

Hosted health partnerships

Review of Partnership for Maternal, Newborn and Child Health

Report by the Secretariat

1. In accordance with the Executive Board's decision EB132(10) (2013), the Programme, Budget and Administration Committee of the Executive Board periodically reviews the arrangements for hosted health partnerships.
2. This report summarizes the contribution of the Partnership for Maternal, Newborn and Child Health to improved health outcomes, the harmonization of its work with the relevant work of WHO, and the Secretariat's interaction with the Partnership.
3. The Partnership was established in 2005, with the mission to support "partners to align their strategic directions and catalyse collective action to achieve universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care." It is governed by a Board supported by two committees – the Executive Committee and the Finance Committee – and is administered by a secretariat hosted in WHO's headquarters.
4. The Partnership currently counts 724 members. These are categorized in seven constituencies: (i) multilateral organizations; (ii) country governments; (iii) donors and foundations; (iv) civil society organizations; (v) academic research and training organizations; (vi) health care professional organizations; and (vii) the private sector. An additional constituency representing youth and adolescents was endorsed by the Partnership Board in October 2015. The Partnership's Partners' Forum regularly offers an opportunity for all its members to meet together.

CONTRIBUTION TO IMPROVED HEALTH OUTCOMES

5. Created to accelerate action on the Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health) – progress towards which had strayed off track, the Partnership played a role in harmonizing and simplifying the global health architecture, bringing together three existing partnerships, namely Partnership for Safe Motherhood and Newborn Health, the Healthy Newborn Partnership and the Child Survival Partnership", and focused on various points along the continuum of care. Before 2010, the Partnership structured campaigns, such as "Deliver Now for Women and Children", which generated the highest level until that time of global political attention for maternal, newborn and child health. In 2010, it supported a global advocacy movement for the prioritization of women's and children's health, leading to the creation of the Global Strategy for Women's and Children's Health, 2010–2015 and the Every Woman Every Child movement, with commitments made by hundreds of organizations working across the continuum of care.

6. Over the past year, the Partnership has organized a series of discussion events with its partners and sought their inputs to support the development of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030, launched in September 2015, and the Global Financing Facility in support of Every Woman Every Child, launched in July 2015. To date, more than 7000 contributions from partners have been generated from these processes.

7. The Partnership supports its partners to strengthen strategic advocacy on maternal, newborn and child health at national, regional and global levels. It has encouraged stakeholders ranging from leaders of the Group of Eight and the Group of Twenty economies and involving parliaments, through several resolutions of the Inter-Parliamentary Union and the Pan African Parliament, to regional institutions in order to undertake commitments to maternal, newborn and child health. It has supported global advocacy through campaigns such as the Every Newborn Action Plan and has built an evidence-based understanding among hundreds of partners to engage the reproductive, maternal, newborn, child and adolescent health community in the discussion of the post-2015 era. The Partnership has also reached out to regions and countries through its wide constituency network and assisted interested private sector entities to link to civil society organizations and other stakeholders to enhance the work in the area of reproductive, maternal, newborn, child and adolescent health area, for instance through the Global Financing Facility.

8. The Partnership has worked to increase access to and use of evidence, knowledge and innovations to enhance policy, service delivery and financing mechanisms. With WHO's leadership, it galvanized consensus on key evidence-based interventions for reproductive, maternal, newborn, child and adolescent health and related multisectoral policies with its own constituencies. Further, the Partnership works with partners to develop and disseminate evidence-based syntheses including 33 Knowledge Summaries and 33 policy and strategy briefs to date,¹ and tools related at reproductive, maternal, newborn, child and adolescent health to support the planning, management or implementation of relevant programmes along the continuum of care.

9. In advancing accountability for women's and children's health, the Partnership has produced five annual reports since 2011 analysing the commitments made by countries and development partners to the Global Strategy for Women's and Children's Health, 2010–2015. This information is provided to the independent Expert Review Group of the Commission on Information and Accountability for Women's and Children's Health for its annual publications. The Partnership contributed to the creation and strengthening of National Advocacy Coalitions in 10 countries to promote joint actions with civil society organizations to enhance accountability relating to women's and children's health. It also hosts the secretariat of the Countdown to 2015 for Maternal, Newborn and Child Survival, of which WHO is an active member.

