PMNCH Task Force on Structure
19th & 20th February 2009 Board Meeting

The Partnership for Maternal, Newborn & Child Health

Board Paper – Secretariat Structure

19th & 20th February, 2009

CONTENTS

RECOMMENDATIONS ON THE SECRETARIAT STRUCTURE

The task force on Structure recommends that, subject to the discussions in relation to agreed Priority Action Areas and the Budget, the Board agrees:

Recommendation 1 : that the appropriate size and structure of the Secretariat, (assuming the Secretariat 'do minimum' case for Priority Actions, 2, 4 and 5) should include:

- Five senior and mid-level staff with MNCH-related technical skills/ experience, including one Executive Secretary (director level), one Senior Technical Adviser (P6 grade), two Senior Technical Officers (at P5 grades) and a P4 grade Technical Officer.
- Four support staff, providing communication, finance, administrative and secretarial support to the Secretariat. These should include two mid-level staff (one with finance related skills and Board relation/ information officer) and two administrative staff.
- Any additional resource requirements would be fulfilled through the use of temporary staff and/ or consultants.

Recommendation 2 : that the proposed budget for: (i) the revised Secretariat costs (including fully loaded staff costs, overheads and other costs); and (ii) additional PMNCH core function costs (e.g. travel/ per diem for Board meetings, outsourcing web management); and subject to detailed confirmation by the Finance Committee, be:

- US$ 2.2m and US$ 0.9m respectively in 2009 (the amount takes account of the transition to a smaller number of staff and committed expenditures in 2009).
- US$ 2.0m and US$ 0.9m respectively in 2010 (the amount is the forecast steady state cost of the proposed new Secretariat structure).
- US$ 2.0m and US$ 1.0m in 2011 (including an amount for the proposed 2011 evaluation of the Partnership)

Recommendation 3 : That the PMNCH Board Chair writes to WHO setting out the details of the Board's decisions on structure, organogram and seniority of Secretariat staff and requests that WHO works with the Executive Secretary to finalise job descriptions, to establish the positions and recruit the appropriate candidates as a batch within the next three months.

Task Force on Structure membership:

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EXECUTIVE SUMMARY

E1. Aim

This aim of this paper is three fold:

1. To set out a proposal for Board decision on the overall structure and size of the Secretariat in a "partner-centric" Partnership for Maternal, Newborn and Child Health (PMNCH), taking account of, among other issues, the relationship between PMNCH and WHO as the host organisation.[1]
2. To provide a recommendation on the appropriate job descriptions/ skills for the positions being proposed, and a detailed organisational structure of the Secretariat.
3. To make a recommendation to the Board on the proposed budget for full time Secretariat Staff and any requirements for temporary staff and/ or consultancy support.

E2. Context and methodology

E2.1 Context and process

At the November 2008 PMNCH Board meeting, the Task Force on Structure presented a Board paper setting out an initial proposal on the Secretariat structure. Following discussion of the issues raised in the paper, the Board asked the Task Force on Structure to review the proposals in the light of the detailed Priority Action Areas agreed at the meeting, and following the development of high-level work plans for each areas (by lead Partners).[2]

The recommendations in this paper are those of the Task Force on Structure. In preparing the paper, the Task Force on Structure was supported by CEPA, in consultation with the Secretariat and a number of other Board members (primarily those who are lead Partners on the Priority Action Areas). The Secretariat led the development of the more detailed job descriptions and the organisational proposals for the Secretariat's structure.

E2.2 Methodology

The analysis contained in this paper is a 'bottom-up' or 'activity-based' analysis of the expected Priority Action Areas (also referred to as 'Priorities' or 'PAs') and staffing

[1] More detailed discussion concerning the relationship between the PMNCH and WHO are taking place within the context of agreeing the Memorandum of Understanding (MoU) documentation.

