The Partnership for Maternal, Newborn & Child Health

Invest, Deliver, Advance

BOARD MEETING, JULY 17-18, LONDON, UK

NOTE FOR THE RECORD

Chair: Joy Phumaphi

Co-Chair: Ann Starrs

The Chair welcomed Board members and noted the absence of representation from countries, noting also that comments on findings of the external evaluation were not received from country representatives except for informal feedback from Dr. Tedros who has been in regular contact with the Partnership. The Chair announced that there would be two closed sessions to deal with evaluation of the Director (July 17) and impacts of the evaluation on the Secretariat and Director (July 18). With these introductions, Ann Starrs was asked to Chair day 1 discussions.

Item 1A - Report of the Governance Committee (GC), Presented by A. Starrs
Document: Report to the PMNCH Board of the GC, July 2008

Points raised

- Wording change: replace "but if the Representative is travelling..." with "if the Representative is unable to respond...". (Action: Secretariat)
- Governance Committee to clarify impacts on an institution's Board membership if a Representative is unable to attend three meetings. (Action: GC)
- Final decision with regards to deemed resignation from the Board to be taken by the Board.
- An active process is needed to increase engagement with 68 high-burden countries. (Action: Secretariat to develop action plan for Board review and approval).
- Documents to be issued by the Partnership (e.g., the $10 billion "Ask" for MNCH funding) may need a formal process of review and endorsement by Board members. (Action: GC to propose a process.)
- Currently, there is a vacant seat on the GC to be filled by a donor/foundation Representative. (Action: donor/foundation constituency).

Decision:

- Recommendations contained in the GC report were endorsed, with the above amendments.

Item 1B - Report of the Finance Committee (FC), Presented by J. Schweitzer
Document: Report to the PMNCH Board by the FC, July 17, 2008 (ppt)

The FC (established by Board decision in December 2007) met on July 16, 2008 and reviewed the 2007 financial report and the 2008 five-month financial and implementation report, as well as terms of reference for a senior finance officer and the FC itself, as well as a note on audit processes at WHO. The FC's report (available from the Secretariat) covers, inter alia, the following aspects:

- Future finance reports should incorporate the following improvements: report on outputs, identify how staff spends their time, give information on use of donor funds against activities, provide information on in-kind contributions, and avoid "funded/unfunded" terminology. (Action: Secretariat.)
- Ear-marked funds should be avoided in the future; the Secretariat should instead raise funds against the approved work plan. (Action: Secretariat)
- The Secretariat will provide for the FC to review a series of dummy tables to be used for future reports, including reporting on how activities are funded (which donor) and whether funds are ear-marked or not. (Action: Secretariat)
- Terms of reference for a senior finance officer will be revised and resubmitted to the FC for approval. (Action: Secretariat)

Points raised during discussion:

- The Partnership is on strong financial footing for 2008; however, the FC did not review liabilities or prospects for 2009.
- UNFPA does not allow for amounts to be carried forward from one year to another; the 2008 report would need to reflect this. Also, the UNFPA contribution towards staff salary should be included. (Action: Secretariat)

Decisions:

- 2007 Financial Report - The Board approved the report, with comments by the FC.
- 2008 Five-Month Financial Implementation Report - The Board approved the report, with comment by the FC.
- The Board approved the FC's report.

Item 2 - External Evaluation of the Partnership.
Introduced by Dan Kraushaar, Chair of the Evaluation Committee
Final Report presented by Liz Ollier, Evaluation Team Leader

Ann Starrs introduced this agenda item and expressed the view that while the final report contains some useful observations, because it was largely a qualitative report based on feedback from individuals, much of the content is a matter of perception, and there are factual errors. The objective of the discussion is not to discuss specific content, but to focus on recommendations, issued raised, and how to move the Partnership forward.

Dan Kraushaar explained that two evaluations were conducted: the Director and the Partnership. Further, the work was constrained by time available and funds. The report is internal for now, pending a decision by the Board on distribution.

Liz Ollier presented main findings and recommendations, as follows:

- Main findings:

