



THE PARTNERSHIP

For Maternal, Newborn & Child Health

BOARD MEETING, DEC 2-3, 2007, ADDIS ABABA

NOTE FOR THE RECORD

Chair: Kul Gautam

Co-Chairs: Ann Starrs, Tedros Ghebreyesus

Tedros Ghebreyesus welcomed Board members to Ethiopia. The Chair explained that Joy Phumaphi (Incoming Chair) was unable to attend due to her work schedule at the World Bank. Kul Gautam opened the meeting by reviewing the reasons for setting up the Partnership and its main achievements over the past year. The Director explained that the agenda had been revised, taking into account comments received. The revised agenda was approved.

Item 1 - Director's Report. Presented by Francisco Songane

Main points of discussion

- ▶ The Partnership is learning from its experiences, and moving towards shared responsibilities. The analysis contained in the presentation of the Report could go further to cover, systematically, analysis of achievements and challenges, lessons learned, vision and expectations, and positioning the Partnership in the global health environment.
- ▶ Some of the core principles of the Partnership (eg continuum of care, country-led and country-driven, full participation of constituencies) are not well articulated in the Conceptual and Institutional Framework (CIF) document, which should be revisited as part of a governance review.
- ▶ The added value function of the PMNCH, including the role of the Partnership at country level requires full discussion.

Action points

- 1) Secretariat to prepare an analysis of the Partnership's membership base, to capture constituency, region and growth pattern.
- 2) The Governance Committee will reconvene to guide the proposed evaluation of the Partnership and revisions of the CIF document. Other tasks to be undertaken by the Committee include: a) to develop a policy on variance, and b) prepare Terms of Reference for three new Committees of the Board (see below).

Item 2 - Implementation of the 2007 Work Plan and 2007 Financial Report.

Presented by Flavia Bustreo

Main points of discussion

- ▶ There was significant over-spending against several advocacy activities and under spending in the country support area. Variance was due to major new opportunities that arose as a result of the Global Campaign for Health MDGs, while country support activities were slow due to delays in receiving requests from countries.
- ▶ A large portion of funding -- including grants received from the Gates Foundation, DFID and Norway -- is ear-marked for specific activities. Several Board members commented that it would be helpful to understand how these funds are being used, and whether some activities are undertaken only because funds were available.
- ▶ The approved organigram does not include short-term professionals. The Board asked to have a list of staff in place in December 2007 and their contract starting dates. More information on the complete staffing picture would be helpful.
- ▶ The Secretariat welcomes an audit whenever this is convenient and timely for the Audit Department at WHO. However a special or external audit is not necessary because all Partnership funds are held in a WHO Trust Account and finance reports are based on data generated by the WHO system. However, the Secretariat has no objection to this should it be permitted within the context of the hosting arrangements.
- ▶ It was suggested that given the complexity of financial management aspects of the grants made to the Partnership to date that the Secretariat organigram should reflect senior budget and finance expertise.

Action points

- 1) Secretariat to clarify the auditing cycle at WHO and request a financial audit.
- 2) Secretariat to assess whether current levels of finance and administration staffing are sufficient.
- 3) Governance Committee to develop a policy on budget variance. These levels were proposed: up to 10% variance (level of work area) approved by the Director, 10-20% approved by the Chair and Co-Chairs; more than 20% approved by the full Board.
- 4) The Board welcomed a suggestion from the Secretariat that future finance reports will be reviewed by a Finance Committee which meets prior to the Board; further, finance reports will, in future, include analysis of financial sustainability.
- 5) Secretariat to communicate staffing changes to the Board via the monthly E-Bulletins. Also, Secretariat to provide a table summarizing start dates of all staff during period January 2006 to present.
- 6) The financial report 2007 is approved as an interim financial report subject to clarifications provided by December 10, as follows:
 - Duration of grants
 - How specified and non-specified funds were used during 2007
 - Variances explained

Item 3. Reports from Working Groups.

Presented by Arletty Pinel (Advocacy), Country Support (Nancy Terreri), Effective Interventions (Liz Mason), and Monitoring/Evaluation (Wendy Graham and Hassan Mshinda).

Main points of discussion

► The following achievements of the Working Groups were noted; organizing the *Deliver Now* launch, research on advocacy conducted by Options consulting firm, visits to high-burden countries, initiation of a mapping study of effective interventions promoted by different partners and gaps; and identification of priorities for the M and E group.

► The working group model should probably be revisited. Progress and engagement have been uneven; TORs have changed; work loads are high for chairs and co-chairs who must find time to manage and lead working groups alongside their regular work, senior advisers are not yet engaged for M&E and Effective Interventions; also, value-added at country level is being questioned.

