

10th PMNCH Board Meeting
Weds 1 & Thurs 2 June 2011
Château de Penthes, Geneva (Switzerland)
Note for the Record

Chaired by Julio Frenk

09:00 - 09:30 CLOSED SESSION – Election co-Chair

CLOSED BOARD SESSION

Decision: Purnima Mane was elected Co-Chair of the Board.

I. Welcome remarks by PMNCH Board Chair

The Chair set the context and highlighted some of the major developments and achievements since the Retreat in March in Cambridge. He mentioned:

- Objectives of the 10th PMNCH Board meeting
- The work accomplished or on-going by the Partnership within the PMNCH 2011 workplan
- Results and recommendations of the Commission for Information and Accountability for Women's and Children's Health.
- Focus on RMNCH issues at the World Health Assembly in May 2011.
- Progress and new commitments to the Global Strategy for Women's and Children's health.

Welcome to new Board Members and observers and round of introductions.

New Board Members: Anthony Costello (from the institute of Child Health at UCL, London), Judith Helzner (McArthur Foundation), Gilles Landrison (replacing Gustavo González-Canali, French Government), Stefan Germann (World Vision International), Rajiv Tandon (Save the Children India), Pius Okong (FIGO).

Observers were also welcomed.

The Chair shared the decision taken at the closed board session of the election of Purnima Mane as the Co-Chair.

Approvals

The following documents were submitted to the Board for approval.

- Note for the Record from the 9 PMNCH Board Meeting (November 15, 2009, New Delhi).
- Note for the Record from the Strategy Retreat (March 9 & 10, 2010, Cambridge, MA, USA).
- Revised budget for 2011 Workplan – **Discussion:** The Chair noted that the Finance Committee recommended the revised budget for approval by the Board and so did the EC. The Chair also noted that the Director can, at her discretion, approve changes in expenditure of up to 10%, and the Chair and Co-Chairs of up to 20%. It was noted that fundraising to cover the 2011 workplan activities was on track. The funding gap of US\$2.8m shown in the document (dated 8 April) had already reduced to US\$ 855K thanks to the generous contributions of Australia and pledges from Norway, The Netherlands and the World Bank. It was clarified that the increase in core budget was due to maternity leave covers and costs resulting from an increase in the salary post-adjustments fixed by WHO due to the devaluation of the US\$. It was also confirmed that the 2011 Workplan includes the small grants programme pilot project (to be completed in 2011 and evaluated in 2012). It was noted that the management of this project will be outsourced to a third party through a competitive tendering process.

Decisions:

NfR 9th PMNCH Board Meeting was approved
NfR PMNCH Strategy Retreat in Cambridge was approved
Revised 2011 Workplan and Budget was approved

2. Report from the Executive Committee

Purnima Mane presented the work done by the EC since the last Board meeting by thanking the Board for the vote of confidence and for her election as co-chair.

Discussion: Concerns about the value for money of the small grants program was discussed and it was agreed that a rigorous evaluation of the program is needed to assess the capacity of such program to catalyse more grants for better engagement of small NGOs.

It was mentioned that the IPU had enquired about attaining observer status to the PMNCH Board. It was noted that requests for observers can be sent to the Secretariat who informs the Board leadership (Chair and Co-Chairs) before granting it, and it is done on a one-to-one basis and for each Board meeting. It was acknowledged that to this date there had been no provision made for permanent observer status and the Secretariat could revert with options.

Decisions The presentation was noted – including the **decision** to go ahead with the pilot program of the small grants project for a year (noted above).

Action The Secretariat to revert to the EC and the Board with a recommendation regarding the IPU request for observer status.

3. Director's Report

Carole Presern presented. The Board commended the Director for the frank report and quick immersion in the Partnership's work as well as achievements in the first 100 days.

Decisions The report was noted.

4. Women's and Children's Health: the Global Landscape

Three presentations were made.

