e.g. campaigns, events, communication products) on three to four specific RMNCH issues where greater action is needed to accelerate progress towards the MDGs targets (e.g. family planning, prevention of early marriage, newborn survival, nutrition). Action linked to key policy moments on the 2013 calendar (e.g. Davos [Jan], CSW [Mar], AU multisectoral ministerial meetings, G8/G20 [May/Sept], Women Deliver [May], UNGA [Sept], ICN+20 [Nov]).

In 2013 PMNCH facilitated the participation of more than 200 partner organizations in the production of three dedicated campaigns. These included:

Every Newborn campaign¹

Over the past year, PMNCH has been a key partner in the development of Every Newborn: an action plan to end preventable deaths, which is a new multi-partner effort. Every Newborn is a roadmap for greater action and accountability on newborn deaths. It highlights the importance of quality care around the time of birth for both women and newborns.



PMNCH has led the Every Newborn advocacy movement by building on the contributions of all Every Woman Every Child partners (including A Promise Renewed and the Born Too Soon partners), who have contributed to the success of World Prematurity Day. Born Too Soon (2012) – for which PMNCH led the advocacy and communications – was a noted success, reaching a global media audience of more than 1.1 billion. It also attracted the attention of policy-makers, including at the 2012 World Health Assembly and the Child Survival Call to Action in June 2012.

Every Newborn will be presented to the World Health Assembly in 2014 and launched at the June 2014 Partners' Forum in Johannesburg.

PMNCH is also a member of *The Lancet* Every Newborn study group and will play a leading role in the launch of *The Lancet* series in May 2014.

Key advocacy deliverables in support of Every Newborn include:

- Convening partner-based advocacy working groups (including on political advocacy, messaging, media strategy and social media).
- Playing a lead role in Every Newborn-related advocacy events (including a panel session at the Women Deliver conference in May 2013 and a breakfast meeting at the United Nations General Assembly in New York in September 2013) and planning for 2014 events.
- As in 2012, PMNCH convened more than 100 parent associations, professional societies, NGOs, private sector organizations, United Nations agencies and donors in marking the third World Prematurity Day. More than 60 countries participated, supporting stronger national advocacy movements for preterms and newborns. Events included national rallies, conferences, the illumination of monuments in purple (the international colour of the movement), and special briefing sessions for United Nations Member States in Geneva and New York with the support of Every Woman Every Child.

1. More information on the Every Newborn action plan can be found at: <http://www.everynewborn.org/>.

- Development of a broad set of communications products, including a global media and social media campaign linked to World Prematurity Day (which reached an estimated 1.4 billion people) and the Every Newborn website and toolkit.

Child marriage campaign

As part of its increasing focus on adolescent health, PMNCH in 2013 took up the issue of child marriage. This is a cross-cutting health and human rights issue affecting maternal health outcomes and, more broadly, the well-being of women, children, families and communities. This campaign was pegged to several key moments in the 2013 calendar, including the United Nations Commission on the Status of Women (CSW) and International Women's Day in March 2013, the Women Deliver meeting in May 2013, and the United Nations General Assembly in September 2013.




Outputs included:

- **CSW and International Women's Day:** PMNCH proposed and facilitated a joint process to raise the issue of child marriage at the CSW. It involved more than a dozen partners, including the World Young Women's Christian Association (YWCA), the Inter-Parliamentary Union, UNFPA and the Government of Canada. This took the form of a high-level side event attended by the heads of United Nations agencies, including UN Women chief Michelle Bachelet. A global press campaign (Child Marriages: 39 000 Every Day), reached an estimated audience of 300 million.
- **Women Deliver:** PMNCH proposed a press conference at Women Deliver to highlight child marriage issues. UNFPA, WHO and Girls Not Brides joined this event, resulting in a stream of regional media coverage on the issue.
- **United Nations General Assembly:** PMNCH worked closely with Girls Not Brides and WHO in proposing a special comment on child marriage for the United Nations General Assembly issue of *The Lancet. The world we want: an end to child marriage* was co-signed by PMNCH Board Chair Graça Machel, Gunilla Carlsson, Sweden's former Minister for International Development Cooperation, and Emilia Pires, Timor-Leste's Minister of Finance. All are members of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. The comment was disseminated widely at related child marriage events during the United Nations General Assembly, as well as through partner websites, eBlasts and other communications. Graça Machel appeared in a special video produced by PMNCH and the Graça Machel Trust on child marriage, which echoed the themes of this comment. The video was screened at a breakfast meeting on accountability at the start of the United Nations General Assembly week. It was attended by a range of ministers, senior government officials and representatives of the health and development community.

Commodities campaign

As advocacy convenor for the United Nations Commission on Life-Saving Commodities for Women's and Children's Health, PATH acted on behalf of PMNCH in convening more than 100 partners in a joint process of raising visibility and commitment for the implementation of the recommendations of the Commission. Outputs of this work in 2013 included:

- The development of an advocacy toolkit entitled: *Scaling up Life-saving Commodities for Women, Children, and Newborns*.² The toolkit provides information about the United Nations Commission on Life-saving Commodities and its 13 priority commodities, and gives examples of how the Commission's 10 recommendations to improve access and availability are being applied globally and within countries. It also provides advocacy resources for utilizing the Commission platform to raise awareness and engage stakeholders in addressing commodity-related gaps in global and national plans, policies and initiatives, as well as providing strategic input to advance the



implementation of the recommendations. The toolkit was launched during a side event on Advancing RMNCH Commodities and the Continuum of Care in November at the 2013 International Conference on Family Planning, held in Addis Ababa. The advocacy working group is now concentrating advocacy efforts in four countries – Malawi, Senegal, Sierra Leone and Uganda – and will be delivering capacity building workshops in 2014.

- 1.1.2.** Provide advocacy-related technical assistance in support of partner-led 2013 technical work (e.g. United Nations Commission on Life-Saving Commodities, FP2020, A Promise Renewed, *The Lancet* series on midwifery, country case studies, PMNCH 2013 report).

In 2013, PMNCH concentrated on providing advocacy support for a broad range of technical reports, including the Global Investment Framework (see section 3.4.), PMNCH 2013 report on commitments (see section 3.4), United Nations Commission on Life-Saving Commodities, and the forthcoming Success Factors study.

- 1.1.3.** Work with partners in the private sector, develop and disseminate relevant messaging for this constituency, and participate in and provide support for relevant campaigns and events related to private sector participation in women's and children's health issues.

PMNCH leveraged key private sector events to broaden partner engagement in joint advocacy for women's and children's health. These events included:

World Economic Forum 2013 (January 2013, Davos)

PMNCH co-hosted a special event with the United Nations Secretary-General, Ban Ki-moon, and business leaders in support of the Every Women Every Child EWECE movement, launched in 2010 to improve women's and children's health globally.³ This high-level event brought together leaders from industry, global organizations and governments to highlight successes, trigger new collaborations and provide sustainable solutions for women and children by creating shared value for all. The co-hosts of the event included the United Nations Foundation, the Norwegian Agency for Development Cooperation (NORAD) and the United Nations Secretary-General's Innovation Working Group. The event brought together approximately 100 distinguished guests with high-level speakers and champions to catalyse new sustainable global and local partnerships and business models in today's interdependent and hyper-connected world.

3rd Annual Private Sector EWECE Luncheon (September, New York)⁴

To celebrate and mobilize private sector engagement with EWECE, over 100 executives and leaders from the private sector and multilateral and civil society organizations gathered at the JP Morgan headquarters in midtown New York. The lunch event was hosted by JP Morgan and co-chaired by Kathy Calvin, President and CEO of the United Nations Foundation, and Ray Chambers, the United Nations Secretary-General's Special Envoy for Financing the Health Millennium Development Goals.

At the event, a series of three-minute presentations by commitment-makers highlighted the progress being made on previous commitments to EWECE, as well as new commitments made this year. Between 2010 and mid-2013, nearly 300 organizations, including more than 50 private sector organizations, have made commitments to advance the Global Strategy for Women's and Children's Health. Private sector contributions have come from companies operating in Africa, Asia, Europe and the US, including many Fortune 500 companies.

3. More information about the private sector event can be found at: http://www.who.int/pmnch/media/press/2013/20130123_wef2013/en/index1.html.

4. More information about the private sector lunch can be found at: <http://www.who.int/pmnch/media/events/2013/unga/en/index3.html>.

Accountability for Results breakfast meeting (September 2013, New York)⁵

PMNCH, Countdown to 2015 (Countdown) and the independent Expert Review Group on Information and Accountability for Women's and Children's Health (iERG) hosted the annual accountability breakfast. Entitled Keeping our Promises to Women and Children, it highlighted a range of new RMNCH evidence at the outset of United Nations General Assembly (UNGA) week. The event was attended by approximately 150 participants, including ministers, United Nations leaders, NGOs, private sector managers and academic experts. Reports and papers highlighted included: Strengthening Equity and Dignity through Health, the second report from the iERG; the PMNCH 2013 Report – Analysing Progress on Commitments to the Global Strategy for Women's and Children's Health; and two new papers from Countdown – one on maternal health in Bangladesh (El-Arifeen et al., forthcoming) and one on projections of newborn and child survival to 2035 (Walker et al., 2013).



A Promise Renewed India (February 2013, Chennai)⁶

The PMNCH Director, Carole Presern, delivered a presentation on the private sector's role in MNCH. The presentation was given at a session entitled Partnership for Improved Maternal and Child Health, which highlighted development approaches, opportunities and challenges. This meeting, hosted by the Government of India, brought together ministers from central and state governments, leaders from the private sector, civil society, media and multilateral organizations, academia and funding agencies.

1.2. Media engagement

In 2013, PMNCH strengthened media interest in RMNCH issues through the development of media and social media campaigns and capacity building workshops linked to the launch of major evidence reports and/or key moments in the political calendar.

March: Child Marriage

PMNCH coordinated the production of a global press campaign tied to International Women's Day (see 1.1.1). This press release, co-branded with 10 partners, was disseminated by major media outlets including Associated Press, Al Jazeera, CNN International, *The Guardian*, *El Mundo*, *Nigerian Tribune* and Middle East News Services. In addition, PMNCH provided African Voices at www.cnn.org with a specially commissioned article about a child bride in Tanzania, who also participated in the CSW event in New York via a video appearance.

May: Countdown to 2015 report launch & World Health Assembly^{7,8}

- Countdown to 2015 launch. As co-chair of the Countdown to 2015 communications and events sub-committee, PMNCH in 2013 provided support for the media launch at the Women Deliver conference of the Countdown report, Accountability for Maternal, Newborn & Child Survival: The 2013 Update. The report reached an estimated media audience of 175 million, including media reports from Ghana, India, Kenya, Malaysia, USA and UK. PMNCH also organized a booth for Countdown at the Women Deliver conference where 2500 Countdown USB keys and 1000 hard copies of the 2013 accountability report were distributed. Following the launch, a targeted mailing of the report was undertaken to the ministries of health of the 75 Countdown countries and WHO/UNICEF country offices. In total 1100 hard copies and 1000 UBS cards were distributed.

5. More information on the meeting can be found at: <http://www.who.int/pmnch/media/events/2013/unga/en/>.

6. More information on the meeting can be found at: http://www.who.int/pmnch/media/news/2013/20130207_call_to_action_india/en/.

7. More information on the launch of the Countdown report can be found at: <http://www.countdown2015mnch.org/reports-and-articles/2013-report>.

8. More information on PMNCH participation in the World Health Assembly can be found at: http://www.who.int/pmnch/media/events/2013/0520_wha/en/.

- World Health Assembly and Women Deliver meetings. To make the most of major events on the 2013 calendar, PMNCH carried out major social media campaigns in relation to the World Health Assembly and the Women Deliver meeting in Kuala Lumpur. During these two events, messages from the PMNCH Twitter account resulted in more than 2.5 million potential impressions (2.2 million of these from Women Deliver alone). The PMNCH Twitter account surpassed 5000 followers during Women Deliver and the World Health Assembly.

August: Regional RMNCH budget advocacy workshop⁹

An ongoing objective of the PMNCH media strategy is to develop greater capacity among regional journalists to report effectively on RMNCH issues, including in relation to national budgets and expenditures. To support this, PMNCH proposed and facilitated a process of producing a joint workshop in Nairobi for the media, civil society and parliamentarians from five Africa countries to promote greater knowledge of budgets and accountability processes. Partners from Kenya, Liberia, Sierra Leone, Tanzania and Uganda attended this innovative four-day capacity building workshop. It was produced in partnership with WHO, Save the Children, Family Care International, the Inter-parliamentary Union, UNICEF for A Promise Renewed, and others – the first time that parliamentarians, the media and civil society had been brought together for this purpose. The workshop has inspired ongoing planning for similar workshops in 2014 in francophone Africa and Asia (see 1.3.2 for more information).



September: PMNCH 2013 Report – Analysing Progress on Commitments to the Global Strategy for Women’s and Children’s Health¹⁰

This is the third annual report produced by PMNCH analysing the commitments made by countries and development partners to the Global Strategy and Every Woman Every Child. To promote the findings of the report, PMNCH designed a robust social media strategy to encourage a wide range of health and development partners to share key messages on their websites and via electronic communication, eBlasts, blogs and high-level talking points. These included:

- Talking points on key findings relating to the impact of Every Woman Every Child were shared for use by the United Nations Secretary-General in his appearances before and after the United Nations General Assembly;
- A blog by PMNCH Executive Director Carole Presern was carried by the Huffington Post (September 2013);
- Dissemination via partner websites (e.g. Henry J Kaiser Foundation, Girls Globe, Maternal Health Task Force and World News);
- News items in the MDG 4-5-6 Daily Deliver eBlast (circulated to 20 000 subscribers);
- Lead item in the PMNCH September eBlast (circulation: 6000+);
- Featured presentation at the PMNCH/Countdown/iERG accountability breakfast at the start of United Nations General Assembly week in September 2013 (a take-away package of materials was given to all 150 participants at the breakfast, including ministers, United Nations leaders, NGOs, private sector managers and academic experts. The package included the PMNCH 2013 Report);
- Tweets featuring key findings were sent to more than 7000 PMNCH followers on Twitter, generating 1.249 million impressions.

9. More information on the budget tracking workshop can be found at: http://www.who.int/pmnch/media/events/2013/meeting_nairobi/en/.

