

Board Retreat InterContinental Hotel, Geneva, 1-2 December 2014

DRAFT NOTE FOR THE RECORD

Chair: Graça Machel
Co-Chairs: Flavia Bustreo and Chandra K. Mishra
Moderator: Jane Thomason

DAY 1

Part I – Welcome Remarks and Introduction

Introduction

The Board Chair Graça Machel welcomed Board members and outlined that the main purpose of the Retreat was to explore options and provide guidance on the development of the PMNCH Strategic Framework beyond 2015, and to approve priorities for the areas of work in 2015. She emphasized that the two days are not a Board meeting, but rather a retreat to shape the Partnership's future strategy.

It was also mentioned that all documents covering the normal governance business will be circulated by the Secretariat after the Retreat. The Chair noted that as part of normal governance procedure one of the Board co-chair seats, currently held by Flavia Bustreo (WHO), will rotate. It is the turn of the Donors and Foundations constituency to take up this seat in 2015. A call for expressions of interest would be issued at least 40 days prior to the next PMNCH Board Meeting (date TBC), but preferably before. The recruitment process for the new Executive Director was ongoing at the time of the Retreat, and any updates will be provided in due course electronically.

Reflections on the post-2015 agenda

In her personal reflections, Graça Machel highlighted that 2015 is a critical year for the global reproductive, maternal, newborn and child, including adolescent health (RMNCAH) community, as the Sustainable Development Goals (SDGs) are still under discussion. It was noted that there was, therefore, a need to ensure that RMNCAH features prominently in the overall agenda and that Partners in PMNCH should work together towards that goal. The Board Chair asked all members to keep their voices strong on the RMNCAH agenda and to develop clear messages to be delivered at the global, regional and national levels.

Graça Machel noted the considerable challenges of the new agenda for women and children, and stressed the priority of 'leaving no one behind'. The magnitude of the task ahead will require scaling up activities significantly and negotiating the inclusion of robust accountability mechanisms that will track progress for women, children's and adolescents' health in the years to come. In doing so, it will be very important to set up effective implementation processes.

Dr Anarfi Asamoah-Baah, Deputy Director-General, WHO, passed on apologies from Dr Margaret Chan, Director-General, WHO, for not being able to join the Retreat due to unforeseen commitment related to the Ebola outbreak. Dr Asamoah-Baah noted the vital role of the Partnership in ensuring a smooth transition from the MDGs to the SDGs. He specifically highlighted the important role of PMNCH's accountability work in maintaining the momentum towards stronger health systems. Dr. Asamoah-Baah added that PMNCH has played an important advocacy role for RMNCAH, and would need to build upon the work in the areas of human rights, but also leverage the economic and security arguments for RMNCAH. He concluded that these gains would be sustained through PMNCH further developing its networks and strengthening partner collaboration in key areas of focus.

Reflections on PMNCH

Flavia Bustreo, Assistant Director General at WHO, and PMNCH Board co-Chair and Executive Committee Chair, provided a brief historic context of PMNCH. She suggested that the Partnership should focus on three major aspects: ending preventable maternal, newborn and child deaths; enriching the concept of adolescent's health; and improving the impact of investments in women's and children's health through engaging with health-impacting sectors (e.g. education, nutrition, water, sanitation, etc.).

Chandra Kishore Mishra, Additional Secretary and Mission Director of NHM Ministry of Health and Family Welfare, India and Board co-Chair, added that the Partnership's responsibility is to ensure mothers and children led safe lives. He noted the recommendations of the external evaluation of PMNCH that pointed towards the need for programmatic impact and strong country involvement. He emphasized the leading role that PMNCH could play as a coordinating platform to improve multi-stakeholder convergence at country-level.

Andres de Francisco, Executive Director a.i., PMNCH, closed this first session by outlining the opportunities that the Partnership pursued successfully in 2014 to bring the RMNCAH agenda beyond the MDGs into the SDGs. He thanked the Board members and donors for supporting highlighted activities, including PMNCH Partners' Forum, the launch of the Every Newborn Action Plan (ENAP), and the external evaluation of PMNCH. He stressed the need to continue building on PMNCH's comparative advantages in the development of PMNCH's next strategic framework throughout this Retreat.

The Board thanked Andres and commended his relentless efforts and success in leading PMNCH during this critical time, and until the appointment of the new Executive Director.

Part 2 – Setting the Scene: The RMNCAH landscape

Updating the Global Strategy for Women's, Children's and Adolescent's Health

Amina Mohammed, Secretary-General's Special Adviser on Post-2015 Development Planning, joined by phone from New York and provided an update on the process towards agreeing the post-2015 development agenda. She underlined the major opportunities for 2015, including the shift from MDGs to SDGs and the agreement on climate change in Paris. She suggested that the advocacy role of PMNCH should be broadened and strengthened and she made a strong case for bringing in technology to help inform monitoring of partners' results. She also underlined the need to align PMNCH's strategy with the updated Global Strategy.

