

10th PMNCH Board Meeting – 1 & 2 June 2011

Château de Penthes, Geneva, Switzerland

18 Chemin de l'Impératrice - 1292 Pregny-Chambésy

09:30-10:00am WELCOME REMARKS BY PMNCH BOARD CHAIR

Good morning and welcome to the 10th Meeting of the Board of the Partnership for Maternal, Newborn & Child Health.

Thank you to the Secretariat for hosting us and the warm welcome to Geneva

It has not been long since we last saw (at many of us), but there has been a lot of work behind the scenes to prepare this exciting Board: The main goals of today's meeting are to review and approve the PMNCH Strategic Framework for 2012 to 2015, and to reach a decision on the Partnership's engagement with the private sector.

A lot has happened in the global health arena since we met last at the Board retreat on March 9 and 10 in Cambridge, MA, to discuss the basis for the Partnership's strategy for the next four years.

Building on the momentum of major developments, political and financial will for action on maternal, newborn and child health in 2010, the discussion at the retreat helped to define a vision for PMNCH that all partners can agree on, as well as the strategic direction for the work of the Partnership, focusing on its comparative advantages and areas where it can catalyze faster progress for improving the health of women and children worldwide.

PMNCH has continued to be extremely busy working on the 2011 Workplan, including supporting the UN Secretary-General's Global Strategy for Women's and Children's Health and the Commission for Information and Accountability for Women's and Children's Health.

We all have played an active role in the developments associated with the Commission.

I have represented the Partnership as a Commissioner. Co-chair, Vinod Paul, who cannot be here, represented PMNCH at the final meeting of the Commission.

We were active providing comments on the Commission's report and recommendations.

The Commission was extremely productive and their outcome very ambitious.

The importance of shared learning to develop solid evidence of cost-effective strategies for maternal, newborn and child health was recognized once again.

The ten recommendations of the Commission put forward to ensure that the pledges to the Global Strategy are used most effectively to help the most vulnerable women and children, fall into three groups: 1) better information for results – vital registration and health indicators; 2) tracking of resources; 3) better results and resources nationally and globally.

At a technical briefing at the World Health Assembly, the Commission presented an advance copy of its final report – and some copies are available here.

But we will hear more detail about this later today from Flavia, and I hope we will have, among the strategic discussions which

will take place, some views and ideas as to the role of PMNCH to support the implementation of the Commission's recommendations in the context of our new Strategy, for example, by acting as a conduit for disseminating the findings of the Commission.

Without pre-empting some of the presentations we will hear later, I would like to reflect, however, on the great prominence that the issue of improving women's and children's health had this year at the World Health Assembly, you all received the message Flavia sent highlighting the multiple events and unprecedented attention to women's and children's health.

Of note are the new resolution on newborn health and the new commitments from sixteen countries to the Global Strategy to reduce maternal, newborn and child mortality. The commitments, made with the support of the H4+ agencies (UNAIDS, UNFPA, UNICEF, WHO, and the World Bank), include measures such as attended childbirth, improved access to emergency obstetric care, contraceptive use, and childhood immunization. Eighteen African States made commitments in

September 2010, and nine of the 16 countries who pledged commitments at the Assembly are in Africa.

So, with still growing commitment globally for women's and children's health, we meet here with two main objectives, and some subsidiary business – I mentioned in Cambridge that, while the new Strategic Framework is extremely important, we must not lose our focus from implementing our 2011 programme of work:

1. **Decide on our Strategy:** we will discuss today is the strategic framework for the operation of PMNCH from 2012 to 2015. It outlines the Partnerships' vision, mission, strategic objectives and value added. The framework is based on the conclusions from the Partnership's Board retreat, and it was developed by the Secretariat, in close collaboration with Cambridge Economic Policy Associates (CEPA). We will hear a bit more about the consultative process followed by the Secretariat and will discuss and I hope agree on the

framework and the way forward. I look forward to these discussions.

2. Approve our “strategy” for formal engagement with the private sector.

3. Formally approve the budget for 2011 to allow for full implementation of the programme of work that we agreed in Delhi last November.

In addition, we have other substantive issues we will discuss – I look forward to hearing about the progress of MNCH and about progress on the essential package of interventions work.

WELCOME TO THE NEW BOARD MEMBERS –

We have a very full room, with large participation. However, we are missing some of our regular representatives as a high-level MDG summit is going on in Japan, and many of our Board representatives have been asked to represent their organizations there. We also have had regrets from Tanzania, India and Nigeria. I am glad to see that, even though the official representatives were not able to attend, we have colleagues from Tanzania and Nigeria who are able to represent

their Members for the important discussions, so I would like to thank them all for being here.

In particular, warm welcome to :

- **Tinu Taylor** (Ms) (representing HE Minister of Health Nigeria, Prof Chukwu)
- **Neema Rusibamayila** (Ms)– for the Minister of Health Tanzania, Hon Hadji Hussein Mponda
- **Nicole Klingen** (Ms), who is stepping in for Cristián Baeza, who is in Japan
- **Pascal Villeneuve** (Mr), stepping in for Mickey Chopra also in Japan.
- **Anneka Knutsson** (Ms), from Sweden, who is here replacing Anders Nordström who sends his regrets.

Warm welcome to the new members of the Board “officially”, we met some of them in Cambridge, others we did not, so a formal welcome to:

- **Anthony Costello** (Mr)– – from the Centre for International Health and Development at University College London, who could not join us in Cambridge, so it's his first meeting
- **Judith Helzner** (Ms) from the John D. and Catherine T. MacArthur Foundation MacArthur foundation
- Also **Gilles Landrison** (Mr) – from France, stepping in for Gustavo Gonzalez Canali who could not be here due to the G8 in France only last week.
- Two new NGO colleagues: **Stefan Germann** (Mr), World Vision International and **Rajiv Tandon** (Mr) – from Save the Children India.
- **Pius Okong** (Mr), from FIGO – not entirely new, as he had been an alternate, however, he now sits replacing Andrés Lalonde.

Warm welcome also to our observers – some known and new faces, we are very glad to have them attend and appreciate your interest and hope collaboration continues and increases with the organizations you represent.

As briefly mentioned, unavoidable circumstances have prevented Co-chair Vinod Paul from attending the meeting, I convey here his regrets.

I am pleased to announce that in the closed session of the Board which took place this morning, the Board elected our new co-chair: ***Ms Purnima Mane, Deputy Executive-Director of UNFPA.***

I would now like to invite very **brief introductions around the table** for the names and organizations of the participating Board members, alternates and observers before we get started.