10. More information on the report on commitments is included in section 3.4.

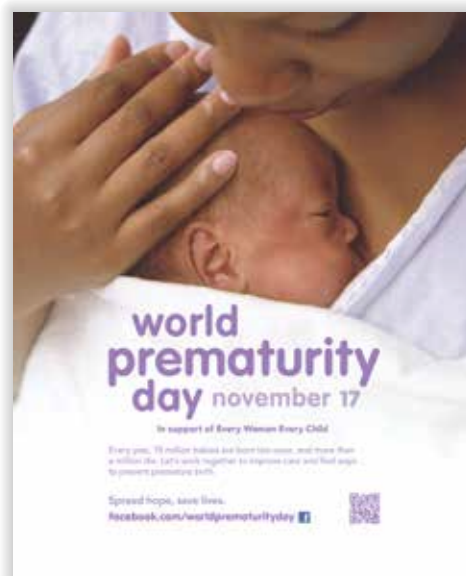
September: Success Factors in Women's and Children's Health¹¹

This is a multidisciplinary study of key factors, within and beyond the health sector, that contribute to progress towards MDGs 4 and 5 in countries. Preliminary findings of the Success Factors study were highlighted in 2013 through both social media and live events tied to the United Nations General Assembly in New York.¹² PMNCH collaborated with MamaYe-E4A to create an advocacy booklet and pull-up banners with infographics for the PMNCH annual accountability breakfast. This highlighted lessons learned from 10 'fast-track' countries that are making accelerated progress towards the MDGs for maternal and child health. It was supported by tweets and a front-page story on the PMNCH website. A dedicated page for the Success Factors study has been created on the PMNCH website, which also acts as a resource page for the Success Factors study group.

November: World Prematurity Day¹³

PMNCH coordinated a major media effort tied to World Prematurity Day and the Every Newborn effort, reaching an estimated global media audience of 1.4 billion through the following products:

- Public service announcements (PSAs). PMNCH leveraged free airtime valued at nearly US\$ 1.5 billion through more than 1200 pro bono screenings during October and November of a 30-second PSA tied to World Prematurity Day. This featured singer Celine Dion and Spanish entertainment personality Thalia. The spots aired on five international networks of CNN, including CNN Espanol, and globally reached a combined estimate of 1 billion people.
- Baby boys at higher risk of death and disability due to preterm birth. This global news campaign was co-branded with partners including UNICEF, Save the Children, and the Bill & Melinda Gates Foundation. It attracted broad attention from a range of media networks including the BBC, the *New York Times*, Asian News International, Associated Press, NBC and CBS, reaching an estimated earned media audience of about 450 million.
- Twitter. PMNCH, March of Dimes, Every Woman Every Child and more than 20 other partners took part in a 24-hour Twitter relay. Re-tweeting by some celebrities helped extend the reach to 51.4 million people. The overall social media campaign resulted in blogs, top stories, infographics targeted to specific groups and tweets from a wide range of partners. It culminated in more than 30 million Twitter impressions reaching 14 million people (up from 5 million reaching 3 million on last year's World Prematurity Day).
- Facebook. A key feature of the World Prematurity Day 2013 campaign was the Facebook site managed by March of Dimes on behalf of all partners. This became an important community resource for the campaign, to which all partners could post content, including infographics, photos and news. During the 2013 campaign, the number of "likes" on the site grew from 52 000 in 2012 to 85 000 in 2013, with 115 000 users "talking about" the campaign. Another key feature was an interactive global map, to which parents could post their own stories and experiences of prematurity. Contributions to this map have come from more than 40 countries, including in Africa and Asia.
- Scientific journal comment. PMNCH coordinated a comment on the need for political leadership on prematurity and newborn health in *The Lancet* on World Prematurity Day. The comment, "Caring for preterm babies is a test of how we respond to our most vulnerable citizens", was co-signed by senior government and political leaders from Brazil, Uganda and the UK. In addition, the *Reproductive Health* journal of the Biomed Central publishing group released a special issue based on the Born Too Soon report of 2012. This was accompanied by an effective social media campaign and development of infographics.



11. More information on the Success Factors study is included in section 2.3.3.

12. More information on preliminary findings shared at the United Nations General Assembly in New York can be found at: http://www.who.int/pmnch/media/events/2013/shyama_kuruvilla.pdf.

13. More information on the PMNCH effort during World Prematurity Day can be found at: <http://www.who.int/pmnch/media/events/2013/wpd/en/>.

November: Global Investment Framework¹⁴

To disseminate key messages from the Global Investment Framework for Women's and Children's Health (GIF), PMNCH led the development of a package of social media and online products aimed at generating discussion among policy-makers and the broader health and development community. The package of products included:

- A high-level summary of the GIF to enable concise presentation of key messages and data;
- A specially produced PMNCH knowledge summary on key findings of the GIF;
- A focus on GIF on the home page of WHO, developed in collaboration with PMNCH;
- A social media package of frequently asked questions and suggested tweets for partner dissemination;
- A special PMNCH eBlast and top-story treatment in the monthly eBlast Director's blog (see section 3.11 for more on the GIF).

1.3. Parliamentary work

- 1.3.1.** Support Inter-Parliamentary Union 2013 MNCH workplan, including development and presentation of accountability report on MNCH resolution, development of advocacy handbook and orientation guide, and support for national legislative review processes, including providing evidence.

Since 2008, PMNCH has been a close partner of the IPU, providing technical and advocacy support for its work on women's and children's health. As a member of its advisory group, PMNCH in 2013 supported the development of the following products and events:

The IPU Resolution on Women's and Children's Health: An Initial Framework for Accountability Reporting (March 2013, Quito)¹⁵

PMNCH provided technical and financial input to the IPU's first annual accountability report on its 2012 MNCH resolution (see 1.5.2 for more information). The accountability report was disseminated at the spring assembly of the IPU, and was accompanied by a presentation by PMNCH on the latest data and trends in RMNCH (see 1.5.2).

RMNCH orientation meeting for parliamentarians (July 2013, Dhaka)¹⁶

The IPU brought together parliamentarians from Bangladesh, Kenya, Malawi, Uganda, Zimbabwe and India to discuss processes and mechanisms to promote accountability for women's and children's health, and to identify the contribution of parliaments to these processes and mechanisms. PMNCH and Countdown to 2015 supported the IPU with the development of the event and speaker preparation, carried out in partnership with the WHO country office in Bangladesh. The event was a key opportunity to share key messages and to disseminate PMNCH knowledge products, including knowledge summaries and the latest Countdown to 2015 report.

Launch of handbook on MNCH for parliamentarians (October 2013, Geneva)

PMNCH supported the IPU to develop a handbook on MNCH. "Sustaining Parliamentary Action to Improve Maternal, Newborn and Child Health", was developed as a key tool to support parliamentarians in their efforts to implement the 2012 IPU resolution on MNCH – Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children. The guide – a first-ever tool of its kind for political leaders – identifies key actions that can be taken to develop legislation, to ensure oversight of laws and policies, budget allocation and accountability for expenditure, and to represent the health concerns of women and children.

14. More information on GIF is included in section 3.1.

15. More information on the IPU resolution can be found at: http://www.who.int/pmnch/media/news/2013/20130326_ipu_accountability/en/.

16. Sourced from: World Bank Interim Narrative Report, 2013.

- 1.3.2.** Support implementation of Pan-African Parliament (PAP) resolutions on prioritized policy and budget action for RMNCH, including follow-up with national clerks of parliament, communication and briefing of women PAP members, and support for 2013 parliamentary events.

2013 PAP Conference of African Women Parliamentarians on the theme of “Violence Against Women – From Legislation to Effective Enforcement” (November 2013, South Africa)

PMNCH worked closely with Afri-Dev to support preparations for the conference. This included developing the messaging for and around the event, and providing relevant PMNCH publications (e.g. knowledge summaries on reaching child brides and human rights, and the African Union strategy briefs on the girl child and human rights).

Regional RMNCH budget advocacy workshop (August 2013, Nairobi)

See 1.2. PMNCH convened more than a dozen partners, including WHO, Save the Children, Countdown, the IPU, World Bank, and UNICEF/A Promise Renewed. The outcome was an innovative four-day capacity-building workshop for national ministries of health, parliamentarians, media and civil society from five countries in Africa (Tanzania, Nigeria, Uganda, Kenya and Sierra Leone). More than 70 participants learned about the full budget-accountability cycle (from planning to costing, budgeting and expenditure) and gained an understanding of how to analyse budgets and conduct budget advocacy. The meeting also fostered closer collaboration among national accountability actors to undertake effective national budget advocacy. As a follow-up, each CSO country team – including PMNCH-supported CSO coalitions in Uganda and Tanzania – has since submitted proposals for national budget advocacy. A wider programme of work on budget advocacy is now under discussion for 2014 among core partners, including in francophone Africa.



Abuja+12 Special Summit on HIV/AIDS, TB and Malaria (July 2013, Abuja)¹⁷

PMNCH provided technical and financial inputs to the Abuja+12 civil society meeting, held on the side of the Abuja+12 heads-of-state meeting. This included provision of key background documents on RMNCH and related themes and consultation on an outcome statement, which was presented to heads of states for consideration. Background documents were also circulated during the formal Abuja+12 summit. PMNCH background materials included: Integrating HIV, TB and Malaria in RMNCH programmes

(PMNCH strategy brief 22); domestic health financing (PMNCH knowledge summary 21); and economic benefits of investing in RMNCH (PMNCH knowledge summary 24). The Countdown briefing note “RMNCH in Africa: Progress, Opportunities, Challenges, July 2013” was also disseminated (see 1.5.2 for more details). The civil society consultation produced a position statement underpinned strongly by the evidence highlighted in the PMNCH knowledge products.

- 1.3.3.** Develop and inform relationships with other regional parliamentary networks (e.g. AFFPD and emerging Africa equivalent) and regional political platforms (e.g. East Africa Legislative Assembly, linking to the Open Health Initiative project involving the East Africa Community heads of state).

PMNCH supported the strengthening of relationships with regional parliamentary networks and political platforms through the following meetings and activities:

African Union Summit of Heads of States (January 2013, Addis Ababa)

PMNCH and the Africa Civil Society Coalition on MNCH produced a summary review of African Union policies relating to women's and children's health over the past 50 years. This brief was based on a policy review of over 800 African Union policies between 1943 and 2013. It was shared during a side event hosted by the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), attended by more than 20 heads of state.

14th PMNCH Board meeting (June 2013)¹⁸

This board meeting included an introductory panel discussion: Accelerating progress towards improved women's and children's health in Africa: A multi-stakeholder and multisectoral effort. This took stock of planned initiatives that aim to promote RMNCH outcomes at regional and global levels. More than 60 people took part in this session, including representatives of the African Union Commission, the East African Community (EAC), ministries of health from PMNCH member countries, the Africa MNCH Coalition and other key development partners.

East African Community, Open Health Initiative (OHI), (various meetings 2013)¹⁹

The OHI is a sub-regional collaborative effort. It seeks to promote innovative interventions, enhance data and information for better results and provide stronger oversight of progress and resources in line with recommendations of the Global Strategy for Women's and Children's Health and the Commission on Information and Accountability. The OHI is expected to boost RMNCH progress by harnessing the collective knowledge and market size of the different participating countries, with the help of an acceleration fund, to catalyse efforts to improve women's and children's health. PMNCH has supported the involvement of RMNCH civil society networks from the participating countries in discussions around the implementation of the OHI. PMNCH has also provided technical assistance to the OHI.

1.4. Post-2015 strategy inputs

1.4.1. Developing a PMNCH position paper, accompanied by a dedicated advocacy mapping and strategy.



PMNCH has developed a number of position papers relating to the post-2015 strategy, including:²⁰

PMNCH position paper on women's and children's health

The post-2015 working group of partners oversaw the development of a paper to position women's and children's health as a key health and development priority for the next 15 years. The paper was submitted as part of the Health Thematic Consultation and used to advocate to various stakeholders in the health consultation. This included members of the health group that met in Botswana in March 2013 and participants at the World Bank and WHO Ministerial-level Meeting on Universal Health Coverage held in February 2013 in Geneva.

PMNCH thematic summaries

The post-2015 working group oversaw the development of 11 thematic summaries of the position paper. These point to the health considerations for different groups and urge the adoption of health- and gender-sensitive approaches. They were submitted to the leaders of all consultations and also made available through the online consultations.

18. More information on the board meeting in Johannesburg (June 2013) can be found at: http://www.who.int/pmnch/media/events/2013/0626_pmnchboard/en/.

19. More information on the Open Health Initiative can be found at: http://www.who.int/pmnch/media/news/2013/20130327_openhealthinitiative/en/.

20. More information on this can be found in the executive director's report at: http://www.who.int/pmnch/media/events/2013/paper_item_6.pdf.

PMNCH position summary statement

In order to encourage a focus on health in the drafting of the High-Level Panel (HLP) report, the post-2015 working group of partners developed a summary statement outlining the PMNCH position. It was endorsed by more than 240 PMNCH member organizations. This summary was sent to the HLP members, the HLP secretariat and all advisors of HLP members. PMNCH was also able to advocate in person with nearly all HLP advisors at the Indonesia consultation. PMNCH also supported the Office of the President's Special Envoy on MDGs in organizing outreach meetings attended by HLP members during the Bali consultation. The summary position paper was presented at these events.

Support around the African Common Position

PMNCH and various partners in the African region supported the African Union in the development of a multi-stakeholder position paper on "health at the core of Post-2015". This paper was used as the basis for the development of the health section in the African Common Position on the post-2015 development agenda. PMNCH supported advocacy efforts on women's and children's health at regional consultations on the development of the African Common Position. PMNCH and partners supported a briefing for experts at the Sixth African Union Conference of Ministers of Health, during which this document was reviewed and endorsed.

Policy paper on nutrition security and sustainable development

As the United Nations Open Working Group on Sustainable Development Goals (OWG) began its consultation process, PMNCH developed an evidence-based policy paper on the links between nutrition security and sustainable development. The paper outlined the links between good nutrition and the four dimensions of sustainable development, as defined by the United Nations System Task Team on the Post-2015 Sustainable Development Agenda. It was submitted to all OWG New York missions during the May 2013 consultation on food security. The PMNCH post-2015 working group of partners has also authored an editorial submitted to the *WHO Bulletin* on the links between women's and children's health and sustainable development. The content of this article was shared with the OWG before its June 2013 consultation, which covered social issues.

1.4.2. Further development of the PMNCH youth engagement strategy (including analytical work and consultations), linked to the post-2015 position.

In 2013, PMNCH set up an expert working group to guide the development of a comprehensive strategy for its engagement with young people, supported by analytical work and wide-ranging consultations. The strategy was presented to the PMNCH Executive Committee in December 2013. The strategy, based on the PMNCH Board's advice, includes a specific focus on the prevention of high-risk adolescent pregnancies, as well as appropriate care for pregnant adolescents.



1.5. Countdown to 2015 advocacy

1.5.1. Global Countdown products and events, including the 2013 Countdown accountability report, Countdown partner meeting at Women Deliver, production and dissemination of policy briefs as agreed, support for Countdown presentations, website development, social media strategy.

In terms of outreach and dissemination, key Countdown reports and briefs have been promoted via the PMNCH and Countdown websites, as well as an eBlast channel (7000 listserv) and through the promotion of the Country Countdown toolkit, which is publicly available in English and French. In addition, the 2013 Countdown accountability report was distributed to United Nations and Countdown partner agencies and 75 ministries of health. This involved 2200 hard copies and 2500 Countdown-branded USB keys.

