

Secretariat Hosted by the World Health Organization and Board Chaired by Mrs Graça Machel

PMNCH Virtual Board Working Session

Video/Tele Conference, Thursday, 12 December 2013

Note for the Record

(1) The meeting was opened by Elizabeth Mason (WHO) as the interim co-Chair, who expressed apologies from the Chair, Mrs Graça Machel and co-chairs Flavia Bustreo and Anuradha Gupta, for not being able to join the Session.

(2) The interim co-Chair noted that in the absence of the formal chair and co-chairs due to unavoidable circumstances, and because of the telescoped nature of this virtual meeting; this will not be considered as a full PMNCH Board meeting. Instead, it will be a working session of the Board to get the necessary decisions to begin PMNCH work in 2014. Therefore, this meeting would not count as Board meeting number 17, but rather as a *working session*. The interim co-Chair noted that a summary of this meeting and any decisions taken will be circulated by e-mail in due course to all Board members, including a timeline for any comments. The interim co-Chair noted that as the time has been shortened for this meeting, the Executive Committee Presentation and the Executive Director's Report will not be delivered during this Session, but the documents have been made available to Board members and comments are welcomed.

(3) Participants of the Board session were introduced, and a special welcome was extended to new Board members. The Agenda for the meeting was reviewed and approved. (Annex I- List of Participants). Board members were asked to inform the Board if any of them thought that they had a real or perceived conflict of interest in relation to any of the items noted in the Agenda; as stated in the Decisions sections below, no conflicts of interest were recorded.

(4) The interim co-Chair offered sincere condolences to the Chair of the Board, Mrs Graça Machel and the Mandela family. Interim co-Chair invited participants to observe a moment of reflection in appreciation of Nelson Mandela.

A moment of reflection in appreciation of Nelson Mandela

(5) The interim co-Chair welcomed Ms. Nomsa Daniels, Trustee of the Graça Machel Trust, joining from Johannesburg; Ms Daniels led the participants in a statement of appreciation of Mr Mandela. Ms Nomsa Daniels, on behalf of the Graça Machel Trust, read a statement of reflection on the life of Mr. Mandela. (attached)

(6) The interim co-Chair thanked Ms Daniels for her statement, and noted the important leadership of Mrs Machel as Board Chair, again extending warm wishes to Mrs Machel and the Mandela family.

ITEM 1 – PMNCH 2014 Workplan

(7) The interim co-Chair introduced the item on the PMNCH 2014 workplan for consideration. Andres de Francisco, PMNCH (ADF) presented the overview of the workplan outline to the Board. Both the relevant papers and presentation are available on PMNCH website, and were circulated to participants beforehand.

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(8) In his presentation, ADF noted that the 2014 Workplan is building on the achievements of the work delivered in 2013 and is proposed to be structured in four outcomes together with the support to Countdown to 2015 and the Partners Forum:

- Outcome 1: Accelerate progress towards MDGs 4 and 5, and other relevant MDGs.
- Outcome 2: Women's and children's health in post-2015 development agenda.
- Outcome 3: Improve accountability for women's and children's health.
- Outcome 4: Strengthen partner alignment.
- Special Project: Countdown to 2015.
- Cross-cutting Project: PMNCH 2014 Partners' Forum.

(9) ADF noted that two workplan scenarios would be costed and eventually presented to the Board for approval. These are: (i) 'Delivering on Priorities' scenario at around US\$ 12.5m; and (ii) 'Scaling up Action' scenario at around US\$ 14.0m. He also noted, however, that neither scenario is currently funded yet and that intensive work will have to be undertaken in 2014 to raise the required resources.

(10) The workplans are developed in the context of clear recognition that PMNCH resources (both human and financial) are limited, and that choices will have to be made about which areas of work prioritise over others. This is something that is best done through ongoing discussions with the Executive Committee. In presenting the two scenarios, it is recognised that Scenario 2 (at US\$ 14m) is ambitious and that there is a strong likelihood that it may not be funded in 2014. The Board noted the pressure on resources at the Secretariat, and reaffirmed the existing agreement that the Secretariat should alleviate human resource constraints at times of need with consultants, as may be required and necessary. It was also noted that the 2014 workplan represented a shift in emphasis from breadth to greater depth of activities.