- There was a general, but not universal, feeling that the Partnership is unique and is needed. The Partnership has increased communication and coherence among the major players in the MNCH field, and especially among health professionals, brought maternal and newborn issues to the forefront (especially via the Countdown effort) and effectively promoted the continuum of care concept.
- There is no whole-hearted agreement on the functions of the Partnership. There was general support for the idea that advocacy should be a key function, however, different views on "what, for whom". Country support should probably not continue in its current form, while Effective Interventions and M/E should be positioned as "feeders" for the advocacy function.
- Regarding the advocacy function, promotion of the Continuum of Care is widely seen as successful; however, other key messages need to be honed, and internal/external advocacy messages should be distinguished (for example, the HCP work is internal advocacy).
- Regarding governance structures, a major change to the hosting arrangement is not desirable at this juncture. Board size could be reduced but this would carry the risk of reducing inclusiveness. Moving towards time-limited task teams, instead of working groups, may increase engagement.
- Board processes are basically sound. However, Board meetings need to be scheduled, and background papers circulated, well in advance and mechanisms for conflict resolution developed. A possible source of tension in Board discussions is due to donors and fund-seekers both present on the Board.
- Delays in appointment of staff were recognized as an important factor affecting the execution of activities. The form of the Secretariat should follow function; once the Board has decided on a revised mandate and structure, the form of the Secretariat may be modified. Managerial, financial and administrative functions should be strengthened.
- The 2008 value-added work plan was an important step forward for the Partnership; inclusion of "unfunded" activities in an annual work plan is probably not helpful. Costing of activities, both partner and Secretariat activities, needs to be strengthened.
- Regarding alignment, some activities at country-level have been supply-led which is not in keeping with Paris Principles; it would be beneficial to have greater alignment and engagement with other global health partnerships.

The Chair then invited questions for clarification. These following main points were raised.

- Inadequate time available for the evaluation and inappropriate sampling frame both imply that findings need to be taken with caution. Also, while the Report suggests key issues that need to be decided and includes some recommendations, it does not provide comprehensive options for addressing issues raised.
  - Time available was only 15 days during which 36 interviews were conducted by a team of five. Interviewees in country were selected on the basis of availability and there was significant difficulty in getting feedback from key stakeholder groups, especially country government representatives.
- Should the Strategic Objectives be revised?
  - This was not addressed; this may be a productive activity once main functions are decided.
- How should the Partnership structure be adjusted to accommodate changes to the main functions?

- The evaluation points to agreement on the need for the Partnership; a next step is to decide on key functions. What form or structure is needed to assure fulfilment of key functions and to maximize accountability then needs to be determined. It may be advantageous to establish an Executive Committee which is empowered to make some decisions.

The Board received comments on the final report from the Director (see annex), Working Group chairs (or their representatives), and constituencies (Research/Training Institutions, NGOs, HCPs, UN, donors/foundations).

Item 3: Interpreting the evaluation findings

These issues arose during open discussion:

- The Board Chair noted that the discussion would be informed by the Evaluation Report, but would also be based on Board members' own experiences and ideas. She also endorsed the following principles for the Partnership, as suggested by the NGO constituency group:
    - Commitment to the continuum of care
    - Respect for each agency's value-added to the continuum of care
    - Participation of all constituency groups in global and country activities
    - Demand-driven involvement in countries
- Defining what the PMNCH should focus on could follow these basic steps:

  Step 1 - what are the critical problems that need to be solved or things that have to be accomplished?

  Step 2 - what are all the necessary and sufficient actions that have to take place to address these problems? What is our theory of change?

  Step 3 - what is already being done and who is doing it? What is our evidence base?

  Step 4 - how effectively are these things being done? What are the blockages and obstacles to getting these things done? What's missing?

  Step 5 - what can partners do to address these blockages or obstacles or fill in missing actions by themselves?

  Step 6 - What can PMNCH do that no partner can do?

  Step 7 - If partners can't do it, and it's not in the manageable interest of PMNCH, then PMNCH can lobby for others to take action in certain areas.

- The Board confirmed that the Partnership can contribute value towards the following functions:
    - Advocacy function -
        - General principles: messaging and action at various levels to promote the continuum of care (i.e., for what?), building a relationship between global and national advocacy (i.e., for whom?), promoting the feasible, concrete and measurable, also avoiding duplication.

- Activities: vigorous advocacy at global and country levels reaching the highest political leaders and targets, engaging with other global partnerships, league tables (naming and shaming), building on credible data (Countdown to 2015), branding the Partnership, maintaining a repository of best practices, partnering with country groups. This work would be guided by a long-term advocacy and communications strategy.

- Brokering/facilitating/consensus-building function -
  - General principles: the Partnership should serve as a platform to bring consensus on what needs to be promoted to make progress on MDGs 4 and 5; genuinely participative process, equal footing and ownership by all partners
  - Activities: building coalescence of constituencies both vertically (within constituency groups) and horizontally (across constituency groups), providing a platform of stakeholders to bring consensus on packages of interventions, use of packages, use of tools such as the costing tools, building on IHP+ work at country level.

- A country engagement/facilitation function was also discussed, and there was agreement on the overall aim for country engagement, which is to ensure that effective MNCH programs and interventions are included in national health plans and adequately costed and funded. However, *no conclusion was reached* on whether and how the Partnership can add value in this area. General principles would include: building capacity of civil society, providing a platform for implementation of the continuum of care, defining convincing arguments for MNC health advocacy, reducing duplication, demand driven. Possible activities were listed were listed: ensuring political engagement in countries, organizing regional meetings, engaging with global health partnership and tapping into resources for MNC health, mapping.
- Concerning monitoring and evaluation, the Partnership can add value by identifying neglected areas, such as input monitoring and tracking process indicators. Also, the Partnership can provide a watch-dog function with responsibility of holding partners to account, including tracking of resources.

