NOTE FOR THE RECORD

PMNCH Board Retreat: 2012-2015 Strategy

Weds 9 & Thurs 10 March 2011

DAY 1 - Wednesday, 9 March

1. Welcome remarks by PMNCH Board Chair. Objective & expectations, outcomes – Julio Frenk

The Chair welcomed all participants, with a special welcome to new Board Members and Carole Presern as the new PMNCH Director. He thanked the Secretariat and Flavia Bustreo for a smooth transition. He highlighted the major events and developments for maternal, newborn & child health during 2010 and set out the objectives for the retreat as the need to build on this momentum to define the strategic direction for the work of the Partnership from 2012-2015. He pointed out that the retreat takes place at a strategic moment when there is high visibility and political will. It is a period of enormous opportunity, and huge challenges and the Partnership should focus on its comparative advantages, and identify areas where it can catalyze faster progress for women and children. He stressed the importance of shared learning to develop solid evidence of cost-effective strategies for maternal, newborn and child health so that countries are not condemned to rediscover the wheel. The Chair thanked Julian Schweitzer for writing the discussion document to stimulate discussions on a vision for PMNCH that all partners can own.

The chair introduced Wendy Woods as facilitator for the retreat. There was a short round of introductions from all the participants.

2. The Global Strategy for Women's and Children's Health – what's next? – Bob Orr

Bob Orr thanked the Partnership and its Board and Secretariat for their role in the development and launch of the Global Strategy. He assured the Partnership that maternal, newborn and child health continues to be a priority for the UN Secretary-General, and emphasized that PMNCH is crucial in the process to maintain momentum and support the ***Every Woman, Every Child*** campaign. He pointed out the value of the multi-constituency platform, the ability to table a common vision, the capacity to mobilize partners, the potential to promote mutual accountability and keep up the inspiring (bidding up) process to mobilize and renew commitments to the Global Strategy.

He set out the three main focus areas for taking forward the Global Strategy:

1) Implementation – to keep momentum and leverage the unique assets of the UN system to make sure that there is concrete action and returns on the political and financial investments generated.

2) Accountability – Commission on Information and Accountability launched, and great potential for success in building processes where multiple partners are accountable for their commitments, which has not been the case in other areas of health and development.

3) New commitments – develop new commitments if there are none, increase existing commitments. Some commitments have already been revised upward since September, which is unusual 'in this business' considering that the commitments process is linked to the accountability process.

With regards to the role of PMNCH concretely, PMNCH can identify opportunities and talent as well as remind Governments of the investment case for women's and children's health. Role for PMNCH in advocacy at large and targeted advocacy by playing an ongoing mapping function of strategic and tactical decision points and actors involved as PMNCH knows the space better than anyone else. There also is a role in reinforcing implementation efforts at the country level by bringing country stakeholders around the table and supporting the H4+ (asked by the UN SG to lead on country implementation). There is a strong advocacy role aimed at keeping and bringing new donors on board. Reinforce and credit those who show leadership and highlight their successes.

Q&A:

To keep momentum and high-level engagement, the Global Campaign (under Norway's leadership) is "championing" ***the Every Woman, Every Child*** effort and seeks to build and maintain high-level political engagement. There is the UN system in the countries (with its decentralized reality), supporting the translation of the commitments into real initiatives on the ground. National leadership from the Government is crucial, particularly in high-burden countries. In these countries, mapping of national stakeholders and events is crucial to ensure concerted, catalytic efforts. Most importantly, countries have to take the lead, and success has been clear when there has been a 'national lead' model.

Linkages to other social issues such as education are not strong, despite a clear connection with women's and children's health, but we can look for opportunities and have joint key events to coordinate better.

With caution, we can piggy-back on events of regional and sub-regional bodies, mindful of complex dynamics.

Parliaments can be very instrumental in taking issues forward, and for accountability. The UN has begun conversations with the Inter Parliamentary Union (IPU) to leverage efforts through them.

Commitments need to be spelt out beyond summaries currently available on the website. Partners are being asked to develop and track own commitments on their own sites, PMNCH is leading in this effort.

