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## **Review of hosted partnerships**

### **Review of the Partnership for Maternal, Newborn and Child Health**

#### **Report by the Director-General**

1. In accordance with Executive Board decision EB132(10) (2013), the Programme, Budget and Administration Committee of the Executive Board periodically reviews the arrangements for hosted health partnerships. The present document should, therefore, be considered together with the Committee's own report to the Executive Board.<sup>1</sup>
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 as a response to a growing global concern that the targets for the Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health) were unlikely to be met by 2015. The Partnership united three existing partnerships: the Partnership for Safe Motherhood and Newborn Health, hosted by WHO in Geneva; the Healthy Newborn Partnership, hosted by Save the Children USA; and the Child Survival Partnership, hosted by UNICEF in New York. Since then, the Partnership for Maternal, Newborn and Child Health has moved towards supporting the entire spectrum of women's, children's and adolescents' health, in accordance with the updated United Nations Secretary-General's Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (the Global Strategy).
4. The Partnership's vision is that of the Global Strategy: "a world in which every woman, child and adolescent in stable, fragile and humanitarian settings realizes their right to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies", to the realization of which aim WHO is also committed.
5. It is governed by a Board chaired by Rt. Hon. Helen Clark, and the Board has three permanent committees: the Executive Committee, Strategy and Finance Committee and the Governance and Nominations Committee. The Partnership is supported by a secretariat hosted by WHO at its headquarters. WHO is a permanent member of both the Partnership's Board and Executive Committee, representing the hosting organization and the Partnership's United Nations agencies constituency, which includes the H6 Partnership which WHO currently chairs.
6. The Partnership currently counts more than 1100 member organizations, up from around 740 at the end of 2015. The membership is spread across 10 constituencies, namely: Academic, research and

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<sup>1</sup> Document EB147/6.

training institutes, Adolescents and youth, Donors and foundations, Global financing mechanisms, Healthcare professional associations, Inter-governmental organizations, Non-governmental organizations, Partner governments, Private sector and United Nations agencies. Three of the listed constituencies - Adolescents and Youth, Inter-Governmental Organizations and Global Financing Mechanisms – have been added since 2015.

7. The members are represented on the Partnership's Board and committees through their respective constituency governance structures. In addition, the Partnership's Partners' Forum regularly offers an opportunity for all its members to meet – the last Forum was held in New Delhi in December 2018.<sup>1</sup>

## CONTRIBUTION TO IMPROVED HEALTH OUTCOMES

8. **Raising the participation of adolescents and young people** The Partnership's Adolescents and youth constituency is engaged in and leads work, particularly in countries, aimed at improving the health and well-being of adolescents and young people. Its members are represented in all the Partnership's other constituencies and working groups and/or committees. Since its establishment, this constituency has been strengthened in all its operations, as a result of analyses undertaken and capacity-building programmes under way.

9. Through the Partnership's support and small grants, the members of the Adolescents and youth constituency have been able to engage decision-makers at country, regional and global levels and work on policy-development processes. They have succeeded in influencing the public discourse, and lead innovative approaches to engage young people to initiate changes for their peers' health and well-being. Developed by the Partnership and Women Deliver, the Advocating for change for adolescents toolkit<sup>2</sup> was piloted by youth-led networks in Cameroon, India, Kenya, Malawi and Nigeria where the networks have continued to work, involving to date more than 10 000 young people, enabling youth-led networks to engage with more than 200 local and national decision-makers. This work will be extended to Ghana, Liberia, Sierra Leone, Zambia and Zimbabwe in 2020–2021, bringing the total to 10 countries.

10. Youth engagement has been a major area of work for the Partnership. Putting young people at the centre of strategy-setting as well as the development, implementation and evaluation of policies and programmes that affect and protect them is at the heart of a global consensus statement on meaningful adolescent and youth engagement,<sup>3</sup> whose development was spearheaded by the Partnership, the International Youth Alliance for Family Planning, and Family Planning 2020. To date the statement has garnered more than 250 endorsements. Ahead of the United Nations High-Level Meeting on Universal Health Coverage and United Nations General Assembly, both in 2019, the Partnership together with the United Nations Major Group for Children and Youth and other partners launched a draft call to action on adolescent well-being<sup>4</sup> for consultation.

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<sup>1</sup> 2018 Partners' Forum (<https://www.who.int/pmnch/about/governance/partnersforum/2018/en/>, accessed 15 May 2020).