Women Deliver (May 2013, Kuala Lumpur)

PMNCH supported Countdown in organizing six technical sessions at the conference. These showcased new findings from the Countdown 2013 report and from Countdown's four technical working groups (coverage, equity, health systems and policies, and financing). PMNCH also worked with Countdown on hosting a capacity-building workshop on how to conduct a Country Countdown for country teams. This was held the day after the conference (see 2.4 for further information).



1.5.2. Country Countdown events and communication, including production of reports, local media and partner advocacy engagement and communication products.

As co-chair of the communications and events sub-committee of Countdown, PMNCH is involved in planning and executing a wide range of key events and presentations to share Countdown findings throughout the year. These promote new Countdown reports to global and national media and development partners, and propose opportunities for the development and distribution of targeted products and briefs derived from Countdown analyses for key audiences and events.²¹

During this reporting period, PMNCH contributed to Countdown's participation in the following events:

IPU Assembly (March 2013, Quito)²²

PMNCH supported the IPU in the organization of a workshop on accountability for women's and children's health at its March Assembly in Quito. The event drew heavily on Countdown evidence, and included two technical presentations. These provided an update on trends, accountability mechanisms and key global processes relating to women's and children's health. The first presentation was delivered by PMNCH Deputy Director Dr Andres de Francisco Serpa, and provided an overview of Countdown data. The second was by Dr Lale Say, Coordinator of the Department of Reproductive Health and Research at WHO. Leaders from three parliaments also took the floor: Shawkat Ali, Deputy Speaker of Parliament, Bangladesh; Rebecca Kadaga, Speaker of Parliament, Uganda; and Senator Salma Ataulhjan, President of the IPU Canada Group. They spoke about how their parliaments are using RMNCH evidence to promote women's and children's health and their experiences using the IPU resolution to deepen these efforts. They also highlighted the important ongoing role of the IPU in supporting such actions by parliaments and the need for partners in civil society to support and complement the efforts of parliaments (see 1.3.1).

PMNCH also supported the development of a handbook on MNCH for the event: Sustaining Parliamentary Action to Improve Maternal, Newborn and Child Health (see 1.3.1).

Technical workshop (June 2013, Pelotas, Brazil)²³

PMNCH provided administrative support to a technical workshop in Pelotas, Brazil, focused on developing the quantitative skills needed to carry out the Countdown case study analyses. The meeting also included training on the Lives Saved Tool (LiST), coverage analysis, equity analysis and discussion of mortality analysis. Countries in attendance included Afghanistan, Pakistan, Peru, Malawi, Ethiopia, Lebanon, Rwanda and Kenya.

Parliaments and Accountability for Women's and Children's Health (July 2013, Dhaka)

Countdown supported the participation and presentation of Dr Ishtiaq Manning from Save the Children Bangladesh at this meeting (see 1.3.1).

21. Sourced from: World Bank Interim Narrative Report, 2013.

22. More information on the IPU Assembly can be found at: http://www.who.int/pmnch/media/news/2013/20130326_ipu_accountability/en/.

23. More information on the technical workshop is available at: http://www.who.int/pmnch/media/news/2013/cd_countrycapacitybuilding/en/.

Abuja+12 Special Summit on HIV/AIDS, TB and Malaria (July 2013, Abuja)

In addition to the background materials provided by PMNCH for this summit (see 1.3.2), Countdown disseminated a briefing note: RMNCH in Africa: Progress, Opportunities, Challenges, July 2013. The note presented Countdown's most recent findings related to RMNCH progress in Africa (see 1.3.2).

Regional RMNCH budget advocacy workshop (August 2013, Nairobi)

As noted above, Countdown was part of a group of partners that convened an innovative four-day capacity building workshop for national ministries of health, parliamentarians, media and civil society from five countries in Africa (see 1.3.2).

International RMNCH meeting, African Union (Johannesburg, August 2013)

The Countdown Africa regional brief, prepared in June 2013 for an African Union meeting, was expanded to include two additional pages on newborn health. It was branded as an African Union document, and as such became part of the formal background documents of the meeting. This combined document was distributed to all of the 500+ conference participants. The Countdown brief was also posted on the CARMMA and PMNCH websites. Additionally, 500 USB keys containing the Countdown publications, including the 2013 accountability report and country presentations, were distributed at the meeting.

United Nations General Assembly (September 2013, New York)

PMNCH, Countdown and the iERG co-hosted their annual accountability breakfast at the United Nations General Assembly (see 1.1.3 for more information on the session and participants). Two Countdown speakers presented new research from the coverage technical working group, and preliminary findings of the Bangladesh in-depth case study.

Country Countdown reports

In-depth country case studies are currently underway in Tanzania, Afghanistan/ Pakistan, Peru, Ethiopia and Malawi, which are expected to be completed by mid-2014. These case studies will include plans to disseminate the findings via a Country Countdown event towards the end of 2014. Kenya, Burkina Faso and Zambia are currently developing plans for a Country Countdown event during 2014 depending upon data availability.

2. Outcome 2: Increased and improved coverage and implementation of essential interventions for women's and children's health (in priority countries)



2.1. Support assessing implementation needs in selected countries using a multi-stakeholder approach

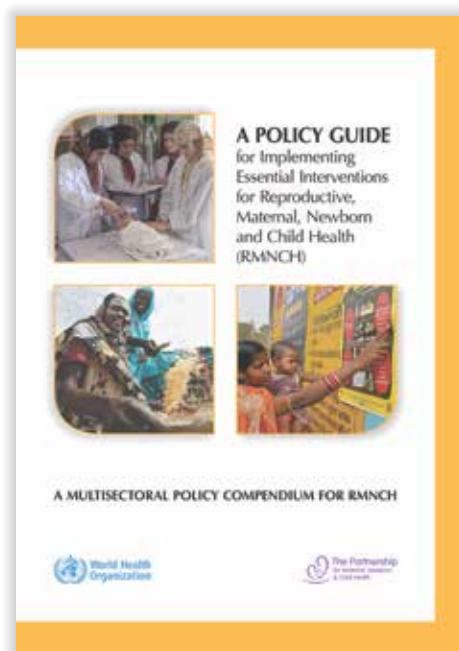
- 2.1.1. Develop policy and systems compendium/ tools to facilitate assessments of essential interventions implementation and multi-stakeholder engagement, including meeting(s) of expert working groups (e.g. policy and systems checklist, concept notes and guidelines for multi-stakeholder policy dialogue and collective action processes in countries).

PMNCH developed the following guides and tools as part of this objective:²⁴

Development of a policy compendium to support the implementation of essential RMNCH interventions²⁵

The policy compendium for RMNCH is the result of collaborative work among many partner organizations, supported by WHO and PMNCH. Published in February 2014, its development was implemented as planned and included a series of multi-stakeholder consultations with partner organizations and constituencies working on policies that affect RMNCH.

The compendium highlights that it is essential to have core policies in place to improve the coverage and quality of RMNCH interventions. For the first time, it brings together key consensus-based health and multisectoral policy recommendations and guidance to improve the delivery of proven interventions to women and children. It is a companion document to the Essential Interventions, Commodities and Guidelines for RMNCH.



24. Sourced from: Gates Foundation Progress Report Form, October 2013.

25. More information on the policy compendium for RMNCH can be found at: <http://www.who.int/pmnch/media/news/2014/compendium/en/>.

Development of an evidence-based guide for a multi-stakeholder dialogue process to promote the implementation of essential interventions for women's and children's health

A complete draft of the guide has been completed. It is intended to assist conveners and facilitators in managing multi-stakeholder dialogue (MSD) processes on policy issues related to the implementation of essential RMNCH interventions and related intersectoral interventions. An MSD is a structured, interactive process that connects relevant stakeholders to create mutual understanding and shared courses of action. MSDs on women's and children's health are occurring in many countries. For example: the national implementation analyses supported by the RMNH Alliance and conducted in six Asia-Pacific countries; multi-stakeholder efforts to shape the health budget allocation in Uganda; and public hearings held by the White Ribbon Alliance of India. This guide builds on these and other experiences, and incorporates tools and approaches such as: PolicyMaker for stakeholder analysis; the interest-based Mutual Gains Approach to negotiation and consensus-building; Joint Fact-Finding for creating shared understanding of technical issues; and the One Text process for developing agreements.

Development of an Essential Toolkit to Support Planning, Management and Implementation of RMNCH Policies and Programmes'

In addition to the policy compendium and Multi-stakeholder Dialogue Guide, PMNCH, H4+ organizations and other partners are working on a "toolkit". This will reflect partners' consensus on a short, core list of essential tools to support the planning, management and implementation of RMNCH programmes. These tools could be used by policy-makers, managers and technical officers of government, nongovernmental, international organizations and private sector organizations who are engaged in the implementation of RMNCH programmes.

Any tool selected for inclusion should: a) support the delivery of essential RMNCH interventions along the continuum of care; b) be evidence-based (field tested in high-mortality settings, subject to expert review and publication of findings, and regularly updated or revised); c) relevant to programme managers (focus on planning and managing RMNCH programmes by supporting the implementation cycle, and suitable for use at different health-system levels); and, d) have multi-stakeholder consensus on its use (endorsed and used by several stakeholders, and published).

The toolkit is being developed and reviewed by a number of stakeholders working in RMNCH. Tools and guidelines change over time, as new evidence becomes available and new approaches are tested. The toolkit will be adapted to context-specific needs and provide guidance on them (e.g. see 2.1.2). It will be a user-friendly document and, when finalized, will be supported by an interactive online resource that facilitates access to current RMNCH tools.

- 2.1.2.** Country implementation case studies: Support multi-stakeholder assessment of implementation of essential interventions (e.g. adapting tools from 2.1.1, finalizing Asia-Pacific implementation case studies, new Africa implementation case studies, facilitating linkages with country CDs to 2015 - 1.5.2, and human rights monitoring processes – 3.2.1 and 3.2.2). Information from implementation case studies will provide inputs into the advocacy work as per 1.1 – 1.4.

PMNCH supported country-level implementation case studies through the following initiatives:

Follow-on work to the country implementation analyses for the Asia-Pacific region

PMNCH, the RMNH Alliance and partners supported RMNCH implementation analyses²⁶ in six countries: Bangladesh, Nepal, India, Indonesia, Papua New Guinea and the Solomon Islands. They presented the findings at the 2012 Asia-Pacific Leadership and Policy Dialogue for Women's and Children's Health in Manila.²⁷

Following the Manila meeting, the RMNH Alliance developed a partnership brief or profile of the implementation analysis work. It highlighted the importance of the multi-stakeholder partnership approach and the lessons learned in the process.

26. RMNH Alliance, *Using implementation analyses to identify national RMNCH priorities: a multi-stakeholder approach supported by global partnerships*, 2013.

27. The Country Case Studies can be found at: http://www.who.int/pmnch/media/press/2012/20120717_asia_pacific_dialogue/en/index4.html.

Based on a review of lessons learned, the implementation assessment tools were updated and used in an implementation assessment process in four additional Pacific Island countries (Fiji, Kiribati, Vanuatu and Micronesia) coordinated by UNICEF. This output was used at the 10th Ministerial Meeting of Pacific Island Countries in a review of their post-2015 goals for RMNCAH.

Partners working in Africa considered the implementation analysis approach to be useful. Discussions on taking this work forward are being supported by the RMNH Alliance, Africa Strategies for Health and the USAID Africa Bureau. RMNCH implementation analyses in selected African countries are due to be completed in 2014.

Identifying opportunities for multi-stakeholder action to support country-led RMNCH plans, for example in India

In 2013, the Ministry of Health and Family Welfare (MoHFW) of India invited PMNCH to help identify strategic opportunities to align the unique capabilities of different stakeholders to support the implementation of the national RMNCH+A health strategy at scale. PMNCH worked with the Bill & Melinda Gates Foundation, Accenture, Global Development and other key stakeholders to develop a five-step process (through consultation). This can be followed to identify and align multi-stakeholder priorities and action to support the implementation of government-led health plans; for example, India's RMNCH+A strategy.

This process can also be applied in other countries and includes: a) government providing leadership and inviting PMNCH to help convene partners; b) conducting RMNCH situational analysis (key RMNCH indicators, coverage of essential interventions and policy and implementation gaps); c) identifying key stakeholders and existing multi-stakeholder coordination mechanisms; d) developing and applying criteria to select and validate focus areas for multi-stakeholder action; and, e) defining strategic options for the selected focus areas.

2.2. Contribute to promoting implementation through multi-stakeholder action to address identified needs

2.2.1. Promote implementation and address identified needs in priority countries by convening multi-stakeholder workshops to: take forward policy dialogue on identified needs in 2.1.2.; support development of costed action plans and collective action strategies to address needs; develop monitoring and review strategies; harmonization to ensure linkages with related initiatives in countries, national planning and review processes, H4+, IHP+, Countdown to 2015, FP2020, Child Survival Call to Action and other RMNCH initiatives.



Section 2.1.1. outlined the development of tools to support multi-stakeholder action for RMNCH, and discussed their application to support country-led health plans, for example in India.

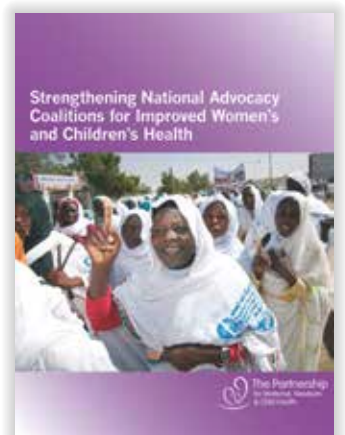
In 2014, PMNCH will continue to work with the MoHFW in India and national and global partners, including the Gates Foundation, to advance the multi-stakeholder work. This activity will help highlight the role that catalytic organizations like PMNCH can play in supporting coordination of multi-stakeholder action at the national level. It will also identify lessons from India that could be adapted to other countries to successfully implement national RMNCH strategies as part of multi-stakeholder efforts. In countries, the PMNCH role would include: a) to facilitate multi-stakeholder dialogue to convene partners and help develop shared workplans on strategic focus areas; and b) to facilitate evidence-based consensus and alignment of partner action.

2.2.2. Linked with other activities in 2.1 and 2.2, health-care professionals to prioritize, package and promote five essential interventions for health professionals and community health workers to implement. This work will link with online learning platforms for the private sector constituency and other partners. In addition, it will link with related work of other stakeholders such as the Global Development Alliances (GDAs) supported by USAID (e.g. Survive and Thrive) and private sector initiatives and partners.

PMNCH is supporting the Joint Initiative on Maternal and Newborn Health Essential Interventions in Indonesia and Uganda. This initiative is to be implemented by the International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM) and International Paediatric Association (IPA). It aims to improve the quality of maternal and newborn health-care services by accelerating the implementation of essential interventions through engaging health-care professional associations (HCPA). The initiative is currently in the planning and development phase, and inception workshops have been held in both countries, with full implementation planned to begin in early 2014.

- 2.2.3.** Linked with other activities in 2.1 and 2.2, CSO advocacy and action for policy to prioritize, package and promote essential interventions through existing CSO networks (in coordination with HCPAs) to disseminate simpler messages to advocate with policy-makers, including 13 commodities (where appropriate benefiting from catalytic financial and technical support to develop agreed and costed national advocacy workplans to promote RMNCH).

