

14th PMNCH Board Meeting

Wednesday 26 & Thursday 27 June 2013

**Michelangelo Hotel, Sandton City
Johannesburg, Republic of South Africa**

Note for the Record

Co-Chaired by Flavia Bustreo and Anuradha Gupta

For operational reasons, Agenda Items were reordered before the meeting. To enable readers to refer back to the original Board papers, the numbering of the individual Items was retained despite the change in chronological order.

ITEM 1 – Introduction and Executive Committee Report

Opening of the meeting and introductions

The meeting was opened by the two co-Chairs of the Partnership, Flavia Bustreo (WHO) and Anuradha Gupta (Government of India). The co-Chairs passed on to the Board apologies from the incoming Chair of the Board, Mrs Graça Machel, who was unable to attend this meeting due to the difficult health condition of her husband, President Nelson Mandela.

Participants of the Board meeting were introduced, and a special welcome was extended to new Board members. The Agenda for the meeting was reviewed and approved.

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.

Welcome message from incoming Chair, Mrs Graça Machel

The co-Chairs also used this opportunity to express sincere appreciation, on behalf of the entire Partnership, for Mrs Machel's commitment to reproductive, maternal, newborn and child health, and for her agreement to act as the Chair of the Partnership.

As the incoming Board Chair and former member of the United Nations Secretary-General's High-level Panel of Eminent Persons on the Post-2015 Development Agenda, Mrs Machel shared a message welcoming the board's discussions, in particular, on the post-2015 framework. The message was delivered on her behalf by co-Chair Anuradha Gupta.

Mrs Machel highlighted the UN Secretary-General's challenge to the high-level panel to create a bold vision for a new development agenda that would advance the unfinished business of the Millennium Development Goals. Calling the panel's report optimistic and forward-looking, she underlined its message that we can eradicate extreme poverty, and that the new development agenda must give everyone a fair chance in life. She reaffirmed the report's emphasis on the need to lay the building blocks of prosperity and wellbeing for this and future generations, while ensuring the fulfilment of human rights and dignity, and tackling the causes of poverty, exclusion and inequality. She echoed the panel's proposal for a universal agenda with five transformational shifts:

1. Leave no one behind.
2. Put sustainable development at the core.
3. Transform economies for jobs and inclusive growth.
4. Build peace, and effective, open and accountable institutions for all.
5. Forge a New Global Partnership.

The high-level panel's report identified health as one of 12 goals for the future development agenda and suggested several targets. Mrs Machel said it is now the responsibility of the UN General Assembly's Open Working Group on Sustainable Development Goals to articulate an inspiring and realistic development proposal for the next 15 years. She said the new agenda will need participation from everyone: governments at all levels, development partners, foundations, civil society, business, and people around the world.

Mrs Machel commended PMNCH for bringing the health community together to speak as one, noting that the high-level panel welcomed the Partnership's submission, which was supported by more than 240 organizations. She mentioned that PMNCH has a key role to play to ensure that the open working group hears the voice of the various development partners, and that it is important that the PMNCH community continues to speak as one. By communicating a common message when making recommendations for the health goal, targets and indicators, she said we can avoid fragmenting the community and instead strengthen the importance of health and empowerment for girls and women in the post-2015 agenda. In this way, she said, we can help to lay the foundations for wellbeing, healthy people and sustainable development worldwide.

Executive Committee report

Ruth Lawson (DFID) presented the Executive Committee report to the Board. In her presentation, Ruth noted the Executive Committee's terms of reference and its membership. She also noted the key discussions and decisions that have taken place since the last PMNCH Board meeting, and provided a brief summary of

Reflecting the forthcoming discussions at the Board meeting, Ruth noted the issues likely to be on the EC agenda going forward.

Discussion

No points for discussion were raised.

Decisions

- Note for the Record of the 13 Board meeting held in Abuja in the autumn of 2012 was reviewed and approved.
- None of the Board members indicated that they have any real or perceived conflicts of interest as related to the items included in the Agenda.
- Executive Committee Report was noted.