(11) The Board approved the presented workplan outline, enabling the PMNCH Secretariat, under the auspices of the EC, to develop a more detailed and costed workplan. Additionally, the Board requested that there is further consideration on whether to include further linkages with ICPD; quality of care as an element of coverage; a greater focus on maternal and child morbidity; social accountability and citizen's accountability, sexual and reproductive health and rights; and strengthening links within health (e.g. AIDS) and also with other sectors.

(12) Discussants noted that in order to strengthen accountability for women's and children's health and add support to the discussions for a health goal in the Post-2015 development agenda, it would be helpful for the Partnership to report in 2014 on commitments made to the Global Strategy. In doing so, it was recognised that the report in 2014 is likely to be smaller and less comprehensive in size, whilst focusing on strategic issues. Opportunities should also be explored to use different formats, such as infographics, etc. Closer collaboration with other institutions working in this area in 2014 was also encouraged, and the Board noted the need for constituency leads to play a greater role in liaising with their respective constituencies during any such process.

(13) Discussants encouraged the following:

- development of the workplan document with emphasis placed on outputs, within a measurable results-based framework; and
- commencing work on the PMNCH evaluation, with a view as to how this would shape the strategic framework and workplans for the post 2015 period.

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(14) As set out in the decisions below, it was noted that 2013 was an ambitious workplan and whilst PMNCH was successful in reaching implementation and funding targets: reduced funding will result in a reduction in the number of activities.

Decisions

1. A detailed 2014 workplan to be presented to the Board for electronic approval, as developed by the Secretariat with EC oversight (end of January 2014).
2. Two workplan scenarios to be developed: (i) 'Delivering on Priorities' at US\$ 12.5m; and (ii) 'Scaling up Action' at US\$ 14.0m. Clear recognition that PMNCH human and financial resources are limited, that neither scenario is funded yet, and that areas of work will need to be prioritized to fit within available resources (Secretariat to continue to utilize consultants when required to alleviate constraints, within available budget).
3. Consider following additional areas within the prioritisation process:
 - Further linkages with International Conference on Population and Development Process and quality of care as element of coverage
 - Focus on maternal and child morbidity, and on neglected areas of Coverage of Care, namely newborns and adolescents (although latter as part of Scenario 2)
 - Sexual and reproductive health and rights; as well as strengthening links within health (e.g. AIDS, non-communicable diseases) and also with other sectors
 - PMNCH 2014 Report on accountability produced, but constituency-led and resourced reporting approach (Secretariat focused on coordinating)
 - Social accountability and citizens' accountability

ITEM 2 –RMNCH Financing Harmonization

(15) Ann Starrs (AS), as co-Chair of PMNCH Financing Harmonisation Group (FHG) provided an overview of the updated FHG TORs to the Board. Both the relevant paper and presentation are available on PMNCH website, and were circulated to participants beforehand.

(16) AS presented to the Board proposed TORs for consideration and adoption by the Executive Committee at a later date. It was highlighted that the FHG would play a constructive role in assessing 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 RMNCH community writ large. Also, the FHG would facilitate and mobilize efforts to strengthen and harmonize global financing policy and architecture, as well as work on proposals for developing a strategic forward look for RMNCH financing.

(17) It was noted that FHG members endorsed the TORs, subject to a number of suggestions to be put through, and the Group's overall goals and objectives. It was also noted that the recommendations made by the FHG would be sensitive to the complex nuances within the various regions and global financing instruments.

(18) In addition to commenting on the updated TORs, the Board was also invited to comment on the proposal that the membership of the group be expanded to allow further participation from interested parties. This was agreed in principal, subject to further discussions at the FHG and with confirmation from the EC.

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(19) Board members noted that the work of PMNCH, in a multi-constituency governance role, is very important to maintain, especially in terms of financing. It was noted that amidst a shifting landscape, it was important to ensure complementarity between the FHG and other initiatives, including the RMNCH Steering Committee.

(20) Board members asked for the final ToRs, subject to their comments, to be presented for approval by the EC before the end of January 2014. The Board requested to be updated on the progress of work by this group in due course, and as part of more general reporting on PMNCH workplan activities.

