

## Notes for the Record Meetings with Board Chair and Co-chairs

### Tele-conference, March 17/08

Present: Joy Phumaphi (Chair), Ann Starrs and Tedros G (Co Chairs)  
Secretariat: Francisco Songane, Flavia Bustreo, Sonya Rabeneck

#### **Item 1 - Approval of minutes**

Revised NfR was approved.

#### **Item 2 - The "Ask" - decide on how/where to launch this Statement**

Points raised:

- With several important meetings coming up the Secretariat was asked to put forward a figure that represents the global price tag for reaching MDGs 4 and 5, which is **\$10b additional/year**, external and domestic resources combined, which will avert 6m deaths of women, newborn and children each year. This is based on published work, including the World Health Report 2005 and others. The Secretariat is ready to disseminate, but the question is when and how.
- One approach is to position this as a Partnership paper or position, so that members take it forward. Obviously, there is a need to get donors to support this, not to challenge it.
- The title may be problematic as it does not reflect shared responsibility - external donors *and* developing-country governments. This is a broad call that includes developing-country governments.
- The World Bank's \$35b estimate is based on country-by-country analysis and pertains to the health MDGs. The technical basis for the \$10b is nevertheless solid.

**Action: ► To enhance ownership within the Partnership, the Secretariat will circulate the "Ask" document as a Partnership paper to the Board on a no-objection basis. DONE**

#### **Item 3 - Update on Countdown meeting in Cape Town**

Points raised:

- Preparations progressing smoothly, very good response from countries, 68 ministers invited, the IPU is fully involved as is Maternal Health Committee chair from the UK Parliament. Full agenda to be posted on pmnch.org shortly; at the same time a special issue of The Lancet will contain a series of 5 papers on coverage gaps and mortality trends.
- Following up on contact made with the Organization of Islamic Conference and a successful visit to Senegal last week, it is important to further involve the OIC which is moving towards enhanced cooperation with countries. Overlap between the OIC countries and 68 high-burden countries is considerable.

**Action: ► Secretariat to follow up on invitations to the Africa Union and the Pan African Parliament, and to invite IPU members who are speakers in their own Parliaments.**



**Item 4 - Evaluation**

Points raised:

- WHO has issued the Scope of Work and invitation to firms to send expressions of interest. Dan K is discussing Dr. Vinod Paul's involvement in the Evaluation Committee with him (Dr. Paul) during this week. AS confirmed that Dr. Paul has received an invitation to join. The contact person in Ethiopia will be Dr. Zeleke.

**Item 5 - Recruitment**

- Recruitment of senior advisers is delayed due to the need to involve a Board member as observer on the interview panel. Logistics prevents timely meetings of the panel.

**Action: ► Secretariat to explore whether a Partnership Board member can designate a Geneva-based health attaché to participate.**

The next meeting will be Tuesday, April 1, at 4 pm Geneva time.



## Tele-conference, March 30/08

Present: Joy Phumaphi (Chair), Ann Starrs (Co Chair)  
Secretariat: Flavia Bustreo, Sonya Rabeneck  
Unable to be reached by phone: Tedros Ghebreyesus, Francisco Songane

The Chair indicated that she preferred to first discuss follow-up on recent Board decisions, followed by the agenda items suggested by the Secretariat.

### **Item 1 - Follow up on Board decisions**

(Basis of discussion is F. Bustreo's email to the Chair and Co-Chairs, Mar 3)