There will be a one-year anniversary Global Strategy launch event at the UN General Assembly in September (focused on accountability framework and implementation progress). It will not compete with the NCD summit, we need to look for complementarities and create synergies. Different

institutions have different roles to play, and we should ensure by working with all players (such as GAVI, PMNCH, Innovation Working Group) the inclusion of all important issues (social dimensions, education, infrastructure, innovations, etc).

Next steps of the Global Strategy need the input from countries (and from the ministries of health in particular).

3. Where are we in MNCH?

This session added on the previous session about the Global Strategy, with three presentations:

a) A snapshot of current status of MNCH globally and in high burden countries, with an overview of advances achieved in the last few years, highlighting the reasons for progress as well as challenges and gaps, and the development of an accountability framework (presented by Flavia Bustreo, WHO), and

b) Progress of the implementation of the Global Strategy in countries (as followed up by the H4+), as well as efforts to shape commitments from countries who have not yet done so (presented by Purnima Mane, UNFPA)

c) An overview of the PMNCH priority action areas (PA) carried out by partners and included in the 2009-2011 PMNCH Strategy and Framework: PA1 – Knowledge management for Action; PA2 – Effective packages of interventions; PA3 – Essential MNCH commodities; PA4 – Human resources; PA5 – Advocacy; PA6 – Monitoring and tracking. (presented by Andrés de Francisco, PMNCH)

Key comments after the presentations highlighted the need to align new resources better to the existing evidence andto make more efficient use of the resources already available.

4. PMNCH: Strategic Direction & Value-Added (Presentations & Discussion)

Helga Fogstad, Vinod Paul and Ann Starrs reflected on what has worked and needs to continue, what has not worked well and could be delegated or removed and what are the new opportunities or gaps in the current landscape for PMNCH to take on, framing a discussion on strategic objectives for the Partnership. The following ideas emerged:

1. What has worked well and needs to continue?
    a. Mutli-constituency structure (critical for facilitating development and mobilization around the Global Strategy), which does not necessarily entail funding to keep it together.
    b. Creating and crystallizing the concept of the Continuum of Care.
    c. Mobilization of partners to create consensus on effective interventions and develop strategies.
    d. Alliance creation: potential for diverse partners to work together, without being a fund.
2. What has not worked well, and delegated or removed?

a. Previous attempts to engage in countries- the models used did not work. However, if this issue is not resolved, there is a danger of not meeting the expectations raised in countries through events such as the Partners' Forum in India, thus losing countries' engagement. There is a catalytic role that PMNCH can play.

b. There is a need to mobilize wider constituencies (including the parliamentarians, media and private sector), to achieve greater engagement with existing members, and to reach out to a broader group in MNCH as well.

3. Key opportunities

a. Integration – more health for the money, rights-based approach and need to link with HIV/AIDS, education, water and sanitation, etc.

b. Better agreement on gaps, bottle necks, cost-effectiveness for results (how to spend the US$ 40billion and get the maximum value), and using a 'diagonal approach' to strengthen health systems.

c. Accountability – crucial aspect of the work to be done forward, policy makers and donors want to see results if the momentum and investments are to be kept.

Julian Schweitzer gave a brief introduction of the discussion paper and some of the options described in it, resulting from the interviews with Board Members and others.

5. Strategic Direction & Value-Added – Revisiting PMNCH Vision and Mission – Report break-out groups

General comments from the break-out groups (reactions to Revisited vision and mission presented in the discussion document) focused on the need to make the vision and mission more inclusive and proactive with respect to the role of women and children. Specific language was suggested, below are the suggestions put forward.

Vision:

- Need to emphasize the multi-constituency and partner centric nature of PMNCH – results achieved by enhancing partners work.
- Reflect a more proactive approach when referring to the role of women and children – incorporate in vision and mission aspects of access, rights and empowerment to highlight the proactive nature of actors in health. Include concepts of coverage, quality and equity as well as linkages to other social dimensions and broader determinants of health. Refer to sustainability of efforts and progress as PMNCH work links to the broader development agenda.
- Refer to health goals (or MDGs 4,5&6 versus MDGs 4 & 5). References to global health community could be changed for global community (inclusive of other social dimensions which

impact women and children's health). There were requests to include all partners, including the private sector.