Decisions

1. Strong support voiced for the continuation of the PMNCH FHG from majority of Board members, subject to improving clarity in the ToR on interaction and avoidance of duplication with other initiatives (e.g. RMNCH Steering Committee). Work of the FHG to be defined in the context of the overall 2014 Workplan.
2. ToR to be revised following Board discussions, and shared with PMNCH constituencies for feedback in January 2014. Updated ToR to be presented electronically to EC in January, 2014 and to the Board by end of January 2014 for approval.
3. Approval of recommendation to expand membership, subject to ToR update and comments from constituencies. If approved, work of the FHG to be presented to the Board at each meeting to consider progress and ongoing requirement for FHG.

ITEM 3 – Post-2015 Development Agenda and PMNCH Role

(21) Kate Gilmore (KG), UNFPA and member of the Post 2015 Working Group, presented to the Board the work undertaken by the Partnership on the Post 2015: Unfinished Agenda. Both the relevant paper and presentation are available on PMNCH website, and were circulated to participants beforehand.

(22) KG noted the work PMNCH has done in tracking the complex process associated with the Post-2015 Development Agenda, and the work done in developing PMNCH position statements to express clear positioning and advocacy. KG also elaborated on PMNCH commitments to human rights, equity sensitive approach to the Post-2015 Agenda. The Post-2015 paper circulated to members highlighted key opportunities and welcoming the Board's feedback.

(23) It was noted that support from various constituencies would be required to enable PMNCH to fully reflect a multi-sectoral perspective. KG outlined the Post-2015 process to-date, positioning of health, in particular RMNCH and related issues.

(24) The Board noted the significant progress made by PMNCH following a Board decision in 2013 to upscale engagement in Post-2015 and the integral role PMNCH has held, tracking a complex process with little/no consensus regarding health issues. It was suggested that the Post-2015 process timeline developed for the Board would be closely integrated with the timeline for A Promise Renewed.

(25) It was agreed that the PMNCH Secretariat would develop and share with the Post-2015 Working Group a timeline of the 2014 first quarter opportunities, including the African Union Head of State Summit; the WHO Executive Board (January); the Open Working Group Meetings (January- February) and the targeted missions outreach in Geneva and New York.

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(26) The PMNCH Secretariat would also revise the Post-2015 Position Paper to include linkages with the GIF and the Lancet Commission on Investing in Health, with a greater focus on newborn, morbidity, sexual and reproductive health, and to align targets with A Promise Renewed.

(27) The Board noted that a normative agenda embedded with human rights, quality and accountability would have to be juxtaposed with an agenda based upon financial flows, return on investments and economic investment in development. Consequently, it was noted that PMNCH holds a critical role in fostering a sense of partnership across various sectors and actors in the interest of moving this complex process forward. The Board called on the PMNCH partner countries to assist as part of their on-going engagement in this UN process to ensure that non-member state voices continue to be heard.

(28) The Board highlighted the importance of framing messages emphasizing people at the centre of the (cyclic) continuum of care, as opposed to different diseases. This would probably require a rethinking of which might be the most powerful targets to align progress forward. The Board noted the importance of health as a goal, which would need to be introduced across other development goals at critical multisectoral intersections such as antipoverty and gender equity. With population-based themes in focus (especially adolescents), it would be critical for PMNCH to continue identifying cross-cutting themes for further engagement in the post-2015 process.

Decisions

1. PMNCH Secretariat will revise the Post 2015 Position Paper to include linkages with the Global Investment Framework and the Lancet Commission on Investing in Health, a greater focus on newborns, morbidity, sexual and reproductive health, and to align targets with A Promise Renewed.
2. PMNCH Secretariat will share with the Post 2015 Working Group a timeline of Q1 2014 opportunities including the African Union Head of State Summit; the WHO Executive Board (January); the Open Working Group Meetings (January- February) and targeted mission outreach in Geneva and New York.
3. PMNCH Secretariat will oversee the development of a communications document for PMNCH partner advocacy.

ITEM 4 – PMNCH 2014 Partners' Forum

(29) The interim co-Chair introduced the final agenda item of the day and invited Carole Presern (CP), Executive Director of PMNCH, to present this item to the meeting. Carole emphasised that in view of the current changes in the global landscape it has been agreed that various partners co-host the Forum best represent the and the added advantages of the Partnership, it (UNICEF, Countdown to 2015 and PMNCH)

(30) CP highlighted the proposed objectives of the Partners' Forum, namely (i) take stock of lessons learned and progress made since 2010; (ii) assess and coordinate efforts to accelerate progress towards attainment of the MDGs; and, (iii) ensure that women, adolescents, children and newborn wellbeing, equity and accountability are at the heart of the Post-2015 development agenda.