- a. The Global Strategy 'Every Woman Every Child' Campaign: next steps, including outcomes from the Commission on Information and Accountability (COIA) and discussion on next steps for PMNCH on the COIA by Flavia Bustreo (WHO)
- b. The progress on MNCH: how is it being measured, next steps of the Countdown, relationship to the Global Strategy by Zulfiqar Bhutta (Aga Khan University)
- c. Update of Global Fund Strategy and implications for MNCH by Ruwan De Mel (The Global Fund, GF).

Discussion: The following key opportunities were identified and discussed following the landscape presentations:

- Contribution to the COIA through the work of the Countdown, now moving to collection and analysis of sub-national data – there was a note of caution to not forget additional indicators which were not included in the Commission's report
- Critical role for PMNCH in getting consensus around and in distributing and disseminating the Commission's recommendations
- Recognition of the work of PMNCH in the Integration of Continuum of Care, value-added of PMNCH to harness the advances in knowledge and convert into practice
- PMNCH can help build on existing initiatives for converting commitments into results and align initiatives
- Opportunity to work with the Global Fund contributing to current GF Board discussions on integration for better use of resources and advocate for integrated funding as upcoming opportunities arise (with a view to influence round 11 proposals). PMNCH invited to participate at the upcoming GF Forum (June 2011).
- PMNCH contributions to the post-MDG world

Decisions No decisions were taken.

5. Update on country mapping exercise and regional RMNCH networks

Presentation by Tinu Taylor (Government of Nigeria) and Sadia Chowdhury (The World Bank)

The presentation gave an overview of existing stakeholder engagement in planning and implementation of national RMNCH plans in the following countries: India, Nigeria, Tanzania and Bolivia. The questionnaire sought views with respect to the role of global partnerships (particularly PMNCH) in current RMNCH efforts in these countries. A presentation on an on-going study on knowledge mapping in a few countries and role of PMNCH followed.

Discussion:

There was agreement on the main roles that PMNCH could have in countries: facilitating role in knowledge management, dialogue with governments on inclusive planning processes and priority setting in order to facilitate stakeholder engagement towards strengthening regional coordination, and advocacy for coordinated resource mobilization and generation of political will.

In terms of mechanisms, it was suggested to primarily build on existing coordination mechanisms already functioning in some countries (such as the H4+).

Decision: No decisions were taken

6. 2012-2015 PMNCH Strategic Framework

Julio Frenk gave a brief overview of the process followed to arrive at the Strategic Framework and Purnima Mane presented it.

Discussion:

The following comments were made:

- The order of Strategic Objective (SO) 2 and 3 should be switched (advocacy for aligning policy and resources first, then accountability)
- SO on Advocacy needs to be better balanced to highlight more clearly different areas of advocacy (beyond resources to issues, policies, etc.)
- The document needs to be more explicit that essential interventions are not only bio-medical in nature, and that they also include those linked to social determinants of health (e.g. community engagement is a form of essential intervention)
- Add links to human rights more prominently (particularly for the SO on accountability)
- Explain better the linkages with complementary initiatives (e.g. UN SG Global Strategy, and Every Woman, Every Child campaign)
- Consider changing the continuum of care graph (pg 14)
- Add thinking for 'beyond 2015' more prominently
- Explicit decision on adding R to the mandate of PMNCH- RMNCH (no change to the name of the Partnership) and an expansion of the background in the document to include information on reproductive health.
- Explicit about what constitutes success (metrics) for the Partnership in the context of the 2012-2015 Framework (to be developed as part of the more detailed workplan).
- Partnership 'value added' in what countries cannot do alone e.g. knowledge as a global public good

Decisions: The Strategic Framework for the Partnership for 2012-2015 was **approved subject** to the above mentioned changes)

EC will set up a working group, meeting more frequently if necessary in order to translate the framework into a workplan between now and October, to be presented for Board's approval at the 11th PMNCH Board Meeting (Paris 25 and 26 October 2011).

The mandate of The Partnership explicitly includes "R" in RMNCH and it should be defined that maternal health incorporates reproductive health.