<sup>2</sup> Advocating for Change for Adolescents! A Practical Toolkit for Young People to Advocate for Improved Adolescent Health and Well-being. Geneva: World Health Organization; 2018 ([https://www.who.int/pmnch/knowledge/publications/advocacy\\_toolkit.pdf](https://www.who.int/pmnch/knowledge/publications/advocacy_toolkit.pdf), accessed 15 May 2020).

<sup>3</sup> Global consensus statement: meaningful adolescent & youth engagement, 2018 (<https://www.who.int/pmnch/mye-statement.pdf>, accessed 15 May 2020).

<sup>4</sup> Available at <https://www.unmgy.org/call-to-action-on-adolescent-health>, (accessed 1 June 2020).

## Convening and synthesizing multistakeholder contributions

11. The Partnership has continued to bring multiple constituencies together to provide advice and feedback on important policies and actions related to women's, children's and adolescents' health. It has contributed to the development of the update to the Global Strategy for the period 2016–2030, the establishment of the Global Financing Facility, the consolidation of accountability reports and functions in the context of the Global Strategy, and the success of the Nurturing Care Framework for Early Childhood Development,<sup>1</sup> launched during the Seventy-first World Health Assembly.

12. The Partnership has worked to ensure that provision of primary health care and universal health coverage fully reaches women, children and adolescents, in the context of the Global action plan for healthy lives and well-being for all.<sup>2</sup> These efforts contributed to a strong focus on women's, children's and adolescents' health in the resolutions adopted by the Health Assembly<sup>3</sup> and the Inter-Parliamentary Union<sup>4</sup> and United Nations General Assembly's<sup>5</sup> declaration on universal health coverage.

13. In more thematic-specific action, the Partnership and its allies launched a Global call to action<sup>6</sup> ahead of key events in the lead up to the United Nations High-level summit on universal health coverage to urge the inclusion of sexual and reproductive health and rights in national packages for universal health coverage. Advocacy for inclusion of these in universal health coverage has been supported by increased investments in social media and traditional media engagements as well as advocacy led by champions, including the Partnership's current and former Board Chairs, Rt. Hon. Helen Clark, Michelle Bachelet and Graça Machel.

## Improving strength and efficiencies in accountability

14. The Partnership played a key role in streamlining processes for reporting on the Global Strategy, which led to fewer individual reports and culminated in the BMJ series in January 2020: Leaving no woman, no child and no adolescent behind.<sup>7</sup> The series was coordinated and edited by Countdown to

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<sup>1</sup> Nurturing Care Framework for Early Childhood Development: a framework for helping children survive and thrive to transform health and human potential (<https://nurturing-care.org/>, accessed 15 May 2020).

<sup>2</sup> WHO. The global action plan for healthy lives and well-being for all: strengthening collaboration among multilateral organizations to accelerate country progress on the health-related sustainable development goals [brochure]. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/330060>, accessed 15 May 2020).

<sup>3</sup> Seventy-second World Health Assembly, 2019. Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. Resolution WHA72.4 (2019) World Health Organization (<https://apps.who.int/iris/handle/10665/329270>, accessed 15 May 2020).

<sup>4</sup> 141st IPU Assembly. Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health (<https://www.who.int/pmnch/media/news/2019/Belgrade-resolution.pdf?ua=1>, accessed 15 May 2020).

<sup>5</sup> United Nations General Assembly. Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world" (<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>, accessed 15 May 2020).

<sup>6</sup> A call to action: SRHR an essential element to achieving universal health coverage (<https://www.who.int/pmnch/media/news/2018/sexual-reproductive-health-rights/en/>, accessed 15 May 2020).

<sup>7</sup> Leaving no woman, no child, and no adolescent behind. BMJ, 2020;368:l6986 (<https://www.bmj.com/leaving-no-one-behind>, accessed 15 May 2020).

2030 for Women's, Children's and Adolescents' Health and the Partnership with H6 partners, in particular WHO and UNICEF.

15. In the context of improving overall global accountability processes, the Partnership helped to improve and streamline the estimation of official development assistance for sexual, reproductive, maternal, newborn, child and adolescent health.<sup>1</sup> It also facilitated the work on projecting the financing of sexual and reproductive health and rights in low- and middle-income countries.<sup>2</sup>

16. In September 2015, the United Nations Secretary-General launched the updated Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health to help to further the 2030 Agenda for Sustainable Development. A key strategic priority for the Global Strategy was the development of an updated accountability framework to ensure strong implementation of the Sustainable Development Goals. In 2016, the Every Woman Every Child Independent Accountability Panel,<sup>3</sup> hosted and fully funded by the Partnership, was formed to command attention from the global community across the full range of the accountability framework of the updated Global Strategy – to monitor, review and act – and across the spectrum of issues that comprise the Global Strategy's "Survive, Thrive and Transform" themes.