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(31) Proposed key highlights of the meeting were described: are expected to be: (i) launch Every Newborn Action Plan; (ii) launch of Countdown to 2015 Report for 2014; (iii) key messages from previous iERG reports and flagging forthcoming 2014 issues; and (iv) country updates from A Promise Renewed. A proposed governance structure was shared with board members, and it was noted that the anticipated budget is being discussed in context of the work plan discussion. Carole noted that the period leading up to Partners forum holds as much importance as much as the Partners Forum event itself, and that this period would be a key opportunity for partners involvement, including constituencies to engage better with PMNCH. Opportunities such as the APR – 2nd anniversary of Call to Action, national launches, AU MNCH Conference and others were all opportunities to contribute to the aforementioned process.

(32) Strong support was voiced towards the pursuit of a Partners Forum. Board members noted the internal aspect of PMNCH forum as an opportunity to invigorate relevance of PMNCH in global landscape, and invite leaders of constituencies to help support the partnership's mission. Discussants noted the opportunity to cover as many relevant platforms as possible, including the state of the world's midwifery, RMNCH+A, multisectoral evidence. World Vision and other partners have kindly offered human resources support for the forum from its South Africa Office.

(33) Included in the decisions below, it was agreed that the Partners' Forum Paper would be redefined to pay particular attention to other sectors and opportunities. It was highlighted that the Steering Committee should engage partners outside of the health field, and to note the significant burden of non-communicable diseases, particularly how the World Bank might be able to contribute to this consideration.

(34) It was noted that the Partners' Forum Budget was already incorporated in the workplan (not including consultancies, etc) and that a more details budget to be presented shortly. Further discussions around a half day (TBC) PMNCH Board meeting adjacent to the Partners Forum date would be held.

Decision:

1. The PMNCH Partners' Forum will be co-hosted in partnership with A Promise Renewed, Countdown to 2015, and the independent Expert Review Group (iERG). Outreach will be extended to the Government of the Republic of South Africa as co-hosts (TBC).
2. PMNCH Secretariat to oversee revision of Partners' Forum Paper, paying particular attention to role of non-health sectors and interactions across constituencies, and detailed context of objectives and opportunities inherent in the time preceding the proposed event date. This will be done in consultation with the other co-hosts.
3. Board invited constituency representatives to encourage partners to offer resource support towards the Partners' Forum process. Consequently, a more detailed budget would be developed for circulation (World Vision International offered in-kind support in South Africa).
4. The Secretariat called for constituency representatives to encourage nomination of members for the various Partners' Forum Subcommittees.

Not covered in Meeting: Executive Committee Update and Executive Director's Report

- The Board agreed to hold the EC calls every two months, with the option for any EC member to call for a meeting as needed.

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Any Other Business

1. Approved in principle reducing the frequency of future governance events, to be discussion in more detail and confirmed at the EC call in January 2014:
 - Executive Committee meeting to move from every month to every two months (members can call a meeting earlier if required).
 - Constituency meetings to move from every month to every two months (members can call a meeting earlier if required).
 - One in-person Board meeting and one virtual.
2. Board noted the Executive Director's report, including the breadth of work that was undertaken in 2013 by PMNCH.

Summary of Decisions

(35) Secretariat will circulate the summary of decisions by e-mail with a due date for comments before the decisions are considered as approved by the Board.

Closing

(36) Special thanks were extended to the Secretariat team for preparing and supporting the Board working session. The interim co-Chair, on behalf of the Board, expressed their gratitude towards Magda Robert and the Graça Machel Trust for their support in transmitting PMNCH condolences to the Board Chair Graça Machel. The interim co-Chair also extended the Board's thoughts towards Mrs Machel and the Mandela family during this sad time. The PMNCH ED expressed thanks to Liz Mason for chairing the Board session and echoed thanks to Secretariat.