Discussion:

PMNCH Mission presented in the Strategic framework – there were concerns expressed about using "essential interventions" in the mission statement, and a preference was expressed to use terminology which encompasses quality of care. The following proposal was made:

Supporting Partners to align their strategic directions and catalyse collective action to achieve universal access to comprehensive, high quality reproductive, maternal, newborn and child healthcare.

Changes:

"Comprehensive, high quality, healthcare" is used instead of "essential interventions" as "healthcare" includes preventive and curative actions in facilities, home or communities.

"RMNCH" instead of "women's and children's" health as more relevant to the Partnership's mandate and continuum of care.

Decisions: The new wording for the mission was approved.

7. Packages of essential interventions – progress and next steps

Zulfiqar Bhutta presented on the work done to this moment, products developed and potential next steps.

Discussion: the discussion highlighted the following points as crucial next steps for the continuation of the work.

- Identify PRIORITY INTERVENTIONS - evidence, impact, quality indicators, education needs and guidelines.
- EVIDENCE TYPE and level – need to use more than the biomedical standards of randomized control trials and systematic reviews, to integrate qualitative data, community and social mobilization interventions and policy analyses.
- Emphasize the DEMAND SIDE as well as the supply side – strengthening community systems and mobilization, health literacy.
- Provide a MENU or MATRIX of existing tools (e.g. LiST, MBB, CHOICE) already used in countries. Countries can use a 'market-oriented' approach, facilitate sharing experiences.
- HARNESS Partnership knowledge pool more effectively.

Follow up actions: PA2 leaders, working across other PAs as relevant, to convene a consensus meeting and prepare a product for the October Board meeting

Include a relevant presentation at the next board meeting to highlight existing tools and their use in one country (e.g. Ethiopia).

8. Private Sector Engagement

Peter Colenso (DFID) and Stefan Germann (WVI) presented this item

Discussion:

Paper was well received and there was general support to move forward. It was clarified that private sector refers to a for-profit constituency – excluding associations and medical providers who would be included in other constituencies (such as health care professional associations).

Decisions:

The four recommendations presented in the paper were approved as follows:

- 1: The Board agrees to the establishment of a private sector constituency as the appropriate mechanism for including the private sector in the governance of the Partnership.
- 2: Membership to the private sector constituency will be open to individual companies and/or trade or business alliances, and will be guided by the Partnership's principles of engaging with the private sector (as approved at the 9th PMNCH Board Meeting, 15 November 2010, New Delhi, India).
- 3: The private sector constituency will have two seats on the Partnership's Board.
- 4: At least one of the two seats representing the private sector constituency on the PMNCH Board will be a business alliance.

In addition: The EC will be involved in the next steps of developing constituency guidelines and exact mechanisms, including mechanisms to allow for termination of board representation (and or membership) in case of non-compliance with the agreed principles of engagement.

WHO offered its support to follow up The Partnership should liaise as needed with WHO and its Legal department, in particular with respect to due diligence issues related to new private sector members.

9. Governance

The following changes were communicated:

Donors/Foundations (Anneka Knutsson, Sweden):

USAID – 10th Board meeting (June 2011), USAID rotates off. Australia (AusAID) replaces USAID, starting after the 10th Board Meeting.

Sweden – 11th Board Meeting (October 2011) is the last meeting for Sweden. Canada replaces Sweden, starting after the October 2011 Board.

DFID's first two-year term finishes after the 11th Board Meeting (October 2011). DFID will continue for another term of two years

Countries: Nigeria has just undergone elections; the Minister has not yet been officially appointed and would like to continue on the Board.

Tanzania continues on the Board.

India has not been able to attend to this meeting.

One seat for countries is vacant.

Follow up → Supported by the Secretariat, Country Board Members to reach out to the current PMNCH country members¹ and other interested countries in Africa who have approached the Ministry of Health Nigeria with interest to fill the vacant seat by October Board Meeting.