ITEM 6 – PMNCH Executive Director's Report

Carole Presern (PMNCH) presented the Secretariat Executive Director's report to the Board. She also noted that this was the first year in which this report was also produced as a narrative and provided to the Board in advance of the meeting; this approach was welcomed by the Board, and the Secretariat encouraged to continue to do so in the future.

In her presentation, Carole noted the PMNCH 2013 Workplan and Budget and the related Results Framework; she also updated the Board on the funding situation, the forthcoming evaluation of the Partnership, and drew the Board's attention to the recently published PMNCH 2012 Progress Report setting out the details of activities undertaken by the Partnership in 2012.

The discussion included a strong emphasis on the need for the Partnership as a whole to find new and improved ways in which the extensive scope of work that is currently being facilitated by the Secretariat is transitioned to Partners to take forward at the right time. The forthcoming development of the new 2014 workplan will provide an important opportunity to consider this challenge in more detail. It will be an opportunity to ensure that the Partnership continues to improve the workplan content and structure towards a more focused and more contained set of activities, which are closely reflective of the resources – both financial and Secretariat staffing – that will be available in 2014.

As noted below in the decisions, it was agreed that an enhanced strategic focus on adolescent health was needed, and that this should be reflected in next year's workplan. Other discussions included the ongoing debate about the extent to which the Partnership should or should not act in countries, and it was noted that this issue should be considered as part of the evaluation of PMNCH that is planned for later this year. In the context of discussions about Partnership's work around the world, the Board discussed and commended the work of all those involved in promoting regional policy dialogue in the Asia and Pacific region, through the organisation of and support to the November 2012 Asia-Pacific Leadership and Policy Dialogue for Women's and Children's Health.

Finally, the Board was assured by representatives from the *Countdown to 2015* that the work of this initiative will continue beyond 2015.

Decisions

- Executive Director's Report Noted. Highlighted considerations include:
 - Continued appreciation for the value-add of Partners' activities through PMNCH.
 - Executive Committee and Board to regularly assess and define PMNCH strategic focus and value-add (focus on gaps, new initiatives, and activities that can be transitioned).
 - Important to continue to leverage constituencies and strengthen partner engagement, reflecting available capacity at Secretariat.
 - Call for enhanced strategic focus on adolescent health – to facilitate policy coherence and advocacy across Partner activities, including engagement of adolescents at the community level.

ITEM 2 –Accelerating Progress towards Improved Women's and Children's Health in Africa: A Multi-stakeholder and Multi-sectoral Effort

This session was based on a high-level ministerial panel discussions, which called for greater accountability and collaboration in the efforts to accelerate progress towards maternal and child health indicators on the African continent.

Meeting participants called for improved health investments – including increased domestic financing, increased efforts to strengthen health systems and, in particular, human resources for health and access to quality information. Participants also called for a cross-sectoral approach for health including a focus on education.

Discussants highlighted the important role of regional and sub-regional bodies in improving health outcomes and raised the need for improved evidence-based policies, access to evidence on

successful practices for scaled up implementation and better use of national and regional accountability tools including scorecards.

Panel members discussed women's and children's health within the changing economic, political and social landscape.

"Africa is a continent of great economic success," said Dr Agnes Soucat, Director for Human Development for the African Development Bank. "The question is that whilst Africa is experiencing an economic boom, will this growth be translated into transformational growth that will positively impact women's and children's health?"

Moderated by esteemed African journalist, Daniel Makokera, panellists included:

- H.E. Dr Mustapha Sidiki Kaloko, Commissioner for Social Affairs of the African Union.
- H.E. Prof C.O. Onyebuchi Chukwu, Minister of Health of Nigeria.
- H.E. Dr Worku Kebede, State Minister of Health of Ethiopia.
- Dr Yogan Pillay, Deputy Director General, National Department of Health, South Africa.
- Dr Stanley Sonoiya, Principal Health Officer, East African Community.
- H.E. Dr Joseph Katema, Minister of Community Development, Mother and Child Health, Zambia.