Meeting Closes

(37) The full list of documents and presentations can be found on the Partnership's website at: www.pmnch.org

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ANNEX I: LIST OF PARTICIPANTS

Abbreviations: **ART:** Academic Research & Training; **DF:** Donor/Foundation; **PC:** Partner Countries; **HCPA:** Health Care Professional Association; **NGO:** Nongovernmental Organization; **ML:** Multilateral Organization; **PS:** Private Sector; **M:** Member; **A:** Alternate; **O:** Observer

PARTICIPANTS JOINING VIA VIDEOCONFERENCE

GENEVA, 13:00 – 16:00 (1- 4PM), Hosted by the World Health Organization		
	INSTITUTION	REPRESENTED BY
NGO	Save the Children	[M] Naida Pasion West and Central Africa - Deputy Regional Director Save the Children Myanmar naida.pasion@savethechildren.org
	(EC)	[O] Francesco Aureli Representative to the International Institutions Save the Children International francesco.aureli@savethechildren.org
PC	Permanent Mission of the Republic of Zambia to the United Nations	[O] Emmanuel Makasa Counselor - Health Permanent Mission of the Republic of Zambia to the United Nations emmanuel.makasa@fulbrightmail.org
JOHANNESBURG, 14:00 – 17:00 (2 – 5PM), Hosted by the Regus Centre		
	INSTITUTION	REPRESENTED BY
HCPA	International Pediatric Association	[M] Peter Cooper Professor and Head, Dept of Paediatrics University of the Witwatersrand & Charlotte Maxeke Johannesburg Academic Hospital peter.cooper@wits.ac.za
LONDON, 12:00 – 15:00 (12 noon – 3PM), Hosted by DFID		
	INSTITUTION	REPRESENTED BY
DF	Department for International Development (DFID)	[M] Will Niblett Senior Health Advisor Department for International Development (DFID) w-niblett@dfid.gov.uk
NGO	Save the Children International	[A] Patrick Watt Director of the Global Campaign Save the Children International patrick.watt@savethechildren.org

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NGO	International Planned Parenthood Federation (IPPF)	[A] Julia Bunting Director, Programmes & Technical International Planned Parenthood Federation jbunting@ippf.org [O] Chris Gee Advocacy Officer International Planned Parenthood Federation cgee@ippf.org
	LONDON, 12:00 – 15:00 (12 noon – 3PM), Hosted by DFID	
	INSTITUTION	REPRESENTED BY
NGO	The White Ribbon Alliance for Safe Motherhood	[M] Theresa Shaver President and Executive Director The White Ribbon Alliance for Safe Motherhood tshavers@whiteribbonalliance.org
NEW YORK, 07:00 – 10:00 (7 – 10AM), Hosted by UNICEF		
	INSTITUTION	REPRESENTED BY
DF	Foundations seat Gates/ MacArthur	[M] Mariam Claeson Deputy Director Bill & Melinda Gates Foundation Mariam.Claeson@gatesfoundation.org
DF	USAID	[M] Katie Taylor Deputy Assistant Administrator Bureau of Global Health United States Agency for International Development (USAID) ktaylor@usaid.gov [O] John Borrazzo Chief, Maternal and Child Health Division United States Agency for International Development (USAID) jborrazzo@usaid.gov
ML	UNICEF	[M] Geeta Rao Gupta Deputy Executive Director, UNICEF graogupta@unicef.org [A] Mickey Chopra Chief, Health, Associate Director, Programme Division mchopra@unicef.org

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LONDON, 12:00 – 15:00 (12 noon – 3PM), Hosted by DFID		
	INSTITUTION	REPRESENTED BY
NGO	The White Ribbon Alliance for Safe Motherhood	[M] Theresa Shaver President and Executive Director The White Ribbon Alliance for Safe Motherhood tshavers@whiteribbonalliance.org
NEW YORK, 07:00 – 10:00 (7 – 10AM), Hosted by UNICEF		
	INSTITUTION	REPRESENTED BY
ML	United Nations Population Fund (UNFPA)	[M] Kate Gilmore Deputy Executive Director, Programme United Nations Population Fund (UNFPA) gilmore@unfpa.org [A] Laura Laski Chief, Sexual and Reproductive Health Branch, Technical Division United Nations Population Fund (UNFPA) Laski@unfpa.org
ML	World Health Organization	[A] Elizabeth Mason Director Child and Adolescent Health, World Health Organization (WHO) masone@who.int
ML	UN Foundation	[O] Anita Sharma Senior Director of Millennium Development Goals Initiatives ASharma@unfoundation.org
ML	UNAIDS	[O] Nana Taona Kuo Officer-in-Charge at UNAIDS taonakuo@gmail.com
NGO	World Vision International	[A] Kate Eardley Senior Policy Adviser World Vision International, WVI kate.eardley@wvi.org
NGO	PATH	[O] Rachel Wilson Senior Director of Policy and Advocacy PATH rwilson@path.org
NGO	Family Care International	[O] Ann Starrs co-Founder and President Family Care International (FCI) astarrs@familycareintl.org
PS	Johnson & Johnson	[M] Sharon d'Agostino Vice President, Corporate Citizenship Johnson & Johnson sdagost@its.jnj.com

