

BOARD MEETING, NOVEMBER 10-11, 2008, GENEVA RECORD OF DECISIONS

Co-Chairs Ann Starrs, Purnima Mane

DAY 1

Item 1.0 - Introduction

Decisions:

- **■** Purnima Mane to co-chair the Board Meeting, with Ann Starrs.
- The Board Retreat report was approved, with the following changes:
 - 1. Page 5, item 7, first bullet should read: "strengthening linkages amongst maternal, newborn and child health"
 - 2. Page 10, Attachment 2, bullet 6: drop "e.g. skilled vs facility care"
 - 3. Page 11, Attachment 3: incorporate descriptive information about the other two options.
 - 4. Page 6, decision on structure: explain that the Partnership will not, at this point, incorporate or become a legal entity, that this option may be discussed in the future but is not feasible or desirable now.
 - 5. Page 7, delete text (in box) and footnote 5 pertaining to the Innovative High-Level Financing Task Team, which is not a PMNCH task force. Incorporate a description elsewhere in the report.
- The agenda was adopted. Further, it was accepted that the purpose of the meeting is to re-affirm decisions taken at the Retreat, to bring the work of the two task forces together and to clarify next steps towards finalizing the 3-Yr Strategic Framework and PMNCH structure.

Item 2.0 - 3-Yr Strategic Framework for Action and Commitment by Partners

Decisions:

- The Task Force on Outputs is extended until mid December, chaired by Gary Darmstadt.
- The Task Force will incorporate input from the Board discussions and revise the 3-Yr Strategic Framework by Dec 15.
- The work plan for 2009 (within the 3-Yr Strategic Framework) will consist of six high-impact, visible initiatives which have the potential to engage all constituency groups and the Partnership members at large (see Annex 1). These are:

- 1. a) Advocacy towards G8/G20 to foster greater political and financial support for the global MNCH agenda
 - b) Advocacy on MNCH priorities for High-Level Task Force on Innovative Financing for Health Systems.
- 2. Identify gaps in existing MNCH core package of interventions and prioritize implementation research; address controversial issues regarding interventions
- 3. Support the Countdown process to track progress in maternal, newborn and child health and promote accountability at national and international levels.
- 4. Develop costed strategies for commodity supplies, human resources, and demand creation
- 5. MNCH knowledge management/mapping, and information sharing through a common web portal
- Each initiative will have a lead partner or partners with responsibility for delivering agreed products and outputs and reporting back to the PMNCH Board (see Annex 1). The role of contributing partners will vary according to the activity, but will include offering expertise, knowledge and networks.
- The initiatives will be reflected in the PMNCH work plan and budget; where the lead partner (or other primary partner) is able to support the costs of initiative activities, this should be reflected in the PMNCH budget as an in-kind contribution. Where funds are needed to support the costs of implementation, especially when a civil society organization or the PMNCH Secretariat itself is responsible for implementation, funds will be raised and channelled through the PMNCH Secretariat.
- Regarding the accountability function, no decisions were reached about what accountability mechanisms or structures should be established within PMNCH. Conceptually, there was general agreement that this function could be divided into three levels: first, accountability for country progress for which Countdown was seen as an important tool, but with greater take-up/analysis of data at the regional and country levels; second, accountability of partners, to assess whether they are delivering what they have promised in the context of the PMNCH work plan; and third, accountability for the activities of partners in the broader context of the MNCH continuum of care. It was agreed that this sub-group of the Outputs Task Force would develop a set of proposals for consideration at the next Board meeting.

■ Next steps:

- 1. The lead partner will with contributions from supporting partners develop a 1-3 page summary of the initiative, to include key steps and activities for 2009, an indication of responsibilities among the partners, as well as expected role of the Secretariat, a time line, and a rough budget by Nov 30, 2008.
- 2. Summaries will be discussed and refined by the Task Force on Outputs and submitted to the Board for review and approval by Dec 15, 2008.
- 3. The Secretariat will coordinate and provide assistance and support to the Task Force on Outputs to complete this work, and to the lead partners as required.

Item 3.0 - Reaching agreement on Governance of the Partnership

Decisions:

The Task Force on Structures is extended to mid December, chaired by Ann Starrs.

