
The Partnership for Maternal, Newborn and Child Health**24th Board Meeting****Hosted by the Government of Kenya****The Hotel InterContinental Nairobi, City-Hall Way, Nairobi, Kenya****9 to 11 November 2019**

DRAFT

NOTE FOR THE RECORD

Objectives

Taking stock of current status and trends in women's, children's and adolescents' health, and the need for greater momentum for universal health coverage and primary health care, the Board is asked to review and affirm current priorities for action in women's, children's and adolescents' health, and to decide upon:

1. PMNCH's approach to strengthening country multi-stakeholder platforms in 13 identified countries as a mechanism to improve alignment of partners in delivering on country priorities within a UHC framework and cross-sectoral mechanism.
2. The nature and scope of a global PMNCH-led umbrella advocacy campaign to engage partners and champions, and orchestrate joint action.
3. The most appropriate mechanisms for PMNCH to support partners to hold each other accountable, in collaboration with the Independent Accountability Panel (IAP) and other stakeholders.

The above is intended to contribute to the forthcoming PMNCH 2021 to 2025 Strategy development process. The Board meeting will also be an opportunity for members to engage with the independent consultants who are currently undertaking an external evaluation of the Partnership's work from 2014 to date, with a focus on applying lessons learned to future strategies.

PARTICIPANTS

Please see list of participants in Annex 1.

PRESENTATIONS

Documents and presentation: <https://www.who.int/pmnch/about/governance/board/meetings/en/>

Summary of decisions

1. ITEM 1 – Opening remarks of the 24th PMNCH Board Meeting

	Decision / Action	Responsibility
1.1	No decision required	n/a

2. ITEM 2 – Conflict of interest review, agenda adoption, NfR from previous Board

	Decision / Action	Responsibility
2.1	No conflicts of interest recorded	n/a
2.2	24 th Board Meeting Agenda adopted as presented	n/a
2.3	Executive Memo noted and appreciated	n/a
2.4	Note for the Record, 23 rd Board meeting, The Hague, July 2019 was approved	n/a
2.5	Welcomed all the new Board members	n/a

3. ITEM 3 – Challenges/Opportunities in Women's, Children's and Adolescents' Health

	Decision / Action	Responsibility
3.1	Strategy Committee to consider further the evidence presented in the Strategy development process.	Strategy Committee

4. ITEM 4 – PMNCH Independent External Evaluation

	Decision / Action	Responsibility
4.1	Board noted the process and purpose of the evaluation, as presented.	n/a
4.2	First draft of evaluation is expected on 13 December 2019, with findings to feed into a thought-paper for the strategy retreat (February 2020), final evaluation report due 31 January 2020. The final evaluation will be shared with the Board.	External evaluators

5. ITEM 5 – Strengthening partner alignment at country level

	Decision / Action	Responsibility
5.1	Board agreed to strengthening national multi-stakeholder engagement, including through H6 and partners.	Board; H6; Secretariat

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	Decision / Action	Responsibility
5.2	Circulate to the Board the latest version of the concept note describing the Multi-Stakeholder Platforms (MSPs)-related work and establish an ad-hoc working group of partners to oversee and support the implementation of this work.	H6; Secretariat
5.3	Share more information on PMNCH's website about the small grants programmes run or supported by the Partnership to ensure greater transparency (including, amounts, recipients, workplans, application process, etc.)	Secretariat

6. ITEM 6 – Report from the PMNCH Executive Director

	Decision / Action	Responsibility
6.1	ED report to be first item on future Board agendas, to focus discussion by calling attention to key achievements, ambitions and concerns (e.g. 3 key achievements and challenges).	Secretariat
6.2	Discussion papers with options and decision points to be produced – i.e. committees or working groups should in the future produce discussion papers for Board meetings, with clear options and decision points.	Committees & Working Group Chairs

7. ITEM 7 – Accelerating advocacy for Women's, Children's and Adolescents' Health

	Decision / Action	Responsibility
7.1	Board fully endorsed proposed concept of umbrella advocacy campaign, and agreed for working group to develop a more detailed and concrete proposal to be shared with the Board ahead of the February 2020 retreat.	Advocacy WG

8. ITEM 8 – Reflecting on a decade of accountability for women, children and adolescents

	Decision / Action	Responsibility
8.1	PMNCH Accountability Working Group to be populated as soon as possible, to guide on PMNCH accountability portfolio priorities, including relation with other EWEC core partners, including IAP	Board
8.2	The recommendations of the Working Group should be brought to the Board in advance of the next Board meeting so that decisions can then be taken.	Secretariat with Accountability Working Group
8.3	As part of 8.1 and 8.2, the Working Group should provide recommendations to the Executive Committee on the management, including financial, of PMNCH's hosting relationship to the IAP and on their respective accountability roles.	Secretariat with Accountability Working Group
8.4	Acknowledging that it is the EOSG that establishes the mandate of the IAP, PMNCH should reach out to the EWEC Secretariat for an update on the IAPs role and function.	Board