Discussions at the Board which followed the session agreed on the considerations, as set out in Decisions below.

Decisions

- Noted for follow up. Highlighted considerations include:
 - The high-level panel discussion highlighted the significant progress being made in Africa towards health and development, and some challenges that still need to be addressed.
 - Expand opportunities for South-South learning, with regional alliances, including the AU and also BRICs, PPD, and other geographical and economic alliances.
 - Continued PMNCH engagement in the African region as part of region-led initiatives, with a focus on some specific areas:
 - Advocate for strengthened civil registration and health information systems for quality data on women's and children's health.
 - Share technical resources to synthesize evidence on best practices for improved women's and children's health.
 - Emphasise the importance of integrated approaches to health and development services, stressing the importance of education overall.
 - Build on the RMNCH investment cases to ensure value for money.
 - Support and align national, regional and global accountability efforts.

ITEM 4 – Post 2015 Strategy: The Unfinished Agenda

Geeta Rao Gupta (UNICEF) presented to the Board the work undertaken by the Partnership on the Post 2015: Unfinished Agenda. The presentation ended with a choice being put to the Board on

whether the Partnership's efforts should be scaled down (option 1), maintained at a status quo (option 2), or scaled up (option 3).

The Board noted the extensive work that was undertaken as part of this workstream, noting as well that the prominence of health goals in the High Level Panel report was at least in part a reflection of the work that was undertaken by the Partnership.

A discussion on the choice of whether to scale down, maintain, or scale up the partnership's engagement in post-2015 development agenda saw views presented in support of all three choices. On balance, and following the discussion, a consensus emerged towards Option 3, which will see the Partnership scale up its engagement. It reflected an ambition to ensure the Partnership's strong participation in this important debate going forward. Any additional staff requirements would be temporary, and focused on this work only.

Decisions

- Option 3 – Scale up.
- Highlighted considerations include:
 - Mrs Machel as Board Chair will continue playing a leadership role on the post-2015 agenda, which is a key opportunity for strengthened PMNCH engagement.
 - Reconstitute the post-2015 working group, with the political influence necessary, with EC following progress on monthly basis.
 - Group to define what success look like, and keep an eye on the ball/ foot on the gas pedal without getting drawn into multiple processes.
 - Engage constituencies in developing and disseminating aligned messages.
 - Strategic focus on investments, indicators and integrated approaches within health (HIV, NCDs) and across sectors.
 - Use advocacy mechanisms for key political issues, example sexual and reproductive health and rights.

ITEM 7 – Every Newborn: An Action Plan to End Preventable Deaths

Elizabeth Mason (WHO) provided an overview of the Every Newborn action plan to the Board, noting that 50 countries participated in the April 2013 consultation meeting in Johannesburg. There is a large amount of country and regional demand for guidance on how to move forward with addressing this growing problem.

The discussions in this session, some participants noted that a specific focus on the newborn could potentially be perceived as reverting to potential fragmentation of the continuum of care, but that at the same time it is important to focus on this neglected part of the continuum ensuring linkages to the rest.

The Board endorsed the Every Newborn initiative because the newborn has been a neglected area within the continuum of care (e.g., newborns are often not mentioned in country and regional action places) and needs a special focus given the growing concentration of child deaths during the newborn period (over 40% globally) and the complexity of the issue of neonatal mortality. The role of PMNCH in driving the adoption in the Inter-Parliamentary Union (IPU) of a resolution on MNCH in 2012 was highlighted as a milestone achievement, and it was noted that a similar landmark resolution for the newborn could come out of the Every Newborn initiative (and that political prioritization of the newborn is critical).