PMNCH supported the development of 10 national RMNCH CSO advocacy plans (including budgets and workplans). It provided catalytic financial and technical support for greater alignment and collaboration to create common advocacy platforms, messages and activities. PMNCH initiated this programme in 2012 to promote greater capacity of CSOs for local, national and regional mobilization and accountability.²⁸ In August 2013, several CSO coalitions took part in a workshop in Nairobi to build capacity in advocacy for budget tracking. This responded to demand expressed in the national CSO plans during 2012-2013. The workshop resulted in the planned development of five national CSO-led budgets and workplans on budget advocacy to be carried out over the coming year.²⁹ A progress report on the work of the CSO coalitions was published in June 2013, and is available on the PMNCH website.



- 2.2.4.** Linked with other activities in 2.1 and 2.2, strengthen linkages with existing research and policy networks and the PMNCH HCPA constituency to develop knowledge products to address multi-stakeholder evidence needs for RMNCH implementation.

Accelerating progress for women's and children's health through evidence-informed policy-making

PMNCH commissioned a new report, published by RAND Europe: Options for effective mechanisms to support evidence-informed policy-making in RMNCH in Asia and the Pacific.³⁰ The report focuses on the need for systematic collation and synthesis of country experiences to address evidence needs and support evidence-informed policy-making. The work was conducted through a rapid evidence assessment, key informant interviews, and in-depth case studies in four countries: Bangladesh, India, Indonesia and Nepal. The report discusses considerations to be taken into account in the development of future mechanisms to provide timely, reliable and high-quality evidence to inform decision-making. The findings are intended for a range of stakeholders, including policy-makers, researchers and funders at national, regional and global levels. PMNCH hopes the report will be of particular importance to those in the field of RMNCH. It should also be of broader relevance in other fields where different mechanisms to support cross-country learning and promote evidence-based policy-making are being considered.

Strategy brief on evidence for research

Based on the report on evidence-informed mechanisms for policy-making, PMNCH and partners developed a strategy brief on Responding to Evidence Requests for Policies and Programmes. This focuses on mechanisms set up specifically to respond to evidence requests from policy-makers. Based on the findings of a review of such mechanisms, it outlines some of the steps and issues that should be considered in the development of an evidence-based response mechanism for RMNCH in Asia and the Pacific.

28. A June 2013 progress report on these coalitions is available at: http://www.who.int/pmnch/knowledge/publications/cso_report/en/index.html.

29. Sourced from: Gates Foundation Progress Report Form, October 2013.

25 30. The RAND report can be found at: http://www.who.int/pmnch/media/news/2013/rand_europe_report.pdf.

2.3. Contribute to the development of evidence products to inform action, advocacy and accountability

- 2.3.1.** Update the essential interventions report reflecting the dynamic nature of this exercise and evolving evidence, and extending it to include delivery mechanism/platforms for essential interventions (e.g. for pre-pregnancy).

Linking with partner initiatives on synthesizing evidence on behaviour change and community participation³¹

The United States Agency for International Development (USAID), in collaboration with UNICEF, hosted the Behaviour Change Evidence Summit for Child Survival in June 2013. This aimed to promote efforts to end preventable child deaths and ensure healthy growth and development. The summit brought together global leaders to determine what is needed to change health-related behaviours in lower- and middle-income countries and reduce under-five mortality.

Led by WHO, University College London and other partners have synthesized the evidence on community participation mechanisms, including women's groups and engaging men and boys in RMNCH.

PMNCH partners have had initial discussions to build on this evidence-base on behaviour change and community participation mechanisms to update the essential RMNCH interventions consensus document. This work will continue in 2014.

- 2.3.2.** Develop evidenced-based products for specific events and initiatives, including knowledge summaries, policy briefs and other consensus-based documents (to be used amongst others to support advocacy-based work under outcome 1).

Knowledge summaries

PMNCH knowledge summaries synthesize the latest RMNCH evidence in a simple, user-friendly format to help align partner messaging around key policy events. PMNCH has so far produced 28 knowledge summaries.³² In 2013, PMNCH coordinated the development of seven knowledge summaries with help from London School of Hygiene & Tropical Medicine and Cambridge Economic Policy Associates (CEPA). To align messages and develop consensus, expert advisory groups were set up for each knowledge summary. These groups included representatives from different constituencies and sectors. Knowledge summaries were developed with partners during the reporting period on the following topics: New Global Investment Framework for Women's and Children's Health; Death reviews: maternal, perinatal and child; Engaging Men and Boys in RMNCH; Integrating immunization and other services for women and children; The economic benefits of investing in women's and children's health; Human Rights and Accountability; and, Reaching Child Brides.



31. More information on the summit can be found at: <http://plbcevidencesummit.hsaccess.org/home>.

32. The knowledge summaries can be found at: <http://www.who.int/pmnch/knowledge/publications/summaries/en/>.

Strategy briefs³³

Together with partners, PMNCH produces strategy briefs that synthesize evidence on proven approaches and helpful tools for the development and implementation of strategies to inform advocacy, policy and practice. Each strategy brief provides policy-makers and practitioners with a short, user-friendly guide for addressing key issues in RMNCAH. At the request of the African Union, PMNCH produced a set of 10 strategy briefs on women's and children's health for dissemination at the International Conference on Maternal, Newborn & Child Health, held in Johannesburg in August 2013. Similarly, PMNCH responded to partner request to develop four RMNCH strategy briefs for the Inter-Ministerial Conference in Beijing, convened by Partners in Population and Development (PPD).



- 2.3.3.** Validate ongoing work on country successes and challenges towards MDGs 4 and 5 and commission additional analyses required to develop a related journal series. This is linked with country implementation studies in 2.1.2 and ongoing success factor case studies and quantitative analysis.

Success Factors³⁴

The study, Success Factors for Women's and Children's Health, aims to answer the following questions : why are some countries at similar levels of income better than others at preventing maternal and child deaths, and what strategies have they used to accelerate progress? To do this, the study uses five main methods: statistical analysis and econometric modelling of data across 144 low-and middle-income countries; qualitative comparative analysis (QCA) to identify the key factors that characterized progress in countries; a literature review of progress in low-and middle-income countries; country-specific data and literature review in 10 countries (Bangladesh, Cambodia, China, Egypt, Ethiopia, Laos PDR, Nepal, Peru, Rwanda and Vietnam) that were on the "fast track" to achieving MDGs 4 and 5a in 2012; and evidence synthesis across methods. The study draws attention to the range of strategies "fast track" countries use to maximize progress towards MDG 4 and 5. The Success Factors study is a multidisciplinary effort taken forward under the leadership and guidance of the PMNCH Board, partner organizations and country teams.



2.4. Countdown Country Coordination and technical work


- 2.4.1.** Countdown coordination and technical work in close collaboration with WHO and other partners, undertaken as a cross-cutting and multi-constituency activity, focusing, among other issues, on the evidence for implementation of essential interventions and on issues of harmonization (e.g. coordinating the development of tools, developing consensus on priority RMNCH needs, supporting country focal points/facilitators, protocols and indicators, developing consensus on priority RMNCH needs, scorecards etc.). Depending on details of the Countdown to 2015 workplan.

Countdown is continuing its activities in the areas of global monitoring and country-level engagement to promote accountability and action for RMNCH. As noted in section 1, the second annual accountability publication was launched at the Women Deliver conference in Kuala Lumpur on 28 May 2013.³⁵ The report showcases the 11 core indicators of the Commission on Information and Accountability and presents one-page profiles for each of the 75 priority countries.

33. The strategy briefs can be found at: <http://www.who.int/pmnch/knowledge/publications/strategybriefs/en/>.

34. The Success Factors study can be found at: <http://www.who.int/pmnch/knowledge/publications/successfactors/en/>.

35. Countdown Country profiles can be found at: <http://countdown2015mnch.org/country-profiles>.



Countdown, supported by PMNCH, organized six sessions at this conference on the following themes:³⁶

1. Accountability for maternal, newborn and child survival: the 2013 Countdown report and country profiles;
2. Mother's health, newborn's health: investing with a double benefit;
3. Building the RMNCH evidence base: improving tools to track coverage (showcasing key articles by Countdown authors in the *PLoS Medicine* supplement on improving coverage measurement);
4. Country Countdowns: accelerating national RMNCH progress to 2015 and beyond;
5. Financing progress: paying for reproductive, maternal, newborn and child health;
6. Countdown to equity: identifying and reaching the hard-to-reach.

Countdown also hosted an invitation-only capacity-building workshop on how to conduct a Country Countdown, on 31 May in Kuala Lumpur, the day after the Women Deliver conference.³⁷ This provided participating country teams with an opportunity to learn more about the steps involved in carrying out a Country Countdown. This included understanding the databases used by Countdown to develop country profiles and reports, and working together to develop a plan for initiating a Country Countdown in their respective countries.

Five countries are currently undertaking in-depth case studies with Countdown support: Afghanistan/ Pakistan, Peru, Tanzania, Ethiopia and Malawi. A case study on maternal mortality declines in Bangladesh was completed in late 2013 (results are under second review in *The Lancet*). All of these countries are planning to disseminate the case study findings through a Country Countdown process. Additional countries in varying stages of carrying out a Country Countdown include Kenya, Zambia, Rwanda and Burkina Faso. There is also interest in conducting activities in Niger as a follow-up to the case study that was published in *The Lancet* in September 2012.

The four technical working groups of Countdown³⁸ – coverage, equity, financing, health systems & policies – are developing cross-cutting papers for publication. These papers include the latest analysis from the financing technical working group on overseas development assistance (ODA) to reproductive health that was published in *The Lancet* Women Deliver special Issue in May 2013³⁹. A *PLoS Medicine* supplement focused on improving measurement of intervention coverage for RMNCH (launched in early May 2013)⁴⁰. The *WHO Bulletin* published a paper focused on equity and caesarean sections⁴¹.

36. Information on Countdown sessions at the Women Deliver conference can be found at: <http://countdown2015mnch.org/conferences/2013>.

37. More information on capacity-building workshop can be found at: <http://www.countdown2015mnch.org/country-countdown/country-capacity-building-workshop>.

38. More information on Countdown working groups can be found at: <http://www.countdown2015mnch.org/structure>.

39. More information on the special issue can be found at: <http://www.womendeliver.org/updates/entry/the-lancet-women-deliver-special-issue>

40. The *PLoS* supplement can be found at: <http://www.ploscollections.org/article/browse/issue/info%3Adoi%2F10.1371%2Fissue.pcol.v01.i16>

41. The paper can be found at: <http://www.who.int/bulletin/volumes/91/12/13-117598/en/>

Outcome 3:

3.

Information to guide/ track investments and promote accountability on progress, commitments and processes towards improving women's and children's health synthesized and disseminated



3.1. Global Investment Framework,⁴² including economic benefits

3.1.1. Provide technical and strategic inputs to development of Global Investment Framework.

PMNCH, together with WHO and the University of Washington, co-chaired the development of the Global Investment Framework (GIF) for Women's and Children's Health. The GIF demonstrated how investment in women's and children's health will secure high returns for health, society and economies. It was published in *The Lancet* on 19 November 2013 under the title: Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. The GIF was developed at the request of the iERG as one of the key pillars of the ongoing accountability agenda for women's and children's health. The framework presented costs for health systems strengthening and six investment "packages": maternal and newborn health; child health; immunization; family planning; HIV/AIDS; and malaria. Nutrition is a cross-cutting theme. Simulation modelling was used to estimate the health and socioeconomic returns of these investments. An advocacy and communications strategy for the GIF was launched in November 2013 to tie in with the launch of the broader Lancet Commission on Investing in Health (see below) and continues into 2014 (see 1.2).

42. More information on the Global Investment Framework can be found at: http://www.who.int/maternal_child_adolescent/news_events/news/2013/global-investment-framework/en/.

3.1.2. Engagement with constituents to conduct consultations to build consensus, and dissemination of framework.

The GIF was developed in close collaboration with the Lancet Commission on Investing in Health. The work on developing the GIF was co-chaired by PMNCH, the University of Washington and WHO. It included a study group consisting of many scholars and practitioners, who provided strategic guidance and technical review during the development of the document. Study group members met in person in Venice on 13 and 14 June 2013⁴³.



3.1.3. Develop analytical products and tools to estimate the economic benefits of investing in RMNCH and integrate in the Global Investment Framework through consultation and dialogue (to be used amongst others to support advocacy-based work under outcome 1)

PMNCH co-developed the manuscript of the paper on the economic benefits of investing in RMNCH under the GIF, working with the WHO and the Lancet Commission on Investing in Health. It included a commentary emphasizing the importance of investing in RMNCH. In addition, PMNCH also developed a knowledge summary on the GIF (see 2.3.2).

Continuing the theme of exploring the linkages between women's and children's health, PMNCH funded and oversaw development of two studies by Boston University, USA, on the economic returns of investing in nutrition. These were:

- The Short- and Long-Term Consequences of Maternal and Child Malnutrition for Economic Development in Low- and Middle- Income Countries. This systematic review of recent literature (2000 to 2013) provides sizable evidence that investments that improve maternal and child nutrition are critical for effective economic growth policies in low-income countries. Several caveats are identified. Perhaps the most critical is that countries that are high in maternal and child malnutrition are low in intergenerational and longitudinal data, which is required to assess the long-term economic consequences of malnutrition.
- The Economic Impact of Nutrition and Health Interventions in Low- and Middle-Income Countries: A Systematic Literature Review, 2000-2013. This study presents evidence on the economic impacts of RMNCH interventions. They include nutritional, micronutrient and disease prevention and treatment interventions: deworming, HIV treatment; and reproductive health interventions. For economic impacts, the authors assessed the evidence of benefits to intervention participants, primarily in the areas of individual employment, labour capacity, productivity and earnings.

3.2. Human rights and health linkages for accountability

3.2.1. Contribute to development of tools to strengthen linkages between accountability mechanisms for human rights and health (including, as relevant, community-based accountability mechanisms).

In 2013, PMNCH and partners worked to strengthen: a) linkages between human rights bodies, the independent Expert Advisory Group (iERG) and the Commission on Information and Accountability (CoIA); and, b) national and policy environments that support improved outcomes for women's and children's rights and health. To this end, a joint workplan (2013-2014) was developed by PMNCH, the Office of the High Commissioner for Human Rights (OHCHR), WHO, CoIA and UNFPA. PMNCH also contributed to the WHO monograph, Women's and Children's Health: Evidence of Impact of Human Rights.⁴⁴ The project is developing an evidence-based approach in a number of selected countries to promote the implementation and impact of a rights-based approach for women's and children's health.

43. The full list of study group members is available in the published article in *The Lancet* at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62231-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62231-X/abstract)

44. More information on the monograph can be found at: http://www.who.int/maternal_child_adolescent/news_events/events/2013/human_rights_women_children/en/.