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9. ITEM 9 – PMNCH Strategy 2021-2025

	Decision / Action	Responsibility
9.1	Agree to the timeline as presented, with the new Strategy to be finalized in November 2020 at PMNCH's Board meeting	Strategy Committee
9.2	As per the presented process, the February 2020 Strategy Retreat would be limited to members of the Executive Committee and Strategy Committee, and Chairs of the External Evaluation Group, and the three main Working Groups (Advocacy, Evidence and Knowledge, and Accountability).	Secretariat

10. ITEM 10 – Governance issues

	Decision / Action	Responsibility
10.1	Updated ToRs for the Strategy Committee adopted	GNC
10.2	By the end of 2019, dates for the 2020 virtual and in-person Board meeting to be confirmed, EC and Advocacy WG to provide feedback on optimum dates for complementary with advocacy activities	GNC

11. ITEM 11 – AOB

	Decision / Action	Responsibility
AoB 1	Thanked those who will be rotating off the Board before the next meeting.	
AoB 2	Child Health Initiative announced a multi-year grant to PMNCH, through the FIA Foundation, earmarked for adolescent health and wellbeing work	

Saturday 9 November 2019: Pre-Board events

Welcome remarks were made by:

- Rt. Hon. Helen Clark, PMNCH Board Chair.
- Hon. Sicily K. Kariuki, Cabinet Secretary for Health, Republic of Kenya.
- Ms Preeti Sudan, PMNCH Board Vice-Chair and Secretary, Health and Family Welfare, Government of India.
- Dr Tedros Adhanom Ghebreyesus, WHO Director General.

The Chair warmly welcomed all Board members, representatives and alternates, including the new Board members and alternates as approved by the Executive Committee and the seven country delegations attending the Board, namely: Afghanistan, Ghana, Liberia, Mexico, Nigeria, Sierra Leone and South Africa.

The Chair thanked the Government of Kenya for the hospitality and hosting of this Board meeting.

ITEM 2 – Conflict of interest review, agenda adoption, NfR from previous Board

DECISIONS

- No conflict of interest registered.
- 24th Board meeting agenda adopted as presented.
- Executive Memo noted and appreciated.
- Note for the Record, 23rd Board meeting, The Hague, July 2019 was approved.
- Welcomed all the new Board members

ITEM 3 – Challenges/Opportunities in Women's, Children's and Adolescents' Health

Objective: Taking stock of the status and trends in women's, children's and adolescents' health, and the opportunities for greater acceleration for UHC and PHC.

Decision: To identify priorities for joint action by PMNCH members in 2019 and 2020, and provide guidance for the forthcoming PMNCH 2021 to 2025 Strategy.

- **Introduction:** Dr. Anders Nordström, Government of Sweden; Chair, PMNCH Strategy Committee.
- **Presenter:** Prof. Zulfiqar Bhutta, International Pediatric Association and Co-Director Centre for Global Child Health - The Hospital for Sick Children, Co-Chair, PMNCH Knowledge and Evidence WG.

Discussants:

- *Minister of Health of Nigeria, Hon Dr Osagie Emmanuel Ehanire, PG constituency. What governments need most now from partners to speed progress.*
 - Sustained and continuous targeted advocacy to heads of government, including parliamentarians, for increased funding and accountability for women's, children's and adolescents' health, at both the global and at national levels.
 - Facilitate the promotion of equity, with the aim addressing pockets of inequity that exist in almost every country in the world, not just the global south.
 - Aligned and improved approach to financing and implementing proven interventions using a multi-stakeholder and multisectoral approach; problem of fragmentation is evident at the country level.
 - Make country voices heard – facilitate country learning experiences by including countries at regional and international fora in experience exchanges.
- *Omar Abdi, UNICEF, UNA constituency. Three ideas for UN agencies to improve their contribution to country progress.*
 - Primary Health Care is gaining increased momentum, as one of the core pillars of Universal Health Coverage. UNICEF along with other UN agencies as well as PMNCH Partners must leverage this effort for the WCAH agenda. Although progress is being made towards meeting the SDG 3 target, the 2019 IGME report shows that nearly 50 countries will not meet their targets of ending preventable deaths by 2030.
 - UN Agencies are well placed to support countries operationalize multi-sectoral and life-course approaches along the continuum of care. The system capacity must be strengthened to meet the increasing demand for services now and in the future. Through its programme, the UN supports governments across sectors including health, education, nutrition, child protection, social protection, and WASH in both development and fragile settings.
 - UN agencies are committed to achieving progress in the most marginalized populations in the most challenging geographic areas. Recently, efforts have been made by PMNCH and the H6 to strengthen Multi-Stakeholder Platforms for improved collaboration and accelerated joint action for Women's, Children's and Adolescents' Health.
- *Anuradha Gupta, Gavi, on behalf of the Global Financing Mechanisms. The need to prioritize and align financing.*
 - The prioritization of best buys is an important engagement principle, and one that PMNCH could support, in helping countries accelerate progress on improving the health and wellbeing of women, children and adolescents.
 - In all that is done, equity must continue to be one of the key organizing principles in the collective approaches to address these challenges.