In the discussions, it was noted that FIGO, ICM and IPA are engaging in implementation research in tertiary hospitals in two countries (one in Asia, one in Africa) related to the essential interventions document and this will include newborn specific interventions. In terms of costing and budgeting for the plan, it was agreed that PMNCH could help with ensuring harmonization of tools used for costing, and that external assistance might be needed in orienting countries, but that countries need to take this step upon themselves.

It was further raised that the issues of the interlinkages with maternal health and the need for a comprehensive scope have been discussed in the core and advisory groups and are being addressed in the Every Newborn action plan. Board members were encouraged to join the relevant advisory group.

It was noted that there is a consultation process with countries and regions so that country learning can be expanded to other countries and regions.

Decisions

- 'Development of Every Newborn: An Action Plan to End Preventable Deaths' was noted.
- Highlighted considerations include:
 - Strengthen the narrative around Every Newborn to emphasise the interlinkages between maternal and newborn health, and the whole continuum of care.
 - Embrace the opportunity to focus on Newborn Health as a part of the continuum of care that has been neglected historically, and politically.
 - Expand Every Newborn, and essential interventions approaches, beyond the biomedical, to preventative, behavioural, and community approaches.
 - Clarify the evidence base, and policy and practice implications e.g. chlorhexidine.
 - Overall, reflect the realities on the ground, emphasize the quality of care, and support country-led health plans with newborn health as a critical component.
 - Engage sectors beyond health to address key causes of newborn mortality (e.g. related to prematurity such as smoking, air pollution, age of marriage etc.).

ITEM 8 – Global Investment Framework for Women's and Children's Health

Mariam Claeson (BMGF) presented the Global Investment Framework for Women's and Children's Health, explaining the reasons behind the development of the framework, its scope and approach, the conceptual framework, and the process underpinning the framework development.

The Board was very supportive of the work undertaken to date, agreeing that this very useful work will be yet another important tool in advocating for greater resource commitments to improving reproductive, maternal, newborn and child health.

The discussions centered on a number of issues and themes, including:

- The advocacy and influencing value of the investment framework will be maximized if its end output is eventually tailored to different audiences. Presentations will need to be quite different for the Ministry of Health, Ministry of Finance, donors, media, etc., in order to achieve the desired effect.
- In addition to tailoring the overall investment framework messages, it will also be important to tailor the investment framework analysis, to the extent possible, to particular countries and regions in order to increase its relevance, and in turn buy-in. It was suggested, but for

further discussions, that Nigeria might be a location where this could be piloted. In doing so, it was noted that regions outside Sub-Saharan Africa and South Asia (e.g. Asia and the Pacific) should not be omitted from the analysis.

- There was general agreement that work on the investment framework should also be integrated with the work on the post-2015 development agenda, as an important influencing tool.

Discussions also took place about the make-up of the Study Group, with Board recommendations as noted below. Linking the Study Group (and other investment framework structures) with a broad range of stakeholders will be critical in ensuring buy-in for the outputs. In this context, it was noted that the Study Group had broad membership, and that whilst not everyone who was invited has joined yet, efforts will continue to reach out to relevant individuals and organizations.

Decision:

- Level of effort and resources that PMNCH should invest in taking forward the framework discussed and noted, and in particular:
 - Endorsement of product and continued work along the presented pathway.
 - Recognition that it provides a tool to set out the economic rationale for investing in the RMNCH Continuum of Care in discussions, including as part of post-2015 agenda.
- On the question of whether the work should proceed towards tailoring additional investment framework products for different constituency groups and supporting associated dissemination and consultation processes – yes, as required on a case by case basis, and in particular:
 - Important to make it relevant at the country level, potentially working with Nigeria as an application case study, and comparing costed action plans of different countries using this approach.
- Additional members to serve on the Study Group
 - Involve Finance Ministers
 - Link up with Ray Chambers group, and other related initiatives

ITEM 5 – Financing for RMNCH

Ruth Lawson (DFID) presented to the Board “Financing for RMNC – Update”; both the relevant paper and presentation are available on PMNCH website.