Regarding Board membership:

- Board membership, in terms of constituencies and number of Board seats, should be maintained as it is currently for the immediate future.
- The benefits of including a private sector constituency and Board seat be explored in the future, and that experiences of GAVI and other partnerships be taken into account.
- Principles for effective management of Board business should be adopted, including cost containment and ensuring procedures for clear decision-making.
- The Secretariat should develop a paper, for Board decision at its next meeting, setting out guidelines and expectations on how intra-constituency deliberations should be conducted and how representation of the constituencies on the Board is selected. (Note: this will be in the form of a Board Manual.)

Regarding role of Forum members: (for dates of next Forum, see AOB below)

- The Forum should continue to be a gathering of a broad range of MNCH stakeholders (as per the existing membership criteria) which meets biennially
- The Forum should be a consultative body, and a platform for MNCH members to share views, best practice and experience; and should not be a governance/decision-making body, except in terms of its role in nominating constituency group representatives for the Board.

Regarding Creation of an Executive Committee (EC):

- The current Chair/Co-Chairs monthly meetings will be expanded into a formal EC, to be established as soon as the Board approves its composition.
- The EC will consist of seven Board members, including the Chair, two Co Chairs, and one member each from the remaining three constituencies that are not represented by the Chair and Co-Chair seats (currently, health care professionals, academic/research/education, and donors/foundations); the host institution will serve as a permanent ex-officio member of the EC.
- The process for selection of Board members to serve on the EC should involve nomination by each constituency group within the Board, to be approved by the whole Board. The constituency groups nominated, and the Board accepted, Jane Schaller and André Lalonde to represent the academic/research/education and health care professional constituencies, respectively, on the EC.

■ The delegation of functions to the EC will be as set out in Table 4.1, page 13, Governance paper; in addition, the EC to have a responsibility in monitoring overall performance of task forces, application of the subsidiarity principle and overseeing resource mobilization for the PMNCH workplan.

Regarding task force membership

- Time-limited and deliverable-focused task forces should generally be comprised of a majority of Board members/alternates and should in all circumstances be chaired by a Board member/alternate.
- Task forces may include other PMNCH members, who are not Board members, when invited by the Board to participate in the task force for their specific skills and expertise.

Regarding changes to the PMNCH Conceptual and Institutional Framework

■ The PMNCH Conceptual and Institutional Framework will be modified as set out in the Governance Paper (section 5, page 17), and as per agreed changes in the PMNCH structure and governance arrangements and changes agreed to earlier in the year by the Governance Committee (see report of the Governance Committee, July 2008). Changes will also include: deemed resignation of Board members (as agreed by the Board in July 2008).

Other action points:

- 1. The term "academic, research and education/training institutions" to be used consistently, to replace "academic" to describe this constituency.
- 2. The country representatives on the Board, together with country representatives from other constituency groups, to bring to the EC (when established) and the next Board meeting new proposals for increasing engagement of countries at all levels in the Partnership.
- 3. Bridget Lynch, Al Bartlett and Sadia Chowdhury to develop a discussion paper on proposed mechanisms for information-sharing among Board members, and how to make PMNCH more responsive and useful to members at large.
- 4. Secretariat to develop a Board manual.

Item 4.0 - Completing the business of 2008

Decisions:

- The Secretariat will continue to implement 2008 Secretariat activities as listed in the Annex 2 (shaded box); costings for these activities are available in the 2008 work plan.
- These Secretariat-led activities will not automatically be moved to 2009, except for those which fall within core functions (such as organizing Board meetings). Level of effort by the Secretariat will need to be reviewed by the Task Force on Outputs with a view to aligning the activity (or not) with a 2009 initiative, and describing in more detail what the activity actually entails.

Other action points:

- 1. Health care professional associations involved in organization of the HCP workshops will share results of workshop evaluations undertaken so far.
- 2. Secretariat to share information on activity costs with the Task Force on Outputs.

Item 5.0 - Closed Board session

Note for the Record to be circulated separately.

DAY 2

Item 6.0 - A new structure for the Partnership Secretariat

Decisions:

Regarding roles of Secretariat and task forces/lead agencies

■ The Secretariat core functions are:

Servicing the PMNCH governance structure, including organizing Board meetings (which are *convened by the Chair*)

Ensuring effective communication with Board members and constituencies

Preparing funding proposals and related activities to mobilize resources for the approved Partnership work plan, including Secretariat operations, under the oversight of the Executive Committee.

Administrative functions such as financial and budget management

Monitoring and reporting (to the Board) on implementation of work plans.

