PMNCH for Women's, Children's and Adolescents' Health

20 Avenue Appia
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30TH BOARD MEETING – VIRTUAL

06 Dec 2022, 11:00 – 14:00 CET

07 Dec 2022, 11:00 – 13:30 CET

NOTE FOR THE RECORD OF DECISIONS

OBJECTIVES

The 30th Board meeting of PMNCH focused on four strategic opportunities for country-led action, supported by PMNCH constituencies:

- Ensuring accountability for commitments for women's, children's and adolescents' health (WCAH);
- Private Sector leadership contributing to stronger public-private partnerships for WCAH;
- Opportunities for intersectoral investments in WCAH, especially in climate financing; and
- Political leadership and commitments for WCAH.

PARTICIPANTS

Please see list of participants in Annex 1. Participants are kindly asked to review the list for accuracy, including omissions to be corrected. We will assume this list will stand, unless informed otherwise.

DOCUMENTS AND PRESENTATIONS

All Board documents and presentations are to be found on the PMNCH Website

RECORDING OF THE MEETING

The Board meeting was livestreamed and available for public viewing. In addition, the Board meeting was recorded. The recording of the meeting is available on PMNCH's website for reference.

A photo of the Board was taken and is available here.

The Board members also have an opportunity to provide their feedback on the Board meeting, through completing the questionnaire, which is available here.

Note for the Record of Decisions

ITEM 1 – Introduction

	Decision / Action	Responsibility
1.1	Approved the Board meeting agenda.	n/a
1.2	Noted no conflicts of interest.	n/a
1.3	Agreed to the livestreaming and recording of this Board meeting, together with making the recording of the meeting available on PMNCH's website.	Secretariat
1.4	Agreed that the Note for the Record from the Board meeting on 14 and	Available on

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	15 July 2022 is an accurate reflection of the proceedings.	PMNCH's website

ITEM 2 – Strategic Dialogue I: Ensuring accountability for commitments for women's, children's and adolescents' health

This first Strategic Dialogue was dedicated to ensuring accountability for commitments for women's, children's and adolescents' health, reflecting on PMNCH's revised approach to these efforts. The PMNCH Partner Engagement in Countries Committee (PECC) developed a paper that described this revised approach, and which was made available to the Board in advance of the meeting: "PMNCH-B30-2022; 2a: PMNCH advocacy and accountability for commitments related to women's, children's and adolescents' health and well-being: A revised approach". This was considered in the context of the recently published paper: "Protect the Promise | 2022 Progress Report on EWEC Global Strategy for Women's, Children's & Adolescents' Health".

The Session commenced with a short video by WHO Director-General Dr Tedros, who highlighted key findings and recommendations of the "Protect the Promise" report on the Global Strategy for Women's, Children's and Adolescents' Health. This was followed by a presentation from Roli Singh, Co-Chair, PMNCH Partner Engagement in Countries Committee, who highlighted the main elements of this revised approach.

The presentation was followed by a short video from WHO Director-General Dr Tedros, who highlighted key findings and recommendations of the "Protect the Promise" report on the Global Strategy for Women's, Children's and Adolescents' Health. PMNCH Board Chair, the Rt Hon. Helen Clark, then moderated a discussion led by national government representatives from Ethiopia, Ghana, Senegal, Bangladesh and Mexico, together with UNICEF's chief of health programmes, Aboubacar Kampo, on priorities, platforms and approaches to enhance the efficiency and impact of joint advocacy and mutual accountability efforts.

Discussion among Board members followed. Guiding questions included:

- Asking country partners to provide a brief overview of progress made towards implementing commitments on women's children and adolescent health? What were the underlying success factors and what lessons can we collectively learn from these successes?
- What are the most persistent challenges that stand in the way of efforts to implement these commitments?
- Which of these challenges are best addressed through a collaborative approach with partners? What is required to improve the efficiency and impact of these collaborative actions?

The discussion noted several comments to be integrated in the next version of the paper. In addition, it was noted that PMNCH's revised approach to driving accountability towards commitments aims to ensure that national governments are sustaining and actualizing their pledges towards WCA made in relation to global and regional calls to action and national needs and priorities. In this effort, PMNCH partners, leveraging the collective capabilities of the partnership in terms of knowledge synthesis, partner engagement and campaigns, will support duty bearers to ensure quality implementation of national commitments and ensure mutual accountability for accelerated impact for WCA, as per agreed to targets and milestones, especially those articulated in national development plans, policies and budgets.

