



Board Meeting Note for the Record

Friday 14 September, 2007





Chair: Kul Gautam

The Chair asked Dr. Songane to moderate the discussion. Dr. Songane thanked Board members for making time for this discussion on short notice, and explained the purpose of the meeting would be to provide a briefing to Board members on development of the Global Campaign for Health MDGs and the Global Business Plan. The agenda was accepted as circulated.

Item 1 (process July to now) and Item 2 (the launch) were taken together:

Tore Godal explained that the summer months saw the emergence of the International Health Partnership launched on September 5 in London. Because it was felt important to keep the various global initiative aligned, the GBP was replaced and extended to become the Global Campaign for Health MDGs, where MDGs 4 and 5 would remain a priority. The elements of the GCH are the same as the GBP, with the addition of the initiative proposed by France and Germany for adoption at the G8. The launch events will emphasize MDGs 4 and 5; there will be a formal launch at the Clinton Global Foundation on Sept 26 followed by a panel discussion at the UN involving Presidents of Tanzania and Mozambique and the President of the World Bank.

Arletty Pinel explained that the advocacy and communications campaign strategy was first discussed in Oslo earlier in the year, and is based on the logic of "movement creation". Considerable effort has gone into branding and development of the launch materials - the icon, flyers, banners, and such. Events are planned for Bryant Park and the Bronx.

Discussion points

- With the introduction of MDG 6 to the Campaign, should we be concerned about a dilution effect, and a loss of focus on mothers, newborn and children? One way to deal with this risk might be to strengthen linkages between HIV and MDGs 4 and 5.
- It is not clear what role the PMNCH has within this new Campaign. We need to remain focused, but how do we operationalize our commitment?
- MDGs 4, 5 and 6 are highly inter-dependent, and health systems is key to all our efforts. This is a key opportunity to bring women and children together at country level with a focus on 4 and 5, while building linkages with HIV and infectious disease issues.
- PMNCH needs to focus on 4 and 5, while taking advantage of the broader arena.
- MDG 6 is relatively well funded and these funds often do not strengthen health systems.
- Health care professionals are often left out of national processes at country level - the Partnership can address this.
- The principles set out in the country-support document "X" are highly consonant with the IHP; with upcoming visits to Nigeria and Ethiopia, the IHP concepts could be worked out with country colleagues.



- Action point: The Partnership could issue a statement welcoming the UK's IHP, the GHC and the initiative of France and Germany, but emphasizing how 4 and 5 need specific attention.
- Action point: The Board should consider a paper (at next Board meeting) that tackles the question: how the Partnership should position itself amidst these global initiatives, and how to work with countries to ensure emphasis on MDGs 4 and 5

Item 3 - Any other business

The dates for the next Board meeting are December 3 and 4, 2007; the venue is Addis, Ethiopia.

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Government of Ethiopia
International Federation of Obs/Gyn
IPA
Norway
UNFPA
UNICEF
USAID
WHO
Expert, Maternal Health
Expert, Child Health

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