Key activities include: a regional workshop⁴⁵ held from 18 to 20 November 2013 in Malawi to promote the implementation of a human rights-based approach to maternal and child health, in preparation for country analysis; development of assessment tools (e.g. a human rights and RMNCH rapid assessment tool) to support country analyses of legal and policy environments for RMNCH and human rights and implementation gaps; development of country briefs for the iERG and human rights bodies on RMNCH and human rights progress. It is envisaged that countries will use the two-page briefs as part of the reporting processes to the iERG and to human rights bodies.

The joint workplan also plans their use as a key input into multi-stakeholder initiatives that are to take place in four countries (South Africa, Malawi, Uganda and Tanzania) between 2014 and 2015 to align advocacy, action and accountability for RMNCH and human rights.



3.2.2. Dissemination of tools and evidence for human rights and iERG related advocacy.

This activity has been postponed until 2014.

3.3. Progress on improved processes and harmonization of action

3.3.1. Support harmonization of initiatives, including on governance, accountability and financing of RMNCH, linking with activities undertaken through the Countdown to 2015 processes.

In 2013, PMNCH continued to be an active convener, facilitator, participant and contributor to a number of important initiatives for women's and children's health. Primarily, it established and managed the PMNCH financing harmonization group.

The 13th meeting of the PMNCH Board was held in October 2012 in Abuja, Nigeria. Members concluded that the work of PMNCH to 2012 had encouraged discussion among stakeholders and positively influenced the emergence of new initiatives and financing mechanisms for women's and children's health in high-disease burden countries. However, the board also recognized the need for greater clarity and further encouragement of stakeholders towards greater harmonization of these mechanisms. In response, the board proposed that a group of partners be established to support harmonization and coordination efforts. This group, provisionally called the PMNCH Financing Harmonization Group for RMNCH Initiatives, reports to the PMNCH board. It will also provide inputs into other initiatives, as relevant.

The specific objectives of the group are to:

- Assess the global landscape for RMNCH financing policy and architecture to identify gaps, make recommendations, highlight what is working well, and share information with the PMNCH membership and the wider RMNCH community. This work will draw on available evidence at country and global level and will seek to reflect the broad range of experience across the PMNCH membership. The assessment should also seek to answer the questions: If all mechanisms work as they should, will they meet identified needs and achieve results in an efficient manner? How could gaps in availability of funds, demand for funding (absorption capacity) or the functioning of the architecture be filled? What more could/ should be done to address gaps if needed?
- Track and facilitate efforts to strengthen and harmonize global financing policy and architecture. This is in the context of increased emphasis on integration within the RMNCH continuum, as well as between RMNCH and other health priorities, such as noncommunicable diseases, AIDS, TB and malaria. Practical recommendations should be made to support these efforts. What is the experience of countries (including both governments and civil society organizations) in working with global financing instruments? Are these instruments becoming more efficient, effective and responsive to country needs?

- Develop a forward-looking strategy for RMNCH financing that identifies risks and opportunities for the RMNCH community with respect to financing (for example, the transition from the current MDGs to the post-2015 development framework/agenda, and strategies to avoid donor/ country fatigue with RMNCH at the end of 2015). Ensure that this strategy takes account of the growing differences within and between regions and, where appropriate, draws on available evidence to develop recommendations for partners.

The group is co-chaired by Neema Rusibamayila (Tanzania) and Ann Starrs (Family Care International). The membership of the financing harmonization group is drawn from the Partnership's seven constituencies. Individuals who sit on the group do so in addition to their normal work, and therefore have limited time to devote to it. Their role is focused on reviewing documents and advising on the direction of work.

PMNCH also participated in a number of other initiatives through its board members, Executive Director and partners. These included:

RMNCH steering committee

PMNCH is represented on the steering committee by Executive Director, Dr Carole Presern and some other PMNCH board members (membership of the board and committee overlap by more than 50%). Co-chaired by Geeta Rao Gupta (UNICEF) and Tore Godal (Special Adviser to the Prime Minister of Norway on Global Health), it aims to identify funding gaps within existing RMNCH country plans and to 'match' these gaps to existing financing flows. The RMNCH steering committee is not a decision-making body; any decisions on funding would be taken by those providing the funds.

FP2020

PMNCH is represented on the FP2020 reference group by board members and the Executive Director. Members of the PMNCH secretariat and board also sit on the monitoring and accountability working group of FP2020.

Countdown

PMNCH is actively involved in supporting the leadership of the Countdown initiatives on the governance, financing and accountability issues of RMNCH.

A Promise Renewed

PMNCH Board Chair Graça Machel is an ambassador for the initiative Committing to Child Survival: A Promise Renewed. This seeks to unite partners around the goal of ending preventable child deaths.

3.3.2. Provide a forum for discussion and political dialogue on financing mechanisms and gaps undertaken through the Countdown to 2015 processes.

The PMNCH financing harmonization group offers a neutral space for stakeholders to discuss global RMNCH financing architecture and plan the work needed (see 3.3.1 for details).

PMNCH is also a member of the Countdown to 2015 Financing Working Group, which supports the monitoring of financial resource flows for RMNCH as a central objective of the Countdown. Its remit includes determining the funding gap between resources currently available and the actual investments required to reach national and MDG targets, and holding governments and the international community to account for investing adequately in the health of women and children.

3.3.3. Develop guidance to explain and enable access to the various initiatives under the Global Strategy.

PMNCH has worked through the PMNCH financing harmonization group, and other initiatives, to achieve greater clarity for all stakeholders by holding joint meetings, developing reports and sharing information regularly (see 3.3.1 for more information).

- 3.3.4.** Support preparation and background papers for a joint planning meeting among all AU bureaus that together influence RMNCH outcomes in Africa (e.g. ministerial bureaus representing health, water, education, nutrition, trade, youth, agriculture, population).

PMNCH produced 10 African Union Commission strategy briefs as part of a series in support of the August 2013 International Conference on Maternal, Newborn & Child Health. The strategy briefs were distributed among attendees of the conference and focused on:

- Promoting women's and children's health – integrating HIV, TB, Malaria and RMNCH programmes;
- Community engagement and RMNCH;
- Multi-sectoral determinants of RMNCH;
- Family planning and the demographic dividend in Africa;
- More money for health/ more health for money: improving domestic financing for RMNCH;
- The girl child and RMNCH;
- Using human rights to enhance accountability for women's and children's health;
- Nutrition and RMNCH;
- Primary health care and RMNCH;
- Reproductive, maternal, newborn and child health in Africa: progress, opportunities, challenges.

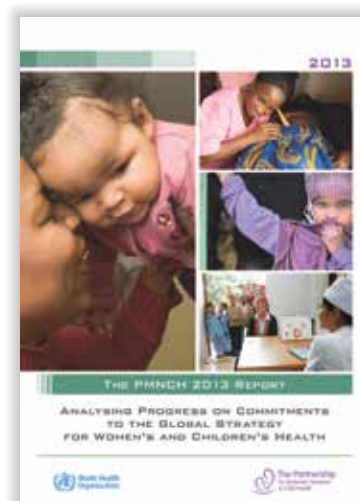


The strategy briefs were developed through joint discussions and teleconferences with a range of partners, which contributed to better harmonization between stakeholders on these issues. These documents have been included in an AU publication for distribution at health-related events.

3.4. 2013 report on commitments to Global Strategy and EWEC⁴⁶

- 3.4.1.** In close collaboration with iERG and other stakeholders, agree in detail the purpose of this work, requirements and key points of reference, plans for use of information, etc.


PMNCH worked with its partners to develop a concept note for the 2013 report on commitments to the Global Strategy, which set out the objectives, approach, target audience and timetable for the report. The concept note was developed and finalized with the inputs of the iERG and other stakeholders, including an advisory group comprised of a range of constituency group members (see 4.3.2 for more information).



- 3.4.2.** Develop and implement an online platform for survey of implementation of commitments to the Global Strategy/EWEC and validation process by other stakeholders.

The main objective of the 2013 report was to assess the extent to which the 293 stakeholders who have made commitments to the Global Strategy since its launch in 2010 (up to June 2013) have implemented their commitments, and the extent to which implementation is contributing to reaching the goals of the

46. The 2013 report on commitments to Global Strategy and EWEC can be found at: http://www.who.int/pmnch/knowledge/publications/2013_pmnch_report/en/.



Global Strategy. The report was one of the key global resources for tracking Global Strategy commitments, and a critical input into the work and reporting of the iERG.

The content of the report was based on a range of information sources and data collection methods as relevant to the nature of the individual commitments and their implementation. The methods used were: a content analysis of all commitment statements from the EWEC website; an online survey sent to commitment-makers; detailed interviews based on semi-structured questionnaires with a selection of stakeholders; and an extensive desk review of relevant literature and databases.

The report provided the basis for the development and implementation of an online platform for tracking commitments and their implementation. This is projected for development in 2014 and 2015.

An extensive partner-based online and social media effort to promote the findings of the report was launched in September 2013 (see 1.2).

3.4.3. Facilitate external audits of own commitments by stakeholders through development/consensus-building on guidelines and audit report templates.

As part of the 2013 report, PMNCH worked with those stakeholders who had commissioned external audits of their own commitments, and who reported their progress as part of the commitment-tracking exercise.

3.4.4. Produce the 2013 report, including country studies and thematic analyses in PMNCH priority areas.

One of the objectives of the 2013 report was to determine how commitments have facilitated efforts to implement the Global Strategy and the overall goal of saving 16 million lives by 2015. The analysis was focused on four selected thematic areas: 1) adolescent health; 2) family planning; 3) newborn health; and 4) advocacy. It examined them not only in terms of advocacy-specific commitments but also the more general advocacy impact of the Global Strategy on mobilizing support and catalysing action on women and children's health.

The analysis drew on illustrative country examples and was tailored to the context of each theme. This includes consideration of the nature of commitments and related processes/ initiatives, examples of progress achieved to date and constraints or gaps in the implementation. The analysis also highlighted linkages between themes, and sought to identify underlying reasons behind any observed trends.

3.4.5. Dissemination of report in alignment with CoIA workplan and collaboration with iERG.

As noted above, the 2013 report was launched at a session of the United Nations General Assembly (September, New York) entitled: Keeping our promises to women and children (see 1.1.3 for more information on the session and participants).

Outcome 4:

4. Strengthened Partner engagement and alignment nationally, regionally and globally



4.1. Hosting secretariats


4.1.1. Countdown to 2015.

The secretariat of the Countdown initiative is hosted by PMNCH. Countdown is a multidisciplinary, multi-institutional collaboration that tracks, stimulates and supports country progress on maternal, newborn and child survival. It presents data on coverage levels, trends and equity of coverage for health interventions proven to improve RMNCH, as well as on critical determinants of coverage. The latter include health systems functionality, health policies and financing. Countdown was established in 2003 by the Bellagio Child Survival Study Group and now includes over 70 members. The Countdown secretariat provides management support for all Countdown groups (leadership sub-group; scientific review group; country-level working group; communications and events working group; and Countdown coordinating and consultative groups). It plays a key role in technical work by serving as a focal point for all of the activities of the scientific review group.

4.1.2. Innovation Working Group.

PMNCH hosts the secretariat of the Innovation Working Group (IWG). This is a global hub and catalyst for cost-effective innovations across the technological, social, financial, policy and business domains. IWG launched three reports in September 2012, compiling two years of research with multisectoral inputs and recommendations. The following areas were covered: medical devices; checklists; sustainable business models; and innovative financing.

As part of a grant by the Gates Foundation, PMNCH supported the follow-up work to these reports, as they were carried forward by the IWG secretariat in 2013. This took place in close collaboration with the chairs of the task forces behind the reports, which are functioning as advisory groups.



The Asian Innovation Working Group (aIWG) is a branch of the IWG tasked to support Every Woman Every Child. It was launched in May 2013 in conjunction with the Women Deliver conference in Kuala Lumpur.

4.2. mHealth and ICT implementation framework and scale-up

4.2.1. Convening partners to harmonize implementation frameworks for mHealth and ICT to support interoperability and scale-up.

As part of the policy compendium to support the implementation of essential RMNCH interventions (see 2.1.1 and 4.2.2), PMNCH worked with partners and members to develop a planning workbook for information communication technologies (ICTs). This involved collaborating with GSM Association (GSMA), IWG, WHO, ITU, mHealth Alliance and other partners.

The workbook facilitates conversations between different stakeholders on (jointly) using ICTs for RMNCH essential interventions, and examines the key factors that need to be considered before implementing ICTs & mHealth solutions. It leads the user through several steps to collectively identify barriers to scale-up, and possible solutions. Partners' tools and resources are highlighted to identify linkages across ICT/mHealth tools, frameworks and resources that exist already or are being developed. The workbook is currently being edited.

4.2.2. Operationalize the mHealth and ICT framework as part of multi-stakeholder approaches for essential intervention implementation and accountability, and in close coordination with activities under outcome 2.2.

With help from partners, PMNCH is now looking to roll out the planning workbook for ICTs & mHealth in countries, as part of multi-stakeholder approaches and dialogues around essential interventions in countries, including in India. Partners (such as GSMA, IWG and the International Society for Telemedicine and eHealth) have also expressed interest in using it in other countries.

4.3. Partnership operations

4.3.1. Board meetings and committees.

Board meetings were held in Abuja, Nigeria, from 17 to 19 October 2012,⁴⁷ and Johannesburg, South Africa, from 26 to 27 June 2013. A virtual board working session on 12 December 2013 (via video and teleconference) replaced the regular board meeting, which PMNCH Board Chair Graça Machel and the co-chairs were unable to attend due to the death of Nelson Mandela. The virtual working session of the board was held to get the necessary decisions to begin PMNCH work in 2014.

The Partnership also continues to have two governance committees that support the board in managing the implementation of the 2013 workplan. These are:

- Executive committee – monthly meetings;
- Finance committee – the last meeting was held on 20 May 2013.

4.3.2. Constituency and partner engagement, including specific partner working groups (e.g. on youth engagement).

The following partner groups were mandated by the board in 2013:⁴⁸

PMNCH Financing Harmonization Group for RMNCH Initiatives

See 3.3.1 for more information.

47. More information on the board meeting in Abuja can be found at: http://www.who.int/pmnch/media/press/2012/20121018_pmnch13board/en/.

48. More information on the partner advisory and working groups can be found at: <http://www.who.int/pmnch/about/strategy/partnergroups/en/>.

Advisory group on ensuring women's and children's health is reflected in the post-2015 development agenda

This group builds on the work done to date and advises on approaches to working with senior decision-makers, to ensure women's and children's health is included and maintained in the post-2015 development agenda.

Working group of partners for developing the PMNCH adolescent engagement strategy

At its meeting in Abuja in October 2012, the PMNCH board requested the executive committee to set up a working group of partners to develop a strategy for the Partnership's youth engagement. Board members voiced support to promote the continuum of care and increase coordination between disparate actors, rather than initiating a set of new activities in promoting youth/adolescent health.