Mission: should draw from the vision (and the strategic objectives) with a focus on overarching principles (such as equity, coverage and quality). There were comments indicating that the three points currently highlighted in the suggested mission statement in the discussion document (knowledge, advocacy and accountability) were more suited as strategic objectives.

Some points followed:

- Knowledge – highlight the particular role of PMNCH in the knowledge cycle ie. PMNCH is not well placed to generate knowledge, however, there is value-added to promote usage of existing knowledge; to translate that knowledge and enable/develop consensus to drive effective policies and action. It was highlighted that there is sufficient knowledge to start implementing, and this should be reflected. The need to accommodate innovations was also emphasized.
- Advocacy – expand spheres of advocacy beyond advocacy for resources. Reflect also mobilization efforts (to engage partners, advocacy and mobilization for knowledge, for integration of efforts, etc).
- Accountability: contribution to accountability is the right language- work in that sphere should not stop at the US$40bn committed in September 2010.
- Spheres of action: references to global as well as regional and national work – it was agreed that there was a role to play and there should be more discussion about devising the exact roles for PMNCH and its partners.

The importance of setting and agreeing on the Strategic Directions was highlighted. The Partnership's convening power in bringing different constituencies to the table to agree–by looking at the situation analysis - on the targets, the interventions and strategies needed for implementation in order to achieve its mission and ensure accountability is the main added-value of The Partnership.

ACTION → ***It was agreed that the Secretariat would follow up by capturing the essence of the comments made during this session, and would present an updated vision and mission statement to the PMNCH Executive Committee for comments, with a view to arrive at a version which the EC can recommend for approval to the Board at the June 2011 Meeting.***

6. Strategic Objectives

Participants were asked to keep the discussions in the working groups at a high-level, to think strategically, and come up with general thematic areas, rather than specific activities, using the three bullet points in the discussion paper (knowledge, advocacy and accountability) as a starting point. Participants were asked for other ideas for strategic objectives as well as other comments and clarifications. The following points emerged:

- Need for flexibility, and the ability to review strategy and objectives in the short to medium term (6 months basis).
- Need for intersectoral collaboration, inclusion of other MDGs such as education and social MNCH dimensions.
- Need to think creatively about how to interact or catalyze activity in countries. Role of PMNCH as a broker or platform that can contribute to bringing partners to the table in regions and/or countries to focus on delivery and implementation, with the H4+ and other partners.

7. Strategic Objectives - Report back from break-out groups

The following key strategic issues emerged following discussions in the break-out groups:

- Knowledge: better expressed as "knowledge for action" with a view to develop integrated approaches for community use. Need to answer the questions: how can countries use existing knowledge for operational implementation? What is the Partnership's role in knowledge translation and dissemination?
- Advocacy: should include also mobilizing and aligning resources (globally, in regions, in countries). Resources should refer also to partners and their resources (financial, human, etc). Role of the Partnership in engaging and leveraging partners and their resources to overcome barriers and identify opportunities.
- Catalytic and brokering role in countries. How can PMNCH facilitate countries to share knowledge and accelerate action? Can PMNCH be an effective broker to enable effective/meaningful engagement of all partners at country level? Can PMNCH facilitate integration of coordinated approaches in countries?
- Accountability & tracking of results – use of Countdown data and new cross-cutting analysis and linking this to advocacy; agreed value of PMNCH's specific contributions to the work of the Commission for Information and Accountability (of the Global Strategy for Women's and Children's Health).

8. Summary day 1 & Closing — Julio Frenk

The following key strategic issues were presented as a summary of the day 1 discussions.

1. Positioning PMNCH/ Added-Value of PMNCH:
   a. Demonstrating results
   b. Multi-constituency platform
   c. Harnessing synergies –integration (education, NCDs, infrastructure)

   d. Advocacy – commitments and action

2. Strategic gaps and opportunities

   a. Essential interventions - consensus

   b. Mutual accountability and targets

   c. Regional and national support

   d. Sharing knowledge – moving from "what" to "how", managing bottlenecks

Group agreed to dedicate two hours the next morning to revisit strategic objectives in break-out groups. The agenda was changed to reflect this.