- It is important to focus on differentiated approaches, based on country context as well as sustainable financing for health.

BOARD DISCUSSIONS

- Members expressed their appreciation for the very interesting and informative presentation, noting that the evidence that has been presented will be an important input into the work of the Partnership more generally, but also all partners individually. It should also feed into and provide guidance to the forthcoming PMNCH 2021 to 2025 Strategy development process.
- The presentation and the subsequent discussions emphasized that there was '*unfinished business*' from the MDGs era. This was particularly concerning in the context of:
 - efforts to reduce and eventually eliminate preventable mortality among the most marginalized and insecure populations; and
 - address the issues of persistent inequities in access to health and well-being services.
- Some members emphasised the ongoing need to maintain focus on SRHR and gender equality issues, noting that these are facing severe challenges in a number of settings.
- Reflecting on the presentation, there were some suggestions that PMNCH, and the broader health community, should also consider options for broadening the focus on women's health beyond reproduction, ranging from women-specific issues such as cervical cancer to broader non-communicable diseases, gender inequity, social exclusion and other burdens.
- The importance of the Continuum of Care was noted by many, and recalled as the original focus of PMNCH's work. In this context, it was noted that it would be a missed opportunity to have any element of this continuum slip through the net – examples included the "missing middle" (i.e. adolescents, who are no longer children but do not qualify for adult services).
- It was noted that it would be important to ringfence accountability processes that are focused on WCAH, within the broader context of UHC. WCAH agenda must not become invisible and get lost in the broader UHC agenda, and WCAH-specific accountability responsibilities and products would support that.
- All recognized the growing importance of domestic financing, and the subsequent need for PMNCH and all of its members to intensify advocacy that would lead to greater and more sustained domestic financing towards WCAH issues.
- There was also a recognition that there is much to be gained from increased collaboration between PMNCH and other alliances that are dealing with issues that go beyond the historical boundaries of WCAH (e.g. UHC2030, NCD Alliance, SUN, WASH, GPE, etc.). This will enable better integration of nutrition, education, non-communicable diseases, etc. into the broader efforts to improve the health and wellbeing of women, children, and adolescents.
- PMNCH is working with all stakeholders interesting in rolling out the vision of UHC and PHC programmes; in this context, the Partnership should continue to advocate for and ensure that UHC and PHC are people-centred and deliver successfully for WCA.

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- In addition to the evidence that was presented in this session, the Partnership should continue to facilitate and gather a broader evidence base, including both qualitative and quantitative evidence, across the continuum of care (e.g. midwifery-focused evidence).

DECISIONS

- Strategy Committee to consider further the evidence presented in the Strategy development process.

ITEM 4 – PMNCH Independent External Evaluation

Objective: *Update the Board on work to date on the external evaluation and invite open dialogue.*

- *Dr Flavia Bustreo, Fondation Botnar; Chair of the PMNCH External Evaluation Reference Group.*
- *External Evaluation Team (Cambridge Economic Policy Analysts and Hera) to share an update on the work to date.*

BOARD DISCUSSIONS

- Reflecting on the presentation from the external consultants, the Board reemphasised the need for the evaluation process to consider in particular: what is PMNCH's added value and what are its most valued functions; how to measure its impact; considerations of country vs. global action and how PMNCH can be most relevant; and recognizing the breadth of issues pursued by PMNCH and whether this needs to be reconsidered.
- Noted the importance of the evaluators consulting with as many constituency members as possible, and also reflecting on and drawing from the ongoing constituency evaluations (e.g. AYC, ART, etc.) for the broader PMNCH evaluation processes.
- All recognized the importance of strategy development processes not getting ahead of the evaluation results. To this effect, the Board commended the proposed sequencing of the evaluation and strategy development, and how the two processes are built to synchronize with each other.
- Noted the evaluators' intention to use lessons and build on the findings from past evaluations in undertaking their current review. This is important in terms of continuity, contextualization and coherence.
- Highlighted the need to ensure that in the processes of evaluation a differentiation is made between the roles of the Secretariat and the PMNCH at large, noting that this was very much an evaluation that focused on the latter.