[2] The seven Priority Action Areas (in earlier Board discussions referred to as five Initiatives) are: (i) Positioning MNCH in Health Systems funding; (ii) Develop costed national strategies for advocacy and community outreach for increased availability and use of MNCH services; (iii) Identify gaps in existing MNCH Core Package of interventions and prioritize implementation research; (iv) Develop costed strategies to scale up commodity supplies; (v) Human resources for MNCH; (vi) MNCH knowledge management portal for mapping information and sharing; and (vii) Accountability and the use of the Countdown. More details on these are attached as Appendix 1.

requirements of the Secretariat, given its core functions and the role that it is expected to play in supporting the Partners in the agreed PMNCH Priority Action Areas.

The analysis has been carried out, taking account of the key principles and definitions as set out in the November Board paper, along with the implications of hosting by WHO. These include that: (i) the PMNCH is a "partner centric" entity; (ii) the structure of the Secretariat should follow its functions; (iii) the activities of the Secretariat will be driven by the 'subsidiarity principle' noting that the Secretariat's activities are to be limited to facilitating and supporting the work of the Partners; and (iv) recognizing the role and implications of WHO providing the legal and organizational framework for the Partnership.

In developing this bottom-up analysis, the estimates of time input required for each category/ level have been done on a full time equivalent (FTE) basis.[3] In practice, it is possible for the input under one staff type to be provided by more than one individual (if they exist); it is also likely that activity on any one Priority Action Area will be concentrated at particular times of the year.

E3. Nature of the Partnership and Relationship with WHO, and role of Partners

As the PMNCH is not legally constituted as an independent organization, the World Health Organization is agreeing to serve as host for the Partnership and its Secretariat. In doing so, it provides its legal identity and takes on all liability for the PMNCH and its actions. This arrangement enables the Partnership Secretariat, as part of the WHO Secretariat, to enter into contracts, acquire and dispose of property and assets, take other legal actions and incur legal obligations for the benefit of the Partnership.

WHO has agreed to undertake this responsibility given the synergy of the Partnership's work with WHO's core mission and responsibilities in the fields of maternal, child and newborn health. As provided in the Memorandum of Understanding (MoU) with WHO, the hosting arrangement and the operations of the Secretariat shall in all respects be administered in accordance with WHO's Constitution, rules, regulations and policies (including those relating to partnerships).

The PMNCH will reinforce and rely on the individual work, mandates, and responsibilities of each partner organization. This defines the notion of "partner-centricity" wherein the PMNCH does not duplicate or replace these responsibilities. In addition, PMNCH is not expected to create any new formal accountability mechanisms for the partners. However it is recognised that partners will be accountable to each other for the commitments and responsibilities they have accepted as part of their PMNCH engagement.

[3] This means, for example, that 0.2 FTE is equivalent to an individual working, on average, one day a week on an initiative over a year.

E4. PMNCH Priority Action Areas and Secretariat staff requirements

The bottom-up analysis considered the likely requirements for Secretariat staff across the Priority Action Areas agreed by the Board in its November meeting. In addition to the likely facilitative support the Secretariat will provide to the Partners on implementing the latter's work under the Priority Action Areas, there is a need for the Partnership to have sufficient core support to maintain its regular operations (e.g. Board functions, administration).

For all Priority Action Areas, it is important to note that the proposed size and role of the Secretariat assumes that Partners commit to and deliver their actions under each of the Priority Action Areas. If this is not the case, then there are two possible implications:

- If a Priority Action Area is not implemented, then the Secretariat resources may be underutilized or may be reallocated to other priorities.
- If the scope of a Priority Action Area is greater than originally envisioned and an increased burden of work falls on the Secretariat, additional staff or resources may be required to employ staff/ consultant on short-term contracts.

The Board needs to be aware of this possibility and agree a process to keep Priority Action Areas and resource requirements under review. Details of milestones for Partner activity are not dealt with in this paper, but are expected to be part of the discussions at the 19th – 20th February Board meeting.

Board Members should also note that there will be additional resource requirements to fund PMNCH programme expenditure[4] for each of the Priority Action Areas. These resource requirements are discussed in a separate paper produced by the Task Force on Outputs.

Support for PMNCH Priority Action Areas

Table E1 below provides a summary of the Secretariat FTE requirements. The numbering and description of Priority Action Areas follows that used by the Outputs Taskforce.

