

October 13, 2012

12th PMNCH Board Meeting

Thursday 3 & Friday 4 May 2012

UNFPA HQ, New York, USA

Note for the Record

Chaired by Julio Frenk

Day I – Thursday 3 May

Welcome and Introduction by PMNCH Board Chair and UNFPA Executive Director

The Chair welcomed all the participants to the Board meeting. He thanked Professor Babatunde Osotimehin, Executive Director of UNFPA, for hosting the Board, and Dr. Laura Laski and her team for their excellent help with the preparations. He welcomed formally the new co-chairs to their first Board meeting in this capacity – Mrs. Anuradha Gupta, Additional Secretary, Ministry of Health and Family Welfare, India, on behalf of the Minister of Health and Family Welfare (India), and Dr. Flavia Bustreo, Assistant Director-General, WHO.

The Chair highlighted continued international commitment around women and children's health and urged the constituencies to continue efforts to accelerate progress on this agenda, particularly ensuring coherence between upcoming key initiatives. The Countdown to 2015 March report, presented at the Assembly of the Inter-Parliamentary Union (IPU) in Kampala in April, reported on the 11 core indicators identified by the Commission on Information and Accountability for Women's and Children's Health. Similarly the launch of the "Born Too Soon" report the day before, was highlighted as the first global report with country estimates on preterm births. It was widely reported by the media making the front page of the New York Times.

Dr. Babatunde Osotimehin, Executive Director, UNFPA, extended a warm welcome to the Board, as a former PMNCH Board member himself (as Minister of Health of Nigeria) and expressed his appreciation for the work of PMNCH and his belief that it continues to add value. Dr. Osotimehin was at the IPU meeting in Kampala and addressed the plenary on MDGs 4 and 5. He underlined the importance of seeing all the initiatives planned for 2012, including the Child Survival Call to Action in June, the Family Planning Summit in July, and the Commission for Lifesaving Commodities for Women's and Children's Health as a continuum of efforts converging under the Every Woman Every Child umbrella.

New Board Members were welcomed: Kate Gilmore, recently appointed Deputy Executive Director of Programs, is the new UNFPA Board Representative. Elwyn Chomba (doctor and professor at the University of Zambia, and Permanent Secretary of the Zambian Ministry of Community Development, Mother and Child Health), Frances Day-Stirk (President, International Confederation of Midwives), Tewodros Melesse (Director-General, International Planned Parenthood Federation), Craig Friderichs (Director of Health, GSM Association), Sharon d'Agostino (Vice President, Worldwide Corporate Contributions, Johnson & Johnson), Jennifer Goosen and Geoff Black (Canadian CIDA). Mary Anne Mercer (Health Alliance International) who is rotating off the Board after this meeting, was thanked for her dedication and support of the Partnership's work.

A special thank you was extended to the invited presenters and observers for their contributions and interest.

ITEM I – Approvals and presentations

- Approval 1 NfR 11th Board Meeting (Paris, October 2011).
- Approval 2 Approval 2- B11 Decision Tracking
- Approval 3- Conflict of Interest policy

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Decisions → All documents were approved.

No conflicts of interest were noted.

ITEM 2 – Report from the Executive Committee

Report of the EC was noted.

ITEM 3 – Director's Report / Progress in 2012

Discussion: A few points emerged from the discussion following the Director's presentation

- Congratulations to the PMNCH team for an excellent job on an ambitious 2011 agenda.
- Need to better engage disease and other issue-specific groups (ie. HIV/AIDS, vaccines, NCDs, etc) in a structured way. Similarly, need to add specific work on cross-cutting issues such as nutrition, youth and adolescent health. It was noted that the Partnership was already working with the SUN (scaling up nutrition) initiative and that knowledge summaries on nutrition and social determinants are underway.
- It is crucial to ensure the continuum of care is adequately reflected as a key pillar at all the key thematic events planned for 2012 (Child Survival Call for Action, Family Planning Summit, UN Commission on Life-saving Commodities) and the Partnership has a key role to play.
- The work of PMNCH needs to highlight the country perspective more prominently. It was noted that the countries "Success Factors" study with the World Bank will be yielding some information on what works for MDGs 4&5.
- It was noted that PMNCH needs to focus on the dissemination and implementation of the recommendations from the Commission on Information and Accountability and the Essential Interventions.
- It was noted that the work of PMNCH focuses around women and children. With this population based approach, PMNCH can further facilitate the integration of the cross-cutting issues and social determinants of health.