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

17. The Partnership's strategies and business plans are developed through coordination with its main constituencies and partners. WHO as the hosting organization, a Board member and an implementing partner is closely and strategically involved in the development of the Partnership's annual workplans, which are aligned with WHO's priorities. The Partnership's activities complement WHO's role in normative work and technical assistance.

18. The Partnership works on aligning analytical, advocacy and accountability processes, publishing a variety of materials, coordinating events and meetings, and ensuring that objectives agreed with WHO are met. Its activities have included leadership on advocacy and communication workstreams through its network of partners for WHO-led reports, evidence and guidelines related to women's, children's and adolescents' health as well as dissemination of WHO's normative and policy work through that network. For example, it collaborated with partners on the development, launch, dissemination and advocacy of the Nurturing Care Framework for Early Childhood Development (see paragraph 11); and the development of essential interventions for universal health coverage; it promoted in-country multistakeholder platforms for the Every Newborn Action Plan; it contributed to the 2018 monitoring report for the Global Strategy;<sup>4</sup> it supported the Network for Improving Quality of Care for Maternal, Newborn and Child Health; it contributed to the Global Accelerated Action for the Health of

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<sup>1</sup> Dingle A, Schäferhoff M, Borgi J, Sabin ML, Arregoces L, Martinez-Alvarez M et al. Estimates of aid for reproductive, maternal, newborn and child health: findings from the application of the Muskoka2 method, 2002-2017. *The Lancet Global Health*, 2020; 8(3):E374-E386 ([https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30005-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30005-X/fulltext), accessed 15 May 2020).

<sup>2</sup> Schäferhoff M, van Hoog S, Martinez S, Fewer S, Yarney G, Funding for sexual and reproductive health and rights in low-and middle-income countries: threats, outlook and opportunities. Geneva: Partnership for Maternal, Newborn and Child Health; 2019 ([https://www.who.int/pmnch/media/news/2019/srhr\\_forecast\\_web.pdf?ua=1](https://www.who.int/pmnch/media/news/2019/srhr_forecast_web.pdf?ua=1), accessed 15 May 2020).

<sup>3</sup> See <https://iapewec.org/>, (accessed 15 May 2020).

<sup>4</sup> See <https://www.everywomaneverychild.org/global-strategy/2018-monitoring-report-for-the-every-woman-every-child-global-strategy-for-womens-childrens-and-adolescents-health/>, (accessed 1 June 2020).

Adolescents (AA-HA!), and to the report in 2019 on strengthening quality midwifery education for universal health coverage.

19. WHO and the Partnership work jointly on promoting accountability for women's, children's and adolescents' health and well-being, supported by a grant by the United Kingdom of Great Britain and Northern Ireland.

20. WHO and the Partnership have started work on developing a framework for adolescent well-being, with key partners across academic institutions, representatives of young people and the H6 Partnership, among others. The work is being finalized in close consultation with countries in order to present it at the summit on adolescent well-being planned for 2022.

## **WHO'S INTERACTION WITH THE PARTNERSHIP**

### **Hosting arrangements**

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

22. In 2016, the Director-General issued generic hosting terms for WHO hosted partnerships. The hosting terms, which apply to the Partnership, were developed through a consultative process with all WHO hosted partnerships. They set out the operational framework for WHO's hosting and administration of formal partnerships in the context of WHO's Constitution, together with the Organization's Financial Regulations and Financial Rules, Staff Regulations and Staff Rules, Manual provisions and applicable policies, procedures and practices (including WHO's technical norms, guidelines and procedures), and any relevant resolutions of WHO's governing bodies. Specific adaptations to these WHO rules as applicable to hosted partnerships are contained in the hosting terms.

### **Human resources**

23. Through special procedures agreed by the Director-General, representatives of the Partnership's Board participate in the selection panel for its Executive Director. The delegation of authority to the Executive Director to implement administrative matters in WHO's Global Management System comes directly from the Executive Director of WHO's Division for Universal Health Coverage – Life Course.

24. The Partnership's secretariat currently comprises 15 core positions and three positions associated with the Independent Accountability Panel, with staff members employed variously on continuing, fixed-term or temporary appointments, supplemented by temporary consultants. All staff members are subject to WHO's Staff Regulations and Staff Rules.