Nana Kuo, Senior Manager, Every Woman Every Child, EOSG, joined by phone from New York and noted that as the Global Strategy is being updated, new approaches to accountability reporting will be sought. Nana described the key elements in the evolution of the RMNCAH landscape which are shaping the Global Strategy development processes. She emphasized that the current formulation of the SDG 3 "ensure healthy lives and promote well-being for all at all ages" is important but needs to be further developed.

In particular, Nana stressed the need for a stronger focus on reducing the fragmentation in the RMNCAH space and on ensuring efficient and sustainable financing for women's and children's health. It was suggested that the Global Strategy Coordination Group was one of the key decision making bodies for defining the scope of the updated Global Strategy and for assessing the implementation of the current one. In closing, Nana presented the timeline for the development of the updated Global Strategy, which will culminate in its launch in September 2015.

Current RMNCAH developments and emerging priorities

On behalf of Dr. Marleen Temmerman, Director of the Department of Reproductive Health and Research, WHO, Lale Say presented the current RMNCAH developments and noted that the scope for the updated Global Strategy was broadened to consider emerging challenges. She described the technical elements of the

emerging Global Strategy and placed emphasis on newborns and adolescents. She noted the strong emphasis on working with other health-enhancing sectors and strengthening the impact on women and children (see presentation A posted on PMNCH website: *Moving ahead in the development of the Global Strategy for Women's, Children's and Adolescents' Health*).

Development of the Global Financing Facility (GFF) and emerging perspectives from consultative process on the GFF

Nicole Klingen, Practice Manager, Strategy and Operations, World Bank, highlighted the key focus areas of the GFF including the mobilization of international and domestic resources to scale up and sustain quality RMNCAH services, and the support to the transition to long-term sustainable domestic financing for

Part 3 – Context and possible options for post-2015 strategic orientation

Presentation of PMNCH post-2015 strategic options

Gill Sivyer, the Engagement Partner on the PwC team, responsible for facilitating the development of PMNCH's post-2015 strategic framework, set the scene for group discussions by presenting the context and potential strategic options for PMNCH in post-2015 era. The presentation was based on the background paper that was circulated to Board members in November 2014. In the presentation, four potential strategic options on PMNCH's position post-2015 were presented for discussion by the Board and in individual working group (see presentation D posted on PMNCH website: *Context and possible options for post-2015 strategic orientation*). The presentation stressed that the aim of the presented options was to stimulate discussion; they were not the only options to be considered nor were they mutually exclusive.

The presentation set the scene for the group discussions that followed in Part 4.

Part 4 – Group discussions on possible options for a post-2015 PMNCH

The Board members were requested to consider different strategic options for PMNCH and discuss them in four breakout groups. The objectives for the group discussions were set to:

- reflect on the proposed strategic options;
- identify additional strategic options;
- evaluate the strategic options; and
- assess the strategic option(s) most fit for purpose for PMNCH post 2015.

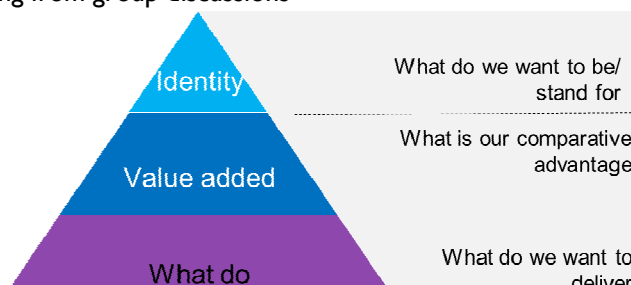
Each of the groups reported on their discussions to the rest of the Board Retreat participants (see Presentation D for details on group composition and chairs).

Part 5 – Feedback from group discussions for a post-2015 PMNCH

Following the group discussions, participants noted the necessity to firstly agree upon the identity and value add of PMNCH post-2015, before discussing its strategic orientation.

A framework was developed to reflect a synthesis of the various presentations from the group discussions. This framework sought to consider the identity and added value of PMNCH as well as the targets and how to reach them in the future (see figure 1 below).

Figure 1. Framework emerging from group discussions



The results of the group discussions along these different elements varied and are summarized below in Table 1 (see presentation E posted on PMNCH website: *Key points Day 1 Group Discussions*).

Table I. Results from group discussions Day I

Areas	Result
Identity	<ul style="list-style-type: none">• Ending preventable deaths of women, children, new-borns and adolescents• The realisation of the rights of women, children and adolescents• Taking a stand on contentious issues (e.g. abortion)•

Part 7 – Implementation and next steps

Proposed PMNCH areas of work in transition year 2015

Andres de Francisco presented the proposed areas of work for 2015 (see presentation E posted on PMNCH website: *Presentation of the Proposed 2015 areas of work*) followed by a plenary discussion. In the plenary discussion, it was noted that the flexibility of the workplan would be limited to a certain degree as the Partnership has commitments that it needs to deliver as ongoing projects and that it would be challenging to engage initiate new initiatives and projects in 2015, a year of transition from the MDGs to the SDGs. It was noted that the proposed areas of work for 2015 are particularly concentrated on activities needed to ensure and sustain progress in the final year towards achieving the MDG's.