Decisions → *The Board requested an update on considering a youth and adolescents constituency at the next Board Meeting.*

Keynote speeches by Bob Orr and Babatunde Osotimehin

Bob Orr, Assistant Secretary-General, UN

Bob Orr thanked PMNCH for the continued efforts of its members, keeping women's and children's health on the top of the global health and development agendas.

He highlighted progress on the global strategy in implementation, reaching the most vulnerable, and accountability. He also highlighted that efforts should continue, at pace, working jointly with partners, using the upcoming opportunities presented by the Commission on Life-saving commodities and others, continued work with the UN, experts and academics (to shape research agendas), as well as the work on accountability.

As we try to keep this momentum, the post 2015 development agenda is shaping. The Sustainable Development agenda discussion will take place at the G20 Summit in Rio de Janeiro, and it needs to have more focus on health.

As the G20 discussion focuses on global issues, the UN Secretary-General keeps women's and children's health at the top of his five-year agenda. He recently visited Nigeria, Ethiopia, Tanzania, Bangladesh and India, countries with big challenges where development efforts are yielding positive health outcomes. These

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efforts are joint efforts by national and international partners, including the private sector: all these constituencies together can make a difference.

The UN is currently working on building “a UN-Business Partnership facility”, a platform to catalyse public private partnerships between the UN agencies and the private sector. The model is inspired by Every Woman Every Child and Sustainable Energy for All initiatives.

Babatunde Osotimehin, Executive Director, UNFPA

Professor Osotimehin congratulated the Partnership on what has been achieved. The importance of women's and children's health is constantly re-affirmed through the work of PMNCH. Now it is crucial to focus on accountability.

In the international system, what matters is what we do beyond 2015. We can benchmark differently and be more ambitious for the way forward. Issues of equity, social justice and human rights should be taken into account. The issue of engaging young people, not only for RMNCH, is also crucial. Ninety per cent of young people live in the developing world.

He reminded the Board that efforts should continue to ensure that family planning is fully integrated into RMNCH. And that also crucial is to keep RMNCH on the development agenda.

UNFPA has set up a high-level task force to keep the focus on RMNCH and energize civil society on the ground, in countries.

ITEM 4 –Progress Report on PMNCH 2012 workplan

Presentation of the progress on the 2012 PMNCH Workplan by the Strategic Objective coordinators. The presentations were well received.

Discussion:

- It is crucial to have indication that all this work contributes to the continuum of care.
- PMNCH should use better the civil society partners with large country networks to get involved in work happening close to the communities.
- Studies show major impacts of community based women's organizations. A few government initiatives, such as the conditional cash transfer in Mexico, have recognized the significance of such mobilization of women. Governments need to invest more in similar initiatives
- Effective communication to constituencies is key.

ITEM 5 – Setting the Scene – Global Opportunities in 2012

The following global opportunities in 2012 and beyond were presented: the Commission for Lifesaving Commodities for Women's and Children's Health (Geeta Rao Gupta, with comments from Tore Godal via teleconference); the Child Survival Call to Action in June 2012 (Amie Batson, USAID); the Family Planning Summit in July 2012 (Julia Bunting, DFID); ISGlobal commitments to Women's and Children's Health (HRH Infanta Cristina of Spain, ISGlobal); the Independent Expert Review Group (Zulfiqar Bhutta).

Discussion:

- As the global movement for RMNCH is expanding and more actors are getting on board, partners agreed that there needs to be an effort to bring coherence to all initiatives (particularly for countries), and all events need to be framed around the Global Strategy and the Every Woman Every Child effort.
- In that spirit, at the upcoming World Health Assembly in Geneva, there will be an event around RMNCH and “meeting the unmet needs.”, where countries and partners will be invited to discuss how all these initiatives are launched to highlight specific gaps and needs of the RMNCH continuum, and are all interconnected and linked to women's and children's health efforts.