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LONDON, 12:00 – 15:00 (12 noon – 3PM), Hosted by DFID		
	INSTITUTION	REPRESENTED BY
NGO	The White Ribbon Alliance for Safe Motherhood	[M] Theresa Shaver President and Executive Director The White Ribbon Alliance for Safe Motherhood tshavers@whiteribbonalliance.org
NEW YORK, 07:00 – 10:00 (7 – 10AM), Hosted by UNICEF		
	INSTITUTION	REPRESENTED BY
PS	GSM Alliance	[M] Craig Friderichs Director of Health GSM Association cfriderichs@gsma.com
WASHINGTON D.C., 07:00 – 10:00 (7 – 10AM), Hosted by The World Bank		
	INSTITUTION	REPRESENTED BY
ML	The World Bank	[M] Nicole Klingen Acting Director The World Bank nklingen@worldbank.org
		[A] Rafael Cortez Senior Economist (Health) The World Bank rcortez@worldbank.org

PARTICIPANTS JOINING VIA TELECONFERENCE

	INSTITUTION	REPRESENTED BY
ART	Academic Expert in the Field of Child Health	[M] Anthony Costello Director Centre for International Health and Development anthony.costello@ucl.ac.uk
ART	Academic Expert in the Field of Newborn Health	[A] Yan Guo Professor, School of Public Health, Peking University guoyan@bjmu.edu.cn
DF	Department of Foreign Affairs, Trade and Development Canada	[M] Jennifer Goosen Director, Maternal and Child Health and Nutrition Division Multilateral and Global Programs Branch Department of Foreign Affairs, Trade and Development Canada jennifer.goosen@international.gc.ca

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	INSTITUTION	REPRESENTED BY
DF	Norad	[M] Helga Fogstad Head of Health, Department of Global Health, Education and Research The Norwegian Agency for Development Cooperation (Norad) Norwegian Ministry of Foreign Affairs (MFA) Helga.Fogstad@norad.no
DF	Sida	[A] Anders Molin Senior Policy Specialist, Swedish International Development Cooperation Agency (Sida) Anders.Molin@sida.se
DF	France	[A] Emmanuel Lebrun-Damiens Head of the Dept. of Health, Food, Security and Human Development Ministry of Foreign Affairs, France Emmanuel.lebrun-damiens@diplomatie.gouv
HCPA	International Confederation of Midwives	[M] Frances Day-Stirk President International Confederation of Midwives f.day-stirk@internationalmidwives.org President@internationalmidwives.org
HCPA	International Federation of Gynecology and Obstetrics (FIGO)	[M] Sabaratnam Arulkumaran President, British Medical Association (BMA), FIGO President, FIGO Secretariat FIGO sarulkum@sgul.ac.uk
NGO	World Vision International	[M] Stefan Germann Director for Partnerships, Innovation & Accountability Global Health and WASH Team, WVI World Vision International, WVI stefan_germann@wvi.org
NGO	PATH	[A] Amie Batson Chief Strategy Officer PATH abatson@path.org
PC	Government of Indonesia	[M] H.E. Prof. Nila Moeloek Special Envoy to MDGs to the President of the Republic of Indonesia nilamoeloek@mdgsindonesia.org [A] Diah S. Saminarsih Assistant President's Special Envoy on MDGs of the Republic of Indonesia diahsaminarsih@gmail.com
PC	Government of India	[M] Anuradha Gupta Additional Secretary and Mission Director, NRHM Ministry of Health and Family Welfare, India missiondirectornhm@gmail.com

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	INSTITUTION	REPRESENTED BY
PC	Government of Nigeria	[A] Tinu Taylor Assistant Director Child Health, Federal Ministry of Health, Nigeria idtaylor2@yahoo.com
PC	The Republic of Cameroon	[O] Dr. Martina Baye Lukong Ministry of Public Health Cameroon tinabayel@yahoo.fr