Following Ruth’s presentation, Geeta Rao Gupta (UNICEF) provided a summary of the work that was undertaken to date in relation to the RMNCH Steering Committee (RMNCH SC), which is closely related to the work under discussion:

- RMNCH SC grew out of the work undertaken by PMNCH over the years on financing mechanisms and modalities for funding RMNCH, and as a response to the emerging multitude of initiatives (as noted in Ruth’s presentation).
- It is meant to be country driven and focused on country plans, acting as a platform to align the global community’s response to RMNCH challenges, with access (still to be defined) to donor funding housed within UNFPA. Some initiatives already do, however, have their own institutional infrastructure – e.g. FP20202.

- A small secretariat has just been established, and the Committee only met once to date. All the processes are in the making and under development, with many PMNCH Board members sitting on the RMNCH Steering Committee.

The Board recognised the extraordinary response from the global community to the RMNCH challenges, with very many initiatives aiming to support implementation of activities towards MDGs 4 and 5. At the same time, the multitude of these initiatives creates difficulties in coordination and harmonisation, which acts as a barrier for country access to the committed resources and technical assistance. It was also recognised, that the understandable need for internal organisational and governmental accountability for respective initiatives has inevitably led to parallel structures being set up.

In this context, the Board was supportive of the proposed *PMNCH Financing Harmonisation Group*, and its stated objectives, subject to some adjustments as noted in the decisions below. It was emphasised that the work of this proposed group ought to look at the noted challenges from the country perspective, and was therefore supportive of increasing the representation from country representatives, as was proposed.

The Board requested to see a copy of the work-in-progress report entitled “Toward a Common Approach: Coordinating Reproductive, Maternal, Newborn and Child Health-Related Initiatives”, which provides more details on the operations of the RMNCH Steering Committee, and so that the Board could comment. The PMNCH Secretariat will collate comments and share with the newly formed RMNCH Steering Committee secretariat as soon as possible.

Decision:

- Proposed Terms of Reference for the *PMNCH Financing Harmonisation Group* were discussed and approved, subject to the following considerations:
 - Useful function, but caution on PMNCH mandate and competencies e.g. use of the words ‘coordination’ and ‘accountability’, or the term ‘advisory’ as financing is not PMNCH’s core competency.
 - Opportunity to focus on PMNCH’s brokering role to facilitate sharing of information and strategic dissemination to key decision-makers, and emphasise role in partner harmonisation.
 - Make clear upfront the main focus is to support country level activities.
 - Help develop business model(s) to support country plans, for efficiency, sustainability, relevance.
 - Clarity not so much on mechanism but on networks and modalities for harmonization.
- NGO constituency raised the need to have stronger involvement of at least two other seats in the RMNCH Steering Committee, follow up confirmed by secretariat.

ITEM 9 - Implementation of Essential Interventions: Multi-stakeholder Action in Uttar Pradesh, India

Anuradha Gupta (Government of India) gave a presentation to the Board on implementing the essential RMNCH+A interventions package through aligned partner action.

The Board noted that the purpose of this important presentation was to stimulate debate and ideas amongst partners about the best ways for the community to implement essential interventions in countries. It also noted the acknowledgement from the Government of India for the work and

financial support from the Bill and Melinda Gates Foundation have undertaken in Uttar Pradesh in the context of this project.

Application of this approach in the Indian context is particularly interesting, as there is no lack of funding in India that is holding back the implementation, and so this programme of work is about ensuring that the available resources are spent well.

A number of Board members saw the very interesting work in Uttar Pradesh as an important opportunity to learn lessons in implementing this type of multi-stakeholder approach, which hopefully could be replicated in other districts and countries.

Finally, the Board also strongly urged the Partnership not to 'stumble' into an implementation role for this project in Uttar Pradesh, but rather to continue to deliver value-add through its facilitation and coordination role.