Points raised during the discussion

- AS reported that the Governance Committee made good progress last week with its work. Their main tasks center on establishment of two new committees of the Board, finance and editorial (although the need for an editorial committee was questioned by the Governance Committee), establishing a variance policy, determining terms of service for Board members, and identifying a way to more fully engage country representatives. Recommendations of the Governance Committee will be forwarded to the Board for ratification, by email or teleconference.
- AS explained that the Evaluation Committee decided that the drafting of a revised "value added" proposition will not take place now, but will follow the evaluation. FB noted that the Ad Hoc Work Planning Group held the same view. **Action ► AS to communicate this decision to the Board, possibly as part of an overall report from the Evaluation Committee which is due now.**
- AS reported that the Evaluation Committee had reached a consensus that, mainly for logistics reasons, the academic and government constituencies would not be included in the Committee. Dr. Vinod Paul raised an objection to this. FB noted there were concerns that the evaluation of the Partnership might be seen as donor-lead which might compromise its credibility. **Action ► Dr. Paul to be invited to join the Evaluation Committee; Dr. Tedros to be closely involved in review of the TORs; special efforts to be extended to include country government officials in interviews during the course of the evaluation.**
- Regarding issuing payments to the Evaluation Consultant/Team, JP explained that funds will have to come from the Secretariat budget. These expenditures will be reimbursed by the donors who offered to fund the evaluation, i.e., Gates, Norway and DFID.
- FB explained that TORs have been drafted for a consultant to work with the Country Support Working Group and Secretariat on an in-depth analysis of options for the Partnership's approach to work at country level. The consultant will prepare a focused paper providing options, and summarizing challenges and opportunities; this will *inform* the work of the evaluation team. It was noted that the PMNCH Evaluation may also be looking at some of the same issues, since part of its TORs is to look at "best practices" from other global partnerships; but the sense was that this consultant would look at the issue in more depth and detail, and would therefore be a useful addition/complement to the consulting firm's work. **Decision ► This work is a priority and should go ahead now. The consultant should work closely with the evaluation.**

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- Regarding developing a program of work aimed at tracking political commitment made to MNC health, JP asked what exactly this work would yield in addition to what the MDGs working groups and the Countdown are achieving. Further, JP felt it would be worthwhile to reflect on a mechanism, not a fund, for channeling of resources for MNC health, and for addressing health systems. Also, thought needs to be given to tapping private sector resources, not just government (be it external or domestic). **Action ► JP to convene a small team to brainstorm to work on these issues, to include finance expertise.**

#### **Item 2 - Raising Board discussion to strategic level**

Points raised:

- Especially in view of upcoming Board work, concerns have been raised about attendance of some Board members, also, several agencies routinely designate junior staff members to meetings. In these circumstances, Board discussions have lacked strategic direction. **Action ► Secretariat to prepare a note on attendance patterns of Board members so that Chairs and Co Chairs can follow up.**

#### **Item 3 - The G8 "ask"**

Points raised:

- AS and FB explained that this initiative originated in discussions of the Advocacy Working Group. Basically, although there are sound estimates of the price tag for delivering MNC health interventions and reaching MDGs 4 and 5, there is some concern, especially among UN agencies and donors, about pushing for this price tag within the context of the G8 summit. The NGO community is eager to move forward with this agenda. One option therefore is for the "ask" to be finalized and put out by the members of the Advocacy Working Group and others which could get it "in the air" and discussed by the media. The Countdown conference and the Lancet special issue are also possible mechanisms for airing the "ask". We will need to make sure that the Partnership would accept having the Secretariat issue and advocate for the "ask". **Action ► JP to contact the team responsible for the \$35b-MDGs estimate to seek advice; JP to consult her calendar about attending Cape Town Countdown meetings in mid April, specifically Apr 17, 4 pm, IPU session. Advocacy Working Group to finalize the "ask" document.**

Finally, regarding the Board dinner in Cape Town: **Decision ► Go ahead.**

Next meeting of Chairs and Co Chairs will be **Mon, Mar 17, 4 pm Geneva time.**



## Tele-conference, April 1/08

Present: Joy Phumaphi (Chair), Ann Starrs and Tedros Adhanom (Co Chairs)

Secretariat: Flavia Bustreo, Mamadou Diallo (Item 5), Sonya Rabeneck

### **Item 1 - Approval of minutes**

Revised NfR was approved.