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ITEM 6: Regional Initiatives and South-South cooperation for RMNCH

Anuradha Gupta presented a case for more strategic engagement by PMNCH with regional institutions in efforts to improve women's and children's health. Regional institutions and economic alliances are playing an increasing role in shaping and linking global and national policies. From increased financing for global health by BRICS countries, to agreements targeting improvements in health through information exchange, trade facilitation, movement of workers, and accountability platforms including human rights commissions and declarations, regional institutions are key partners in the implementation of the Global Strategy and related initiatives. PMNCH is currently engaged in the African region collaborating with the African Union and there are plans to engage in Asia (APEC and ASEAN) for the upcoming regional workshop. The need to more systematically engage emerging regional networks was noted.

ITEM 7: Financing for RMNCH (Part I)

The background and report of the PMNCH Task Team on Financing for RMNCH was presented, with comments from H.E. Hadji Hussein Mponda, Minister of Health of Tanzania.

Discussion:

- It was noted that the PMNCH EC considered there is a once in a lifetime opportunity to crystalize some concrete actions around financing for RMNCH along the options presented in the taskteam report.
- The view from countries is that there is an obvious gap in financing and a pool of funding that countries can access to cover these gaps would be welcome. Countries are asking where the \$40b Global Strategy commitments are and how to access them.
- It was noted that such a mechanism is necessary to better align needs with resources, particularly for countries who do not receive funding for RMNCH and have no access to available funding.
- There was a strong agreement that discussions are about coordinating better, and encouraging better use of funds, expanding accessibility of funds, as well as giving options to new donors /additional funding, but not to derail current commitments, and using existing mechanisms with minimal expansion of existing architecture.
- Given current constraints in the environment, the need for innovation was acknowledged.

Action → *The Secretariat was asked to prepare a summary of the feedback received; and based on the discussion points, and submit recommendations to the Board for the Day 2 session discussion.*

ITEM 8 – Presentation of Finance Committee

The Chair of the Finance Committee, Stefan Germann, presented the Final financial report for 2011 and interim financial report (Jan-Mar 2012) for the board's approval.

It was noted that the reports had not been circulated to the Board members.

The Secretariat circulated the reports to the full Board for their review before approval (to be done at the beginning of Day 2).

Summary of Decisions Day 1

A summary of decisions was presented by Andrés de Francisco.

Report from the closed Board Session

The Chair reported on the two topics discussed at the closed session with the Board (at lunchtime).

- Flavia Bustreo shared the positive results of Carole Presern's performance review (after one year in her post). Great appreciation for her leadership of the Secretariat was expressed.

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- The end of the 2 year term for the PMNCH Board Chair is at the end of 2012. In order to ensure a smooth transition, the Secretariat will send a call for nominations for a new Chair as soon as possible.

Day 2 – Friday 4 May

Decisions → *The PMNCH financial report for 2011 was approved*

The PMNCH Interim financial report for Jan-Mar 2012 was noted.

ITEM 7: Financing for RMNCH (Part II)

The following overview of feedback was shared with the Board:

- Contextualize the recommendation by starting with acknowledgment of achievements and existing mechanisms. Add a stronger emphasis on Option 1¹ (enhanced coordination) as a starting point, with Option 2 (targeted financing initiative) building on it.
- Ensure there is a role for civil society in governance and implementation, demand creation and accountability/advocacy
- Ensure inclusion of equity and human rights under principles for the mechanism
- Ensure wide coverage of RMNCH in the design, as opposed to cherry picking
- Design initiative so that it a) enhances domestic spending for RMNCH, b) leverages innovative approaches, private sector lessons
- Link to the family planning (DFID, BMGF and others) initiative, as a “wedge” into the broader continuum of care

The following guiding principles (based on report recommendations and comments from day 1) were agreed:

- **Simplicity:** Keep design simple to enable rapid start up
- **Complementarity:** Build on and expand, not substitute for, other mechanisms
- **Leverage:** Catalytic investments triggering and better aligning domestic and bilateral donor funding at the country level
- **Country leadership:** Adhere to Global Strategy focus on country-driven program design and implementation, aligned with national plans
- **Mutual accountability:** Drive transparency and answerability relating to resources and results
- **Equity:** Ensuring the poorest and most vulnerable women and girls have the same access to quality services and supplies
- **Strategic focus:** On high impact/low coverage interventions and related strengthening of health systems in high burden countries – while ensuring integration into broader continuum of care
- **Innovation:** in financing, systems and service delivery, including integration, and addressing quality and demand side barriers
- **Time-bound nature:** Five years initially; continuation based on assessment of effectiveness, functionality of hosting and continued need

¹ Options refer to the options presented in the SEEK Development report at the 11th Board Meeting in Paris, France. Link to the full report:
http://www.who.int/pmnch/media/press_materials/pr/2012/20120203_strengthening_financing/en/

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Decision →

1. The Board asks the Executive Committee to specify the options for an RMNCH financing instrument, or a blend of instruments (which can focus on scaling up commodities, service delivery and technical support from RMNCH partners related to priority intervention packages), with a **final recommendation as soon as possible but before the end of June 2012**.
2. The group should make recommendations on:
 - Improved coordination among existing financing instruments and institutions, and including how to leverage existing arrangements;
 - Institutional options for an RMNCH financing arrangement(s), building on instruments that currently exist at the World Bank, UNFPA, H4+, a blend of the these, as well as other possibilities.
3. This work would be undertaken within the context of the agreed principles, including simplicity; complementarity; leverage; equity; responsiveness to country needs; strategic focus; innovation; commitment to human rights and mutual accountability.

ITEM 9: Private Sector Engagement

Sharon d'Agostino (Johnson & Johnson) and Craig Friderichs (GSMA), new Board Members representing the PMNCH Private Sector constituency, gave an update on the development of the constituency and plans to engage with partners in the delivery of activities within the Strategic Objectives of the PMNCH Workplan.

Scott Ratzan presented on behalf of the Innovation Working Group in support of Every Woman Every Child (Chaired by Norway and J&J, and now hosted by PMNCH).

Comments and questions on the presentations and the guide were invited from the participants, electronically and directly to Sharon, Craig and Scott.

Keynote Speech from Ray Chambers, UN Special Envoy for Malaria

Ray Chambers highlighted the recent successes on combating malaria. He mentioned that the new MDG Health Alliance rests on 7 pillars and key business leaders have been appointed to oversee each of the pillars (including malaria, child mortality, maternal health, transmission of HIV/AIDS, reproductive health, elimination of TB). The role of the MDG Health Advocates in creating synergies with the Private Sector to fit existing work towards accelerating progress on health and particularly on MDGs 4 & 5 was mentioned. During the recent visit of the UN SG to India, the MDG Alliance launched a business coalition (with 15 CEOs) who will join in the other stakeholders in the implementation efforts of EWEC. The need for coordinated funding (rather than in silos) was also highlighted.

ITEM 10: Reports from constituencies

Constituency meetings took place on the day before the Board meeting, 2 May.

UN agencies - (Flavia Bustreo)

UN Women has officially joined the H4+.

Kate Gilmore has joined the Board as UNFPA representative.

Academic, Research & Training (ART); Healthcare Professional Associations (HCPA) -

Anthony Costello

The two constituencies will continue to work together on the dissemination and next steps of the essential interventions.

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The group agreed to liaise with the private sector and the Innovation Working Group to develop content for the scaling up of e- and mHealth initiatives.

Linkages to the medical students associations (through the International Federation of Medical Students Associations – IFMSA) will be strengthened, as they are an important missing constituency working actively on their commitments to the global strategy.

NGOs – (Stefan Germann)

Plans to initiate a call for nominations to replace Mary Anne Mercer from Health Alliance International (HAI), whose term finishes after this board meeting. The constituency has agreed on criteria for replacement, the Secretariat will facilitate the election process working closely with the PMNCH EC.

Details of on-going and planned work in the context of the PMNCH workplan was shared.

Country Partners - (Tinu Taylor)

The country constituency has met virtually twice since January 2012.

A call for nominations was sent for the vacant seat on the Board, and two countries have expressed an interest in joining.