Decision:

- Seeking guidance on how PMNCH constituencies can align action as part of country-led plans: Noted for follow up, and including:
 - Appreciation for the Government of India's invitation to PMNCH to be part of country-led plans to improve the health of women and children in high-priority districts.
 - Recognition that this is an opportunity for Partners to build on global experiences, and test the value proposition that aligned action can make a difference on the ground.
 - Identification of the value add of PMNCH as promoting the whole RMNCH+A continuum of care, aligning partner action, and promoting mutual accountability.
 - Clarification that PMNCH will not be an implementing agency with personnel on the ground, but will instead work through partners in UP and existing coordination mechanisms, especially BMGF as the lead coordinating agency in UP and the RMNCAH coalition, India.

ITEM 10 – Accountability for Commitments and Results

Geoff Black (Canadian CIDA) presented to the Board work undertaken by the Partnership on accountability for results. He noted it came under Outcome 3 of the 2013 workplan, and included a range of activities, such as work on human rights and RMNCH, Countdown to 2015, Global Investment Framework for Women's and Children's Health (as noted earlier), national CSO coalition building, media advocacy, Parliamentary engagement, etc. It also included the work undertaken by the Partnership on monitoring commitments to the Global Strategy and their implementation.

In addition, Jennifer Requejo (PMNCH – Countdown to 2015 Manager), presented to the Board a summary of Countdown to 2015 aims and activities to date, and provided an overview of the four streams of work that Countdown will be focusing on moving forward.

The Board recognised and commended the considerable ongoing effort that is undertaken by the Partnership, and the Countdown to 2015 initiative hosted by the Partnership, towards improving accountability for commitments and results.

Most of the discussions focused on the role that PMNCH could or should take during the end of this year and into 2014, in terms of accountability for commitments that have been made to the Global Strategy for Women's and Children's Health.

During these discussions a general agreement was reached that it is not advisable for PMNCH to continue with the current approach to commitments monitoring, based (among other things) on a survey of all commitment makers. This was the right approach in the years 2011 through to perhaps 2013, when there was considerable paucity of information on individual commitments. However, with the shift from recording commitments to the implementation of commitments, particularly in countries, the exiting, very resource intensive approach (both in terms of financial resources and PMNCH Secretariat staff time) is no longer appropriate and a new way forward needs to be identified.

Broadly speaking, and as set out in the decisions below, any new way forward needs to focus on building synergies with existing work and applying a much lighter methodological touch to tracking the implementation of commitments, with a focus on countries.

Decision:

- PMNCH's involvement in this aspect of accountability work – Noted with recommendations and follow up with constituency working group, as below:
 - Define the audience and results expected from the PMNCH report, and what is needed to drive implementation and accountability for commitments to EWEC.
 - Identify synergies with related accountability reports (CoIA, Call to Action, Countdown, FP2020) and coordinate on reporting as far as possible, noting that the iERG's role is to synthesise and analyse all reports provided.
 - Assess alternative formats to support advocacy and social accountability process – like a report card or brief presentation format.
 - Recognise that significant effort and resources are required to collect data for all the option and formats; low-response rates of self-reporting should be highlighted as an accountability finding.
 - Overall, decision that PMNCH has a role to play in painting a broad picture of constituencies' commitments, but this needs to be done with 'blend of the options' - lighter touch method and format, aligned with related initiatives, and to support social accountability.

ITEM 11 – Speakers' corner

The Speakers' Corner was an Agenda item that was first introduced at the previous Board meeting in Abuja, in October 2012, enabling participants to provide a brief update to the Board on key areas of work that their respective constituencies have been engaged in. A summary of those updates is listed below:

- Promise Renewed – request for PMNCH Board to serve as an Advisory Group for the initiative, as a forum for constituency discussions, promoting advocacy and social accountability, and strengthened engagement of civil society in country launches.
- A working group has been set up on Ending Preventable Maternal Deaths (to develop targets for 2035), linked with Every Newborn and Ending Preventable Child Deaths.
- Reaffirming that all PMNCH initiatives should ensure a focus on the whole continuum of care.
- Important for PMNCH to emphasis equity, and the need to focus.