- For Priority Action Areas 1, 3, 6 and 7 the Secretariat FTE requirements have been discussed and agreed in principle with the lead Partner Board Member.
- For Priority Action Areas 2, 4 and 5, where the nature of the outputs and potential Secretariat role changed significantly since this paper was developed, we present two options. The first option is a 'do minimum' role for the Secretariat (which is also consistent with previous description of the initiatives), and is the basis for the recommendation in this paper. The second option is an expanded role, likely to be necessary for the revised nature/ description of the Priority Action Area.

The expected functions and activities of the Secretariat vary by PMNCH Priority Action Areas. However, all involve some administrative facilitation combined with a greater or lesser degree of senior support for Partners in: (i) developing papers and analysis with

[4] Additional resources required to cover the activity

technical MNCH content as appropriate given the responsibilities of several partner agencies; (ii) developing and implementing advocacy strategies; and (iii) dissemination of agreed MNCH content (both to PMNCH members and externally).

Table E.1: Summary of Secretariat FTE requirements (including 'do minimum' for Priorities 2, 4 and 5)

Secretariat role (FTEs)	**D1**	**P5/P 6**	**P3/P 4**	**P2**	**G5**	**P4 (F)**
Priority 1 (MNCH Advocacy/HS positioning)	0.20	0.50	0.70			
Priority 3 (Core Package gaps/ research)	0.10	0.40	0.00			
Priority 6 (MNCH Knowledge/ web-portal)	0.10	0.60	0.20			
Priority 7 (Accountability and countdown)	0.10	0.50	0.50	0.50	0.50	0.50
Priority 2 (Advocacy and community outreach for MNCH services) *	0.00	0.20	0.00			
Priority 4 (Strategies for commodity supply) *	0.00	0.20	0.10			
Priority 5 (Human resources for MNCH) *	0.00	0.10	0.10			
Priority Action Areas sub-total	*0.50*	*2.50*	*1.60*	*0.50*	*0.50*	*0.50*
Core functions	*0.50*	0.50	0.40	*0.50*	*0.50*	*0.50*
Total	**1.00**	**3.00**	**2.00**	**1.00**	**1.00**	**1.00**

***** *Secretariat 'do minimum' case*

Key points to note from Table E1 are as follows:

- The expectation is that Advocacy for increased MNCH funding and HS positioning (Priority 1) and the MNCH Accountability and Countdown (Priority 7) are together likely to require input that amounts to one FTE of combined Senior Technical Officer and Senior Technical Adviser (at a P5 and P6 grades respectively)[5], around 1.2 FTEs of mid-level input (comprising both economic/ technical expertise and communications support) and up to a day and half a week of the PMNCH Executive Secretary on average.
- Priority 3 (MNCH core package gaps) and 6 (MNCH knowledge management portal) are expected to require a combined input of one FTE Senior Technical Officer/ Senior Technical Adviser (at P5/ P6 level respectively), some Technical Officer support and up to a day a week of the PMNCH Executive Secretary. This assumes that the web interface activity (other than content generation) is outsourced.
- In the Secretariat 'do minimum' case, Priority 2 (Advocacy and community outreach for MNCH services), Priority 4 (Costed strategies for commodity supplies) and Priority 5 (Human resources for MNCH) are assumed to be primarily Partner lead with relatively light Secretariat input. We have included only two and a half days a

[5] See below for a brief descriptions of each grade level.

week of a combined Senior Technical Officer and Senior Technical Adviser-level (P5/ P6) input and one day a week for mid-level input.

- All of these Priority Action Areas are expected to draw on combined administrative and finance-related support that amounts to around 1.5 FTEs (comprising both P2 administrative input, G5 Secretarial and P4 finance input). However, given that some of the Priority Action Areas can be expected to have periods of intense activity there will be a requirement for a budget for short-term staff/ consultancy input.

Core functions

A full list of the core functions of the Secretariat are set out in Section 2.11 of the report. The core functions include both:

- Supporting and facilitating PMNCH meetings, governance and member communication;[6] and management of PMNCH budgets, finance and support for resource mobilisation.
- Management of staff and resources. For example recruiting Secretariat staff, and managing their performance; internal resource management and liaison with host organisation.