It was clarified that no agreement or decision would be taken at the retreat on the vision, mission and strategic objectives (to be approved by the Board at the first 2011 Board Meeting).

DAY 2 - Thursday 9 March

The agenda was modified (ANNEX I)

9. Strategic objectives/potential game changers (Break –out groups & Report back)

Participants were asked to, bearing in mind presentations, comments and conclusions from day 1, discuss further the Strategic Objectives (SO) with a view to formulate the "game changers", and specify the objectives as they relate and link to the issues agreed for the vision and mission (during day 1).

Following the presentations from the break-out groups, there was consensus among the groups that strategic objectives should be anchored on the key principles of added-value of PMNCH and the continuum of care, and should comply with the criteria of ultimate impact in countries/communities.

General agreement that the objectives should refer to the following areas:

- **Knowledge for action** – examples of actions in this SO are:
  - synthesize the knowledge and making it valuable for decision and policy-making
  - build consensus on core interventions, facilitating implementation and scale-up
  - carry out gap analysis
  - disseminate existing knowledge and consensus (leaving space for innovations in delivery and other social innovations)
  - achieve endorsement of existing consensus by international organizations
  - share best practices
  - mobilize resources for research, including implementation research
- **Advocacy and mobilization** – evidence-based advocacy for increased effectiveness. Examples:
  - Promote integration messages (work with GAIN-on scaling-up nutrition, GHWA on human resources, address challenges of fragile states with UNHCR).
  - Brokering and convening role, ensuring the momentum globally and in countries is maintained, and mapping strategic events and actors involved.
  - Advocate for increased/improved efficiency of funding for RMNCH.
- **Accountability** – agreed with the activities set out in the concept note of the 2011 Global Strategy commitments report: explaining commitments, using the Countdown to 2015 in tracking to ensure alignment of resources to key interventions, and the using the evidence for advocacy and mobilization.

In addition, there was general agreement that one main value-added aspect of PMNCH is its ability to convene partners and have a **brokering/catalyst role**, and it should seek to use it for each of the objectives identified. Therefore, a core function of PMNCH will be the brokering /catalyst role to mobilize partners for knowledge, advocacy/mobilization, accountability as well as implementation in

countries. This should be captured in the strategic objectives.

The group agreed that the above areas were good basis from which to build the strategic objectives.

10. What's needed to implement? (Scene setting & break-out groups)

The facilitator shared two examples of two Partnerships (RBM and STOP TB) and their models for engagement with countries (ANNEX III) RBM structure.

Participants agreed to look at the engagement /interaction with countries from a clean slate. It was agreed that, even if one of PMNCH's key mandates is to keep the momentum at the global level, ultimately the action and the progress is needed in a few countries with high-burden, and PMNCH is also responsible for catalyzing action aimed at ensuring progress in these countries. The need to identify or define a mechanism/mechanisms that enable/s the needed transformation in countries was agreed.

11. What's needed to implement? (Report back)

The following reflects general agreements from the report from the break-out groups.

There was consensus that strengthening partnerships in countries for MNCH is crucial. Consensus that PMNCH has a role to play as a broker/facilitator of these partnerships, to improve implementation in countries. There was no model agreed since different countries will have different needs.

The following principles for engagement in countries were accepted:

- Demand driven approach (bottom-up) to ensure sustainability of efforts and national commitment – National Champions needed, and ownership of the issues by the Government.
- No structural presence of PMNCH– no new structures – (use existing structures, partners, national and/or regional)

Suggested/potential roles of PMNCH in countries:

- PMNCH to catalyze demand for national/community structures that can support progress for MNCH (with H4+ and others).
- PMNCH to provide a platform, catalyzing advocacy & accountability for MNCH;
- PMNCH to identify and mobilize partners around the table, use convening power (not financial), to map out partners, identify existing structures which reflect the continuum of care.
- PMNCH to facilitate and enable the integration of efforts and policy coherence (by placing strategic secondments, for example), avoid duplication, connect national structures with regional and/or global structures.
- Provide information where possible, sharing of data as well as monitoring and tracking tools.