The main decisions and action points from this discussion are below:

	Decision / Action	Responsibility
2.1	With regard to the strategy paper on "*PMNCH advocacy and accountability*	• PECC

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	for commitments related to women's, children's and adolescents' health and well-being: A revised approach" the Board: • Thanked PECC for their leadership in the development of the paper and affirmed that the new approach moves PMNCH in the right direction. • Requested the PECC to revise the strategy paper to emphasize more strongly the need for commitments to address gap areas, notably adolescent wellbeing. • Agreed that effective links must be established between PECC and Global Forum for Adolescents' (GFA) Global Coordination Committee (GCC) in the common efforts to mobilize for new commitments, assessing the need to add the GFA GCC Commitment paper as an Annex to the PECC paper on advocacy and accountability. • Requested that following PECC's revisions, the paper be routed to the Executive Committee and then the Board for electronic approval.	
2.2	Noted the following advocacy priorities for country-focused action: • Increasing and/or sustaining financial investments by governments in UHC and PHC to increase equity and access for women, children and adolescents, mitigating the risk of further rollbacks in progress as a result of the "triple C" crisis (COVID-19, conflict, climate change). • Greater programme and policy attention to adolescent well-being.	• PECC • SAC and GFA GCC (with support from other standing committees and working groups)
2.3	Requested the Executive Committee to manage three potential risks in implementing this revised approach to commitments: 1. Ensure that PMNCH governance and management processes are as streamlined as possible, and do not impede implementation and delivery of partner-led efforts. 2. Ensure that PMNCH's interventions are focused and complementary to other partnerships' and stakeholders' efforts, so that no duplication emerges. 3. Manage the scale of ambition and expectations so as to add value to country-partners and not overburden existing efforts in countries.	Executive Committee

ITEM 3 – Strategic Dialogue II: Private sector leadership contributing to stronger public-private partnership for women's, children's and adolescents' health

The objective of this session was to examine how the PMNCH private sector constituency can contribute most effectively to stronger private-public partnerships for WCAH.

PMNCH Private Sector Constituency Chair Caroline Quijada began the session by presenting a paper on opportunities for private sector organizations to play a stronger, coordinated leadership role in advancing WCAH, including through improved integration with other stakeholders in country response plans.

The presentation was followed by a panel discussion moderated by the PMNCH Board Chair, who called upon four PMNCH Private Sector representatives to share their experiences and ideas. Representatives from Ferring, Philips, MSD for Mothers, and Laerdal Global Health took the floor to discuss:

- The evolving role of the private sector, as it becomes more active in the face of multiple crises, e.g., COVID-19. Regarding women's, children's and adolescents' health, in particular, how best can the private sector offer meaningful impact alongside other players, both public and private.

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- In the context of Public-Private Partnerships (PPP), how can impact of private-sector engagement in WCAH be measured? How important is integration within these multi-stakeholder partnerships and what is the experience to date?
- Critical areas where the private sector has been most successful in delivering for women, children and adolescents in the past decade, and how can these lessons learned be applied in this current era of the "triple C" crisis?
- What has been the experience of has partnering with GFF in the Innovation-to-scale initiative, could you briefly comment on this experience? and what do you think are the motivators for the private sector to engage in Public-Private initiatives?

Board members were then invited to come with their reflections on what they heard, and what they think about how PMNCH can best support a fully integrated public-private response at country level. A rich discussion emerged, which had to be cut short on the day with agreement for it to be continued on the second day of the meeting, after Agenda Item 8.

The main decisions and action points that emerged from this discussion are set out below.