25. 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 the WHO Secretariat. However, some current staff members of the Partnership have reassignment rights within WHO. All liabilities incurred for any staffing decision and for the abolition of positions are borne by the Partnership, which has been setting aside funds to meet such liabilities.

## Programme and financial management

26. The Partnership's budget is separate from that of WHO and is approved by the Partnership's Board. The operating budget in the business plan for 2018–2020,<sup>1</sup> approved by the Board, was set at US\$ 10 million per year for the essential budget level and US\$ 15 million per year for the comprehensive budget level. The Partnership produces a full financial statement in line with WHO's requirements. Since 2017, the Partnership's budgets and financial reports are reviewed annually and certified by the WHO Comptroller.<sup>2</sup> The voluntary contributions by donors to the Partnership are listed in the annex of the WHO's annual financial reports and audited financial statements.

27. The Partnership itself was audited in March 2019 as part of the external audit of WHO. The audit concluded that the Partnership has played a key role in elevating women's, children's and adolescents' health on the global political agenda and positioning it at the heart of the Sustainable Development Goals. It noted that the Partnership has been significantly visible for the reproductive, maternal, newborn and child health cause. Over the years, it has been successful in mobilizing funds for the United Nations Secretary-General's Global Strategy. The Partnership acknowledged the significance of the audit recommendations and would use the opportunities to demonstrate to the external auditors its support and commitment for improving its operational efficiency.

28. In addition to the external audit, in 2019 the Partnership initiated an independent review of its Partners' Forum 2018,<sup>3</sup> an independent assessment of the Partnership's Adolescents and youth constituency,<sup>4</sup> a review of its Academic, research and training institutes and Private sector constituencies, and a full independent external evaluation (November 2019).<sup>5</sup> This most recent independent external evaluation is the third time that the Partnership has commissioned such an evaluation since its inception in 2005; they have all provided important information and directions for shaping the Partnership's progress. The key findings from the latest evaluation indicate that:<sup>6</sup>

- (1) the mission and vision of the Partnership are still relevant and valid given the “unfinished business” in terms of addressing women's, children's and adolescents' health;
- (2) the Partnership needs to redefine its role and demonstrate its added value, especially in the context of other organizations working on women's, children's and adolescents' health;

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<sup>1</sup> The Partnership for Maternal, Newborn and Child Health. Business Plan 2018–2020 ([https://www.who.int/pmnch/PMNCH\\_Business\\_Plan\\_2018-2020.pdf](https://www.who.int/pmnch/PMNCH_Business_Plan_2018-2020.pdf), accessed 15 May 2020).

<sup>2</sup> For financial reports see links on the webpage: <https://www.who.int/pmnch/about/governance/committees/financecommittee/en/> (accessed 15 May 2020).

<sup>3</sup> Partners' Forum 2018, New Delhi (<https://www.who.int/pmnch/about/governance/partnersforum/2018/en/>, accessed 15 May 2020).

<sup>4</sup> Swiss Tropical and Public Health Institute. Assessment of the Adolescents and Youth Constituency (AYC) of the Partnership for Maternal, Newborn and Child Health (PMNCH): assessment report – final draft. Basel, Switzerland: Swiss Tropical and Public Health Institute; 2018 ([https://www.who.int/pmnch/media/news/2018/AYC\\_assessment.pdf](https://www.who.int/pmnch/media/news/2018/AYC_assessment.pdf), accessed 15 May 2020).

<sup>5</sup> Cambridge Economic Policy Associates (CEPA). External evaluation of the Partnership for Maternal, Newborn and Child Health – final report, 2020 (<https://www.who.int/pmnch/external-evaluation.pdf?ua=1>, accessed 15 May 2020).

<sup>6</sup> CEPA. External evaluation of the Partnership for Maternal, Newborn and Child Health – final report, 2020, pages 6-13 (<https://www.who.int/pmnch/external-evaluation.pdf?ua=1>, accessed 15 May 2020).