DECISIONS

- Board noted the process and purpose of the evaluation, as presented.

- First draft of evaluation is expected on 13 December 2019, with findings to feed into a thought-paper for the strategy retreat (February 2020), final evaluation report due 31 January 2020. The final evaluation will be shared with the Board.

ITEM 5 – Strengthening partner alignment at country level

Objective: To discuss PMNCH's approach to strengthening national multi-stakeholder platforms (MSP) supported by the H6 in 14 identified countries. The platforms, improving alignment of partners in delivering on country priorities within a UHC and PHC framework, are discussed in the context of the SDG 3 Global Action Plan and cross-sectoral engagement mechanisms.

Decision: Confirm the proposed approach for PMNCH's engagement in the strengthening of country national multi-stakeholder platforms.

- **Presenter:** Dr. Anshu Banerjee, WHO, on behalf of the H6.

Discussants:

- *Hon. Minister of Health and Social Welfare of Liberia, Dr Jallah Wilhemina, PG constituency. How country multi-stakeholder platforms can be made more effective.*
 - Liberia is one of 14 countries that PMNCH, through H6 and partners, will be supporting in the Multi-Stakeholder Platforms strengthening process.
 - This was noted as a very welcomed initiative, and one that is needed to strengthen the existing national platforms for improved synergy amongst partners and as a way of further aligning collective efforts across different sectors.
 - National leadership, a common workplan with clear objective and deliverables, capacity building and building of coalitions of all stakeholder groups, committed financial resources are just some of the things that these platforms will be able to move forward with.
 - Key principles to guide this work should focus on accountability, transparency, effectiveness, flexibility, inclusivity and independence from vested interests.
- *Dr. Aminu Magashi Garba, Africa Health Budget Network, NGO constituency. What is needed for CSOs to play a more effective role in multi-stakeholder platforms.*
 - This is an opportunity for Ministers of Health to demonstrate leadership and act to convene and chair regular meetings of their country's Multi-Stakeholder Platforms, promoting mutual accountability among partners and stakeholders.
 - The country multi-stakeholder platforms should have simple and clear terms of reference and guidelines that define roles and responsibilities of all the members, the expectations of the members and the platforms, and what will be considered success.
 - NGOs can play a very active role as members of a country's multi-stakeholder platform. They can support the platform's work in advocacy and accountability, particularly focusing on domestic resource mobilization, engaging with the ministries

of finance and parliamentarians to ensure adequate allocation and timely disbursement of resources and their efficient utilization.

- The grant mechanisms managed by PMNCH that are supporting (or plan to support) multi-stakeholder platforms, parliamentary work, NGOs and AYC organizations at country level should fit into PMNCH's overall vision and goals, aligned well with existing workstreams to avoid 'silos' and duplication.
- *Dr. Mary-Ann Etiebet, Merck for Mothers. Perceived barriers and potential accelerators for private sector engagement in multi- stakeholder platforms.*
 - Three perceived barriers: (i) lack of trust between the public and private sectors; (ii) more focused engagement actually happens more at the country rather than global-level, as a way to catalyse resources, build diversity and achieve results; and (iii) there needs to be a more enabling environment created for private sector engagement. These three barriers lead to a gap in private sector financing, not in terms of grants but in terms of active investments into the economy.
 - Accelerators: (i) need to leverage pre-existing platforms and networks, especially at country level; (ii) targeted advocacy agenda that would drive innovation and sustainability – instead of tracking grants and commitments, let's track international investment flows into local economies and identify lessons learned; and (iii) tracking and sharing milestones around different levels of engagement, noting successes and failures of public and private partnerships.
 - Proposal: More needs to be done to identify positive intersections between the Partnership and the UHC 2030 agenda, listen to voices of women (many of whom receive healthcare from private providers), and recognise that a partnership between private and public sectors is no longer an option but a necessity. As policy recommendations are considered, it is important to include local private health and non-health providers, in how they can be engaged in delivering on the overall SDG targets.

BOARD DISCUSSIONS

- Recognizing the potential for multi-stakeholder platforms (MSP), it was noted that these must be government-led (with buy-in from country's political leadership) for them to have traction in countries and also to be inclusive of all relevant constituencies, as they might relate to WCAH processes and issues.
- In this context, there was a recognition that PMNCH has a critical role to play in capacitating constituency engagement in MSP processes, so that these platforms are inclusive and operationally comprehensive, including often missing constituencies, such as the private sector, CSOs, young people, HCPA, etc. PMNCH roles may include providing small constituency focused grants (AYC, parliamentarians, CSOs, etc.), organizing cross-country workshops, connecting and facilitating engagement, etc.
- As the MSPs get going, it will be important to ensure there is no duplication in countries. These efforts have to therefore build on existing platforms and need to be aligned to national planning cycles.