### **Item 2 - Launch of PMNCH Call for additional resources for MNCH**

Points raised:

- Comments from Board members have been positive; deadline is April 4. Once all comments are incorporated the Call will be ready to launch publicly.
- Important to launch very soon because there are other calls for new resources being published and we do not want to risk losing media attention.
- The upcoming Countdown events provide the best opportunity and there are three possibilities: a) April 10 in London at the launch of the Lancet Special Countdown series, b) April 17 in Cape Town at the opening of the Countdown conference, c) April 19 in Cape Town at the post-Conference press event.
- Best choice is (c); the Call can be positioned as an outcome of the Conference.

**Action: ► Secretariat to finalize text of the Call once Board members' have responded by April 4; Secretariat to organize launch at a post-Conference press event in Cape Town on April 19.**

**(Note - Item 3 moved down, to accommodate Ann Starrs' schedule.)**

### **Item 4 - Re-affirming Partnership principles in the implementation of the Partnership grant**

Points raised:

- The modality of receipt of Partnership funds at country level was raised as an issue during discussions in Burkina Faso last week. Drs. Songane and Diallo were present. The Burkina Faso MOH is preparing a letter to the Partnership (an email draft has been received), with an endorsement from the Donors' Group (in Burkina), to request that funds be channeled to the common basket to support the national health plan. The Gates Foundation is not comfortable with this approach, and this has been identified as a constraint.
- The same issue arose in another country where support was requested for training in emergency obstetric care which is an area of critical need to reduce maternal deaths and features in the country's MNC national health plan. The MOH has declined support in other areas. The principle of the Paris Declaration on aid harmonization and accepting leadership by countries needs to remain in focus in the Partnership's country support work.

**Action: ► Secretariat to forward letter from Burkina Faso to Grant Management Committee for a decision; after this discussion, Secretariat to share with Board members.**

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**Item 5 - Follow-up to Board discussion on adequacy of Finance and Admin staffing in the Secretariat**

Points raised:

- The Secretariat was asked by the Board in December to review staffing needs in the area of finance and admin. Given the large number of donor agreements and contracts that need to be managed, as well as on-going resource mobilization efforts, and an approved work plan volume of \$10m/yr, there is need for a new job description to devote to finance. At the same time, the Secretariat would need to retain on an extended contract a P2-level Short Term Professional (STP) to handle the administrative work. This will not affect the head count; the approved organigram provides for 15 P-level staff, while only 11 are filled at the moment.

**Action: ► Secretariat to send email to the Chair and Co-Chair for their approval, on a no-objection basis, of a) establishment of a Finance Officer post, b) extension of the STP/P2 admin post.**

**Item 3 - Update on the Countdown**

Points raised:

- Preparations are progressing satisfactorily. Of the 68 countries invited, 52 have confirmed; also confirmed are 12 Ministers of Health and several deputy Ministers from planning and finance, as well as health. The final Countdown Report will be available within a few days. The Lancet series of papers have been accepted, as well as a series of commentaries to be published as Lancet editorials.
- The next host of the IPU Assembly will be Ethiopia. Dr. Tedros has spoken with the Speaker of the Ethiopia Parliament and introduced the Partnership's work to him.

**Action: ► Chair and Co-Chair to confirm their participation.**

Date and time of next meeting to be determined via email.



## Tele-conference, April 30/08

Present: Joy Phumaphi (Chair), Ann Starrs and Dr. Tedros Adhanom (Co Chairs)  
Secretariat: Francisco Songane, Flavia Bustreo, Sonya Rabeneck

### **Item 1 - Approval of minutes**

The revised NfR was approved.

FS confirmed that the letter from Burkina Faso was with the Grant Management Committee for follow up.

**Action ► Secretariat to request Dr. Mason to set a date for the next Management Committee meeting. Secretariat to inform Board members of the Committee's discussions.**

Points raised:

- Donors may need to take time to consider their position on providing support via a common basket. What is important is that donors adhere to the Paris Declaration on aid harmonization. The Partnership should support countries and donors in taking this approach.
- Donors may have a perception that outcome indicators are not aligned with agreements, so countries need to re-assure donors that pooled funds will yield indicators. The Fast-Track Initiative is an example.
- The matter of the Partnership's practical support for the principles of the Paris Declaration should be raised at the Board. (**Action: Secretariat**)
- The Partnership needs to support countries to select priority activities; this is the only way "country lead-country driven", a hallmark principle of the Partnership, can be meaningful. The Partnership can *add value* by helping to create a framework for harmonization of effort at country level.