	Decision / Action	Responsibility
3.1	The Board thanked the PMNCH Private Sector Constituency for a good framing paper and rich discussion. Approved the paper "*Private sector leadership for women, children and adolescents' health*" as a guiding document for the development in 2023 of PMNCH's Private Sector (PS) Strategy.	Private Sector Constituency Chair
3.2	Requested that in developing the Private Sector Strategy document, consideration be placed on: • developing common guidelines, standards and framework for measuring social impact and strengthening accountability; • adopting people-centered indicators within this accountability effort, ensuring a rights-based approach to measuring SDG progress; • improving the integration of local private sector actors within countries in multi-stakeholder partnerships, including across sectors, facilitating greater attention to community-based needs and priorities, including with respect to quality of care; • greater focus on the role of innovation in taking programs to scale; • greater focus on adolescent needs and priorities. • undertaking a mapping exercise to better understand where current PMNCH private sector members are engaged; • build on experience from PMNCH partners (e.g., GAVI, etc.,) with significant experience and insights on PPPs;	Private Sector Constituency Chair
3.3	Requested the private sector constituency, working together with the GFA GCC and GFA Partnerships & Communications Action Group (PCAG), determine how private sector can be best engaged to support new government commitments for adolescents' wellbeing.	• Private Sector Constituency • GFA PACG

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ITEM 4 – Strategic Dialogue III: Opportunities for intersectoral investments in women's, children's and adolescents' health, especially in climate financing

Under this agenda item, the PMNCH Board reflected on the current gaps in intersectoral financing for WCAH, especially with regards to climate change financing in recognition of its substantial effects on WCAH.

The Green Climate Fund opened this session with a framing presentation, drawing from its recently published Sectoral Guide on Health and Well-Being. Board members responded to the call from the Green Climate Fund for greater engagement by the health community by reflecting on discussions at the United Nations Framework Convention on Climate Change (UNFCCC) 27th Conference of Parties (COP27), held recently in Sharm-El-Sheikh from the 6-20 November 2022. Flavia Bustreo, on behalf of the Knowledge and Evidence Working Chair also provided data to highlight the significant impact of climate change on MNCH, SRHR and AWB.

There, PMNCH partners advocated for bridging the policy and financing gap between health and climate change, emphasizing the particular role of adolescents and young people in leading this effort.

The Board was asked to:

- reflect on the current gaps in intersectoral financing for WCAH in climate adaptation projects and investments; and
- identify and provide guidance on advocacy opportunities for prioritizing climate financing for WCAH.

The Board discussion following the presentations and interventions were rich and highlighted the need for more attention to this area. Due to time constrains, the discussions in this session were to be continued on the second day of the meeting, after Agenda Item 8.

The main decisions and action points that emerged from this discussion are set out below.

	Decision / Action	Responsibility
6.1	Agreed to develop a joint advocacy agenda on climate change, WCAH and intersectoral financing, by engaging key stakeholders (including the Green Climate Fund, Global Climate and Health Alliance, and the WHO STAGE working group on climate change). Advocacy asks should focus on interventions for climate mitigation, including health sector decarbonization and the transition to sustainable nutrition practices, as well as climate adaptation to build the resilience of women, children, and adolescents.	SAC with Board Members (e.g., Fondation Botnar, AFD, FCDO)
6.2	Agreed that PMNCH should leverage the power of young people leading the climate movement and empowering adolescents to advocate for commitments and investments in youth-led climate mitigation and adaptation projects at country level.	SAC with GFA GCC and Action Groups and AYC
6.3	Agreed to explicitly address intersectoral and climate financing in PMNCH's economics and financing portfolio, including through investment cases on WCAH addressing socio-environmental determinants of health and well-being.	Knowledge and Evidence WG (KEWG) and Econ.&Fin. Workstream
6.4	Agreed to develop evidence-based advocacy resources on intersectoral financing with a focus on climate finance, including a paper on financing gaps and an advocacy brief on climate change and WCAH, with a focus on the necessary systems reforms (e.g.,	KEWG with SAC & Board members (e.g., AFD, Fondation Botnar, FCDO)

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	food systems).	

ITEM 7 – Progress report from the PMNCH Executive Committee and reflection on priorities for 2023

PMNCH Executive Committee (EC) oversees the operational aspects of PMNCH's work and reports on these to the PMNCH Board.

As such, Chris Carter, Vice-Chair of the Board presenting on behalf of Rajesh Bhushan Secretary, EC Chair interim used this opportunity to remind the Board of the PMNCH priorities and the 2022-23 workplan details. The presentation also provided an update on progress in 2022 and PMNCH governance reform as well as set out the budget implementation and funding situation.