Our analysis of the required level of Secretariat support is as follows:

- The core functions are likely to take up at least half of the Executive Secretary's time together with around half of the Senior Technical Adviser's time. We also anticipate that there will be a requirement for around two days a week of mid-level input (probably a Board relation/ information officer) to support these functions.
- In addition to the senior and mid-level input, we anticipate that the core functions will require around 1.5 FTE administrative and finance input (comprising both P2 administrative input, G5 Secretarial and P4 finance and communication input). There may also be a requirement for budget to support input of short-term staff/ consultants at particular points in the year.

Conclusions

In summary our conclusion is that the appropriate size and structure of the Secretariat, based on the bottom-up analysis (and assuming the Secretariat 'do minimum' case for Priority Actions, 2, 4 and 5) should include:

- Five senior and mid-level staff with MNCH-related technical skills/ experience, including one Executive Secretary (director level), one Senior Technical Adviser (P6

[6] For example, core PMNCH support includes preparation for and organisation of Board/ committee/ task force meetings including administration and logistics, agenda preparation, minute taking, and preparation of papers, as well as communication with the full PMNCH membership and the broader MNCH community.

grade), two Senior Technical Officers (at P5 grades) and a P4 grade Technical Officer.

- Four support staff, providing communication, finance, administrative and secretarial support to the Secretariat. There are a number of possible options in terms of the mix of full time and temporary staff to fulfil this support role. However, our proposal here is that there should be two mid-level staff (one with finance related skills and one Board relation/ information officer) and two administrative staff. Any additional resource requirements would be fulfilled through the use of temporary staff and/ or consultants.

If the Board decides that it requires the Secretariat to play a different role for each Priority Action Area the proposal will change commensurately. As already noted, our judgement is that the current proposal of nine staff may need to increase if the Board decides to endorse the fuller descriptions of Priority Actions 2 (Advocacy and community outreach for MNCH services), 4 (Strategies for commodity supply) and 5 (MNCH Human resources).

As an illustration, and subject to further consideration and discussion with lead partners, the **additional** staff requirements are expected to be one member of staff at P5/ P6 grade and one to two grade P3/ P4 staff, as set out below in Table E.2.

*Table E.2: Estimated **additional** FTEs required for expanded Priorities 2, 4 and 5*

	D1	P5/P6	P3/P4
Priority 2 (Advocacy and community outreach for MNCH services)	0.00	0.20	0.25 – 0.50
Priority 4 (Strategies for commodity supply)	0.00	0.40	0.50 – 0.75
Priority 5 (Human resources for MNCH)	0.00	0.40	0.50 – 0.75
Total	**0.00**	**1.00**	**1.25 – 2.00**

E5. Proposed structure and job descriptions

The proposed Secretariat structure (assuming the 'do minimum' Secretariat role for Priority Action Areas 2, 4 and 5) is presented in Figure E1 below. Details of the job descriptions and necessary skills are summarised in Section 3 of the report.[7]