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- In order to ensure long-term sustainability of MSPs, it will be important to embed in planning and implementation strong linkages between the MSP processes and domestic finance, as well as with the more general Global Action Plan for SDG3 but with clarity on WCAH priorities (e.g. adolescents, ECD, etc.)
- There must be transparency in the processes to select focus countries, together with a clear monitoring framework that will report back to the PMNCH Board on progress and any issues that may be arising in the implementation processes.
- Called upon the Strategy Committee in particular to consider how the various country-based investments and operations led by PMNCH (e.g. MSPs, constituency small grants, etc.) connect with each other in a coherent way. It will be important for this to be considered as part of the Strategy development processes.

DECISIONS

- Board agreed to strengthening national multi-stakeholder engagement, including through H6 and partners.
- Circulate to the Board the latest version of the concept note describing the Multi-Stakeholder Platforms (MSPs)-related work and establish an ad-hoc working group of partners to oversee and support the implementation of this work.
- Share more information on PMNCH's website about the small grants programmes run or supported by the Partnership to ensure greater transparency (including, amounts, recipients, workplans, application process, etc.)

Monday 11 November 2019: Day 2 of Board meeting

Pre-Board Item – Countdown to 2030 update

An item on updating the Board on Countdown to 2030 activities and profiles was agreed by the Executive Committee and added as the first item on day two of the Board meeting.

- **Presenter:** Willibald Zeck, UNICEF

BOARD DISCUSSIONS

- Thanking UNICEF for the update, constituencies were encouraged to use Countdown to 2030 profiles to enable discussions around accountability and progress on SDG 3, as well as to support implementation and systems changes required to address inequities and interventions with low coverage.
- The Board also noted the need to collect and analyse data at sub-national level, and use up-to-date figures to obtain a real-time understanding of WCAH issues. Donors are encouraged to invest in DHIS-2 and strengthen country health information platforms and governments' capacities to use data. This endeavour should be linked to multi-sectoral collaborations and monitoring indicators beyond the health sector.

DECISIONS

- n/a

ITEM 6 – Report from the PMNCH Executive Director

Objective: Executive Director to update the Board on PMNCH workplan implementation and resources.

Decision: Board to provide guidance.

- **Presenter:** Helga Fogstad, Executive Director, PMNCH secretariat

BOARD DISCUSSIONS

- Board expressed concern at the large volume of work undertaken by the PMNCH Secretariat (e.g. 100+ deliverables, 100+ events / meetings, 54 donor reports, etc. per year). It called upon Board members to take on leadership and facilitation roles themselves (e.g. facilitate committee work, event management, make available colleagues' time from their respective institutions, etc.) in order to reduce the burden on the Secretariat.
- It was noted that going forward, Committees themselves – i.e. committee members themselves or colleagues from their respective institutions – should produce background and options papers for Board meetings, with clear decision points. This will enable the Secretariat to spend more time facilitating partner engagement within and across committees and constituencies, in preparation for the Board meetings.

- Reflecting on the discussions to date, the Board noted a clear need for stronger coalitions at country and global level, facilitated in part by the improving digital engagement of PMNCH members. This will in turn enhance PMNCH's orchestration role.
- Noting the significant presence and influence achieved by PMNCH with excellent organization and participation at relevant events in 2019, the Board asked PMNCH Secretariat to support constituencies in mapping and mobilizing around 2020 flagship events in order to maximize participation, coordination and impact.
- All applauded the active work that is underway to digitize more of PMNCH activities and membership management, which is playing a central role in the improvement of processes, responsiveness and effectiveness. This workstream should be kept high on the priorities for the Partnership as it goes into 2020.
- There was a clear recognition of the value in strengthening advocacy work with the global parliamentarians and in turn enhancing parliamentarians' commitments towards WCAH. PMNCH's work with the IPU is commended and encouraged to continue.

DECISIONS

- ED report to be first item on future Board agendas, to focus discussion by calling attention to key achievements, ambitions and concerns (e.g. 3 key achievements and challenges).
- Discussion papers with options and decision points to be produced – i.e. committees or working groups should in the future produce discussion papers for Board meetings, with clear options and decision points.

ITEM 7 – Accelerating advocacy for Women's, Children's and Adolescents' Health

Objectives: Agree on need and approaches to accelerate advocacy for women's, children's and adolescents' health, including proposal for a PMNCH-co-ordinated umbrella advocacy campaign to engage partners and champions, and activate constituency-based efforts for joint action at country, regional and global levels.

