

BOARD MEETING, FEBRUARY 19-20, 2009

WORLD BANK, WASHINGTON DC

Chaired by Ann Starrs

NOTE FOR THE RECORD

DAY I

Item 1.0 - Introduction

Points raised:

- ☐ In her introductions, Ann Starrs said that Joy Phumaphi was unable to chair the meeting due to personal circumstances. Dr. Tedros had also sent his regrets.
- ☐ In his welcome, Graeme Wheeler, Managing Director of the World Bank, stressed the Bank's strong commitment to health and the Bank's efforts to scale up its work in nutrition. Also, the Bank has created a new global vulnerability fund in response to the financial crisis.
- ☐ WHO thanked Flavia Bustreo for accepting to serve as Acting Director of the Secretariat on an interim basis.

Decisions:

- ☐ The Note for the Record arising from the November 2008 Board meeting was approved.
- ☐ The agenda was adopted with the addition of a summary report from the Finance Committee Chair prior to discussion of the 3-Yr Strategic Framework.

Item 2.0 - Where is MNC health today? Current initiatives in global health

Several presentations¹ were made and these points were raised during discussion:

- ☐ Maternal health is clearly moving up the political agenda, however, this has yet to translate into increased funding -- overall funding levels are higher for newborn and child health, due mostly to funds available for immunization programs. This underscores the importance of addressing the continuum of care.
- ☐ The growing number of new initiatives emphasizes the need to package MNCH interventions and simplify messages. This area of work has not progressed satisfactorily and is built (again) into the Partnership's new 3-year strategic framework.
- ☐ The Partnership can play a key role in ensuring that links are established among these various initiatives and that they move in the same direction (or are at least harmonized) towards the same goals and that MNCH (including the continuum of care) is adequately prioritized in the one national health plan in countries.

¹ Maternal Mortality Campaign by Emma Parry, Maternal Health Task Force by Ana Langer, Stockholm Meeting on Reproductive Health and MDG 5 by Helga Fogstad, Catalytic Initiative by Geeta Khosla, The Network of Global Leaders by Helga Fogstad.

- MDG 5(b), which refers to universal access to reproductive health services, is not yet fully incorporated into PMNCH's work and this needs to be addressed.
- Comments from Board members on the objectives of, and interactions with, these initiatives are most welcome.

Decision:

- The Board decided² to fully incorporate MDG 5 (b) in its work.

Item 3.0 - The 3-Yr Strategic Framework for Action and Commitment by Partners and Priority Actions (PAs)

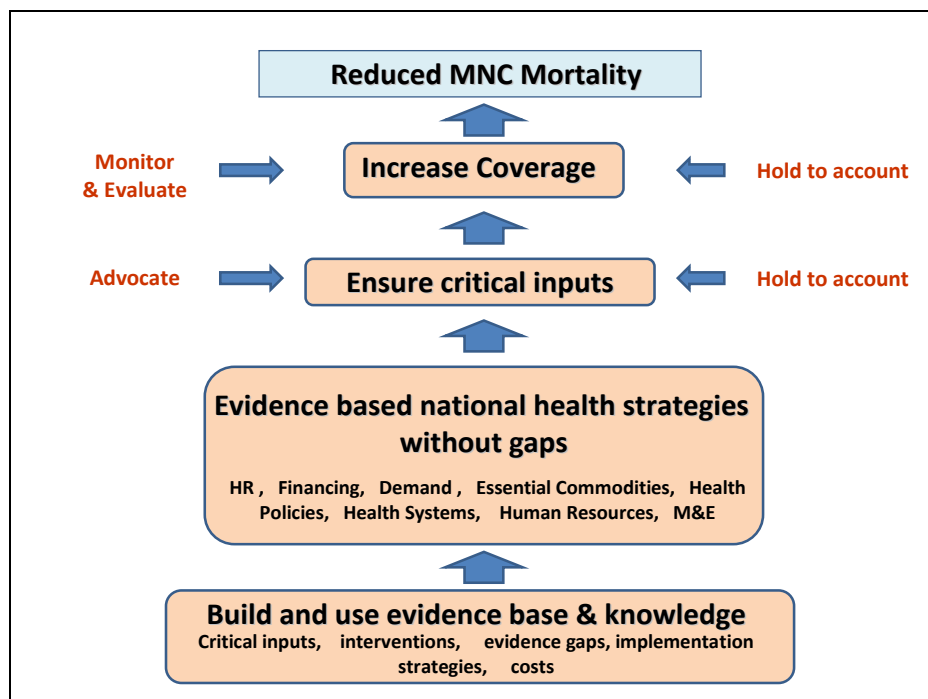
Item 3.1

Julian Schweitzer, Finance Committee Chair, made a brief presentation of the 2009-2011 budget (see Item 5 below). Available funding for 2009 is \$5.858m and projected costs are \$5.611m, assuming some adjustments to existing donor agreements and approval by the Board of the proposed work plan. There is a funding gap for 2010 and 2011. These budget assessments are based on a draft budget which is still a work in progress and includes many activities that have not yet been costed.