The areas of work for 2015 were endorsed by the Board, and the Secretariat was asked to develop a more detailed, costed workplan to be presented to the Board in early 2015 for a no-objection approval process.

Emerging consensus on elements making up the PMNCH Strategic Framework

Jane Thomason presented a synthesis of the Board Retreat, highlighting that 2015 is a critical year for PMNCH in terms of both challenges and opportunities. Participants noted that the Partnership should be prepared to

Table 2. Areas of consensus and issues for discussion

	Areas of consensus	Issues for discussion
Identity <i>Who we are/what we stand for?</i>	<ul style="list-style-type: none"> - Women, children, newborns and adolescents' rights for health and well-being - Global partnership with local impact - Multi-stakeholder alignment for advocacy, knowledge, accountability 	<ul style="list-style-type: none"> - SRMNCAH as main focus - SDG targets + PMNCH targets - Every woman and every child or EWEC - Health-enhancing sector engagement (e.g. which sectors or country specific approach) - Branding/name
Value added <i>What is our comparative advantage?</i>	<ul style="list-style-type: none"> - Multi-stakeholder platform with established networks - Strength and voice of partners together vs individually - Global advocacy with regional and country links 	<ul style="list-style-type: none"> - Consensus as process or outcome and not a pre-requisite, but can be shaped - Value added of the Partnership as a whole vs Secretariat
What/How	Clear priorities: <ul style="list-style-type: none"> - Country as main focus with global feedback loop - Targets: MMR (70), NMR (12), U5MR (25), SRHR (universal) - Knowledge management/dissemination - Accountability at all levels 	<ul style="list-style-type: none"> - Theory of change/action - Health-enhancing sector engagement (e.g. which sectors or country specific approach) - Full alignment with Updated Global Strategy and EWEC or more flexible priorities - Model for country engagement - Universal vs target countries - Role of PMNCH in accountability - Working within available resources or mobilising required resources

The Retreat Moderator also presented to the Board the timeline for the PMNCH strategy development, as outlined in Table 3 below.

Table 3. Timeline for the development of the post-2015 PMNCH strategy

Date	Process	Deliverable
December 2014	Board Retreat	High-level strategic orientation
January 2015	Board Retreat synthesis and strategic framework outline Start partner consultations	<ul style="list-style-type: none"> • Board Retreat synthesis document to inform consultations • Executive Committee (EC) review and make recommendations on the range of options
Jan- February 2015	Ongoing partner consultations	EC review of preferred options

March 2015	Draft strategic framework	Outcomes of consultations
April 2015	Updated strategic framework and update on Global Strategy and EWEC	Board review and recommendations, including alignment
June 2015	Development of implementation plan	Board review and recommendations, including alignment

Board members comments on emerging areas

In light of the outcome of the group discussions, Board members and observers provided their comments. In response to the type of approach sought for country engagement. Graça Machel suggested that as a start the Partnership may choose to first focus on certain countries, however, all countries should be a priority in order to achieve the SDGs. Moreover, in considering country engagement, the Partnership should discuss and agree on how best PMNCH might be able to add value.

Board members noted that there was a need for further discussion, and in the context of the emerging strategic framework, on most useful approaches for securing funding that would enable PMNCH to deliver its workplans. In addition, there is a need to define PMNCH's objectives, in relation to the SDGs and the revised Global Strategy.

With regards to the timeline, Board members suggested that PMNCH could benefit from consultations with other non-traditional stakeholders on PMNCH's future strategic orientation to ascertain further views. Participants also recalled the need to re-assess the group discussion findings in light of the conclusions of the PMNCH external evaluation.

Others mentioned the need to raise the profile of PMNCH in countries, for instance by leveraging future international events, conferences and PMNCH led activities at regional and country levels.

Part 12 – Closing session

To round up the Board Retreat, the Chair Graça Machel thanked Board members and other contributors for their work and commitment to PMNCH during this Board Retreat. She acknowledged the progress that had been achieved and the opportunity for further discussions. She reinforced the need to involve regional bodies such as the African Union to anchor the mandate of PMNCH and to work with them to define ways of reaching targets on women and children.

She emphasized that “every day counts, every life counts and every action counts”, and that has to be considered for the upcoming 400 days until the MDGs are realized. Keeping the balance between what the Partnership wants to be in the future and keeping pressure on the current status and activities will be key.

Close of Board Retreat

ANNEX 1: 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

[M] Member

[A] Alternate

[R] Representative

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