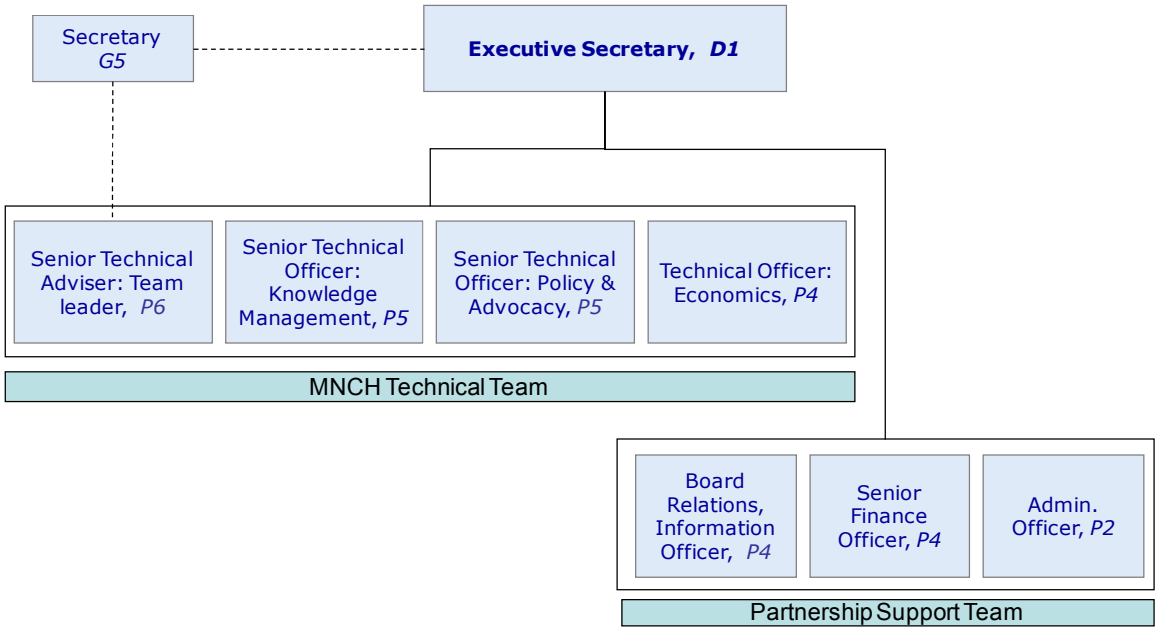
Section 4 of the report – which sets out the budget – takes account of the expected transition to this 'steady state' structure given the positions that are currently filled, and those that would need to be recruited. All Secretariat staff are WHO employees. Given this, the MoU is expected to stipulate that the Secretariat must follow all WHO rules, regulations and policies in the conduct of its work, and the WHO staff will be governed by WHOs human resources policy. The Executive Secretary would be responsible for reporting to the Board on the achievement of the objectives and work plan of the Partnership and on the

[7] More detailed staff profile descriptions are available in a separate paper, should they be required.

appropriate use of resources. Structurally, the Executive Secretary also reports to the Assistant Director-General for Family and Community Health in WHO, both for ensuring synergy with WHO's work as well as administratively.

As part of the process for developing this proposal, WHO have been consulted in their capacity as host organisation. They have provided initial comments on the job titles and grade (which have been incorporated); and have no objection on the proposed structure. Assuming that the Board approves the proposed structure, WHO Human Resource Department (HRD) is expecting to work with the Secretariat to finalise the job descriptions and run the appointment processes as a batch within the next three months.

Figure E.1: Secretariat organogram[8]



E6. Budget

Assuming a 'do-minimum' case for Priority Actions 2, 4 and 5, and therefore nine full time equivalents, with five senior and mid-level technical staff and four support staff, the anticipated fully loaded[9] staff costs of running the Secretariat are in the region of US$1.8m

[8] The Senior Technical Adviser at P6 level is expected to provide technical oversight across a range of initiatives and activities of the Secretariat as well as providing support to the Executive Secretary in management of the Secretariat.

[9] These costs are the full costs to the unit/project/department within WHO based in Geneva, i.e. the maximum cost to the organization if the person is employed for a full year. It includes salary and post adjustment (shifts in the cost of living) as well as entitlements in accordance with staff rules and regulations (e.g. statutory/ recruitment travel, contribution to health insurance, education allowance, pension plan, allowances for dependents etc.).

per year, as set out in Table E3 below. These are based on WHO guidelines for detailed budgeting exercises and development of staff workplans for the biennial 2008 and 2009.[10]

Table E.3: Estimated, all inclusive, Secretariat full time staff cost

Category							**Total**
Staff costs	**D1**	**P5/6**	**P3/4**	**P2**	**G5**	**P4(F)**	
FTE	1.00	3.00	2.00	1.00	1.00	1.00	
Cost *^	$263,500	$239,833	$172,000	$140,000	$121,000	$188,000	
Total	*$263,500*	*$719,500*	*$344,000*	*$140,000*	*$121,000*	*$188,000*	*$1,776,000*

** WHO Headquarter staff cost averages for biennium 2008 and 2009, Revision 15 March 2007.*

^ Assumed two P5 and one P6 grade; and an average for assumed costs for grade P3/4.