Item 4. Report of the PMNCH Grant Management Committee

Presented by Liz Mason

Main points of discussion

► After the stop-work order was placed on this grant, an Ad Hoc Committee recommended that one UN agency be selected in each of the three grant countries to receive and channel grant funds. The agencies are as follows: UNICEF in Burkina Faso, WHO in Malawi, UNFPA in Mozambique.

► Work has resumed and proposals have been received from Mozambique and Burkina Faso. One important aspect of this country support work is to involve professional societies and NGOs in the planning processes.

Item 5. Value-Added 2008 Work Plan and Budget.

Presented by Bo Stenson and Flavia Bustreo, with comments by Helga Fogstad (Norway) and the Government of Bolivia (written).

Bo Stenson reviewed the work of the Ad Hoc Committee over the past six months and explained how the activities proposed in this Value-Added Work Plan were provided by the Working Groups, although not all Working Groups participated. Dr. Stenson stressed that other organizations (GAVI, for example) have undertaken similar exercises, but with stronger participation of partners and with full Board participation as well. The work plan distinguishes between partner activities and Secretariat activities. A full costing exercise was undertaken for the Secretariat activities, and only some of the partners' activities. In the future, partners' value added activities will also be fully costed.

Main points of discussion

► There is a need to re-assess the balance amongst the four work areas, as well as better hone in on the "added-value" function of the Partnership. Examples: harmonization takes up a relatively small number of activities whereas some would see this as a key "value added" area for the Partnership. Advocacy activities figure prominently, however, the country level aspect could be strengthened. There are relatively few country support activities, outside those funded by the PMNCH grant. Also, more emphasis could be placed on working with the global funds and regional banks, as well as organizations mandated to address nutrition.

► Regarding budget, the work plan needs to be clearer about what can be achieved with funds in hand, and explicit about earmarked funds and the activities these support (as well as the period, eg, some funds cover activities in 2007 whereas others cover 2007 to 2008 - this needs to be reflected). The budget is insufficient to explore engagement with new countries.

► Regarding specific activities, the work plan should reflect a small number of strategically-selected activities, and indicators need to be clearer. The emphasis of the advocacy work, at global level, should be on developing coherent messages for G8 preparations, and should include advocacy at country level. A key task of the Partnership should be to place maternal, newborn and child health issues, and the ideals of the *Women Deliver* conference, into the International Health Partnership (IHP).

► There are varying perceptions of what "value added" means in the context of the Partnership, especially for country-level work; it was noted that the current strategic objectives and terms of reference for the working groups do not reflect a "value added" approach. It would be useful for the definition of *value added* to incorporate activities that are carried out *differently* by partners due to their membership. Strengthening linkages with global funds, such as GAVI and GFATM, which have the potential to significantly increase resources for MNCH was identified as an important value added for the Partnership.

Action points

1) A group designated by the Board will draft a value-added proposition ("the Partnership exists because ") and review the Partnership's strategic objectives, by December 13. The group: Pascal Villeneuve, Jane Schaller, Julian Schweitzer, Vinod Paul, Helga Fogstad. It was agreed that this work will be very important as an input to evaluation of PMNCH and in designing its added-value function.

2) The Ad Hoc Committee will reconvene **by December 15** to re-cast the work plan taking into account:

- What can be done with existing resources
- What can be done with additional resources, i.e., noted projects, with clear prioritization
- Information on future donor funding and analysis of financial sustainability
- Other substantive comments on relative weight given to different work areas

3) There was a strong call for a revisiting of the country support area and changing the current approach as well as building complementarities with other work areas of the Partnership.

4) The Board did not feel it could approve the 2008 work plan until there is complete clarity about funds available, therefore, the work plan will be revised to provide this additional information, and re-circulated for approval by **December 31**.

Item 6: Positioning the Partnership in the changing global health environment

Presented by Francisco Songane

Main points of discussion

► The IHP focuses on support to one national plan. The continuum of care needs to be embedded in this plan, and a key role of the Partnership is to advocate for and support the continuum of care concept and the adequate inclusion of MNCH in one national health plan. However, there are gaps in the IHP. The role of the Foundations remains unclear, also, the funding gap that the IHP addresses may actually be as low as 20%, given that up to 80% of services are provided by the private sector in some countries and regions.

► The Partnership could take on an important role vis à vis the new initiatives in global health. Monitoring whether political commitment translates into adequate resources for MNC health could be an area of leadership for the Partnership.

► The Partnership is also well placed to provide a clearing house or knowledge management function on maternal, newborn and child health.