- New journal launched – BMC Reproductive Health, Jose Belizan invitation to submit papers.
- Introduction to the Graça Machel Trust: Advocacy for critical issues and to amplify civil society efforts e.g. on gender-based violence; Incubators – New Faces, New Voices - nurturing building up women's leadership in key sectors in science, media, business, with National chapters and regional networks, scholarship; Bridge-building – key partnerships for immunisation, nutrition, education for the girl child, preventing child marriage
- Safaricom – mobile technologies MPESA 50% of global money transfer, now applying to health. UNFPA and MoH campaign for private sector efforts to improve women's health in the workplace, also partnering with KIMCHIP (JamiSmart) VVI, Amref, Care - Android based app, integrated cloud computing to empower community health worker to register and monitor health – changing mindsets; Also affordable insurance and other applications.
- Identified need to promote understanding of, and a systematic approach to, applying the potential of mobile technologies to accelerate progress in women's and children's health, sharing of experiences (Kenya, India, UNICEF Ureport for accountability). Addressing equity in access and use – gender issues.
- Partners in Population & Development. Ministers from 25 countries, chair India and vice-chair China. Opportunity to collaborate on positioning Post-2015 and post ICPD agendas.
- NGO constituency report on National Advocacy Coalitions in 10 countries with seed funding from PMNCH. Bangladesh coalition of the mapping, prioritization and process of aligned advocacy activities for women's and children's health. Kenya country coalition, mapping, national consultation on priorities for advocacy and accountability – build a strong, coherent advocacy coalition as the HIV advocacy community has had, but resources have been limited. Linked with the Kenya Country Countdown. PMNCH catalytic finding helped mobilise other resources.

ITEM 11 – Governance Issues: PMNCH Evaluation

Carole Presern (PMNCH Secretariat) introduced this item for discussion at the Board, presenting the draft Terms of Reference (ToR) for a five year external evaluation of PMNCH (2009 to 2013).

The Board strongly endorsed the need for an independent evaluation of the Partnership's work to take place. It recognised it as an important stepping stone in the evolution of the Partnership and a basis for constructive debate about how PMNCH can best contribute to the global, regional and national efforts to achieve MDGs 4 and 5 as well as integrate itself in the efforts that will continue beyond 2015.

In its discussions, the Board noted that both the PMNCH Secretariat and Flavia Bustreo, as the representative of the hosting agency (WHO) and herself a former director of PMNCH, will ensure that they have a degree of distance from the evaluation work so as to strengthen its independent nature; however, they will be available to support the evaluation administratively and provide their views, with all other stakeholders.

The Board also considered the Executive Committee too closely involved in the work of the Partnership to act as the independent evaluation committee, but that it should oversee the establishment of such a committee, drawn from the seven Partnership constituencies.

The Board therefore approved the evaluation to take place, subject to updates to the ToR as noted in the decision section below. It recognised that the scope and depth of the evaluation is likely to be greater than the original 2013 workplan budget anticipated; as such, it requested that the Secretariat does not overly restrict the budget for this important work, but allows for a fully competitive RFP process to determine the value of the contract, within reasonable parameters.

Decision:

- Welcome evaluation, but revisions to ToRs required.
- Establishment of sub-committee by Board to approve process. It was agreed that it will be made up of all constituencies, but there is a need for independent membership.
- Considerations to highlight include:
 - Modifications and additions to the ToRs, to Evaluate:
 - Vision and Mission - whether this was the right initial focus, the theory of change, value for money, and the added value of the Partnership.
 - Governance structure and processes.
 - Results of the PMNCH advocacy for policy, in terms of policy and practice change – has implications for required skill set of consultants (e.g. ODI methodology).
 - Critical to establish a sub-committee to oversee the process with wide representation from all constituencies, and also that the constituencies are consulted as part of the evaluation.
 - Ensure an independent, transparent evaluation, so the role of host organisation, Secretariat, Executive Committee etc. to be clearly defined
 - Need to link with, and learn lessons from, the previous Evaluation process e.g. modality of country engagement through partners rather than through PMNCH staff.
 - The future and strategic options need to be the focus of the evaluation, not only the past results and experiences.