10. The Partnership's Board commissioned an external evaluation in 2013 to assess the Partnership's overall performance for the period 2009 to 2013.²

¹ See, respectively, <http://www.who.int/pmnch/knowledge/publications/summaries/en/> and <http://www.who.int/pmnch/knowledge/publications/strategybriefs/en/> (accessed 4 December 2015).

² Independent external evaluation of Partnership for Maternal, Newborn and Child Health, (see <http://www.who.int/pmnch/about/strategy/evaluation/en/>, accessed 4 December 2015).

HARMONIZATION OF THE PARTNERSHIP'S WORK WITH THE RELEVANT WORK OF WHO

11. The Partnership's workplan is developed in coordination with its main constituencies and partners. As a partner, WHO is strategically involved in the execution of the workplan. Generally, the workplan is well aligned with WHO's priorities; and its activities occupy a specific niche that complements WHO's role in normative work and technical assistance. The focus of the Partnership on advocacy, alignment, analysis and accountability is helpful. The Partnership adds value by bringing in multiple constituencies to provide advice and feedback on policy products; for example, its strong advocacy function has been central to the success of the Every Newborn Action Plan, adopted by the Sixty-seventh World Health Assembly in resolution WHA67.10 (May 2014). Through active participation in the Every Newborn Action Plan management and advocacy teams, the Partnership has created an unprecedented momentum that would not have been achieved otherwise.

12. WHO and the Partnership jointly prepared a review of essential interventions, commodities with guidelines for reproductive, maternal, newborn and child health.¹ The Partnership, through its academic constituency, facilitated the Aga Khan University's participation in developing the document and conducting a substantive amount of reviews. It also facilitated partner consultations on the final document, which consequently was well recognized and widely used by the international community. The Partnership followed a similar approach in producing a multisectoral policy compendium as an implementation document in 2014.²

13. Together with WHO, the World Bank and the Alliance for Health Policy and Systems Research, and working closely with health ministries, academic institutions and other partners, the Partnership coordinated a three-year multidisciplinary, multicountry series of studies on success factors for women's and children's health in explaining key actions for progress towards Millennium Development Goals 4 and 5 in 10 low- and middle-income countries. Through the findings, the Partnership and its partners intensified the call for a continued focus on women's and children's health and greater cross-sectoral collaboration, which has been an important part of the development of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030 and the operationalization of work towards the Sustainable Development Goals.

14. An important challenge associated with the Partnership relates to the presentation of evidence. It works with partners from different constituencies to develop its Knowledge Summaries series, collating information from trusted sources. Each summary is peer reviewed by an Expert Advisory Group, which includes a WHO staff member, but the process calls for WHO to give final clearance of the publication. This process raises issues for WHO as it acts as an arbiter on the content of the Knowledge Summaries. The process should be streamlined, with WHO taking the leadership in formulating technical content, which can subsequently be commented on and annotated with operational guidance by partners.

¹ The Partnership for Maternal, Newborn and Child Health. Essential interventions, commodities and guidelines for reproductive, maternal, newborn and child health: a global review of key interventions related to reproductive, maternal, newborn and child health. Geneva: World Health Organization; 2011 (http://www.who.int/pmnch/topics/part_publications/essential_interventions_18_01_2012.pdf, accessed 4 December 2015).

² The Partnership for Maternal, Newborn and Child Health. A policy guide for implementing essential interventions for reproductive, maternal, newborn and child health: multisectoral policy compendium for reproductive, maternal, newborn and child health. Geneva: World Health Organization; 2014 (http://www.who.int/pmnch/knowledge/publications/policy_compendium.pdf?ua=1, accessed 4 December 2015).

WHO'S INTERACTION WITH THE PARTNERSHIP

15. A Memorandum of Understanding has existed between WHO and the Partnership for Maternal, Newborn and Child Health since November 2009.

16. **Human resources.** Through special procedures agreed by the Director-General, representatives of the Partnership's Board participate in the selection panel for the Executive Director of the Partnership. The delegation of authority to the Executive Director of the Partnership in order to implement administrative matters in WHO's Global Management System comes directly from the Assistant Director-General of Family, Women's and Children's Health.

17. The Partnership's secretariat currently comprises seven staff members on fixed-term and continuing appointments, with no staff implications at the regional and country levels. These staff members are subject to WHO Staff Regulations and Staff Rules.