Decision:

- Task Team on Effective Interventions: Zulfiqar Bhutta and Liz Mason will prepare a statement of mandate, time table and budget for a PMNCH Task Team on Effective Interventions which will cover issues pertaining to definition and use of packages, branding of packages, and dissemination of knowledge.
- Task Team on Monitoring and Evaluation: Wendy Graham agreed to draft terms of reference for this task team, in consultation with Mushtaque Chowdhury.

Item 4: Reaching Agreement on New Directions

The large majority of Board members expressed the view that there is a need for the Partnership, but changes do need to be made. Some Board members suggested a "partnering" rather than a "partnership" model, in which agencies would meet, discuss and decide on priority actions and outcomes, and then assign responsibility for those activities/outcomes to individual agencies. Core areas of agreement to guide the change process include:

- Being strategic in selecting key, targeted advocacy activities with consistent messaging
- Packaging interventions and emphasizing knowledge and evidence on effective interventions in advocacy work
- Building on the work of the Countdown to 2015
- Acknowledging existing mandates of partners and building on partners' strengths
- Replacing working groups with time-limited task teams with clearly-defined deliverables.
- Improving Board effectiveness through better scheduling and guiding decision making

There was extensive discussion on how to move the change process forward over the next several months. While external consultancy advice and guidance would be valuable, most felt that there is a clear need to increase Board effectiveness and ownership and that direct involvement of Board members in crafting the Partnership's new directions is most desirable.

Decisions:

- Next Board meeting: the Board will hold a *facilitated retreat* to decide on the main functions of the Partnership and its structure. The Board will identify the strategic "way forward" for the Partnership and the five main actionable activities including how to engage in countries. The Secretariat will engage experienced consultants to facilitate the meeting and to assist with the conceptual and writing tasks, both at the meeting and in follow up. Venue: Switzerland. Date: probably in mid-September, to be determined by the Secretariat in consultation with the Board.
- Board Retreat Planning Group: Board members wishing to join this Group should contact the Chair or Co Chair.
- Work plan activities: On-going activities in the approved work plan should continue, however, new activities should not be initiated.
- Circulating the evaluation report: The Evaluation Team will be asked to submit a revised Executive Summary of their Report to the Evaluation Committee. It was noted that since HLSP has already exceeded the amount of time they were to spend on the report in their contract, additional funds will need to be allocated to cover the costs of this task. The revised Executive Summary will be shared with Board members (Action: D. Kraushaar). Once the Partnership's response to the evaluation is prepared the full evaluation report will be available to the public on request.
- MOU: Re-negotiation of the Memorandum of Understanding with WHO is put on hold for now, pending outcomes of the Board Retreat. (Action: Secretariat to draft letter from the Board Chair to Dr. Chan.)
- Secretariat staffing: Recruitment of new Secretariat staff and renewal of existing contracts on hold from now to mid September. Specific cases should be brought to the attention of WHO.

The Chair expressed thanks to Secretariat staff for their commitment and contributions to the Partnership in all its efforts.

Item 5: AOB

The Director briefed Board members on the UN High-Level Event on September 25 in New York. Although only six weeks away, this event is in an early planning stage. The event holds significant potential for raising MNC health to the highest political level.

Item 6: Closed Session

Note for the Record circulated by the Chair

Item 7: Next meetings

A Board Retreat will take place in mid September in the Geneva area; dates to be determined.

The Board welcomed an invitation from Mushtaque Chowdhury to hold the December 2008 Board meeting in Bangladesh, possibly immediately before or after a planned international conference on scaling up for health for all (Dhaka, Dec 3 to 6). No decision was taken; the Secretariat will follow up to determine best dates.

PARTICIPANTS

Representatives

Bill and Melinda Gates Foundation	Dan Kraushaar
BRAC	Mushtaque Chowdhury (representing F. Abed)
CARE	Deborah Gordis (representing K. Togbey)
CIDA	Christine Reissmann (representing E. Loevinsohn)
Family Care International	Ann Starrs (Co-Chair)
International Confederation of Midwives	Bridget Lynch
International Federation of Obs/Gyn	André Lalonde
International Pediatric Association	Zulfiqar Bhutta
Norway	Helga Fogstad (representing T. Godal)
Save the Children	Anne Tinker
UNFPA	Purnima Mane
UNICEF	Pascal Villeneuve
World Bank	Julian Schweitzer
USAID	Al Bartlett (representing R. Green)
WHO	Daisy Mafubelu
Expert, Maternal Health	Wendy Graham
Expert, Newborn	Vinod Paul

Alternates

International Federation of Obs/Gyn	Pius Okong
International Pediatric Association	Jane Schaller
UNFPA	Hedia Belhadj
WHO	Liz Mason, Monir Islam

Secretariat, ex Officio

Francisco Songane	Director
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