Advisory group for the 2013 report

The objectives of this group were to:

- Review the proposed objectives, scope and structure of the PMNCH 2013 report and advise on additional areas of analysis, as relevant (including ensuring that the planned analysis will meet the audience requirements, such as the iERG);
- Comment and advise on the proposed methods for data collection and analysis to ensure they are technically sound and rigorous;
- Review any initial/emerging findings and drafts of the report; and
- Advise on how the relevance and impact of the report's analysis and findings can be maximized to improve the delivery and impact of commitments to the Global Strategy.

In addition to these formally mandated groups, partners also worked together on specific products and processes as part of the 2013 workplan. Highlights included work on: the RMNCH policy compendium; the Commission on the Status of Women 2013 working group; the Every Newborn advocacy working group; the IWG and mHealth and ICT readiness checklist tool; knowledge summaries; and strategy briefs.

Resource mobilization and grant management

Donors and foundations have continued to support PMNCH workplans with grant funding and in-kind support. The board has, on many occasions, recognized the importance of this engagement, without which the Partnership could not function.

Grant funding for the Partnership's work has very helpfully been moving towards a funding structure based on multiple years. As a result, a greater proportion of available funding is now unspecified and directed at the entire workplan. This has enabled the Partnership to work more effectively and efficiently, and to plan better over a number of years.

The PMNCH secretariat, supported by the board and its committees, has managed the resource mobilization efforts to ensure there are sufficient resources available for the implementation of board-approved workplans. Since 2009, when the previous strategy and workplan commenced, the Partnership has succeeded in having all of its workplans fully funded.

Promisingly, some new donors became supporters of the Partnership for the first time in 2013 (e.g. the governments of Germany and Finland), and a number of other donors are in discussions with the Partnership about ways in which they can support the anticipated work. This strengthens the resilience of PMNCH and is another vote of confidence in its work.

Thirteen donors and foundations provided financial support for PMNCH in 2013: the governments of Australia; Canada; Finland; Germany; the Netherlands; Norway; Sweden; the United Kingdom; and the United States of America; and the Bill & Melinda Gates Foundation; the Commission on Information and Accountability; the MacArthur Foundation; and the World Bank.

4.3.3. Corporate strategy and management.

The ongoing monitoring of the implementation of the 2013 workplan has included the development of the 2013 progress report and other reporting undertaken for donors and initiatives. The 2013 Executive Director's report, presented at the Johannesburg board meeting, also provided an update on the main workstreams that the Partnership has been involved in since the last board meeting in Abuja in 2012. It summarises the workplan and budget for 2013, and activities within the context of the four 2013 workplan outcomes.

Corporate communications and office expenses

This includes the production and distribution of PMNCH communication products to members and relevant external audiences and partner online engagement (websites, eBlasts, social media).

Web

The PMNCH website has become an increasingly important knowledge and information tool for the nearly 600 members of PMNCH and the wider health and development community. Since its launch in 2005, the number of visitors to the PMNCH website has grown steadily, and more than 1 million people visited the site in 2012. This is four times the number in 2007, and reflects both the growth of the PMNCH network and rising interest in maternal and child health globally during this time.



In view of the importance of this site, PMNCH undertook a major overhaul in 2013 and re-launched it in July. This was the first systematic review since the site was created in 2005, and resulted in: the introduction of a new navigation structure; re-design of the home page and major sections of the website; the addition of a "Get Involved" section; and the introduction of a Google-powered search tool to facilitate the browsing of resources from 1500+ partner websites. The update also integrated the PMNCH knowledge portal into the main site.

Monthly eBlast

PMNCH's monthly eBlast reaches approximately 6000 subscribers per month, and updates them on news, hot topics and activity from the Partnership and the wider RMNCH community.

Twitter

By the end of 2013, PMNCH had about 7000 followers on Twitter (twice the number at the end of 2012), which is an important part of the PMNCH social media strategy. It is used to support initiatives around women's and children's health and to promote new tools and resources and partner campaigns. These include the Ending Child Marriage event during CSW and side events at Women Deliver and the United Nations General Assembly.

4.4. Evaluation of the Partnership

The PMNCH board decided to establish an independent evaluation committee. This will support the procurement process of the evaluation and oversee the evaluation work as it progresses. Specific terms of reference were developed for the evaluation committee, reviewed by the executive committee and approved by the board at its June 2013 meeting in Johannesburg. The evaluation committee consists of eight independent members (nominated from PMNCH constituencies) who act in their individual capacity and do not represent their organizations. PMNCH has also contracted an independent consultant to support and coordinate the work of the evaluation committee.

The final evaluation will be reported to PMNCH and its partners at the 2014 partner forum. The report is expected to strike a balance between a backward-looking assessment and a forward-looking evaluation of plans for the future. It will help the board discuss and define the role for PMNCH going forward and assist in formulation of the post-2015 strategy.

Additional information



Annex 1: PMNCH partners

PMNCH partners are listed below alphabetically.

A

- Abantu for Development
- Abibimman Foundation
- Academia Nacional de Medicina
- ACTION
- Action Canada for Population and Development
- Action for Sustainable Health
- Action Group on adolescent health
- ActionAid USA
- Advanced Life Support in Obstetrics Advisory board (ALSO)
- Advocacy Initiative for Development (AID)
- Africa Public Health Rights Alliance and “15% Now!” Campaign
- Africa solutions, Inc.
- Africa Youth for Peace and Development Organization
- African Medical and Research Foundation (AMREF)
- African Synergy against AIDS and Suffering
- African Woman Foundation
- Aga Khan Development Network
- Aga Khan University
- Aisedup
- Akaa Project (The)
- Alexandria University, Faculty of Medicine, High Institute of Public Health (HIPH)
- Alianza Argentina para la salud de la madre, recién nacido y niño
- All India Institute of Medical Sciences
- Alliance for Reproductive Health Rights (ARHR)
- Alliance of Bulgarian Midwives
- American Academy of Pediatrics
- American College of Nurse-Midwives
- Anayetpur Mohila Kallyan Society
- Aria International
- Asian Liver Centre at Stanford University
- ASL di Milano
- Asociacion Benefica PRISMA
- Association of Maternal and Child Health Programs (AMCHP)
- Association of People With AIDS in Kenya (TAPWAK)
- Association of Safe Motherhood Promoters Nigeria
- Australian Government: Department of Foreign Affairs and Trade – Member of the PMNCH board
- Averting Maternal Death and Disability (AMDD)
- Azad India Foundation

B

- Barcelona Institute for Global Health (ISGLOBAL)
- Basic Support for Institutionalizing Child Survival (BASICS)

- Batool Welfare Trust (BWT)
- Baylor College of Medicine Children’s Foundation Malawi
- Beckton Dickinson (BD)
- Bethlehem Foundation For Safe motherhood
- Bhartiya Mahila Evam Gramin Utthan Sansthan
- Bhoruka Public Welfare Trust
- Bill & Melinda Gates Foundation
- Birthing Kit Foundation (Australia)
- Blue Torch Home Care Limited
- BRAC
- Breastfeeding Promotion Network of India
- Bridgewise
- Burnet Institute

C

- Cameroon Christian Welfare Medical Foundation (CAMCWEMEF)
- Canadian Public Health Association
- Canadian Society for International Health (CSIH)
- Cara International Consulting Ltd
- Care International Zambia
- Care USA
- Carolina Breastfeeding Institute
- Catalan Agency for Health Information, Assessment and Quality
- Center for Global Health and Development
- Centers for Disease Control & Prevention, Division of Reproductive Health (CDC)
- Centre d’Accueil et de Volontariat pour Orphelins, Abandonnés et Handicapés du Cameroun (CAVOAHCAM)
- Centre for Counselling, Nutrition and Health Care (COUNSENUTH)
- Centre for Development and Population Activities (CEDPA)
- Centre for Girls and Interaction (CEGI)
- Centre for Global Health, Population, Poverty & Policy (CGHP3)
- Centre for Health and Population Studies (CHPS)
- Centre for Health and Social Justice
- Centre for Health Policy and Innovation
- Centre for Health Sciences Training, Research and Development (CHESTRAD)
- Centre for Healthworks, Development and Research (CHEDRES)
- Centre for Pregnancy and Childbirth Education (CEPACE)
- Centro de Estudios de Estado y Sociedad (CEDES)
- Centro Rosarino de Estudios Perinatales (CREP)
- Cercle des Amis du Cameroun (CERAC)
- Chalmeda Anand Rao Institute of Medical Sciences
- Chelma Advisory Institute

- CHETNA
- Child & Family Research Institute (CFRI)
- Child Health and Nutrition Research Initiative (CHNRI)
- Child Maternal & Youth Leadership Initiative
- Child-Maternal & Adolescent Life Project (CIMALP)
- ChildFund India
- Childlink Foundation
- Children's Project International
- Choices and Challenges on Changing Childbirth (CCCC), Regional Research Network
- Christian Community Development Programme (CCDP)
- CIAM Public Health Research & Development Centre
- CLAN (Caring & Living As Neighbours)
- Coalition for Rational and Safe Use of Medicines (CORSUM)
- Cochrane Pregnancy & Childbirth Group
- Columbia University, Mailman School of Public Health
- Comité de Lutte contre les Pandémies pour le Développement Durable au Cameroun (CLPC)
- CommonHealth (Coalition on Maternal-Neonatal Health and Safe Abortion)
- Commonwealth Secretariat
- Community and Family Aid Foundation
- Community Transcultural Support Services (CTSS)
- Compassion Service Society
- Concept Foundation
- Concern Worldwide US
- CORE Group
- Council of International Neonatal Nurses (COINN)
- CRCHUM / Unité de santé internationale et axe de recherche en santé mondiale
- Curamericas Global, Inc.

D

- D-Rev
- DALIT
- Deepak Foundation
- Department for International Development, United Kingdom (DFID) – Member of the PMNCH board
- Department of Global Health Policy, Graduate School of Medicine
- Department of Public Health, Ministry of Health, Bhutan
- Destiny Enablers Foundation (DEF)
- Destiny Ladies Initiative
- Deutsche Stiftung Weltbevölkerung (DSW)
- Development Assistance for Farmers & Farm Labors Bangladesh (DAFF – Bangladesh)
- Development Communications Network
- Development Gateway Foundation
- Development Media International
- Development Organisation of the Rural Poor (DORP)
- Disease Management Association of India (DMAI)
- Doctors with Africa (CUAMM)
- Doris Duke Charitable Foundation

E

- Eakok Attomanobik Unnayan Sangstha

- Edem Children Foundation (ECF)
- Education Development Foundation for Excellence (EDFE)
- EKJUT
- Elizabeth Glaser Pediatric AIDS Foundation
- Elizka Relief Foundation
- EMINENCE
- Emory University
- Empowering Women for Excellence Initiative (EWEI)
- Enfants du Monde
- Engender Health
- Eniware, LLC
- Equilibres international
- Esperanza Maternal, Newborn & Child Health Centre
- Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institutes of Health
- European Commission
- European Foundation for the Care of Newborn Infants (EFCNI)
- Extending Service Delivery Project (ESD)

F

- Face Out Malaria and AIDS Foundation (FOMA)
- Family Care International (FCI)
- Family Guidance Association of Ethiopia
- Family Health Development Organization
- Fatherhood Institute
- Federal University of Pelotas, Brazil
- Federation of Asia and Oceania Perinatal Societies (FAOPS)
- FHI 360
- Five Heads Strategic Communications Group
- Fondation des Jeunes Volontaires Actifs et Dynamiques du Cameroun (FJEVAD)
- Footprints Foundation
- Forum for Human Rights and Public Health-Nepal (Friendship-Nepal)
- Foundation "Our Premature Children"
- Foundation Josiaslive
- France, Ministry of Foreign and European Affairs – Member of the PMNCH board
- Future Generations
- Future Group International

G

- G.M. Khan Memorial Medical Centre & Maternity Home
- GAVI Alliance
- Generation Youth Uganda (GYU)
- Generosity International Lifecare Development Coalition
- Georgetown University Institute for Reproductive Health
- German Federal Ministry for Economic Cooperation and Development (BMZ)
- Gharbbarakshambigai Fertility Centre
- GICAR-CAM – Organisation de Développement et des Droits de l'Homme
- Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)

- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Global Health Council
- Global Movement for Children
- Global Network for Neglected Tropical Diseases
- Global Network for Perinatal and Reproductive Health
- Global Network for Women's and Children's Health Research
- Global Organization for Maternal and Child Health
- Government of Bangladesh
- Government of Bolivia
- Government of Cambodia
- Government of Canada
- Government of Chile
- Government of Ethiopia
- Government of India – Member of the PMNCH board
- Government of Indonesia
- Government of Mali
- Government of Mozambique
- Government of Nepal
- Government of Nigeria – Member of the PMNCH board
- Government of Pakistan
- Government of Senegal
- Government of Tanzania – Member of the PMNCH board
- Government of Uganda
- Gram Bharati Samiti (GBS)
- Grameen Development Society (GDS)
- Great-Lakes in action for Peace and Sustainable Development (GLAPD)
- Green Cross Welfare Organization
- GSM Association
- Guards of the Earth and the Vulnerable
- Gulu University
- Gynuity Health Projects

H

- HACEY's Health Initiative
- Harvard Humanitarian Initiative and Massachusetts General Hospital
- Hasaan Foundation
- Hayfords Global Foundation
- Health Alliance International
- Health and Development Foundation
- Health and Development International (HDI)
- Health Partners International
- Health Vigilance Programme Cameroon (HVP)
- Healthcare Links
- HealthNet TPO
- HealthRight International
- Healthsystem Plus
- Healthy Mother Wellness and Care
- Healthy Mothers Healthy Babies Coalition of Hawaii
- Heidelberg Christian Community & Medical Centre
- Helen Keller International
- Himalayan Inland Mission CHDP Programme
- Hindustan Latex Family Planning Promotion Trust (HLFPPT)
- Hoc Mai Australia Vietnam Medical Foundation

- Hope Alive Childcare Initiative
 - Horizon Youth Development (HYD)
 - Human Advancement, Reorientation and Empowerment for Environment & Health (HAREETH)
 - Human Resources for Health Knowledge Hub
 - Human Rights Watch
- I
- Ibis Reproductive Health
 - Impact Partners in Social Development
 - Indian Council of Medical Research
 - Indian Social Service Institute
 - Initiative for Maternal Mortality Programme Assessment (IMMPACT)
 - Institut National de Sante Publique (INSP) Burundi
 - Institute for Clinical Effectiveness and Health Policy (IECS) – Member of the PMNCH board
 - Institute for OneWorld Health
 - Institute of Science Technology, Breastfeeding Research and Advocacy Group
 - Instituto de Cooperación Social – Integrare
 - Instituto Multidisciplinario para la Salud
 - Instituto per l'Infanza IRSS Burlo Garofolo
 - Integrated Health for All Foundation (IHAF)
 - Integrated Rural Development Programme (IRDP)
 - Integrated Social Development Effort (ISDE) Bangladesh
 - Integrated Village Development Society (IVDS)
 - Intel Corporation
 - Inter-Parliamentary Union (IPU)
 - Interact Worldwide
 - Interchurch Medical Assistance (IMA)
 - International Association for Maternal and Neonatal Health (IAMANEH)
 - International Association of Infant Massage, Australia
 - International Baby Food Action Network (IBFAN)
 - International Baby Food Action Network (IBFAN) – Africa
 - International Center for Research on Women
 - International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
 - International Centre for Reproductive Health (ICRH)
 - International Child Health Group
 - International Children's Center
 - International Confederation of Midwives (ICM) – Member of the PMNCH board
 - International Council for Control of Iodine Deficiency Disorders (ICCIDD)
 - International Council of Nurses
 - International Diabetes Federation
 - International Federation for Spina Bifida and Hydrocephalus
 - International Federation of Gynaecology and Obstetrics (FIGO) – Member of the PMNCH board
 - International Federation of Pharmaceutical Wholesalers (IFPW)
 - International Foundation For Mother & Child Health
 - International HIV/AIDS Alliance
 - International Initiative on Maternal Mortality and Human Rights