18. Staff members are normally assigned exclusively and solely to support the Partnership and, as such, should their positions be abolished, they are not eligible for reassignment elsewhere within WHO. However, most current staff members of the Partnership have reassignment rights within WHO. All liabilities incurred for any staffing decision and abolition of positions are borne by the Partnership. The Partnership has not been setting aside funds to meet such liabilities.

19. **Programme and financial management.** The budget of the Partnership is separate from that of WHO and is approved by its Board. The Partnership does not produce a full financial statement, but issues a brief annual financial report guided by its annual workplan to its Board for approval. The voluntary contributions by contributors to the Partnership are listed in the annex of the annual Financial report and audited financial statements of WHO. No separate audit is conducted by the External Auditor of WHO. Instead of a competition mechanism, the Partnership's secretariat has worked with WHO's Office of the Legal Counsel to make special arrangements to ensure that funds are allocated in a proper manner to its selected partners.

20. **Resource mobilization and cost recovery.** The Partnership mobilizes its own resources from governments, philanthropic foundations and international organizations but does not mobilize resources from private sector entities. It encourages donors to direct their contributions to fund the Partnership's activities and therefore complements WHO's work in the area that benefits the visibility of both the Partnership and WHO.

21. At present, WHO's Secretariat conducts cost recovery through the mechanisms of programme support cost, post occupancy charge from the Partnership's secretariat, and specific charges for services such as mail, meeting rooms and telephone, as is the practice for all WHO's programmes.

22. **Communications.** The hosting relationship is recognized in the Partnership's publications by a standardized statement, such as "The secretariat is hosted and administered by the World Health Organization". The Partnership's website is regularly updated by its secretariat as needed, a process that does not require the clearance of WHO Communication Department. Should the Partnership want to use the WHO emblem in its publications, WHO's procedures for clearance and publication are followed. The Partnership currently does not have "champions" or "ambassadors".

23. **Other organizational policies.** The Partnership derives its legal personality from WHO and is subject to WHO's rules and regulations. The Partnership's secretariat systematically sends to WHO's Office of the Legal Counsel relevant contracts and agreements for the usual WHO clearance. These

documents may involve collaboration with third parties, contracts for services and donor agreements. In addition, the Partnership regularly consults both the Office of the Legal Counsel and the Partnerships and Non-State Actors department for due diligence in connection of involvement of private sector entities in the Partnership and its governance processes.

24. WHO's accountability and internal control frameworks apply to hosted partnerships. As a hosted partnership, the Partnership for Maternal, Newborn and Child Health shall communicate its main risks to WHO's Office of Compliance, Risk Management and Ethics. The main risks it has identified are assessed in accordance with the WHO risk evaluation criteria and are included in the risk reports. The Partnership is also bound by WHO's ethical principles, and its policies on declarations of interest and on whistleblowing and protection against retaliation.

CONCLUSIONS

25. In the context of the Sustainable Development Goals, the objectives of reducing maternal mortality, neonatal mortality and under-5 mortality and of ending preventable deaths of newborns and children under 5 years of age remain high priorities worldwide. Their attainment requires a comprehensive, focused response bringing together stakeholders from multiple sectors and perspectives. It is essential for the Partnership to keep its momentum and further mobilize its partners and resources to tackle the challenges proactively. The results shows that both WHO and the Partnership for Maternal, Newborn and Child Health benefit from the hosting arrangement in the advancement of advocacy, promoting use of evidence and propelling accountability globally in the area of reproductive, maternal, newborn, child and adolescent health.

26. As a WHO hosted partnership, the Partnership for Maternal, Newborn and Child Health takes advantage of WHO's strong normative function and its neutrality in developing its own strategies and workplan. This also helps to attract partners and resources to the Partnership, with WHO as a permanent Board member in steering its strategic direction. Meanwhile, the Partnership has more flexibility than WHO in reaching out to various partners and stakeholders, including nongovernmental organizations, communities, philanthropic foundations, academic institutions and private sector entities.

27. Based on its Strategic Framework, the Partnership's Strategic Plan for 2016–2020 was adopted by its Board in October 2015. The Partnership Board discussions were conducted to develop a final business and operational plan for the Partnership's secretariat and governance structures, in order to ensure a well-structured, fit-for-purpose Partnership that contributes effectively to achieving the Sustainable Development Goals and plays an appropriate role in global health as the Global Strategy for Women's, Children's and Adolescents' Health progresses to implementation.

ACTION BY THE EXECUTIVE BOARD

28. The Board is invited to note this report.

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