- Provide knowledge useful for policy decisions, share consensus for interventions

ACTIONS →

1. WHO will (at the request of the MoH Nigeria) develop a short survey tool to identify actors working in MNCH and inform the brokerage or catalytic role which PMNCH could play (starting with Board Members India, Nigeria & Tanzania).

2. The Secretariat will develop a concept note with suggestions for possible models of engagement in countries for the upcoming Board meeting (June 2011).

12. The model (Plenary Discussion)

Operational questions and discussion on the following issues: private sector engagement, constituency and membership engagement, constituency model.

Follow main agreement points:

Private sector - reminder that, following the last Board Meeting, the Board had agreed to the principles of engagement with the private sector presented – and the next step was the decide "how" (and with whom). A paper suggesting practical next steps should be presented at the next Board Meeting.

Constituencies engagement – it was noted that the different constituencies have different strengths (and resources), therefore there should be different types of engagement sought.

Wider membership engagement: Request to Board to set aside some resources for specific partners to carry out the role expected as communication focal points for their constituencies (particularly for the largest constituencies such as NGOs, with currently 250 partners).

ACTION → The Secretariat to present the private sector paper at the June 2011 Board Meeting

13. The way forward (to a strategic framework), conclusions and affirmation of decisions -

Take home messages:

- It is clearly a unique moment in the history of improving MNCH and The Partnership can play a constructive role – good level of agreement on key strategies as to how to play that role.
- There was emerging consensus from the participants around key principles; enough to translate elements of vision and mission into strategic objectives.
- There was also agreement around the image of PMNCH being a catalyst to accelerate progress through its members work (without PMNCH implementing the work itself).

NEXT STEPS & TIMELINE (from slides presented) →

- Share summary of meeting and main conclusions *(Secretariat)*

- Provide feedback to Secretariat *(Retreat participants)*
- Identify three Board Members to work with the Secretariat *(EC)*
- Draft the Vision, Mission, Strategic Objectives and operating model concept paper based on conclusions from discussions *(Working group supported by Secretariat)*
- Share with constituencies for feedback *(EC)*
- Review and provide agreement of Vision, Mission, Strategic Objectives *(EC)*
- Submit to the Board for approval at the June Board Meeting *(Secretariat)*

Timeline

- 10 March – 12 May 2011 : consultative process with the membership (led by the EC and supported by the Secretariat for agreement on vision and mission and strategic objectives.
- 12 May 2011– EC agrees on vision and mission and submits to the Board
- 1&2 June 2011– Board approves new vision and mission and strategic objectives for 2012-2015
- June to Oct 2011 (or to second 2011 Board Meeting) – development of PMNCH workplan for 2012 – 2015.

END OF RETREAT

APPRECIATION FOR OUTGOING BOARD MEMBERS

- Outgoing Board Members present at the retreat André Lalonde (FIGO), Afsana Kaosar (for Sir Fazle Abed, BRAC), Ann Starrs (FCI) and Helga Fogstad (Norad) were presented with a certificate of appreciation for their contribution as Board Members.

SUMMARY OF ACTION POINTS

1. The Secretariat will work with the EC (and consultants as appropriate) as discussed in the NEXT STEPS & TIMELINE (above) to develop the vision, mission and strategic objectives for 2012-2015, for discussion and approval at the 10th PMNCH Board Meeting (1&2 June 2011, in Geneva).
2. WHO will (at the request of the MoH Nigeria) develop a short survey tool to identify actors working in MNCH and inform the brokerage or catalytic role which PMNCH could play (starting with Board Members India, Nigeria & Tanzania).
3. The Secretariat will develop a concept note with suggestions for possible models of engagement in countries for the upcoming Board meeting (June).
4. The Secretariat will present the paper on private sector engagement at the June 2011 Board Meeting.