More outreach is necessary for additional nominations and other countries' engagement.

The constituency will look at the World Health Assembly in May to meet again.

Donors and Foundations - (Julia Bunting)

The constituency has met regularly on the phone (monthly).

No changes to report at this time.

Next steps → The ART/HCPA constituency reminded the Board that some thinking be given to the next Forum, which should take place in 2013.

The constituency reports were noted

Summary of Decisions

By Andrés de Francisco.

Closing

Flavia Bustreo, Co-chair of the PMNCH Board, closed the meeting by thanking UNFPA for hosting and all participants: Board members, alternates and observers. An increased participation in the Board meeting is noticeable, and the diversity of perspectives put on the table is beneficial to all. The special guests, HRH Infanta of Spain Cristina, Bob Orr, Ray Chambers, Amie Batson were thanked as well. She pointed out this was the most constructive discussion to date on the topic of financing for RMNCH. She thanked the Task Team and chairs for its work and report that informed the discussion. The meeting will be remembered also with the "Born Too Soon" report and the news and interest it generated.

The next Board meeting will take place on 18-19 October in Abuja, Nigeria. Pre-Board meetings will be on 17 October. Asia Pacific Regional Workshops are planned for 8-9 November 2012 in Manila.

MEETING CLOSES

The full list of documents and presentations can be found on the Partnership's website at:

http://www.who.int/pmnch/about/steering_committee/boardmeeting_20120502-03/en/index.html

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BOARD MEMBERS PARTICIPATION		
ORGANIZATION	REPRESENTATIVE	ALTERNATE (A)
Chair	Julio Frenk	
AusAID	Joanne Greenfield (A)	
CIDA	Jennifer Goosen	Geoff Black
DFID	Julia Bunting	Ruth Lawson
Expert (ART)	José M. Belizán	
Expert (ART)	Anthony Costello	
Expert (ART)	Elwyn Chomba	Yan Guo
Government of France	Gustavo González-Canali	
Government of India	Anuradha Gupta (A)	
Government of Nigeria	Tinu Taylor (A)	Bridget Okoeguale
Government of Tanzania	Hadji Hussein Mponda	Neema Rusibamayila
GSMA	Craig Friderichs	
Health Alliance International	Mary Anne Mercer	
Intern'l Confederation of Midwives	Frances Day-Stirk	
Intern'l Federation of Obs/ Gyn	Pius Okong	
International Pediatric Association	Zulfiqar Bhutta	
IPPF	Tewodros Melesse	
Johnson & Johnson	Sharon D'Agostino	
MacArthur Foundation	Judith F. Helzner	France Donnay
Save the Children, India	Rajiv Tandon	Debra Jones
UNFPA	Kate Gilmore	Laura Laski
UNICEF	Geeta Rao Gupta	
WHO	Flavia Bustreo	Mike Mbizvo, Liz Mason
World Bank	Cristián Baeza	Nicole Klingen, Sameera Al Tuwaijri
World Vision International	Stefan Germann	Kate Eardley

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Additional Participants:

Observers

Clara Menendez, ISGlobal
Nnenna Ogbulafor, Federal Ministry of Health, Nigeria
Kate Somers, Gates Foundation
Naveen Rao, Merck for Mothers
Renuka Gadde, Becton, Dickinson and Company
Madhura Bhat, mHealth Alliance
Rebecca Affolder, Executive Office of the UN Secretary General
Elly Leemhuis, Ministry of Foreign Affairs, The Netherlands
Seemeen Saadat, World Bank
Susan Myers, UN Foundation

Invited Speakers

Ray Chambers, MDG Advocate
Bob Orr, Assistant Secretary General
HRH Princess Cristina, President, ISGlobal
Amie Batson, Child Survival Forum
Ann Starrs, Family Care International

Consultants & Support

Barbara Bulc, Adviser to PMNCH
Nebojsa Novcic, CEPA
Christina Schrade, SEEK Development
Stanislava Nikolova (HSPH)

PMNCH Secretariat

Carole Presern
Andrés de Francisco
Marta Seoane
Lori McDougall
Shyama Kuruvilla
Tammy Farrell
Kate Festa (Intern)