THE PARTNERSHIP

For Maternal, Newborn & Child Health

Item 2

Aspects of PMNCH Governance – Memberships and Rotation

Background

The Partnership for Maternal, Newborn and Child Health was launched two years ago to accelerate efforts towards achieving MDGs 4 and 5. A new global health partnership, it is the result of a merger of three existing partnerships: the Partnership for Safe Motherhood and Newborn Health, the Child Survival Partnership, and the Healthy Newborn Partnership. The process of bringing together these three entities was managed by a Transition Team which had completed its work at the time of the first Interim Steering Committee meeting in December 2005. Last year, 2006, was a period of building the new Partnership, endorsing a Ten -Year Strategy, and Partnership Work Plan, mobilizing resources, building high-level political contacts and support for the aims of the Partnership, initiating country support activities in high-burden countries, and "settling in" of the Secretariat at WHO premises and recruiting staff.

The first Partner Forum held in Tanzania during April 17-20 builds on this momentum. The Forum is both a high-level advocacy event and an opportunity to create consensus on the strategies and priorities for the Partnership. The Forum also provides the moment for members of the Partnership to select representatives from constituency groups to serve on the Steering Committee, and to select Working Group Chairs and Co Chairs.

The purpose of this short paper is to present some of the Governance agreements as reflected in the "Conceptual and Institutional Framework" (December 2005) and to highlight several new decisions the SC is asked to make on April 21, specifically pertaining to memberships and rotation.

Membership in the Partnership

From the C and I Framework
The Partnership joins together the maternal, newborn and child health communities, encouraging unified and effective approaches that promise greater progress than in the past. The Partnership has a broad membership that includes country partners, international agencies, donors, non-governmental organizations, professional associations and research and academic institutions. By bringing together this broad constituency, the Partnership ensures that its value is greater than the sum of its parts.

The SC is asked to approve the following criteria for membership in the Partnership:

New → An organization seeking membership in the Partnership should meet these criteria:

a) be active in the area of maternal, newborn or child health, or a closely related field, and committed to collective action to reduce MNC mortality

b) endorse the values and general principles of the Partnership, as reflected in the Partnership's core document the Conceptual and Institutional Framework

c) represent an institution active in one or more of the Partnership's priority areas

The SC is asked to approve the following responsibilities of Partnership members:

New → Responsibilities of members of the Partnership are:

- Actively initiate and participate in collaborative activities to achieve MDGs 4&5
- Support the implementation of the Partnership Work Plan and Ten-Year Strategy
- Contribute resources to the Partnership's activities. Resources can include funding, technical

expertise, staff time, and assistance with media and networking.

- Promote the Partnership
- Advocate for the reduction of maternal, newborn and child mortality
- Share knowledge and information through various Partnership channels regarding lessons learned, success stories, case studies, program results and policy approaches that help to accelerate action towards maternal, newborn and child mortality reduction

Membership on the Steering Committee

From the C and I Framework:
The Steering Committee is the governing body of the Partnership and holds decision-making authority. Members of the Steering Committee represent a balance among the members subscribing to the Partnership. Steering Committee membership is institutional or representative of a constituency. Steering Committee members normally speak for their institutions or constituencies and indicate when they are reflecting a personal view.

The Steering Committee has a Chair and two Co-Chairs who act in support of, and in the absence of, the Chair. As far as possible, the Chair and Co-Chairs reflect a balance among maternal, newborn and child health interests, and represent different constituencies and geographical areas. They are elected in a transparent manner. They represent the Partnership in communications with organizations, countries and other initiatives.

The Steering Committee consists of no more than 23 members selected from among its members (Annex provides the current list of members). The Steering Committee is made up of Representatives from the following constituencies, ensuring there is a balance among maternal, newborn and child health interests, and between national and international NGOs, as well as a mix of geographic representation:

a) Donor government/agencies and Foundations – **four**, of which one seat is for Foundations
b) Implementing developing countries represented through the Ministry responsible for health **(four)**
c) Multilateral organizations with a health mandate related to MDGs 4 & 5: UNICEF, UNFPA, WHO and the World Bank **(four)**
d) Non-governmental organizations **(four)**
e) Research and academic institutions **(three)**
f) Health Professional Organizations **(three)**
g) Optional seat which can be filled by an additional bilateral donor, as appropriate.

A maximum of ten persons may be invited with Observer status. Observers are not decision-makers and may not vote. No person or constituency has permanent Observer status. Observers from other global health partnerships are most welcome in the interest of collaboration. No more than two observers will be permitted from a single organization and their attendance will be based on the relevance of items on the agenda.

Each SC member may designate an Alternate Member to serve in his/her place. Alternates have the same rights, privileges and responsibilities as the Representative.

The SC is asked to approve the following criteria for selection of SC representatives, by constituencies, within their communities:

New → Each constituency develops its own process to designate its Representative to the SC.

The process would be guided by the following criteria:

- **New →** Deputy or equivalent, to ensure senior influence and decision-making responsibility
- Currently and actively working in the maternal, newborn, or child health field

- Profile within the constituency and globally/ regionally
- Willingness and ability to afford time and resources required for Steering Committee activities

The SC is asked to approve the following schedule for rotation of SC representatives.

New → The term of a Representative or Alternate will normally begin at the opening of the first SC meeting in a given year, and ends at the opening of the first SC meeting two years later. A term will normally be renewable once, i.e., length of service of four years. Constituencies other than UN agencies, would follow this proposed schedule for rotation:

- Donors governments - Two will rotate off the SC at the beginning of the first meeting in 2009, and one more will rotate off at the beginning of the first meeting in 2010.
- Foundations - Rotation will occur at the beginning of the first meeting in 2009.
- Implementing Developing Countries – Two will rotate off the SC at the beginning of the first meeting in 2009, and two more will rotate off at the beginning of the first meeting in 2010.
- NGOs – Two will rotate off the SC at the beginning of the first meeting in 2009, and two more at the beginning of the first meeting in 2010.
- HCPs – Two will rotate off at the beginning of the first meeting in 2009, one more at the beginning of the first meeting in 2010.
- Academic institutions – One will rotate off at the beginning of the first meeting in 2009, to be replaced by appointment by the SC.

Membership of Working Groups

From the C and I Framework:
Four Working Groups were constituted by the interim Steering Committee to support the work of the Partnership, in the area of Advocacy, Country Support, Effective Interventions and Monitoring & Evaluation. The Working Groups provide a platform to guide and coordinate the inputs of the members and jointly design and implement strategies that will lead to increased resources and action for maternal, newborn and child health in countries. The Working Groups will facilitate, but not take on, the work of the partners. Generic functions of Working Groups include:

- Ensuring there is coherence between the policies, objectives and work plans of the Partnership with those of their respective constituencies and member organizations
- Coordinating implementation and monitoring of the plans on country level implementation, advocacy, technical interventions and M&E, so as to assure coherence and synergy
- Undertaking planned tasks and activities, on behalf of the Working Group and the wider Partnership

New → Working Group Acting Chairs and Co Chairs have been actively recruiting core members, developing Terms of Reference and actions plans for the upcoming year. A list of WG core members and chairs will be provided on April 21.

The SC is asked to approve WG core memberships and WG Chairs and Co Chairs, from different constituencies, as nominated by the Working Groups during the Partner Forum.