### **Item 1 - Countdown next steps**

Points raised:

- Countdown conference in Cape Town created significant momentum for MNC health and is broadly considered to be a success. The materials were highly appreciated, especially country profiles. Countries now have better data on their own MNC health indicators.
- Importantly, the Inter Parliamentary Union decided to place MNC health on their agenda for the next annual session and to receive a report back on actions at country level by their membership (parliamentarians).
- What is lacking is a solid financing plan for MNC health globally; such a plan would consolidate global investments in MNC health.

**Action: ► Secretariat to share Countdown follow-up timeline with the broad membership.**

### **Item 2 - G8 Call**

Points raised:

- The Call was launched in Cape Town, and will be now be translated into Japanese for G8-related advocacy activities.
- The Partnership can play an important convening role in developing a financing framework for MNC health (not a fund). It would be extremely important to get input from countries from the beginning.

**Action: ► Chair and co-chairs to identify finance expertise to work on a concept paper.**



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### **Item 3 - Update on the Evaluation**

Points raised:

- HLSP, a firm based in the UK, has been contracted to carry out the evaluation. The 5-person team is headed by Liz Ollier, who has had prior involvement with the Partnership (during 2005).
- It was clarified that the Director does not have personal objectives "agreed with the Chair". There is no provision for this within the scope of a WHO fixed-term contract.
- So far, the Secretariat has been excluded from the Evaluation Committee. This is not in keeping with one of the Partnership's founding provisions, i.e., that the Secretariat serves ex officio on Committees of the Board. This has led to poor communications and, for example, misunderstandings on the selection of countries to visit. The Secretariat is fully ready to facilitate the work of the Evaluation Team, but needs full information.
- The Secretariat feels strongly that the deputy Director should participate in discussions of the Evaluation Committee (, i.e., for items concerning the evaluation of the Partnership, not of the Director) especially given that the trigger for the evaluation of the Partnership was a need to rethink the strategic repositioning of the Partnership in the shifting global health landscape.
- There may be an argument for keeping the Secretariat outside the membership of the Evaluation Committee to avoid conflict of interest.

**Action: ► AS undertakes to :**

- a) convey to the Evaluation Committee a concern and perception that the Secretariat is a focus of the evaluation**
- b) urge the Committee to call on the Secretariat for information but also to inform the Secretariat in a timely fashion on the process of the Evaluation, and key decision taken by the Evaluation Committee**
- c) to do all possible to ensure the integrity of the evaluation process**

### **Item 4 - Mr. Bondevik, as Ambassador for the Partnership**

Points raised:

- An appointment letter will go from Dr. Chan to Mr. Bondevik appointing him as WHO Goodwill Ambassador for the Partnership for Maternal, Newborn and Child Health. There is already agreement on Mr. Bondevik's TORs, which focus on advocacy activities in support of MNC health.

**Action: ► Secretariat to define options for a launch date and venue, the choices being: a) the UN Secretary General's meeting on MDGs, and 2) the Rotary Club's annual meeting.**

### **Item 5 - AOB**

- The next Board meeting will be convened by the Secretariat in the usual way, announcements will be issued by the Secretariat. The meeting will be 2 and a half to 3 days. Dr. Tedros extended an invitation to hold the meeting in Addis.

**Action: ► Secretariat to issue the Board invitation as soon as possible.**

Date and time of next meeting to be determined via email.