Items 3.2 to 3.8

Dan Kraushaar, in his introduction, raised the following points:

- The framework for action represents an implicit impact model through which PMNCH can make a contribution to achievement of MDGs 4 and 5, as shown in the slide below. This model needs to be made more explicit.



² USAID abstained from this decision based on the USG position that the MDGs should be restricted to those goals approved by the original Millennium Summit in 2000.

- The Board was asked to decide whether the work plan suggests appropriate priority actions for the Partnership to take on, and clearly outlines the Partnership's added value. The seven PAs are as follows:
 1. *Advocacy for increased funding and for better positioning of MNCH in health systems initiatives*
 2. *Develop costed national strategies for advocacy and community outreach for increased availability and use of MNCH services*
 3. *Identify gaps in delivery of existing MNCH core packages of interventions and prioritize implementation research*
 4. *Develop costed strategies to scale up of commodity supplies*
 5. *Strengthen human resources for MNCH*
 6. *MNCH knowledge management portal - "one stop shop"*
 7. *Accountable partners for MNCH [to be rephrased Tracking Progress and Accountability for MNCH, see below]*

Decisions:

- Board members approved in principle the 3-Yr Strategic Framework for Action and Commitment by Partners and referred the incorporation of changes to the EC on their behalf.
- Board members agreed that the seven PAs are the basis for the Partnership's framework and work plan.
- Amongst the seven PAs, the Board identified four which may go ahead now (green traffic light), two that need to be refined further (yellow light), and one which requires more substantive work (red light), as shown below. However, it was agreed that all deliverables within the seven PAs will need to be further refined as it relates to a) their PMNCH added value function; b) budget and source of funding; c) clear link in logic between deliverables, outputs and outcomes; d) roles and functions of partners and secretariat.

Priority Actions, Decisions and Main Comments by the Board

Priority Action	Decision (traffic light vote)	Main comments from Board members
#1	Green	<i>Critical, unique role for PMNCH; start activities as soon as possible to avoid fragmentation, and building on momentum of (esp) G8 processes; incorporate a budget for outputs 3 and 4.</i>
#2	Red	Not sufficiently tangible, needs rethinking; some elements could be incorporated into other PAs (and this PA deleted?); title should reflect demand creation and improving self care; activities need to be re-considered; needs to involve all partners in demand creation; focus on implementation strategy should be sharpened.
#3	Yellow	Clarify who will pose the questions; involve implementers; interaction with others will be highly desirable (eg Maternal Health Task Force)
#4	Green	<i>Start by mapping partners' activities; determine whether there will be a focus on selected MNCH priority countries and if so which ones; Output 2³ to be revised in collaboration with PA1 and boundaries agreed.</i>
#5	Green	<i>Need an output/deliverable on mapping of HR for MNCH (work with ILO on this); identify global funds for HR. Need to resolve number of countries and how this will actually be implemented.</i>
#6	Green	<i>Critical, unique role for PMNCH; define links between science and policy.</i>
#7	Yellow	Needs to incorporate a general framework for accountability which is wider than the CD framework. Also, change title to "Tracking progress and accountability for MNCH". Outputs related to Countdown need to clear about what the PMNCH function or added value is. Advocacy activities need to align/complement those of PA1. Add these two outputs: a) common impact evaluation framework developed to be used by global health initiatives (initiated in 2008), and b) evidence and guidance provided on how to improve measurement of maternal mortality.

³ Review and updated existing tools, guidelines and protocols (from Annex B, p 44, 3-Yr Strategic Framework for Action and Commitment by Partners with Work Plan Elements for Year One).

- The Executive Committee will be responsible for finalizing the work plan and will meet with Lead Partners within the next 4-6 weeks⁴ to:
 - a) ensure that inputs provided by the Board are incorporated in the final document
 - b) review budgets for each PA
 - c) decide on overall approach to selection of countries
 - d) decide on a strategy for fund raising and determine whether funds would be raised separately (by PA) or as a whole

Item 4.0 - Closed Session

A separate Note for the Record will be circulated by the Co-Chair.