NGOs: CARE US – 10th Board Meeting (June 2011) is the last meeting. The NGOs will carry out a nomination and selection process, preferably for the selection of a strong regional (African) voice and expertise to balance the constituency.

The NGOs had a consultation with Faith Based Organizations on 31 May who showed interest in engaging with PMNCH. Stefan Germann will provide suggestions for the next Board Meeting.

Health Care Professional Associations (HCPA):

11th Board Meeting (October 2011) is the last meeting for Bridget Lynch (International Confederation of Midwives, ICM), who rotates off. A new person from ICM will be nominated.

Academia, Research and Training Institutions (ART):

October 2011 Board Meeting – Vinod Paul rotates off. Process will follow for selection of a relevant expert.

UN and Multilaterals:

In addition to the UN Agencies holding permanent seats on the Board (WHO, UNICEF, UNFPA and WB), this constituency now includes the following members: GAVI Alliance, ILO (International Labour Organization), UNAIDS, UNOPS (United Nations Office for Project Services, Denmark). It was noted that consideration should be given as to how the additional partners of this constituency could be regularly consulted and represented.

10. Report from the Finance Committee

Report presented by Sadia Chowdhury (The World Bank), who was standing in for Chair of the Finance Committee, Vinod Paul).

The report had four sections:

- I. Financial report for 2010 (rev May 2011)
- II. Interim Financial report for 2011 (v 17 May 2011)
- III. Recommendations on paper on Conflict of Interest, including TOR for an Independent Advisory Group (IAG) and Declaration of Interest for Board Members
- IV. Recommendations for amended Terms of Reference of the Finance Committee, including decision to expand membership to five (5) members.

¹ PMNCH Country members registered on the PMNCH website are: Bangladesh, Bolivia, Cambodia, Chile, Ethiopia, India, Indonesia, Mali, Mozambique, Nepal, Nigeria, Pakistan, Senegal, Tanzania and Uganda.

Discussion:

Note to start the effort for resource mobilization for 2012 before having a complete workplan

Decisions: Financial Report 2010 - APPROVED

Interim Financial Report for 2011 (January-17 May 2011) - APPROVED.

Establishment of an Independent Advisory Group – NOT APPROVED

Expansion of the Finance Committee (FC) to five (5) members with the following language included in the TOR: Five Board members “or their representatives” – APPROVED.

Amended TORs for the FC – APPROVED with the following changes under responsibilities: The resource mobilization responsibility will be removed and will be replaced by: “the FC will support the work of the Executive Committee in its Resource Mobilization responsibilities”

Expanded FC tasked with reviewing and making recommendations on funding allocation (cumulative to over US\$100 000 per year) to partners for activities in the Workplan (instead of the IAG) starting in 2012 - APPROVED

Board Members will sign a Declaration of Interest (a streamlined version of the form shared with the Board, doc B10-11_ITEM-10.b-3_Col-Declaration_of_Interest_PMNCH_Form) – APPROVED

The Executive Committee will have a standing item on resource mobilization at its monthly calls - APPROVED

The following Board Members agreed to join the Finance Committee: Zulfiqar Bhutta and Stefan Germann (for a term of two years). The World Bank will nominate a person to replace Sadia. France Donnay (Bill and Melinda Gates Foundation) stays on. Vinod Paul will rotate at the end of the year (will need to be replaced). A further Finance Committee member is sought.