- International Institute for Health Care Professionals
- International Institute for Population Sciences (IIPS)
- International Labour Organization (ILO)
- International Lactation Consultant Association (ILCA)
- International Maternal and Child Health Foundation (IMCHF)
- International Medical Equipment Collaborative, d/b/a (IMEC)
- International Pediatric Association (IPA) – Member of the PMNCH board
- International Pharmaceutical Federation (FIP)
- International Planned Parenthood Federation (IPPF) – Member of the PMNCH board
- International Planned Parenthood Federation/Western Hemisphere Region
- International Pregnancy Advisory Services (IPAS)
- International Relief and Development
- International Society for the Study of Hypertension in Pregnancy (ISSHP)
- International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)
- International Union Against Tuberculosis and Lung Disease
- Interprea
- IntraHealth International, Inc.
- Italy: Development Cooperation (Directorate General for)

J

- Jaipur Zila Vikas Parishad
- Janhit Kalyan Evam Vikas Sansthan
- Japan International Cooperation Agency
- Japanese Organization for International Cooperation in Family Planning (JOICFP)
- Jhpiego
- John Snow, Inc.
- Johns Hopkins Bloomberg School of Public Health
- Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs
- Johnson & Johnson

K

- Kalpavriksh
- Kano Station ctv67
- Karolinska Institute
- Kenya Association for Maternal and Neonatal Health (KAMANEH)
- Kenya Community Health Network
- Khalifal Mahmoud Community Development Initiative
- Kids and Teens Resource Centre
- Kisumu Kids Empowerment Organization
- KOICA (Korea International Cooperation Agency)
- Korea Foundation for International Healthcare (KOFIH)
- Krityanand UNESCO Club
- Kulwanti Hospitals & Research Centre
- Kyabugimbi Community Based Health Care Association (KCBHC)

L

- La Leche League International
- Laerdal Global Health
- Latin American Maternal Mortality Reduction Initiative
- Legal Aid Centre for Women
- Libyan Society for Safe Childhood (LSSC)
- Life Bridge US
- Life Saving Organization for Afghanistan (LSOA)
- Lifeline Foundation Nigeria
- Little Big Souls
- Live Alive Foundation
- Local Development Agency on Reproductive and Maternal Health (LODARMAH)
- London School of Hygiene & Tropical Medicine (LSHTM/IDEU)

M

- MacArthur Foundation (John D. and Catherine) – Member of the PMNCH board
- Mahatma Gandhi Institute of Medical Sciences
- Mama Alive Initiatives
- MAMTA – Health Institute for Mother and Child
- Management Sciences for Health
- Manav Kalyan Pratisthan
- Manoff Group, Inc. (The)
- Mant Kolkata
- MARCH Centre
- March of Dimes
- March of Youth for Health, Education and Action for Rural Trust (MY-HEART)
- Marie Stopes International
- Maternal and Child Health Integrated Program
- Maternal and Newborn Health in Ethiopia Partnership
- Maternal Health Task Force
- Maternity Worldwide
- Maternity Worldwide Denmark
- Médecins du Monde Suisse
- Medical School for International Health, Ben-Gurion University of the Negev
- Medical Student Association of Rwanda (MEDSAR)
- Medical Women's International Association
- Medicus Mundi International Network
- Medtronic Foundation
- Meera Foundation (Mutual Education for Empowerment & Rural Action)
- MEMISA
- Merck & Co., Inc.
- Metis National Council
- Micronutrient Initiative
- Ministry of Public Health Cameroon
- Mintaka Foundation for Medical Research
- Moi University
- Mother & Child Health Care (MCHCare)
- Mother Health International
- MotherNewBorNet
- Mothers at Risk

- mothers2mothers International
- Mwagala Health Centre

N

- Nagaad Umbrella Organization
- Nahar King Welfare Organization (NKWO)
- Narayana Medical Institutions
- Nari Unnayan Sangstha (NUS)
- Narotam Sekhsaria Foundation
- National Center for Child Health and Development – Department of Health Policy
- National Center for Global Health and Medicine
- National Center for the Review and Prevention of Child Deaths
- National Committee for Maternal and Neonatal Health (NCMNH)
- National Fund for Health Development
- National Institute of Applied Human Research & Development (NIAHRD)
- National Research Center of Maternal and Child Care
- Nations Capacity Building Programme (NCBP)
- Nepal Social Marketing and Franchising Project
- Netherlands (The), Ministry of Foreign Affairs
- Newborn Foundation | Coalition
- Ngueinja Initiative for Self Help and Development (NISHAD)
- Norwegian Afghanistan Committee (NAC)
- Norwegian Agency for Development Cooperation (NORAD)
- Nossal Institute Limited
- Novartis Foundation for Sustainable Development
- Novo Nordisk A/S

O

- Obstetric Anaesthetists' Association (OAA)
- Obstetric Fistula Working Group – UNFPA
- Obstetrical and Gynaecological Society of Bangladesh
- Odysseus Foundation (The)
- ONE
- Operation ASHA
- Operation Smile, Inc.
- Options Consultancy South Africa
- Options Consultancy United Kingdom
- Organisation pour la Sante des delaisées (OSAD)
- Organization for Good Life of the Marginalized
- Organization for Public Health Interventions & Development (OPHID)
- Ormylia Foundation (The)
- Orphans Relief Services Tanzania (ORES)
- Osaka Medical Center and Research Institute for Maternal and Child Health
- Oslo University Hospital Norway
- Osservatorio Nazionale sulla Salute della Donna (O.N.da)

P

- Pan African Development, Education and Advocacy Programme (PADEAP)
- Parish Nurse Ministry

- Partners In Health
- Partners in Population and Development
- PATH
- PATH (Program for Appropriate Technology in Health)
- Pathfinder International
- Peace and Life Enhancement Initiative International (PLEII)
- Peking University: School of Public Health
- Perinatal Education Trust
- Petcom Integrated Training Consult
- Pfizer, Inc.
- Pharmed Trade News
- Philippine NGO Council on Population Health & Welfare, Inc. (PNGOC)
- Plan International Canada
- Plan International USA
- Plan International Asia
- Polli Dustha Kallyan Shangstha (PDKS)
- Population Action International
- Population Council
- Population Matters
- Population Media Center
- Population Reference Bureau
- Population Services International (PSI)
- Pre-vent
- Preparing for Life
- Prime Lactation Center
- Prince Leopold Institute of Tropical Medicine Antwerp
- Private Maternity Hotel
- Program on Forced Migration and Health
- Programme for Global Paediatric Research (PGPR)
- PROJECT C.U.R.E. (Benevolent Healthcare Foundation)
- Project Concern International (PCI)
- Project HOPE (Health Opportunities for People Everywhere)
- Promundo
- PSI Tanzania
- PSS Educational Development Society

Q

- Qazvin Medical University

R

- Rainbow Health Care and Research Foundation
- Rainbow Nari O Shishu Kallyan Foundation
- Rakiya Rural Approach Network
- RDRS Bangladesh
- Redeem Community Health Consult
- Regional Prevention of Maternal Mortality Network
- Religions for Peace
- Reproductive & Child Health Research Unit
- Reproductive Health National Council
- Reproductive Health Response in Conflict (RHRC) Consortium
- Reproductive Health Supplies Coalition
- Research Triangle Institute
- Reseau Ensemble pour le Developpement Durable du District d'Arta (EDDA)

- Results for Development (R4D)
- Results in Health
- Riders for Health
- Rotarian Action Group for Population & Sustainable Development (RFPD)
- Rotary International
- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists (RCOG)
- Rural Integrated Relief Service
- Rural Youth Development and Cultural Society
- Rurowa Laue Tathang (RLT)
- Rutgers WPF
- Rwanda Initiative for Sustainable Environment and Agriculture (RISE)

S

- Safaricom Limited
- Safe Motherhood Network Federation Nepal
- Safe Motherhood Programs, Bixby Center for Global Reproductive Health
- Sahan Relief and Development Organization
- SAHAYOG
- Saint Francis Health Care Services
- Samaritan Development Organization
- Samarpan Sewa Samiti
- Santé Globale Développement Intégré (SDI)
- Saraswathy Shanmugam Public Charitable Trust
- Save Mothers Foundation
- Save the Children, India – Member of the PMNCH board
- Save the Children, Saving Newborn Lives Program
- Save the Children, UK
- Save the Children, USA
- Save the Mothers East Africa
- Save Visions Africa (SVA)
- School of Human Sciences, Osaka University
- Seattle Home Maternity Service
- Serve Train Educate People's Society (STEPS)
- Shri Mahila Evam Jan Kalyan Sewa Sansthan
- SIMAVI
- SingHealth IMPACT
- Siyabhabha Trust – Caritas
- Social Development and Management Society
- Social Fund for Development Egypt
- Social Welfare and Community Development Society
- Society for Advancement of Health, Education and Research
- Society for Anti AIDS Among the Nigerian Students (SANS)
- Society for Developmental Action
- Society for Education, Action, and Research in Community Health (SEARCH)
- Society of Obstetricians & Gynaecologists of Pakistan (SOGP)
- Society of Obstetricians and Gynaecologists of Canada (SOGC)
- Solidarité des femmes burundaises pour lutter contre le SIDA et le paludisme

- Southern Health Improvement Samity (SHIS)
- Space Allies
- SPECTRA ORG
- SRUSTI
- Student Campaign for Child Survival (SCCS)
- Students' World Health Assembly Nijmegen (SWHAN)
- Suez Canal University, Faculty of Medicine
- SUPRATIVA
- Swaasthya Trust
- Swami Ram Krishna Paramhansa Maa Sahrda Sewa Samiti (SRKM Civil Society)
- Swasti
- Swat Youth Front
- Sweden, Ministry of Foreign Affairs

T

- Tamil Nadu Federation of Obstetricians & Gynecologists
- Tanzania medical students association (TAMSA)
- Task Force for Child Survival and Development
- The A R Family Foundation
- The Hunger Project
- The Mother and Child Health and Education Trust
- The Uganda Safe Birth Organization (TUSBO)
- The World Congress of Muslim Philanthropists (WCMP)
- Thirty-four Million Friends of the United Nations Population Fund
- Treatment Advocacy and Literacy Campaign (TALC)
- Tribhuvan University
- Tulane Center for Evidence-Based Global Health (CEBGH)

U

- US Agency for International Development (USAID)
- UCL Centre for International Health and Development – Member of the PMNCH board
- Uganda Protestant Medical Bureau (UPMB)
- Umeå International School of Public Health
- UNAIDS Secretariat
- United Nations Children's Fund (UNICEF) – Member of the PMNCH board
- United Nations Foundation (UNF)
- United Nations Office for Project Services (UNOPS)
- United Nations Population Fund (UNFPA) – Member of the PMNCH board
- Unity for Promotion of Health and Development
- Universal Versatile Society
- University of Bergen
- University of KwaZulu-Natal
- University of Lagos
- University of Limpopo
- University of the Western Cape
- University of Zambia
- University Research Co., LLC,
- US Coalition for Child Survival



V

- Vaah Junior Foundation for Better Maternal and Child Health
- Vanderbilt University Medical Center: Center for Evidence-Based Medicine and Institute for Global Health
- Vicez Global Charities Inc.
- Volta Regional Health Administration

W

- WaterAid
- Wellbeing Foundation Nigeria
- WellShare International
- White Ribbon Alliance
- White Ribbon Alliance, Zambia
- Women Acting Together for Change (WATCH)
- Women Advocates Research and Documentation Center
- Women and Children Agenda (WCA)
- Women and Children First
- Women and Community Livelihood Foundation
- Women and Health Alliance International
- Women Deliver
- Women United for Economic Empowerment (WUEE)
- Women's Global Health Imperative at RTI
- Women's Health and Action Research Centre (WHARC)
- Women's Health and Education Center (WHEC)
- Women's Initiative for Self-Actualization (WISA)
- World Bank – Member of the PMNCH board
- World Connect, formerly Infante Sano
- World Federation of Societies of Anaesthesiologists (WFSA)
- World Health Organization – Member of the PMNCH board
- World Vision International – Member of the PMNCH board
- World YWCA

Y

- Youth Ambassadors Singinda (YAS)
- Youth Coalition for Sexual and Reproductive Rights
- Youth Empowerment for Development Ministries International (YEDEM)
- Youth Front Pakistan (YFP)
- Youth Peer Education Network (Y-PEER)

Z

- Zimbabwe Grace Trust

Annex 2: PMNCH events

This section lists the events organized and/or supported by PMNCH in 2013.