DAY 2

Item 5.0 - Report of the Finance Committee

Points raised during the presentation:

- Available funding for 2009 is \$5.858m, while total projected costs are \$5.611m. Costs are composed of PMMCH program expenditures of \$2.515m, Secretariat costs of \$2.196m, and PMNCH core function costs of \$900,000, leaving a small surplus of \$247,000 for 2009. For 2010, resource mobilization efforts need to get under way now.
- PMNCH program expenditures are defined as additional resources required to cover activity over and *above partners' contributions in kind* and the costs of the Secretariat and core functions. PMNCH core function costs include the costs of running the Board, other meetings, communications with partners and constituencies, and outsourcing costs.
- The FC recommended for approval a report on Implementation of the 2008 value-added work plan, noting significant achievements especially in the advocacy area. Also, the 2008 budget was under-spent.
- The FC recommended for Board approval a 2009 Budget Paper which provides analysis of projected budgets for 2009 PAs, subject to Board decision on the substance of the PAs and Secretariat structure as well as donors agreeing to some fungibility.
- The FC drew to the attention of the Executive Committee the risks to budgets and deliverables if it is not possible to achieve Secretariat recruitment on an accelerated timetable. Further, the FC expressed concern that the issue of accountability and responsibility for delivering the 2009 work plan by partners is ill defined.
- The FC recommended that Lead Partners confirm in writing (named) involvement in implementation of PAs.

Decision:

- The Board approved the Finance Committee's report.

⁴ It was subsequently decided to hold the meeting in London, UK, on March 12-13, 2009, following a meeting convened at No. 10 Downing Street on the Maternal Mortality Campaign.

Item 6.0 - Governance Issues and Structure

Item 6.1 -- Recommendations of Task Force on Structure

A paper by the Task Force on Structures was presented by Hedia Belhadj and Daniel Hulls.

Points raised during discussion:

- The Secretariat may have been overly disempowered during the last six months, as the Partnership tried to define a new partner-centric approach to delivering its work plan. Time allocation of Secretariat staff to the PAs will need to be reconsidered as the PAs are further defined.
- Job titles for the two most senior positions may not be suitable and should be reconsidered. Many Board members felt that the title of "Executive Secretary" is not appropriate and will decrease the ability of the Secretariat to interact with organizations. Board members suggested that during MOU negotiations it will be important to ensure the title be: Director or Executive Director. The title "Coordinator" should be considered for the P6 senior adviser position.

Decisions:

- The organigram presented in the paper by the Task Force on Structures was approved. This organigram consists of nine posts (see Annex I below).
- As a next step, the Chair will take up the matter of job titles in the context of renegotiating the MOU extension. Job titles will need to be matched to nomenclature of the indicated salary grade and HR procedures within the Organization.

Item 6.2 -- Responsiveness to members at large

Decisions:

- Board members are invited to volunteer to join a small group to examine issues related to membership and how to increase involvement of partners at large in the Partnership's work.
- The Board requested the Secretariat to do some research on practices of other partnerships to assist these discussion of membership issues.

Item 6.3 -- Thematic sub-groups

No decision was taken on the matter of establishing thematic sub-groups within the Partnership, however, some Board members felt it would be desirable to establish such sub-groups should the need arise.

Item 7.0 - Host Agency and Board Administrative Matters

Item 7.1 -- MOU between WHO and the Partnership

Points raised during discussion:

- The current MOU expires March 30, 2009. WHO Legal has drafted an MOU for a new three-year period. The main issues under discussion are: program support costs, approval of publications, identify for PMNCH, reassignment rights for Secretariat staff, and appointment of the Director.

- ☐ WHO informed that program support costs will be 13% across the board, per decision by the Executive Board of the WHO. This is non-negotiable. Further, the prior MOU did not provide right to re-assignment.
- ☐ It may be desirable to retain prior language on the matter of appointment of the Director, i.e., "the Board makes a recommendation".

Item 7.2 -- Board Manual

Decision:

- ☐ The Board approved the draft Board Manual with a series of small corrections, including a) updated language, b) new language on voting procedures, c) include reference to MDG 5(b), d) simple majority rather than two-third majority, e) include terms of reference for the Executive Committee.
Follow up: Secretariat to finalize and re-circulate to Board members.

Item 7.3 -- Executive Committee Terms of Reference

Decision:

- ☐ The Board approved the draft terms of reference (see Annex 2 below), with the following change: a) clarify the role of the Executive Committee in taking decisions between Board meetings, b) clarify role of the Board Chair in resolving disagreements.