ANNEX I

DRAFT ANNOTATED AGENDA - RETREAT
9 &10 March 2011

DAY 1 - Wednesday, 9 March

09:30 - 10:00

14. Welcome remarks by PMNCH Board Chair. Objective & expectations, outcomes

Speaker: Julio Frenk

Content: The Chair will (very briefly, and without overlap with session 3) highlight major events and developments for global maternal, newborn & child health during 2010, trail the 2011 report, set the scene for the retreat's objective of deciding on the strategic direction and framework for the work of the Partnership from 2012-2015 (main focus of session).

Brief introduction of Board Members and other participants. Welcome to Carole Presern, new Director of PMNCH.

The objectives and expected outcomes for the day will be set.

The facilitator (Wendy Woods, Boston Consulting Group) will very briefly explain how the retreat will be conducted, will present the working methods and give other details.

10:00 - 10:20

15. The Global Strategy for Women's and Children's Health – what's next? ***(Presentation)***

Speaker: Bob Orr (Office of the UN Secretary-General)

Content: An update of the latest news on the Global Strategy, progress since September 2010 launch and next steps, including a brief overview of partners' agreements on structure moving forward.

There will be space for clarifications and some discussion, with further substantive discussion after the session.

10:20 - 10:40

16. Where are we in MNCH? ***(Presentation)***

Speakers: Flavia Bustreo (WHO), Purnima Mane (UNFPA).

Content: Adding to the previous session, in presentations of 10 minutes each, the global scene for MNCH will be set:

a) A snapshot of current status of MNCH globally and in high burden countries, with an overview of advances achieved in the last few years, accountability issues, highlighting the reasons for progress as well as challenges and gaps Flavia Bustreo (WHO)

b) Progress of the implementation of the Global Strategy in countries (as followed up by the H4+) - Purnima Mane (UNFPA)

10:40 - 10:55

Clarifications and questions on sessions 2 and 3 ***(Moderated by facilitator)***

15 Minutes for questions, clarifications and further discussion.

Day 1 – Wednesday, 9 March (cont.)

10:55 - 11:15

17. PMNCH: Strategic Direction & Value-Added ***(Presentations & Discussion)***

Speakers: Helga Fogstad Mane, Vinod Paul and Ann Starrs (10 min.).

Following the scene setting presentations, this session will spark discussion on the strategic direction and value-added of the Partnership by having short statements from three board members on:

1) What has worked and needs to continue
2) What has not worked well and could be delegated or removed
3) What are the new opportunities or gaps in the current landscape for PMNCH to take on?

Speaker: Julian Schweitzer (10 min.).

Brief introduction of the discussion paper and options on 'value-added', highlighting any areas of general agreement, and identifying areas of divergence of views.

11:15 - 11:35 ***(Q&A, Discussion)***

There will be some time for clarifications and short discussion about the value-added of The Partnership. Previous presenters will take questions from participants and respond (20 min.).

11:35 - 11:40

After the discussion, the facilitator will split the plenary in three working groups (which will be already pre-determined) for a discussion of the vision and mission of the Partnership. People can pick up coffee to take into groups if necessary.

11:40 - 12:45

18. Revisiting PMNCH Vision and Mission ***(Break-out groups)***

The three break-out cross-cutting groups will discuss the options in the discussion paper; will reflect on the plenary presentations and discussion on 'value-added, gaps and opportunities'. Groups will come back with key elements or principles for a 'refreshed' vision and mission for PMNCH, keeping in mind PMNCH's place in the global architecture.

Groups will be facilitated and rapporteurs will be agreed (facilitators TBC).

12:45 - 13:45 BREAK FOR LUNCH

13:45 - 14:15

Vision and Mission (cont.) ***(Presentations from break-out groups)***

Back in Plenary, one person from each group will present conclusions in relation to the key elements/principles in the vision and mission, as well as any other key issues which might have emerged during the discussions. Time for clarifications (30 min.).

Day 1 – Wednesday, 9 March (cont.)

14:15 - 14:45

Vision and Mission (cont.)

(Decision)

Plenary discussion and agreement on a PMNCH vision and mission (30 min.).