The Board was asked to:

- approve the Executive Committee 2022 Report;
- approve the target budget from 2023 onwards at the Essential US$ 10 million level and not the originally planned Comprehensive US$ 15 million; and
- commit to engaging with the resource mobilization process and activities as led by the Executive Committee and facilitated by the Secretariat.

The Board was informed that a pre-Board webinar was provided on 01 December 2022, enabling Board members and the PMNCH membership at large the chance to learn more about PMNCH and to have an opportunity to ask more in-depth questions. The recording of the webinar is available here.

The main decisions and action points that emerged from this discussion are set out below.

	Decision / Action	Responsibility
7.1	Applauds the improved focus of PMNCH work over the past year (including consolidation and prioritization of 2022-23 workplan deliverables), improvements in governance, and the immense efforts by all partners and the Secretariat.	EC to convey Board appreciation to all Governance Structures
7.2	Recognizes the success of the governance reform to date in enabling partners to take the lead and deliver on the workplans, while appreciating that governance continues to be under review and may be further streamlined.	GEC
7.3	Approved the Executive Committee's report for 2022 as presented, noting that for next time it would be helpful to: • indicate annual progress achieved in the context of baseline measurements and annual targets; • indicate any challenges encountered, and how these were/will be managed going forward.	• Secretariat • EC and Committees / Working Groups
7.4	Agreed that the target budget for 2023 onwards should be set at the Essential US$ 10 million level rather than the originally planned Comprehensive US$ 15 million level.	• Committees / Working Groups • Secretariat
7.5	Committed to engage with the resource mobilization process and activities coordinated by the Executive Committee and facilitated by the Secretariat.	EC with Board members and Secretariat

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ITEM 8 – Strategic Dialogue IV: Political leadership and commitments for women's, children's and adolescents' health

This agenda item explored how political leaders can use global, regional and national platforms for intentional action and commitments for the most vulnerable during this period of multiple, overlapping crises (climate, cost of living, conflict, COVID recovery).

H.E. Cyril Ramaphosa, President of South Africa, provided a written statement about his commitment to championing women's, children's and adolescents' health issues domestically as well as globally. This was followed by framing remarks on the topic of political leadership by Prof. Olive Shisana, Social Policy Special Advisor to President Ramaphosa, referencing the commitment of South Africa to develop a "Global Leaders Network", to be chaired by His Excellency President Ramaphosa to champion these important issues.

Following this, the PMNCH Board Chair moderated a panel discussion with government representatives from Bangladesh, Ghana, India, the UK, South Africa and Senegal, as well as the Deputy Executive Director of UNFPA, Diene Keita, to discuss evidence and support needed by national governments, including finance ministers, in making the case for prioritizing women's, children's and adolescents' health, within national, regional and global political platforms, including the AU and G20.

The Board was asked to reflect on:

- What support do governments require from PMNCH partners and constituencies to make the case for prioritization of women's, children's and adolescents' health in this time of competing demands, and how can H.E. Ramaphosa's vision of the GLN be leveraged for this?
- What do you see as the most strategic opportunities for political action and how can these be taken up in 2023?
- How can PMNCH constituencies support leaders and leverage the GLN to ensure that national, regional and global political platforms deliver for women, children and adolescents, including the AU, G7/20, UN High-level meetings, etc.?

The Board members and invited guests expressed full support to the GLN approach as an important mechanism to prioritize women's, children's and adolescents' health in the development agendas. They shared experiences and suggestions to leverage the GLN and facilitate their work to maximize impact. The main decisions and action points that emerged from this discussion are set out below.