## Tele-conference, May 27/08

Present: Sadia Chowdhury (for Joy Phumaphi), Ann Starrs, Dr. Tedros Adhanom (Co Chairs)  
Secretariat: Francisco Songane, Flavia Bustreo, Sonya Rabeneck

Follow up on action points arising from previous meeting:

- A grant management committee teleconference is scheduled for May 27.
- The Countdown core group structure is being revised; the new format will be agreed at a mid-June meeting. The Secretariat will report back on follow up with the IPU following meetings on May 29. Dr. Tedros will follow up with the responsible standing committee in Addis to ascertain possible interest in presenting the Ethiopia experience at next year's IPU.
- The evaluation is on schedule. The team spent 3 days with the Secretariat in May; 32 interviews are so far scheduled out of 52 planned. Travel is under way to Ethiopia, Burkina, Cambodia and Pakistan. Two Board members, on a recent visit to the World Bank, strong concerns about the minimal involvement of countries in the evaluation and what they perceive as "donor control" of the evaluation.
- **Action ► AS will a) send an update to the Board on the evaluation process, b) speak with Joy about the concerns, c) speak with the Board members who raised the concerns.**
- Mr. Bondivik's appointment will be launched at the UN High Level Event on Sept 25 in New York City.
- The next Board meeting will be July 17 and 18 in London.

### **Item 1 - Approval of minutes**

The NfR was approved as drafted.

### **Item 2 - Maternal Mortality Campaign and meeting with Ms. S. Brown**

- These issues were highlighted May 14 during discussion with Ms. Brown, who is associated with this initiative through the White Ribbon Alliance: a) need to broaden the campaign to include newborn and child; b) use of statistics and language needs to be harmonized, c) handover to the Partnership is planned for after the High Level Event, at a meeting in Geneva.
- Ms. Brown prefers to invest 4-5 months on this campaign and clear benchmarks, eg the EU meeting, G8 and the UN High Level Event in September. At the moment, follow up actions with Ms. Brown's office need better definition.

### **Item 3 - Oslo discussions on actions towards the MDGs**

- The focus was how to engage civil society; participants were mainly NGOs from Norway and the UK. A main issue was the assumptions behind the \$10.2b figure. Assumptions need to be clarified and harmonized, if possible with assumptions behind others' figures.
- It was agreed that the Partnership Secretariat will take the lead in writing a short brochure that describes successes in MNC mortality reduction, stressing the feasibility of rapid progress at national level. This analysis will be tabled/distributed at the HL Event, during a roundtable on health and education.
- **Action ► Secretariat to share available information on the HLE as well as FB's Oslo presentation.**



**Item 5 - Facilitation at upcoming Board meeting (new item)**

- Agreement that this would be very useful, especially for discussions of the interpretation of the evaluation report. The challenge will be to find someone suitable, with sufficient knowledge of partnerships.
- Action ► FS should contact James Tashimi, who facilitated the costing tools workshop in Senegal earlier this year, to ascertain his interest and availability.

**Item 6 - MOU with host organization**

- Action ► In keeping with the time line indicated in the MOU, the Secretariat will draft a letter from JP to WHO before end July indicating the Partnership's interest, or not, in negotiating an extension to the MOU.

**Item 7 - Recruitment of Secretariat Staff**

- The recruitment process for two senior advisers (M&E and Effective Interventions) is well advanced. There are no reasons, legal or practical, to delay recruitment pending the outcome of the evaluation.
- On the issue of an observer to participate in the selection panel, this requirement can be an item for discussion and possible revision later in the year when revisions to the MOU are discussed.

**Item 8 - AOB**

- IHP: a major rationale for embarking on the evaluation is the proliferation of global health partnerships. The IHP+ has now emerged but the Partnership is excluded from IHP+ discussions. Also, efforts towards a common financing framework are not aligned, perhaps even misunderstood. IHP+ compacts with countries will continue to grow in number. Action ► Secretariat to draft a letter from JP, AS and Dr. Tedros to the joint chairs of IHP+ expressing concern that MNC health, which is central to strengthening of health systems, needs to be maintained as a central focus of the IHP+ initiative, and expressing the Partnership's interest in collaboration.
- UNFPA Trust Fund, about which little is known so far. Action ► Secretariat to contact Yves Bergevin at UNFPA for information on this Fund, and its connection with the UN Maternal Health Group. .

Date and time of next meeting: Thursday June 19 or Friday June 20.