14:45 - 15:45

19. Defining Strategic Objectives ***(Presentation & Facilitated discussion)***

Presentation of the options in the discussion paper (10 min.).

In plenary, Julian Schweitzer will briefly explain the options presented in the discussion paper resulting from the interviews.

Additional options identified (20 min.).

There will be an opportunity to table alternative options from participants (with regards to areas of work, consolidation of current areas of work and new opportunities).

Facilitated discussion (25 min.).

Through questions and comments, participants will reach agreement on valid options for discussion in break-out groups.

Details about break-out groups (5 min.).

The facilitator will explain process and objectives for the break-out session - the groups will be different from the previous 'vision and mission' 3 groups, to allow for maximum interaction between participants (5 min.).

15:45 - 16:00 BREAK

16:00 - 17:15

Defining Strategic Objectives (cont.) ***(Break-out groups)***

After the break, the three separate break-out groups will discuss the main areas of work which should be the focus of the Partnership for the 2012-2015 period.

17:15 - 18:00

Report back on Strategic Objectives

Back in Plenary, one person from each group will present the results from the break-out groups (30 min.).

There will be time for clarifications and summary (15 min.).

18:00 - 18:30

20. Summary day 1 & closing **Julio Frenk**

19:00 - 20:30 DINNER (INFORMAL DISCUSSIONS)

DAY 2 - Thurs 10 March 2011

REVISED ANNOTATED AGENDA

07:45 Breakfast

08:15 - 08:30

21. Agenda and Objectives for the day **Julio Frenk**

The Chair will do a brief recap from agreements from day and objectives for second day will be set, discussion on whether people are content to put forward the vision and mission for adoption by the Board (electronically before the next board meeting)

08:30 - 09:30

22. Strategic objectives/potential game changers ***(Break –out groups)***

Bearing in mind presentations, comments and conclusions from day 1, break-out groups will discuss further the Strategic Objectives, with a view to formulate what are the game changers, and specify the objectives as they relate and link to the concepts and principles agreed for the vision and mission. (1 hr.).

09:30 - 10:30

Report back on Game changers ***(Discussion and consensus)***

Presentations from rapporteurs of break-out groups and discussion.

10:30 - 10:45 BREAK

10:45 - 11:00

23. What's needed to implement? ***(Scene setting for break-out groups)***

Specific example of practical exercise (e.g take a country example, a specific objectives, or groups of objectives) – how would the PMNCH work to implement a specific strategic objective? What would partners do individually, what could PMNCH do collectively (and where it would add value), what would the Secretariat do? Select the example (possibly using a high burden county to think about the 'how', and break out in working groups to discuss for half an hour.

Options and models (15 min.)

The facilitator will briefly introduce models used by other partnerships (RBM, Stop TB etc). Julian Schweitzer will present the options identified in the discussion paper, (on structure and procedure).

11:00 - 11:45

What's needed to implement? *(Break-out groups)*

Break-out groups and facilitators will be set up in advance

11:45 - 12:15

Back in Plenary, presentation from the break-out groups (30 mins).

Clarifications, facilitated discussion

Day 2 rev.– Thursday, 10 March (cont'd)

12:15 - 13:00

24. The model **(Plenary Discussion)**

Explore how to mobilize the partners better: in constituencies, at country level etc: Views from participants on the partner-centric approach.

13:00-13:30

Time to grab lunch and go back into plenary discussion.

13:30 - 14:00

25. The way forward (to a strategic framework), conclusions and affirmation of decisions - working lunch session **Julio Frenk**

Agreement on the way forward.

Conclusions (areas of agreement noted, remaining issues flagged, outline of the process).

Timeline: endorsement of strategic framework at the first Board Meeting 2011 on June 1&2; workplan adopted at second Board Meeting 2011 (Oct 2011, dates TBC).

14:00 RETREAT FORMALLY CONCLUDES

14:30 – 16:00

If desired (or necessary), remaining participants could discuss how to support the process of developing the Strategic Framework through the PMNCH governance structures, or anything else that might be suggested.