Sweden committed to engage donor constituency in its role of Donors convener and focal point of the constituency at the Executive Committee

II. AOB – Dates for the next Board Meetings

The following events and points were brought up to the attention of the group under AOB:

- The UN SG just finished a very successful tour in Nigeria and Ethiopia part of the Every Woman Every Child Campaign (EWEC)
- A big EWEC event (to take stock of progress one year after the Global Strategy launch) will take place on 21 September in NY. PMNCH is involved (with partners UNF, UN office of the SG and others) in the organization and will keep Board members abreast.
- It was requested that the Board considers adding a substantive discussion item about adolescence at the next Board meeting
- It was mentioned that PMNCH had been invited to the high-level HIV/AIDS meeting in NY on 9th June (co-chaired by US and UNAIDS), which would be an opportunity to discuss integration issues.
- In the context of accountability of regional approaches a new initiative for an annual reporting of regional commitments to the Global Strategy was launched (the US will fund personnel for this initiative).
- Vinod Paul had shared via email the launch of the Janani –Shishu Suraksha Karyakram (JSSK), a new national initiative by the Ministry of Health and Family Welfare, Government of India, which provides free services to pregnant women for deliveries and newborn care. It was highlighted that the PMNCH Forum in Delhi last year is likely to have contributed to the development of this initiative.

BOARD DATES:

The Chair thanked the French Government for offering the host the 11th Board Meeting in October 2011. Tinu Taylor informed the Board that the Chair and Director of PMNCH had received a written invitation from the Ministry of Health of Nigeria to host the 13th PMNCH Board Meeting in Abuja, Nigeria.

The following are the dates and venues for the next Board meetings:

- **11th PMNCH Board:**

Dates: 25th -26th October 2011

Venue: Paris, France

- **12th PMNCH Board:**

Dates: Exact date to be confirmed either

- 12th – 13th March 2012 or
- 20th – 21st March 2012

Venue: USA (East coast), exact venue to be confirmed

- **13th PMNCH Board:**

Dates: Fall 2012 (date to be confirmed)

Venue: Abuja, Nigeria.

Al Bartlett (USAID) and Christine Galavotti (for Helene Gayle, CARE US) were thanked for their Board Representation and bid farewell as they rotate off the Board. Sadia Chowdhury (World Bank) was also thanked for her role in the Finance Committee.

MEETING CLOSES

Full list of Documents on PMNCH's website:

http://www.who.int/pmnch/about/steering_committee/boardmeeting_20110601-02/en/index.html

ORGANIZATION	REPRESENTATIVE	ALTERNATE (A)
Chair	Julio Frenk	
CARE	Christine Galavotti (A)	
DFID	Peter Colenso	--- Julia Bunting
Expert, Maternal Health	José M. Belizán	
Expert, Child Health	Anthony Costello	
Government of France	Gilles Landrison (A)	
Government of Nigeria	Tinu Taylor (A)	
Government of Sweden/SIDA	Anneka Knutsson (A)	
Government of Tanzania	Neema Rusibamayila (A)	
Health Alliance International	Mary Anne Mercer	
Intern'l Confederation of Midwives	Bridget Lynch	
Intern'l Federation of Obs/ Gyn	Pius Okong	
International Pediatric Association	Zulfiqar Butta	
MacArthur Foundation	Judith F. Helzner	
Save the Children, India	Rajiv Tandon	
UNFPA	Purnima Mane	--- Laura Laski
UNICEF	Pascal Villeneuve (A)	
USAID	Al Bartlett	
WHO	Flavia Bustreo	--- Michael Mbizvo
World Bank	Nicole Klingen	--- Sadia Chowdhury
World Vision International	Stefan Germann	--- Rudo Kwaramba

Others: Observers

Sameera Al Tuwaijri, World Bank
 Pierre Blais, Permanent Mission of Canada to the UN, Geneva
 Barbara Bulc, Adviser on Private Sector (consultant)
 Ruwan De Mel, The Global Fund
 Abdul Ghaffar, Executive Director, Alliance for Health Systems and Policy Research, WHO
 Jennifer Goosen, CIDA, Canada
 Nebojsa Novcic, CEPA (consultant)
 Tim Poletti, Permanent Australian Permanent Mission to the UN, Geneva
 Jennifer Potts, Maternal and Newborn mHealth Initiative, UN Foundation
 Stephen Sohmani, Private Sector Liaison, UN Foundation
 Ann Starrs, President, Family Care International (PA Lead for Advocacy)
 Kirsi Viisainen, The Global Fund.

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