Item 7.4 -- Rotation of Board members

Decisions:

- ☐ Board members emphasized that at least one Lead Partner (of the PAs) should be a serving Board member.
- ☐ The Board felt the need for further consultation within constituencies in order to determine how rotation will be effected during this calendar year:
 - a) The donor/foundations constituency will discuss the proposed rotation format (per the Structures Task Force paper) and report back to the Board
 - b) The NGO constituency accept that Save the Children/Saving Newborn Lives wishes to rotate off the Board in order to give another NGO the opportunity to participate
 - c) There will be no rotation for now within the Academic/Research/Training constituency. This will be revisited later in the year. Also, it was noted that the Child Health seat is only temporarily filled⁵.

Item 7.5 -- Functional communication

Decision:

- ☐ The Board endorsed the E-Forum mechanism as a means to begin to build cross-constituency communication and sharing.

⁵ Dr. Jane Schaller, Executive Director, International Pediatric Association is serving the Board as Expert in Child Health *ad interim*.

Item 8 - AOB

Item 8.1 -- Cross cutting items

Decisions:

- Agencies and individuals listed as *contributing partners* (in Annex B, p 31, 3- Yr Strategic Framework for Action and Commitment by Partners with World Plan Elements for Year One, third column) should confirm their participation by **Friday, Feb 27**, or their names will be removed.

Item 8.2 -- PMNCH's role in M & E

Decisions:

- Board members agreed that a small group will examine PMNCH's value added role in M&E as it is currently reflected in PA7 and to establish clearly the basis for monitoring and documenting PMNCH's added value. This will facilitate assessment of the Partnership's achievements in future.
- Wendy Graham to work with a small group of partners to define the value added of PMNCH with regards to M&E of MNCH activities

Item 8.3 -- Skilled Birth Attendants

The Board noted the ICM's efforts to standardize nomenclature and for all concerned agencies to continue to strengthen professional midwifery cadres at country level. Bridget Lynch's presentation noted the WHO standard definition of Skilled Birth Attendant is being misinterpreted and needs to be reinforced. Also, it was suggested that the matter be taken up with DHS management in the context of changes to the DHS's next survey cycle.

Item 8.4 -- Other

The Board thanked Secretariat staff, and especially Flavia Bustreo, for their dedication, hard work and commitment over the past transition year.

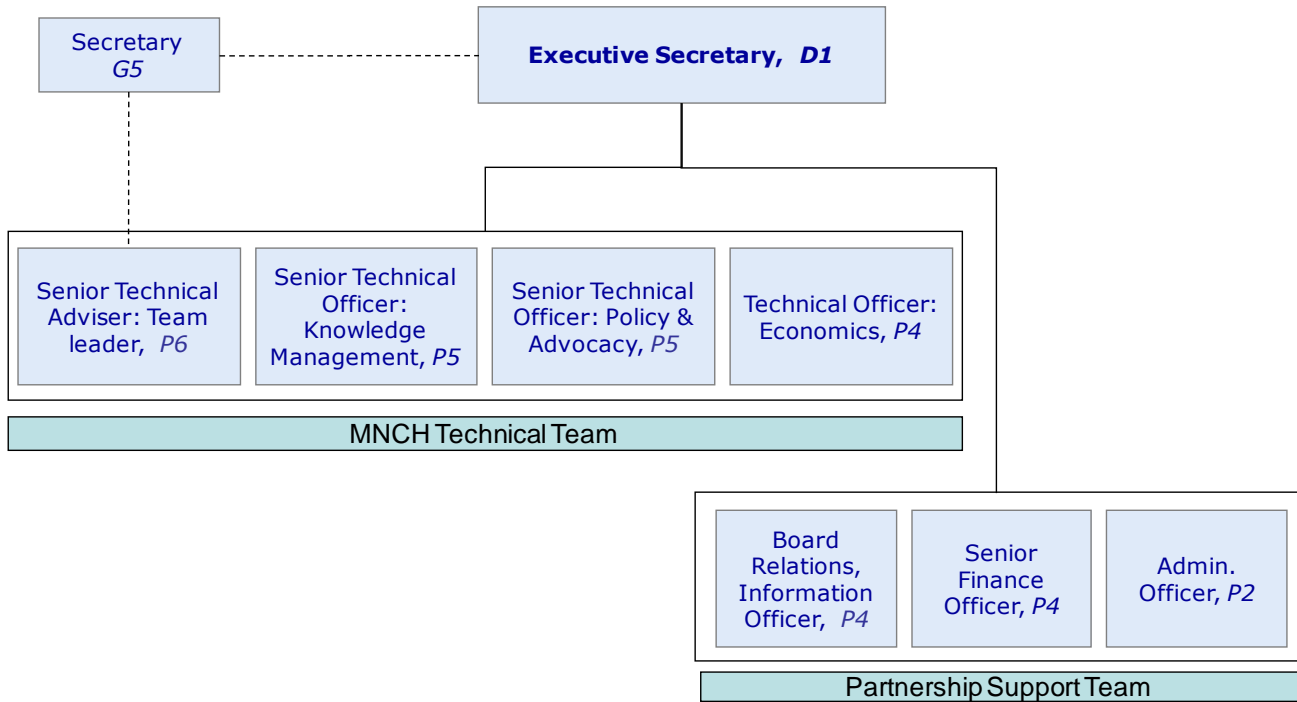
The Board also thanked Anne Tinker for her exemplary service to PMNCH Board and wished her well in her future work.