Decisions: Agreement on a campaign approach; objectives, scope, partners, and priorities.

- **Presenters:** Lars Grønseth, Norad & Kristy Kade, White Ribbon Alliance; Co-Chairs of the PMNCH Advocacy Working Group

Discussants:

- Deputy Minister of Health of South Africa, Dr. Joe Phaahla, Partner Government constituency. What kind of advocacy is most useful for policy and programme shifts?
 - Expressed agreement with the proposed advocacy campaign, noting that any successful campaign of this nature needs to have clear timelines, concrete objectives, be focused so that it is not all things to all people, and have simple and easily comprehensible asks and deliverables.
 - It will be very important to decide on who exactly is the target audience for this

campaign, and to then tailor that campaign to reach and influence that audience. This will focus the energy and effort on those people who the campaign believes have the opportunity to make the changes that are sought.

- South Africa is a good example, where a group of young determined activists were able to mobilize a wide range of stakeholders to put sufficient pressure on the government to change its policy on ART treatments. After a long and successful campaign, South Africa boasts today the largest ART programme in the world.
- Julia Bunting, Population Council, ART constituency. How can we better translate and communicate evidence to achieve increased action?
 - Advocacy needs to be based on research, data and evidence (including what works and what does not to improve health outcomes), while recognizing that evidence is necessary but not sufficient to bring about real change.
 - Messages need to be differentiated to meet the needs of different audiences – including listening to what they need. It is important to first ‘seek to understand’ and then to ‘seek to be understood’.
 - There is also a need to consider who the best ‘messengers’ may be for these ideas – and it may not be those most closely involved in this area of work. Considerations should be given to move beyond ‘the usual suspects’ and commit time and effort to bringing allied and new people to the table – which will be critical to accelerate progress and sustain real change.
- Enes Efendioglu, Civil Life Society, AY constituency. How can we increase citizen power through campaigns?
 - Suggest endorsing of the plans for PMNCH to host an umbrella campaign, which would bring all constituencies together to jointly rally around promoting the health and well-being of women, children and adolescent health.
 - The development of such a campaign would also help to take a very broad agenda towards identifying a few specific priorities that PMNCH sees as most important and will progress forward.
 - The advocacy power does often come in numbers, and a joint advocacy campaign would add value. However, it was noted that it will be important to ensure that specific priorities are highlighted among various communities – particularly for adolescents, where they are no longer children but are not adults yet, and in this case often miss out as services are not tailored to their needs.

BOARD DISCUSSIONS

- Welcoming the presentation and the work to date by the Advocacy Working Group, the Board noted the importance of having a ‘new narrative’ for a ‘new era’ in terms of advocating on the issues related to WCAH.

- For a successful campaign to be implemented, all recognized the need to begin by mapping all relevant partner campaigns and through this process to identify where PMNCH can add most value and how it can most effectively engage.
- The proposed campaign cannot be 'all things to all people'. In a very crowded information space, PMNCH's advocacy efforts must have a laser-like focus on certain issues (e.g. unfinished business, gaps, and inequities) and giving voice to the voiceless. Continuum of Care is an important framework that could remain the focus of the Partnership going forward.
- The importance of targeted messages for different audiences at global and country level was noted. It is essential that the focus also shifts to the 'non-converted' stakeholders, and with emphasis on solutions rather than problems.
- Some members noted the need to embrace human rights and SRHR focus, not least for adolescents and young people.
- Strong partner focus and partnership working modalities should be at the centre of Partnership operations, so Partners efforts are recognized and amplified.
- It was noted that sharpening of the financing 'asks' in context of UHC and PHC has become more and more important. In this context, there is a need to strategize on how to better engage with Ministers of Finance and Planning, in addition to the Ministries of Health.
- It is essential that any advocacy campaign of this nature is underpinned by the strongest engagement from all constituencies. This includes in particular the central role that young people and CSOs will be able to play in the development and delivery of the campaign.
- Digital approaches and use of latest digital technologies will be a critical factor of success for this campaign. The Board encouraged the Working Group to invest time and resources in ensuring that digital technologies are maximally utilized.

DECISIONS

- Board fully endorsed proposed concept of umbrella advocacy campaign, and agreed for working group to develop a more detailed and concrete proposal to be shared with the Board ahead of the February retreat

ITEM 8 – Reflecting on a decade of accountability for women, children and adolescents

Objectives: Review and discuss lessons learned in the past decade of efforts to improve monitoring, review, remedy and action for women, children and adolescents through the EWEC framework.