■ PMNCH value-added activities will be delivered through:

Task force/lead partner assuming overall responsibility for implementation

Secretariat support as required for the activity, and drawing on external consultants as required

■ Each party's role in a task force would:

Vary case by case, depending on the nature of the task/activity

Reflect the partner-centric nature of the Partnership

Be agreed by the task force in advance and set out in TORs

Regarding Secretariat composition and structure

- Once the Task Force on Outputs has determined the specific nature of the initiatives to be undertaken in 2009 and the scope of the 3-Yr Strategic Framework (late November/early December), the Task Force on Structure will generate a final version of its recommendations for the Board on composition and structure of the Secretariat.
- Secretariat staff contracts which expire at end January to be extended for three months, to keep open the possibility that these skills are available to the new structure.

Item 7 - MOU

- The Board Chair will write to Dr. Chan to request a two-month extension to the existing MOU, i.e., to end February 2009.
- WHO's Legal Office will prepare a draft MOU for consideration by the Executive Committee; the draft will take into account governance and related issues raised during this Board discussion, and also incorporate elements from the revised Conceptual and Institutional Framework, by mid December.
- The Structures Task Force will serve in an advisory capacity through the process of negotiating the new MOU with the host institution; it will then go to the Executive Committee for review.
- The new MOU will be presented to the Board for approval in <u>February</u>, <u>2009</u>.

Item 8 - AOB

- A Partners' Forum will take place not before late 2009, and possibly not before first half of 2010.
- The issue of Board rotation will be taken up during the first half of 2009. Most current Board members will have served for their two-year term by April 2009.
- After February 2009 (see date of next Board meeting below) a firm twice-yearly schedule of Board meetings to be set well in advance.
- The Bill and Melinda Gates Foundation has issued a grant of \$US11m to EngenderHealth to manage a newly-established Task Force on Maternal Health. Dr. France Donnay is the focal point at the Foundation.
- The suggestion was made that the Partnership may want to consider establishing a non-executive chair who is non-partisan and who represents the entire MNCH continuum. This may help to re-establish a "public face" for the Partnership. There was no discussion on this item, which will be taken up by the Structures Task Force.

- Norway briefed the Board on a meeting of health advisers representing like-minded donors held in the Hague in October where three concerns were raised: first - the need to better highlight the importance of SRHR and to focus on MDG5b indicators; second the increasing number of new initiatives related to maternal health and their coordination; and, third - how best to position MNCH in existing health systems initiatives, such as IHP+ and the new High-level Task Force on Innovative Financing. Those attending the like-minded donors meeting agreed that Norway and Canada would request that PMNCH, together with Sweden, organize a meeting next year where these issues are discussed. The Board felt that given its current restructuring it would not be possible to take this on. It was also felt that the Board needs to discuss further if and how PMNCH will deal with MDG5b.
- Next Board Meeting: Date: February 2009; Venue: to be determined. Issues proposed for discussion at the next meeting:
 - 1. Whether PMNCH should establish sub-constituencies for maternal health, newborn health and child health
 - 2. Whether/how PMNCH should address MDG target 5b "ensure access to reproductive health for all by 2015"
 - 3. Check-in on progress with "partner-centric" approach
 - 4. Include half-day for meeting of activity task forces/initiatives, and review of work
 - 5. Progress on accountability analysis

PARTICIPANTS

Representatives

Bill and Melinda Gates Foundation Dan Kraushaar **CARE Kwamy Togbey Christine Reissmann** CIDA

Family Care International Ann Starrs Government of Ethiopia Medhin Zewdu (representing Dr. Tedros

Adhanom) Oumou Maïga Diakité (representing O. Government of Mali

Toure) **International Confederation of Midwives** Bridget Lynch

International Federation of Obs/ Gyn Pius Okong (representing A. Lalonde) Jane Schaller **International Pediatric Association**

Norway

Tore Godal Save the Children Anne Tinker **UNFPA** Purnima Mane UNICEF Pascal Villeneuve

World Bank Sadia Chowdhury (representing J. Schweitzer)

USAID Al Bartlett (representing R. Green)

WHO Daisy Mafubelu **Wendy Graham** Expert, Maternal Health

Alternates and other participants

Bill + Melinda Gates Foundation **Gary Darmstadt** Government of Norway
UNFPA
Hedia Belhadj
WHO
Liz Mason
WHO (Observer)
Donna Catliota

Cambridge Economic Policy Associates (CEPA)

Daniel Hulls, Nebojsa Novcic

Secretariat

Francisco Songane, Flavia Bustreo and senior staff

Annex 1: Agreed Initiatives and Lead Partners (version Nov 10-11/08)

* [Text in squared brackets indicates that one contact person needs to be nominated to represent the constituency].