These 'steady state' annual costs will be relevant from 2010 onwards, given a requirement in 2009 to move from the current Secretariat structure to the one that is proposed.

In summary:

- Total steady state secretariat costs are estimated to be in the region of US$ 2.0m per year, reduced from around US$ 2.8m currently. These steady state costs are slightly lower than the costs expected in 2009 (which are estimated to be US$2.2m), reflecting the required transition process during this year to the proposed Secretariat size and structure.
- Of these US$ 2.0m steady state Secretariat costs, full time staff costs are estimated to be around US$ 1.8m per year, as set out above in Table E3.
- PMNCH core function costs, which include Board meetings, temporary staff, consultants etc., stay broadly similar to what they are now and in the region of US$ 0.9m to US$ 1.0m; and
- PSC costs are estimated to be between US$ 0.3m to US$ 0.4m.[11]

Overall, the total of Secretariat costs and PMNCH core function costs reduce from around US$ 3.7m in 2008 to around US$ 3.0m in 2009 onwards. These costs are set out in Tables E4 and E5 below.

[10] Staff costs for later years would need to include an inflation assumption. Biennial inflation was assumed to be 3% in the last WHO guidance document issued on 15th March 2007.

[11] Programme Support Cost (PSC) are associated with the hosting arrangement for the Secretariat at the WHO. These are typically deducted by WHO directly at the source from any donor funding directed to the hosted organisation, in this case the PMNCH Secretariat.

Table E.3: Secretariat costs (US$ 000s)

Secretariat costs	2008	2009	2010	2011
Staff costs	**(2,447)**	**(1,916)**	**(1,776)**	**(1,776)**
Overhead	**(338)**	**(280)**	**(255)**	**(255)**
IT and telecoms	(28)	(30)	(30)	(30)
Travel	(310)	(250)	(225)	(225)
TOTAL COSTS	**(2,785)**	**(2,196)**	**(2,031)**	**(2,031)**
PSC 13% and 6%[12]	*(338)*	*(266)*	*(264)*	*(264)*

Table E.4: PMNCH Core function costs (US$ 000s)

PMNCH core functions costs	2008	2009	2010	2011
Board meetings costs, incl. travel	(573)	(300)	(300)	(300)
Temporary staff		(100)	(100)	(100)
Consultancy	(208)	(300)	(300)	(400)
Web Consultancy	(74)	(125)	(125)	(125)
Contingency (e.g. Other meetings)	(61)	(75)	(75)	(75)
TOTAL COSTS	**(916)**	**(900)**	**(900)**	**(1,000)**
PSC 6% up to 2009, 13% from 2010	*(55)*	*(54)*	*(117)*	*(130)*

[12] In 2008 and 2009, PSC charges by WHO were calculated as 13% of all expenditure on staff and 6% of expenditure on all other activities (travel, IT etc.). From 2010, this charge was unified at 13% for all expenditure by the organisation hosted at WHO.

1. INTRODUCTION

1.1. Aim of the paper

This aim of this paper is three fold:

1. To set out a proposal for Board decision on the overall structure and size of the Secretariat in a "partner-centric" Partnership for Maternal, Newborn and Child Health (PMNCH), taking account of, among other issues, the relationship between PMNCH and WHO as the host organisation.
2. To provide a recommendation on the appropriate job descriptions/ skills for the positions being proposed, and a detailed organisational structure of the Secretariat.
3. To make a recommendation to the Board on the proposed budget for full time Secretariat Staff and any requirements for temporary staff and/ or consultancy support.

1.2. Context and process

At the November 2008 PMNCH Board meeting, the Task Force on Structure presented a Board paper setting out an initial proposal on the Secretariat structure, based on an analysis of the likely outputs and activities expected of it in a "Partner-centric" PMNCH. Following discussion of the issues raised in the paper, the Board decided to ask the Task Force on Structure to review the proposals in the light of the detailed Priority Action Areas agreed at the meeting.[13] It was agreed that this analysis should take place once the lead Partners for each of the Priority Action Areas and the Task Force on Outputs had produced general work plans for the Priority Action Areas.