- (3) advocacy is seen as the function where the Partnership has clear added value, but advocacy efforts need to become more strategic, streamlined and accessible to a range of partners;
- (4) there is widespread confusion over roles as well as who leads on the decision making between the Board and the Executive Committee; there is a need to reform the governance structure and decision-making bodies for greater efficiency and effectiveness;
- (5) there remains a perceived lack of transparency on how the Partnership's activities are prioritized, including expenditure on small grants, and how funding decisions are made across the business plan;
- (6) although the Partnership currently has a high number of partners, active participation of its membership base remains low; in response to this, engagement and cross constituency collaboration are being addressed;
- (7) there is a lack of awareness and consensus within the Partnership on what country engagement means and how to achieve it; there is a widespread belief that the Partnership does not have value to add by becoming operational at country level;
- (8) the effectiveness of the Partnership is undermined by institutional and capacity issues and by trying to do too much with a relatively small budget;
- (9) there is little evidence that the Partnership has systematically considered value for money in the decision-making around strategy and governance processes.

29. The Partnership has now an opportunity to learn from the evaluations and other reports and build on its set of assets in order to improve its effectiveness, results and impact. Progress for women's, children's and adolescents' health requires greater focus in the era of the Sustainable Development Goals, and the Partnership will continue to pursue that mandate.

30. With respect to procurement, the Partnership is compliant with WHO's Financial Rules and Financial Regulations, and contracts for goods and services are cleared through the Secretariat's regular channels (for instance, the Office of the Legal Counsel).

### **Resource mobilization and cost recovery**

31. The Partnership mobilizes its own resources. Since 2016, the Partnership has secured resources from 20 different donors, including governments, multilateral agencies and initiatives, private foundations, and a private sector company. The donor contributions conform to WHO's relevant rules and regulations.

32. The Partnership contributes towards administrative and other support services provided by WHO through WHO's cost-recovery mechanism for hosted partnerships, which was revised as part of the generic hosting terms in 2016.

33. Since 2019, the Partnership has provided US\$ 900 000 in direct funding to the WHO Secretariat. It has also raised funds from donors for joint projects, with some grants being equally split with WHO, whereas others are provided to the Partnership but with resources used to secure project management staff, for example, to support WHO's Thirteenth General Programme of Work, 2019–2023.

## **Communications**

34. The hosting relationship is recognized in the Partnership's publications by a standardized statement, such as "Hosted by the World Health Organization". The Partnership's website is regularly updated by its secretariat, a process that does not require WHO's clearance. Should the Partnership want to use the WHO emblem in its publications, it follows WHO's procedures for clearance and publication.

35. The Partnership's website is maintained in coordination with WHO, as appropriate.

## **Other organizational policies**

36. 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 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 Office of Compliance, Risk Management and Ethics for due diligence in connection with engagement with non-State actors in the Partnership and its governance processes.

37. WHO's accountability and internal control frameworks apply to hosted partnerships. As a hosted partnership, the Partnership communicates its main risks to WHO's Office of Compliance, Risk Management and Ethics. The main risks it has identified are assessed in accordance with WHO's 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**

38. In the context of the Sustainable Development Goals, the objective of improving the health and well-being of women's, children's and adolescents' remains a high priority worldwide. Fulfilment of these Goals requires a comprehensive, focused response bringing together stakeholders from multiple sectors and perspectives. It is essential for the Partnership to keep building on the momentum that has been created and further mobilize its partners and resources to tackle these challenges proactively. The results to date demonstrate that both WHO and the Partnership benefit from the hosting arrangement in the advancement of their common objectives, and in particular within the context of realizing the commitments related to primary health care and universal health coverage and of the Global action plan for healthy lives and well-being for all.

39. As a WHO hosted partnership, the Partnership takes advantage of WHO's strong normative function and its neutrality in developing its own strategies and workplan. These facets also help to attract partners and resources to the Partnership. WHO is a permanent member of the Board and Executive Committee contributing to the Partnership's strategic direction. Meanwhile, the Partnership reaches out to various partners and stakeholders, including nongovernmental organizations, communities, philanthropic foundations, academic institutions and private sector entities, to be able to create the multifaceted partnerships that are required to achieve common goals. The Partnership also acts as a platform for disseminating and promulgating WHO's products and programmes more generally.

40. For the Partnership 2020 is the final year of its current Strategic plan 2016–2020, having made advances towards its overall vision and mission. Members of the Partnership, through the relevant governance bodies, have begun work on the strategy for the period 2021–2025, taking into careful



consideration the recommendations from its evaluations, liaising with WHO and intending to finalize the document by June 2020. This strategy will aim to ensure that the Partnership continues to evolve in its role as a structured, valuable and fit-for-purpose partnership that contributes effectively to achieving the relevant Sustainable Development Goals and plays an appropriate role in global health through progress in implementing the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) and the Global action plan for healthy lives and well-being for all.

**ACTION BY THE EXECUTIVE BOARD**

41. The Board is invited to note the report.

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