January

- **PMNCH Executive Committee** (*teleconference*)
15 January 2013 | Geneva, Switzerland
- **Global Maternal Health Conference**
15-17 January 2013 | Arusha, Tanzania
- **Leaders invest in Africa's future through renewed focus on Child Survival**
16 January 2013 | Addis Ababa (Ethiopia)/Washington DC (USA)
- **IDEAS Panel Session: fostering rights-based accountability for maternal and child mortality**
17 January 2013 | Arusha, Tanzania
- **Accelerating Progress in saving the lives of women and children**
22 January 2013 | Oslo, Norway
- **Global Health 2013 – Accelerating progress: saving women's and children's lives in the coming decade**
22 January 2013 | Oslo, Norway
- **The African Union Summit and CARMMA maternal event**
28 January 2013 | Addis Ababa, Ethiopia
- **World Health Organization Executive Board meeting**
21-29 January 2013 | Geneva, Switzerland
- **World Economic Forum session: The Global Development Outlook**
24 January 2013 | Davos, Switzerland
- **Monrovia meeting**
29 January to 1 February 2013
- **Health ministers meet to accelerate progress towards saving the lives of mothers and children in the EMRO region**
29 January 2013 | Dubai, UAE

February

- **Consultation on Options for Action: Strengthening Financing for RMNCH**
3 February 2012 | London, United Kingdom
- **PMNCH Executive Committee** (*teleconference*)
5 February 2013 | Geneva, Switzerland
- **Conference: Call to Action – Child Survival and Development for Every Child in India**
7-9 February 2013 | Chennai, India
- **Association of Maternal & Child Health Programs (AMCHP) Annual Conference**
9-12 February 2013 | Washington DC, USA

March

- **Global thematic consultation on health in the post-2015 development agenda**
5-6 March 2013 | Gaborone, Botswana
- **UN CSW57: Too Young to Wed high-level panel**
15 March 2013 | New York, USA
- **Human rights for women's and children's health: examining the evidence**
7 March 2013 | Geneva, Switzerland
- **Post-2015 Tunisia meeting**
11-14 March 2013 | Hammamet, Tunisia
- **PMNCH Executive Committee** (*teleconference*)
12 March 2013 | Geneva, Switzerland
- **Experts meet on value for money of health investments in Africa**
18-21 March 2013 | Hammamet, Tunisia
- **Bali meeting**
24-27 March 2013 | Bali, Indonesia

- **IPU advances accountability for women's and children's health**
26 March 2013 | Quito, Ecuador

April

- **PMNCH Executive Committee** (*teleconference*)
4 April 2013 | Geneva, Switzerland
- **Global Newborn Health Conference**
15-18 April 2013 | Johannesburg, South Africa
- **Dublin Conference on Hunger, Nutrition and Climate Justice**
15-16 April 2013 | Dublin Castle, Ireland
- **2013 Global Newborn Health Conference private sector roundtable**
16 April 2013 | Johannesburg, South Africa
- **World Vaccine Congress & Expo**
16-17 April 2013 | Washington DC, USA
- **Call for applications: Join a FP2020 Working Group**
Deadline for submissions: 30 April 2013
- **Global Summit on Civil Registration and Vital Statistics**
18-19 April 2013 | Bangkok, Thailand
- **Africa Health Forum 2013: Finance and Capacity for Results**
18 April 2013 | Washington DC, USA
- **World Immunization Week**
20-30 April 2013 | Worldwide
- **Sixth Conference of AU Ministers of Health**
22-26 April 2013 | Addis Ababa, Ethiopia

May

- **USAID global health month**
May 2013 | Global Campaign
- **International Day of the Midwife**
5 May 2013 | Worldwide
- **PMNCH Executive Committee** (*teleconference*)
07 May 2013 | Geneva, Switzerland
- **World Economic Forum Africa**
8-10 May 2013 | Cape Town, South Africa
- **Online seminar: The WHO Safe Childbirth Checklist Collaboration**
Wednesday 8 May 2013 11:30-12:30 GMT
- **Survive 5 day**
5 May 2013 | Worldwide
- **International Conference Against Child Undernutrition**
14-15 May 2013 | Paris, France
- **Second Global Midwifery Symposium**
26-27 May 2013 | Kuala Lumpur, Malaysia
- **African Union Heads of State Summit 2013**
19-27 May 2013 | Addis Ababa, Ethiopia
- **Sixty-sixth World Health Assembly**
20-28 May 2013 | Geneva, Switzerland
- **Sustainable development working group session**
22-24 May 2013 | Worldwide
- **International Day to End Obstetric Fistula**
23 May 2013 | Worldwide
- **Women Deliver +SocialGood**
27 May 2013 | Kuala Lumpur, Malaysia
- **Women Deliver: 3rd Global Conference**
28-30 May 2013 | Kuala Lumpur, Malaysia
- **Post-2015 panel report: discussion**
31 May 2013 | United Nations, New York, USA

June

- **PMNCH Executive Committee** (*teleconference*)
4 June 2013 | Geneva, Switzerland
- **Nutrition for Growth: Beating Hunger through Business and Science**
8 June 2013 | London, United Kingdom
- **Global Investment Framework for Women's and Children's Health: study group meeting, high-level event, reception and dinner**
13-14 June 2013 | Venice, Italy
- **G8 Summit 2013**
17-18 June 2013 | Lough Erne, Northern Ireland, United Kingdom
- **XI World Congress of Perinatal Medicine**
19-22 June 2013 | Moscow, Russia
- **PMNCH pre-board meeting**
25 June 2013 | Johannesburg, South Africa
- **14th PMNCH board meeting**
26-27 June 2013 | Johannesburg, South Africa

July

- **PMNCH Executive Committee** (*teleconference*)
7 July 2013 | Geneva, Switzerland
- **Every Newborn: West and Central African regional consultation**
9-11 July 2013 | Dakar, Senegal
- **Special summit of the African Union on HIV/AIDS, tuberculosis and malaria**
12-16 July 2013 | Abuja, Nigeria
- **Multicountry seminar on parliaments and accountability for women's and children's health**
30-31 July 2013 | Dhaka, Bangladesh
- **Saving Lives at Birth Development^xChange**
31 July 2013 | Washington, DC, USA

August

- **International Conference on Maternal, Newborn and Child Health in Africa**
1-3 August 2013 | Johannesburg, South Africa
- **World Breastfeeding Week**
1-7 August 2013 | Global
- **Civil society update**
5 August 2013 | Washington, DC, USA
- **PMNCH Executive Committee** (*teleconference*)
6 August 2013 | Geneva, Switzerland
- **Budget tracking workshop to sharpen accountability efforts by civil society, parliaments, media**
27-30 August 2013 | Nairobi, Kenya
- **The 27th Congress of the International Pediatric Association**
24-29 August 2013 | Melbourne, Australia

September

- **Sixty-third Session of the WHO Regional Committee for Africa**
2-6 September 2013 | Brazzaville, Republic of Congo
- **PMNCH Executive Committee** (*teleconference*)
3 September | Geneva
- **G20 Leaders' Summit**
5-6 September 2013 | St Petersburg, Russia
- **Thirty-first meeting of ministers of health of countries in the South-East Asia Region of the World Health Organization and sixty-sixth session of the WHO Regional Committee for South-East Asia**
10-13 September 2013 | New Delhi, India
- **A Promise Renewed for the Americas**
10-12 September 2013 | Panama City, Panama
- **Sixty-third session of the WHO Regional Committee for Europe**
16-19 September 2013 | Çeşme Izmir, Turkey
- **Sixty-eighth session of the United Nations General Assembly**
17 September to 4 October 2013 | New York, USA
- **Newborn breakfast: Challenge for Action**
25 September 2013 | New York, USA
- **Lives on the line**
25 September 2013 | New York, USA
- **Take the Road to a healthy heart**
29 September 2013 | Global

October

- **PMNCH Executive Committee** (*teleconference*)
1 October | Geneva, Switzerland
- **Sixth MIM Pan-African Malaria Conference**
6-11 October 2013 | Durban, South Africa
- **The 129th Inter-Parliamentary Union Assembly**
7-9 October | Geneva, Switzerland
- **Annual meetings of the World Bank Group and International Monetary Fund**
11-13 October 2013 | Washington, DC, USA
- **International Day of the Girl Child**
11 October | Worldwide
- **World Food Day**
16 October 2013 | Global
- **Working together to eradicate poverty**
17 October 2013 | Global
- **Fifth annual World Health Summit**
20-22 October 2013 | Berlin, Germany
- **Sixty-fourth session of the WHO Regional Committee for the Western Pacific**
21-25 October 2013 | Manila, Philippines
- **10th International Inter-Ministerial Conference**
22 October 2013 | Beijing, China
- **Annual meeting of the Clinton Global Initiative**
23-26 October 2013 | New York, USA
- **Global Day of Action for Child Survival**
23 October 2013 | Global
- **World Polio Day**
24 October 2013 | Global
- **Sixtieth session of the EMRO Regional Committee**
27-30 October 2013 | Muscat, Oman

November

- **Second annual GLOW research conference**
1 November 2013 | Birmingham, United Kingdom
- **PMNCH Executive Committee** (*teleconference*)
5 November 2013 | Geneva, Switzerland
- **The African media leaders forum**
6-8 November 2013 | Addis Ababa, Ethiopia
- **Third Global Forum on Human Resources for Health**
10-13 November 2013 | Recife, Brazil
- **World Pneumonia Day**
12 November 2013 | Global
- **Leaders to Call for 'Full Access, Full Choice' at the International Conference on Family Planning**
12-15 November 2013 | Addis Ababa, Ethiopia
- **FP2020 Partnership in Action 2012-2013**
13 November 2013 | Addis Ababa, Ethiopia
- **India business leaders commit to advance women and children's health**
13 November 2013 | Mumbai, India
- **World Diabetes Day**
14 November 2013 | Global
- **World Prematurity Day**
17 November 2013 | Global
- **Strengthening human rights linkages and accountability for women's and children's health**
18 November 2013 | Lilongwe, Malawi
- **International Day for the Elimination of Violence Against Women**
25 November 2013 | Global

December

- **World AIDS Day**
1 December 2013 | Global
- **PMNCH Executive Committee** (*teleconference*)
3 December 2013 | Geneva
- **Together for Girls hosts Google Hangout on ending sexual Violence**
4 December 2013 | Online
- **Human Rights Day**
10 December 2013 | Global
- **PMNCH board working session**
12 December 2013 | Online

Annex 3: PMNCH publications⁴⁹

This section lists the papers published in 2013, grouped by:

- Institutional reports;
- Country analyses;
- Technical reports;
- Strategy briefs;
- Knowledge summaries.

Institutional reports

- PMNCH Financial Report 2012;
- PMNCH Progress Report 2012;
- Executive Director reports to board.

Country RMNCH implementation analyses

- Implementation analyses led by UNICEF and the RMNH Alliance in: Fiji, Kiribati, Vanuatu and Micronesia;
- Using implementation analyses to identify national RMNCH priorities: a multi-stakeholder approach supported by global partnerships. Partnership profile: RMNH Alliance.

Technical reports

- Reaching Every Woman and Every Child through Partnership;
- Strengthening National Advocacy Coalitions for Improved Women's and Children's Health;
- Promising Mechanisms to Strengthen Domestic Financing for Women's and Children's Health;
- Options for effective mechanisms to support evidence-informed policy-making in RMNCH in Asia and the Pacific;
- Progress towards MDGs 4 and 5: status and gaps: a two-page graphical and geographical summary of status and gaps;
- Success factors. What can we learn about making progress on women's and children's health? emerging findings;
- Handbook for parliamentarians No. 21 Sustaining Parliamentary Action to Improve Maternal, Newborn and Child Health.

Strategy briefs

Strategy briefs developed in support of the Inter-Ministerial Conference in Beijing, October 2013:

- Agriculture and nutrition security;
- Education;
- Women's empowerment and gender equality;
- Water, Sanitation and Hygiene (WASH).

Strategy briefs produced with contributions from PMNCH partners as part of a series in support of the International Conference on MNCH in Johannesburg, 2013:

- Promoting women's & children's health Integrating HIV, TB, Malaria and RMNCH programmes;
- Community Engagement and RMNCH;
- Multi-sectoral Determinants of RMNCH;
- Family Planning and the Demographic Dividend in Africa;
- More Money for Health/ More Health for Money: Improving Domestic Financing for RMNCH;
- The Girl Child and RMNCH;
- Using Human Rights to Enhance Accountability for Women's and Children's Health;
- Nutrition and RMNCH;
- Primary Health Care and RMNCH;
- RMNCH in Africa: progress, opportunities, challenges.

Knowledge summaries

- No. 28: New Global Investment Framework for Women's and Children's Health;
- No. 27: Death reviews: maternal, perinatal and child;
- No. 26: Engaging Men and Boys in RMNCH;
- No. 25: Integrating immunization and other services for women and children;
- No. 24: The economic benefits of investing in women's and children's health;
- No. 23: Human Rights and Accountability;
- No. 22: Reaching Child Brides.

1. PMNCH publications can be found at: <http://www.who.int/pmnch/knowledge/publications/en/>.

Annex 4:

PMNCH media work

This section details the media work undertaken in 2013, including press releases and eBlasts.

Regional RMNCH budget advocacy workshop (August 2013, Nairobi)⁴⁹

PMNCH convened partners, including national and regional media networks, to produce an innovative four-day capacity-building workshop to promote greater knowledge of the full budget-accountability cycle (see 1.3.2 for more information).

Violence against women campaign (June 2013, Geneva)⁵⁰

PMNCH worked with partners, including WHO, the London School of Hygiene & Tropical Medicine and the South African Medical Research Council to launch a media campaign highlighting violence against women as a global health issue.

Joint news release on child marriages (March 2013, New York)⁵¹

PMNCH released a news update jointly with Every Woman Every Child, Girls Not Brides, the United Nations Foundation, UNFPA, UNICEF and others to bring attention on the critical issues of child marriages. PMNCH also worked with Countdown to 2015 to help with the global and regional dissemination of its 2013 report.

PMNCH eBlasts

- November/December 2013;
- October 2013;
- September 2013;
- July 2013;
- June 2013;
- May 2013;
- March 2013;
- February 2013;
- January 2013.

PMNCH on Twitter

- 6876 Tweets (since inception of PMNCH Twitter account in 2010);
- PMNCH is following 1364 people and organizations;
- 7003 followed PMNCH in 2013 (200% increase on 2012).

49. Sourced from: Gates Foundation Progress Report Form, October 2013.

50. http://www.who.int/pmnch/media/news/2013/violence_report/en/index.html.

51. http://www.who.int/mediacentre/news/releases/2013/child_marriage_20130307/en/.

Annex 5: Countdown publications

Countdown launched its 2013 Accountability Report at the Women Deliver conference, held in Kuala Lumpur, Malaysia, in May 2013. This report, *Accountability for Maternal, Newborn & Child Survival: The 2013 Update*, highlights country achievements in increasing coverage of key interventions. It also identifies the remaining challenges many countries face in reaching all women and children with life-saving services. For each of the 75 countries where more than 95% of all maternal and child deaths occur, the report includes one-page country profiles that focus on the core indicators selected in 2011 by the Commission on Information and Accountability for Women's and Children's Health. These indicators encompass key elements of the reproductive, maternal, newborn, and child health (RMNCH) continuum of care.

Other Countdown publications:

- Walker N, et al. Patterns in coverage of maternal, newborn, and child health interventions: projections of neonatal and under-5 mortality to 2035. *Lancet*, 21 September 2013. DOI: 10.1016/S0140-6736(13)61748-1.
- Hsu J, et al. Reproductive health priorities: evidence from a resource tracking analysis of official development assistance in 2009 and 2010. *Lancet*, 18 May 2013. DOI: 10.1016/S0140-6736(13)60762-X.
- Cavallaro F, et al. Trends in caesarean delivery by country and wealth quintile: cross-sectional survey in South Asia and Sub-Saharan Africa. *Bulletin of the World Health Organization*, December 2013; 91(12): 914-922D.
- Briefing note: *RMNCH in Africa: Progress, Opportunities, Challenges*. July 2013.
- Contributions to: *Measuring Coverage in Maternal, Newborn, and Child Health*. *PLoS Medicine*, May 2013: www.ploscollections.org/measuringcoverageinmnch. Produced with support from the Child Health Epidemiology Reference Group (CHERG) and including several Countdown partners as authors.





The Partnership for Maternal, Newborn & Child Health

c/o World Health Organization
20 Avenue Appia, CH-1211 Geneva 27, Switzerland
Telephone: +41 22 791 2595
Fax: +41 22 791 5854

pmnch@who.int
www.pmnch.org