Item 8.5 -- Next Board meeting

November, 2009. Venue to be determined.

ANNEX I

Secretariat Organigram



ANNEX 2

Executive Committee of the PMNCH Board - *final revision 9/03/09* Terms of Reference / Mandate

Background

At its November 2008 meeting, the PMNCH Board decided to put in place a mechanism to allow decisions to be taken between Board meetings in two main areas: governance and work plan implementation, as well as to provide oversight of Partnership and Secretariat activities. Thus the Executive Committee (EC) is empowered by the PMNCH Board to take decisions on behalf of the Board between Board meetings. The EC will fulfil these functions:

Mandate and responsibilities of the EC

- Advise the Board on core strategies, development of strategic framework and implementation and ensure ongoing learning by the Partnership
- Oversee and track resource mobilization for the Partnership work plan and results achieved
- Monitor overall performance of the Partnership and its task forces; monitor application of the subsidiarity principle
- Monitor and advise the Board on the core governance structures of the Partnership, including processes and structures of the Board, Partners Forum, task forces and standing committees

Specific tasks

- Provide editorial approval (or "sign off") of PMNCH publications which are referred to the Board, taking into account WHO requirements as specified in the Memorandum of Understanding⁶
- Make decisions on "reactive" advocacy opportunities, many of which may be outside the approved work plan, but pose significant openings for the Partnership to deliver key messages
- Support the Board Chair in the conduct of performance review of the head of the secretariat, per the WHO Rules as expressed in the Memorandum of Understanding with the host organization

Composition and Term(s) of service

The EC consists 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/training and donors/foundations). The host organization serves as a permanent ex-officio member of the EC.

Process of selection of Board members to serve on the EC should involve nomination by each constituency group within the Board, to be approved by the Board. Consideration will be given to selecting EC members with Board experience. EC members will serve a two-year term, renewable once.

Meetings

The EC is convened by the Chair of the Board, and meets by teleconference every month, on the second Tuesday of the month, at 17:30 Geneva time.

Chair of the Executive Committee

The EC is chaired by the Board Chair.

⁶ The MOU between the Partnership and the host organization, WHO, guides administrative and hosting arrangements for the Partnership. An MOU covering April 1, 2009 - March 30, 2011 is currently being negotiated.

PARTICIPANTS

Representatives

Bill and Melinda Gates Foundation
BRAC
CARE
CIDA/Canada
Family Care International
Government of Ethiopia
Government of Mali
International Confederation of Midwives
International Federation of Obs/ Gyn
International Pediatric Association
Norway
Save the Children
UNFPA
UNICEF
World Bank
USAID
WHO
Expert, Maternal Health
Expert, Newborn Health
Expert, Child Health (interim)

Dan Kraushaar
Afsana Kausar (representing F. Abed)
Kwamy Togbey
Geeta Khosla (representing C. Reissmann)
Ann Starrs
Medhin Zewdu (representing T. Adhanom)
Lassiné Konaté
Bridget Lynch
André Lalonde
Zulfiqar Bhutta
Helga Fogstad (representing T. Godal)
Anne Tinker
Hedia Belhadj (representing P. Mane)
Pascal Villeneuve (first day only)
Julian Schweitzer
Richard Greene (parts of first day)
Daisy Mafubelu
Wendy Graham
Vinod Paul
Jane Schaller

Alternates and other participants

USAID
WHO
World Bank

Al Bartlett
Liz Mason, Monir Islam
Sadia Chowdhury

Observers

Save the Children
EngenderHealth
White Ribbon Alliance/MM Campaign
White Ribbon Alliance
SIDA/Sweden
UNFPA

Massey Bateman
Ana Langer
Emma Parry
Theresa Shaver
Anneka Knutsson
Laura Laski

Consultant

Cambridge Economic Policy Associates

Daniel Hulls

Secretariat

Flavia Bustreo