ITEM 12 – Report of the Finance Committee

Rafael Cortez (World Bank) presented, on behalf of the PMNCH Finance Committee, three documents to the Board, as noted in the decisions below.

The presentation particularly noted that the donor community has been very supportive of the work that PMNCH has been doing, and its overall Strategic Framework 2012 to 2015. This has been reflected in financial support received to date, which has been primarily unspecified and multi-year in nature. The Committee also asked the Board to join the Committee in expressing sincere gratitude to the donors and foundations constituency for funding the PMNCH workplan in 2012

At the same time, the Committee noted and the Board agreed that the financial position going into 2014 is challenging, and that it is important to intensify fundraising efforts if the Partnership is to have sufficient resources to deliver on its workplan going forward.

In the discussions, it was noted that the reasons for lower than expected Countdown to 2015 implementation rate in 2012 was primarily related to a change in the way that this initiative was funded. In the latter part of this year, the Bill and Melinda Gates Foundation agreed to provide a

grant to fund all of Countdown's technical activities for the time period 2013-2015 through the US Fund for UNICEF, whilst the Countdown Secretariat costs and advocacy related activities continue to be supported through PMNCH. This change meant that Countdown re-profiled some of its planned work from 2012 into 2013, as set out in Countdown's own financial report.

A clarification was sought from the Secretariat on the ratio of staff costs to consultancy costs, which the Secretariat undertook to revert back to the Board at the next meeting.

The reports were approved as presented.

Decision:

- 2012 Financial Report (1 January to 31 December 2012) – Approved (further clarification sought on the ration of staff to consultant costs).
- 2013 Interim Q1 Finance Report (1 January to 31 March 2013) – Approved
- Conflict of Interest & Finance Committee TORs – Approved

Summary of Decisions

Secretariat presented the summary of decisions at the end of the meeting, which the Board approved.

Closing

The Co-Chairs thanked in particular the outgoing Board members, Gustavo Gonzales-Canali from France, and Benedict David, from Australia. In addition, the Board recognised and congratulated Julia Bunting (IPPF) on receiving an OBE for services to supporting reproductive health in developing countries.

The co-Chairs also used the opportunity of the closing session to on behalf of the Board express their gratitude to the following:

- Incoming Chair of the Board, Mrs Graça Machel, for her messages of support and guidance, despite the difficult personal circumstances which prevented her from participating. A thank you was also extended to Mrs Machel's office, particularly Magda Robert.
- Participants of the high-level ministerial panel discussions, as noted in Item 2 of this Note for the Record.
- Colleagues from the NGO community who hosted an evening reception for the Board, namely World Vision International, International Planned Parenthood Federation, White Ribbon Alliance for Safe Motherhood, PATH, and Save the Children.
- South African Government and the South African Ministry of Foreign Affairs for enabling this meeting to go ahead.
- Colleagues from the WHO office in South Africa.

A special thank you was also extended to the Secretariat team for preparing and supporting the Board meeting.

In closing the session, the co-Chairs shared with the Board two quotes from President Nelson Mandela:

- "What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead."
- "Death is something inevitable. When a man has done what he considers to be his duty to his people and his country, he can rest in peace. I believe I have made that effort and that is, therefore, why I will sleep for the eternity."

Meeting Closes

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

BOARD MEMBERS

LIST OF PARTICIPANTS

ART: Academic Research & Training;

DF: Donor/Foundation

GOV: Government

HCPA: Health Care Professional Association

NGO: Nongovernmental Organization

ML: Multilateral Organization

Private Sector

[R] Representative

[A] Alternate

BOARD MEMBERS

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