Decision: Agreement on key priorities for improvements in accountability efforts and mechanisms, including through national multi-stakeholder platforms and processes, as well as global institutions and structures, including PMNCH and IAP.

- **Introduction and presentation:** Helga Fogstad, PMNCH: Overview of accountability workplan

- *(Joy Phumaphi, ALMA; Co-Chair of the PMNCH Accountability Working Group and Independent Accountability Panel sent her apologies)*

Discussants:

- Hon. Minister of Health of the Islamic Republic of Afghanistan, Dr Feroz Ferozudin, PG Constituency. What do countries need to improve accountability and transparency?
 - Noted that accountability processes, in all their forms, are the glue that links commitment on the one hand and results on the other.
 - In this context, a number of tools and mechanisms were listed that the Ministry of Public Health of Afghanistan has developed over the years and is currently implementing. These approaches are having a real effect on improving accountability towards commitments that the Government and other stakeholders have made to women's, children's and adolescents' health and well-being. They include published roadmaps, balanced scorecard of the health sector, etc.
- Kate Somers, Bill & Melinda Gates Foundation, DF Constituency. What are the challenges and opportunities in financing accountability mechanisms?
 - It was noted that clarity of purpose and objectives in anything that the members of this partnership do together or individually is extremely important. There needs to be a strong and clear sense of what is to be done, who is doing and by when, and what success looks like – these are the key attributes that are missing in much of what we all collectively do and are essential for making any accountability mechanism operational and effective.
 - Important to note that it is not the responsibility of the Partnership to make a decision on the future of the IAP. However, it is essential for PMNCH to be closely aware of the decisions that are being made around the IAP, so that it can contribute to the needed alignment between our collective accountability efforts.
 - Donor funding will be flowing to those organizations and programmes of work that provide greatest clarity on what they are trying to achieve and where accountability lines are clear and manageable.
 - PMNCH faces three important opportunities – the external evaluation, work of individual committees and working groups, and the process to develop the new 2021 to 2025 Strategy. All of these need to discharge their responsibilities to articulate what is working well and what is not, and to refocus the attention of the Partnership.
 - For donors to make internal business cases on supporting PMNCH, this clarity of purpose and action needs to be brought to bear, and quickly.
- Martin Chungong, Inter Parliamentary Union, IGO Constituency. How to strengthen parliamentary remedy and action?
 - PMNCH and the IPU have been collaborating very closely, and this collaboration has gone from strength to strength. This is demonstrated by the very tangible results that

have been achieved so far, not least in the IPU resolution on UHC, which has included strong references to women's, children's and adolescents' health.

- Looking ahead, there a number of important opportunities that PMNCH and IPU need to build on to enable parliamentarians to build capacity and better engage on these important issues in their respective nations. Important opportunities such as voluntary national reviews for the SDGs, enabling parliamentarians to hold governments to account.
- WHO and the IPU have also agreed to establish a network of chairs of parliamentary health and budgetary committees, through a digital platform that is managed by the IPU, bringing together key actors, in terms of budget allocation and health services.
- Time has come to scale up what we are doing in a more systematic and focused manner, spreading our reach to all, and do what SDGs tell us to do, leaving no one behind.
- Some examples noted include: (i) importance of using parliamentarians to mobilize domestic resources and ensure that they are used appropriately; (ii) encourage parliamentarians to focus on the most vulnerable - women and children in conflict and fragile settings, and to also address the issues of traditional harmful practices; (iii) to support parliamentarians by providing them with knowledge and information to build their capacities (e.g. IPU and PMNCH handbook on women's, children's and adolescents' health); and (iv) make evidence available, such as the Countdown to 2030 country profiles.

BOARD DISCUSSIONS

- There was unanimity on the need to continue to strengthen accountability at all levels as a means towards better delivery on WCAH priorities. This was shared right across the Board, noting the importance in country and global contexts.
- Accountability works best when there is clarity on what is the target, what is to be achieved, who is responsible for achieving it, and how is progress measured. Without such clarity, there is a risk of confusion and incoherence in action.
- Evaluations that are currently under way, both for the Partnership and the IAP, will be important inputs into the discussions at the PMNCH Board and also in the broader community on the substance and process of accountability efforts going forward.
- Welcoming the establishment of the Accountability Working Group, the Board called upon this group to work carefully and in detail through all the substance, process, and institutional issues, and to channel their recommendations into the proposed PMNCH 2021 to 2025 Strategy. Greater clarity in the area of accountability will be essential if the community is to move forward, and for the donors in particular to be able to 'sell' the case of PMNCH and WCAH more broadly within their organizations.
- There are many important opportunities that have arisen in recent months and years, notably the ground-breaking resolutions and statements at WHA, UNGA, IPU etc. on the commitments that governments have made in relation to the UHC and WCAH within that. PMNCH and other

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actors must capitalize on this and hold commitment makers to account, using data and indicators to support this process.