	Decision / Action	Responsibility
8.1	Expressed great appreciation to His Excellency President Cyril Ramaphosa of South Africa, for his leadership and applauded the vision of the Global Leaders' Network to advocate for WCAH at the highest political levels.	SAC, GLN task team
8.2	Provided the following guidance related to this important area of work: • leverage global inter-governmental platforms, including high-level meetings on UHC, SDG review processes, as well as regional platforms, such as AU, to advance this leadership. • begin the planning process to influence the Summit for Future in 2024, and the ICPD+30 process; • in addition to public-facing advocacy events, consider holding 'Chatham house'-type discussions on barriers linked to social norms, political economy, and how to overcome these; • seize the opportunity of G7 2023 in Japan and the G20 in India in 2023 to make the case for policy and investment in women's, children's and	SAC, GLN task team working with all other committees / working groups and Secretariat

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	adolescents' health and wellbeing, including comprehensive SRHR; • go beyond economic analysis to make the case, including using storytelling and youth-led narrative approaches, coupled with data analysis, to build a strong argument for how coordinated cross-sectoral inputs are required to influence health and well-being outcomes; • focus on using the PMNCH platform to exchange lessons learned and good practices, and to bring champions together on solutions to overcome the challenges; • seize the opportunity of 2023 global policy events to influence action, such as the International Conference on Maternal and Newborn Health in Cape Town.	
8.3	The Government of India, as 2023 G20 host, proposed to co-organize a high-visibility event with PMNCH to underline the importance of supporting adolescent well-being by G20 members.	SAC with GFA GCC Government of India Secretariat

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LIST OF PARTICIPANTS

PMNCH 30TH VIRTUAL BOARD MEETING

Academic, Research and Training Institutes (**ART**)
Adolescents and Youth (**AY**)
Donors and Foundations (**DF**)
Global Financing Mechanisms (**GFM**)
Health Care Professional Associations (**HCPA**)
Inter-Governmental Organizations (**IGO**)
Non-Governmental Organizations (**NGO**)
Partner Governments (**PG**)
Private Sector (**PS**)
United Nations Agencies (**UNA**)

EC - Executive Committee
GEC - Governance & Ethics Committee
PECC - Partner Engagement in Countries Committee
SAC - Strategic Advocacy Committee

Participants are kindly asked to review the list and add their name or names of their colleagues who attended for any part of the meeting, so that we have an accurate record of all those who participated.

Board Leadership

BOARD CHAIR	**Rt. Hon. Helen Clark** Former Prime Minister of New Zealand
BOARD VICE CHAIR ***Government of India***	**Rajesh Bhushan (Apologies sent)** Secretary, Health and Family Welfare Ministry of Health and Family Welfare Government of India
BOARD VICE CHAIR ***Foreign, Commonwealth and Development Office (FCDO), UK Government***	**Chris Carter** Deputy Director – Head of Human Development Department Foreign, Commonwealth and Development Office Support staff online: Meena Gandhi, Sena Ar-Rikaby
BOARD VICE CHAIR <30 ***My Empowerment Platform***	**Aditi Sivakumar (Apologies sent)** Founder My Empowerment Platform

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Board Membership

ART	***Aga Khan University (AKU)***	**Marleen Temmerman (Apologies sent)** Director of the Centre of Excellence in Women, Children and Adolescents Health Aga Khan University
	Population Council Zambia	**Mike Mbizvo (Apologies sent)** Country Director Population Council Zambia
	International Islamic Center for Population Studies and Research, Al Azhar University	**Gamal Serour (Apologies sent)** Director of the International Islamic Center for Population Studies and Research Al Azhar University
AY	***International Youth Health Organization***	**David Imbago Jácome** Member International Youth Health Organization
	Youth for Health Promotion Zimbabwe	**Naledi Katsande** Programs Lead Youth for Health Promotion Zimbabwe
DF	***Foreign, Commonwealth and Development Office (FCDO) UK Government***	**Susan Clapham** Health Adviser Foreign, Commonwealth and Development Office
	Agence Française de Développement, Government of France	**Agnes Soucat** Director of Health and Social Protection Agence Française de Développement
GFM	***Gavi, the Vaccine Alliance***	**Anamaria Bejar (Day 2)** Director, Public Policy Engagement Gavi, the Vaccine Alliance **Gaurav Garg** Head, Public Policy Analysis and Research Gavi, the Vaccine Alliance
HCPA	***International Confederation of Midwives***	**Franka Cadée** President International Confederation of Midwives (ICM)
	International Pediatric Association	**Errol Alden** President International Pediatric Association (IPA)
	The International Federation of Gynecology and Obstetrics	**Jeanne Conry (Apologies sent)** President International Federation of Gynecology and Obstetrics (FIGO)