► The Board's view on the question of follow up actions that were recommended at the Women Deliver conference were as follows: they endorsed the idea of calling for an UNGASS on maternal health; supported the idea of a follow up *Women Deliver* conference in the next two to three years, perhaps as an NGO side event to an UNGASS; and agreed that the establishment of a global fund for maternal health, as called for by the Minister's Forum, was not appropriate to pursue; instead, the focus should be on making sure that MNCH is on the agenda for global initiatives and funds.

Action points

- 1) It was agreed that the Partnership should develop a program of work aimed at tracking and monitoring political commitments made to maternal, newborn and child health. This work should build upon the outcomes of the evaluation of the Partnership.
- 2) The Partnership should, in future, consider undertaking a study of existing funding mechanisms for health to form a basis for further discussion related to possible or best funding mechanisms for MNCH.

Item 7: Evaluation of the Partnership

Jeremy Shiffman's presentation was unfortunately cancelled due to shortage of time.

Main points of discussion

► The main elements of an evaluation would encompass: a) structural elements of the Partnership, and their roles (Forum and membership, Secretariat, Board, Working Groups, host agency), b) governance issues (the CIF document, the MOU with the host agency, procedures), c) strategic objectives (definition of value added, role of the Partnership in the global context, role of the Partnership at country and regional levels, d) expected results, including short, intermediate and long term results, e) ability to leverage funds for country level action.

► The evaluation team will be externally recruited, and should have familiarity with the published literature on partnerships, and issues such as transaction costs of building and operationalising partnerships.

► The Terms of Reference for the evaluation will be developed with input from the Board.

Action points

- 1) The evaluation will get under way as soon as possible, and will be completed by end of March. The Gates Foundation, DFID and Norway agreed to co-fund this exercise.
- 2) The Board Chair and Co-Chairs will lead the evaluation process, supported by an Evaluation Committee of the Board consisting of one representative from each of the constituencies; Jennifer Bryce (Academic), Julian Schweitzer (UN), Dan Kraushaar (donors/foundations), Anne Tinker (NGOs), Jane Schaller (health care professionals). A government representative is to be identified. (Note - Jennifer Bryce has since resigned from the Board.)
- 3) The Evaluation Committee will develop the Terms of Reference for the evaluation, and oversee the process of selection of the bid. The Committee will monitor progress and report to the Board on a regular basis.
- 4) There was agreement to establish a Finance Committee and an Editorial Committee. Terms of reference will be developed by the Governance Committee. A key role of the Finance Committee will be to review budgets before presentation to the Board, and to advise the Secretariat on preparation of these reports. The main task of the Editorial Committee will be to review final content of Partnership publications before printing.
- 5) A concerted effort is needed to increase participation by country representative on the Board.

Item 8: Any other business

► DFID announced that it will rotate off the Board and explained that this is in keeping with a policy to serve for a defined period and then free up the position for another agency. DFID's support to maternal, newborn and child health and to the Partnership remains very strong. Norway has agreed to represent DFID's views on the Board.

► Board members took the opportunity to thank Mr. Gautam for his steadfast leadership of the Partnership during its first two years, and wished him well in his future activities.

Item 9: Closed Session

Note for the Record circulated by the Chair

Item 10: Next meeting

The Secretariat will develop the best option and circulate to the Board for approval. In future, Board meetings will be two full days.

PARTICIPANTS

Representatives

Bill and Melinda Gates Foundation
CIDA/Ethiopia
DFID
Family Care International
Government of Ethiopia
ICM
International Federation of Obs/Gyn
IPA
Norway
Save the Children
UNFPA
UNICEF
UNICEF
World Bank
WHO
Expert, Maternal Health
Expert, Child Health
Expert, Newborn

Saul Morris
John Jackson (replacing E. Loevinsohn)
Fran McConville
Ann Starrs (Co-Chair)
Tedros Ghebreyesus (Co-Chair)
Bridget Lynch
Andre Lalonde
Jane Schaller
Helga Fogstad
Anne Tinker
Hedia Belhadj
Kul Gautam (Outgoing Chair)
Pascal Villeneuve
Julian Schweitzer
Daisy Mafubelu
Wendy Graham
Jennifer Bryce
Vinod Paul

Alternates

Government of Ethiopia
International Federation of Obs/Gyn
UNFPA
WHO
World Bank

Ayele Debebe
Pius Okong
Yves Bergevin
Liz Mason, Monir Islam
Sadia Chowdhury

Observers

Government of Senegal
USAID

Biram Ndiaye
Mary Sinnitt (replacing Al Bartlett)

Working Group Chairs

Monitoring and Evaluation
Country Support
Advocacy

Hassan Mshinda
Nancy Terreri
Arletty Pinel

Secretariat, ex Officio

Francisco Songane
Flavia Bustreo

Director
Deputy Director