- There was recognition of a need for an independent voice to 'speak truth to power', and PMNCH is uniquely positioned to facilitate that with its Partners.

DECISIONS

- PMNCH Accountability Working Group to be populated as soon as possible, to guide on PMNCH accountability portfolio priorities, including relation with other EWEC core partners, including IAP.
- The recommendations of the Working Group should be brought to the Board in advance of the next Board meeting so that decisions can then be taken.
- As part of 8.1 and 8.2, the Working Group should provide recommendations to the Executive Committee on the management, including financial, of PMNCHs hosting relationship to the IAP and on their respective accountability roles.
- Acknowledging that it is the EOSG that establishes the mandate of the IAP, PMNCH should reach out to the EWEC Secretariat for an update on the IAPs role and function.

16:00 – 16:30 ITEM 9 – PMNCH Strategy 2021-2025

Objective: Introduce the plan for the development of the PMNCH Strategy 2021-2025.

Decision: Approval of the plan for the development of the PMNCH Strategy 2021-2025.

- **Presenter:** Dr Anders Nordström, Government of Sweden; Chair of the PMNCH Strategy Committee

BOARD DISCUSSIONS

- It is important for consultations on the emerging strategy to be broader than just the Board members. The consultative processes should engage as many partners as possible.
- The Board welcomed the sequencing of the evaluation and strategy development process, noting that the evaluation findings need to be shared as soon as possible once completed so as to enable consultations to build on these recommendations.
- There was general agreement that it will be very important to have a Vision agreed quickly at the start of this Strategy development process, so that the subsequent work can flow logically from that Vision.

DECISIONS

- Agree to the timeline as presented, with the new Strategy to be finalized in November 2020 at PMNCH's Board meeting

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- As per the presented process, the February 2020 Strategy Retreat would be limited to members of the Executive Committee and Strategy Committee, and Chairs of the External Evaluation Group, and the three main Working Groups (Advocacy, Evidence and Knowledge, and Accountability).

16:30 – 17:00 ITEM 10 – Governance issues

Objective: *Introduce the proposed Terms of Reference for the Strategy Committee and discuss the dates and venues for PMNCH 2020 Board meetings*

Decision: *Approval of the updated Terms of Reference for the Strategy Committee*

- **Presenter** Dr. Dorothy Shaw, FIGO; Vice-Chair, Governance and Nomination Committee

BOARD DISCUSSIONS

- The Board noted that the Board manual will be updated for greater clarity and accuracy, and looked forward to receiving the updated document.
- Gratitude was expressed to the Government of Mexico for offering to hold the next PMNCH Board meeting in the country in 2020.
- Noted the updated ToRs for the Strategy Committee, agreeing with the changes that have been proposed.

DECISIONS

- Updated TORs for the Strategy Committee adopted.
- By the end of 2019, dates for the 2020 virtual and in-person Board meeting to be confirmed, EC and Advocacy WG to provide feedback on optimum dates for complementary with advocacy activities

16:30 – 17:00 ITEM 11 – Any other business

- Thanked those who will be rotating off the Board before the next meeting.
- Child Health Initiative announced a multi-year grant to PMNCH, through the FIA Foundation, earmarked for adolescent health and wellbeing work

24TH BOARD MEETING, NAIROBI, 9-11 NOVEMBER 2019

LIST OF INVITEES

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**)

[M] Member

[A] Alternate

[R] Representative.

EC - Executive Committee

SC – Strategy Committee

GNC - Governance & Nomination Committee

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	Government of Sweden SC Chair	[A] Anders Nordstrom Global Health Ambassador Unit for Global Social Development Ministry for Foreign Affairs anders.nordstrom@gov.se
	Fondation Botnar GNC Chair External Evaluation Reference Group Chair	[A] Flavia Bustreo Fondation Botnar Board member Basel, Switzerland flaviabustreo@gmail.com

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	Government of Norway	[M] Lars Grønseth Senior Advisor, Department for Education and Global Health

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<p>German Federal Ministry for Economic Cooperation and Development (BMZ)</p>	<p>[A] Luisa Bergfeld Senior Policy Officer Division 403 Health, Population Policy, Social Protection Federal Ministry for Economic Cooperation and Development (BMZ) Luisa.Bergfeld@bmz.bund.de</p>
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	INSTITUTION	REPRESENTED BY
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Republic of South Africa	Dr Joe Phaahla Deputy Minister of Health Ministry of Health Dr Manala Makua Chief Director Women's, Maternal and Reproductive Health Ministry of Health

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