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	Inter Parliamentary Union	**Martin Chungong (Apologies sent)** Secretary General Inter-Parliamentary Union (IPU)
NGO	***IPAS Central America and Mexico***	**Maria Antonieta Alcalde Castro** Director IPAS Central America and Mexico
NGO	***Plan International***	**Stephen Omollo (delegation to Chris Armstrong, Director of Health, Plan Canada)** CEO Plan International
NGO	***Africa Health Budget Network***	**Aminu Magashi Garba (attended Day 2)** Coordinator Africa Health Budget Network (AHBN)
PG	***Government of India***	**Roli Singh** Additional Secretary, Health and Family Welfare Ministry of Health and Family Welfare Government of India Support staff online: Zoya Rizvi
PG	***Government of Liberia***	**Wilhelmina Jallah (Apologies sent)** Minister of Health Government of Liberia
PG	***Government of South Africa***	**Joe Phaala (delegation to Manala Makua, Chief Director for Women, Maternal and Reproductive Health, National Department of Health)** Minister of Health Government of South Africa
PS	***Abt Associates***	**Caroline Quijada** Principal Associate Abt Associates
PS	***World Economic Forum***	**Børge Brende** President World Economic Forum
UNA	***UNICEF***	**Catherine Russell (delegation to Aboubakar Kampo, Director of Health, UNICEF)** Executive Director UNICEF
UNA	***UNFPA***	**Natalia Kanem (delegation to Diene Keita, Deputy Executive Director, UNFPA)** Executive Director UNFPA Support staff online: Will Zeck, Petra ten Hoope-Bender
UNA	***World Health Organization***	**Zsuzsanna Jakab (delegation to Anshu Banerjee, Acting Executive Director, UHC/LC Division)** Deputy Director General

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	WHO

Standing Committee Chairs

SC Chairs

Governance and Ethics Committee Chair	**Flavia Bustreo** Vice President Fondation Botnar
Partner Engagement in Countries Committee Co-Chairs	**Roli Singh** Additional Secretary and Mission Director, National Health Mission Ministry of Health & Family Welfare Government of India **Joy Phumaphi (Day 1)** Executive Secretary African Leaders Malaria Alliance (ALMA)
Strategic Advocacy Committee Co-Chair	**Ann Starrs** Director, Family Planning Bill & Melinda Gates Foundation **Githinji Gitahi (Apologies)** CEO AMREF Health Africa Observing: Caitlyn Mitchell, Lars Gronseth (Day 2, Item 9)

Invited Guests

Government of Bangladesh	Dr. Saiful Hassan Badal, Secretary, Medical Education and Family Welfare division (MEFWD), Ministry of Health and Family Welfare (Day 1) Dr. Ashrafi Ahmad, Additional Secretary, Minister of Health and Family Welfare (Day 2)
Government of Ethiopia	Dr. Dereje Duguma, Minister of State, Ministry of Health (Day 1) Dr. Munir Kassa, Special Advisor to Minister for Health (Day 2)
Government of Ghana	Dr. Kofi Issah, Director, Family Health Division, Ghana Health Service (Day 1) Dr. Emanuel Odame, Director, Policy, Planning, Monitoring and Evaluation Division, Ministry of Health (Day 2)
Government of Mexico	Observer status; attended to take notes only.
Government of Senegal	Dr. Babacar Gueye, Director of Disease Control, Ministry of Health (Day 1) Dr. Amadou Doucoure, Director of Division for Mothers and Children, Ministry of Health (Day 2) Support Staff online: Ndeye Datou Seck, Aissatou Diop
Government of South Africa	Prof. Olive Shisana, Social Policy Special Advisor to President Ramaphosa (Day 2 Item 7)

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Private Sector representatives	• Charlotte Ersboell, Ferring Pharmaceuticals • Mary-Ann Etiebet, Merck for Mothers • Tore Laerdal, Laerdal Global Health • Jan-Willem Scheijgrond, Philips
Green Climate Fund	Dr German Velasquez, Director of Division Mitigation and Adaptation, Green Climate Fund (Day 1 Item 4) Support Staff: Hyunjeong Shim
PMNCH Knowledge and Evidence WG	Mark Hanson, Chair (Day 1, Item 4)