	Initiative	Lead Partners	Contributing Partners
Advocacy	towards mobilization of funds from G8 /G20 for MNCH	 CIDA (Christine Reissmann), FCI (Ann Starrs, to liaise with NGO/CSO coalition) 	WHO, UNICEF, UNFPA, BMGF, USG, [Health Care Professionals]*, India, WB.
	1b. Fund Health Systems Initiatives through the Health Financing Taskforce	Norway (Tore Godal / Helga Fogstad)	WHO, WB, Ethiopia, UNICEF, USAID, UNFPA, BMGF, FCI, Academics.
Harmoni zation	2. Identify gaps in existing MNCH Core Package of interventions and prioritize implementation research	WHO (Daisy Mafubelu, Liz Mason)	[Academics / Research Community], [Health Care Professionals] CARE, USAID, WB, Save the Children, BMGF (MBB tool), Mali, BRAC (tbc), UNFPA.
	4. Develop costed strategies for commodity supplies, human resources, and	Scale up supplies: UNICEF (Pascal Villeneuve) UNFPA (Hedia Belhadj)	USAID, WB, WHO, CARE, Mali, CIDA
	demand creation	Human Resources: • [Academics], WB, UNFPA, [Health Care Professionals], Ethiopia	WHO, CARE, Mali, CIDA
		Create demand: • BRAC (M. Chowdhury, tbc)	[Health Care Professionals], FCI, WHO, CARE, Mali, CIDA
	5. MNCH knowledge management / mapping, and information sharing through a common web portal.	 All members of the Board Secretariat (as part of its core function) 	All constituencies and members of the Board

Down	e the Count to monitor ntability	 UNICEF (Pascal Villeneuve) PMNCH (supporting role) 	USAID, [Health Care Professionals], WB, UNFPA, WHO, Save the Children, BMGF, FCI, Academics
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Annex 2 - List of Secretariat activities to continue during the remainder of 2008 ("S", below, refers to Secretariat activity number per the approved work plan)

- S₃ Engage a range of constituencies in influencing the G8 Summit agenda ($\sqrt{completed}$ for 2008 G8, see S9 below for G8 2009)
- **S4** Organize session at Inter Parliamentary Union Assembly (IPU) to present main findings of the Countdown to 2015 report (√**completed**), and related advocacy follow up with selected countries through the IPU.
- S9 -Work with lead NGO in Italy towards G8 summit 2009, in collaboration with lead partners/task force established for G8 advocacy in 2009
- S17 -Develop a coordinated media and events calendar including planned events related to MNCH and advocacy opportunities, 2008-2010
- S18-Coordinate with partners to mobilize leaders and champions for MNCH
- S19-Monitor public statements, high-level meetings, signed commitments for MNCH
- **S24-**Provide funding support for technical assistance by NGOs, professionals and others without self funding capacity (Note: specifically for the NGO workshop in Nigeria)
- **S28-**Complete review of costing tools related to the health MDGs, and develop user-friendly overview that describes the purpose of each tool, its use and the resource needed to use it.
- **S29**-Make tools easily available to countries through various means of communication (website and others)
- S30-Develop effective mechanism to facilitate country requests for assistance from partner organizations in the use and adaptation of costing tools (including making lists of agencies available on pmnch.org)
- S35- Coordinate and follow up on the provision of support requested in the proposal from Nigeria (Note: DRC deleted from this activity)
- **S36-**Support meetings and function of PMNCH grant management committee (chaired by WHO)
- **S41-** Provide assistance and input to development of investment case
- **S42-** Organize regional workshop in Asia for health care professional associations; issue grant to organization to establish and maintain contact database for HCP associations
- **S54-** Facilitate Countdown working groups and continue in role of co-Chair of the advocacy and communications working group of the Countdown
- **S55-** Disseminate results, reports and country profiles
- **S56-** Contribute to writing of articles for Lancet publication on inequities in MNCH and best practice
- S61- Coordinate development of value-added work plan for 2009 through a collaborative, consultative process
- **S67-** Facilitate meetings of the Board (√**completed**) and Finance Committee.
- **S68** Draft Board Manual
- S70- Enhance and maintain pmnch.org, issue Updates and E-Bulletins
- S71 Review adequacy of office space, as needed