The analysis contained in this paper is a 'bottom-up' or 'activity-based' analysis of the expected Priority Action Areas and staffing requirements of the Secretariat, given its core functions and the role that it is expected to play in supporting the Partners' work and responsibilities in the agreed PMNCH Priority Action Areas.

The recommendations in this paper are those of the Task Force on Structure. In preparing the paper, the Task Force was supported by CEPA, in consultation with the Secretariat and a number of other Board members (primarily those who are lead Partners on Priority Action Areas), with whom drafts of this paper was shared and their comments taken on board. The Secretariat led the development of the more detailed job descriptions and the organisational proposals for the Secretariat's structure.

[13] The seven Priority Action areas that the Board agreed on are set out in Annex 1 of the Record of Decision document as prepared by the Secretariat, and are attached as Appendix 1 to this paper. Please note that these are referred to as Initiatives in the Appendix, as per the Record of Decision note.

1.3. Structure of paper

The rest of this paper is structured as follows:

- Section 2 provides a 'bottom-up' analysis of the Secretariat staff requirements (numbers and grades) expected to be required to carry out the core functions and to support the Partner's delivery of the seven Priority Action Areas agreed at the November Board meeting.
- Section 3 provides a recommendation on the Secretariat structure and a proposed organogram, together with brief descriptions of the proposed positions (including core skills) based on the assumed Secretariat staff.
- Section 4 then provides estimated staff and other expected costs of the Secretariat as well as those associated with undertaking PMNCH Core functions.

Appendix 1 provides a summary of the seven agreed Priority Action Areas and Appendix 2 contains original wording and FTE analysis for the 'do-minimum' Priority Action Areas 2, 4 and 5.

2. ACTIVITY-BASED ANALYSIS OF SECRETARIAT REQUIREMENTS

2.1. Introduction

In this section we provide a summary of the analysis of the likely requirements for Secretariat staff based on the proposed Partner-led Priority Action Areas and the core support functions for the Partnership. The analysis in this section takes account of the consultations with Board Members, the Secretariat and the guidance of the Task Force on Structure.

The analysis has been carried out on a 'bottom-up' or on an 'activity-basis', taking account of the following principles and definitions (as set out in the November 2008 Board paper) and the relationship with the hosting institution:

- The PMNCH is a "Partner-centric" entity with the Partners responsible for fulfilling their core responsibilities in the field of MNCH, including as related to the agreed Priority Action Areas, with the support of Secretariat staff.
- The structure of the Secretariat should follow its functions – which should itself be guided by the value-added activities, outputs and outcomes of the Partnership (i.e. Priority Action Areas) and which do not duplicate the work of the Partners.
- Secretariat core functions are taken to include: (i) servicing the governance structure (e.g. through facilitating Partners; supporting the Chair in convening and managing Board activities and Executive Committee meetings); (ii) managing intra-PMNCH communications and information sharing, which might include providing clarification/ interpretation on information shared; (iii) under the Board's direct guidance seeking to mobilise resources for defined Partnership priorities; (iv) where appropriate, and within a framework that is pre-agreed with the Board, represent the Partnership at meetings/ fora;[14] and (v) administrative and other functions, including financial and budget management in line with the hosting institution's regulation.
- Facilitation is taken to mean: (i) administrative support to organise meetings/ conferences and other Partner interactions; (ii) preparation of technical and other contributions to PMNCH outputs (including papers, web-content, and analysis); and (iii) acting as an intermediary where requested on defined issues.
- The activities of the Secretariat will be driven by the subsidiarity principle. In a "Partner-centric" approach, this principle implies that implementation of added-value activities by the Secretariat or by third parties (e.g. consultants) should only be

[14] It is important to recognize that when senior staff from the Secretariat participate in meetings/ fora they will be assumed by other participants to have some level of representation of the Partnership itself. Given the Partner-centric approach, the Board/ Executive Committee needs to pre-agree a framework within which the Secretariat staff are to operate in such circumstances.

pursued if: (a) it does not duplicate the work and responsibilities of the Partners themselves; and (b) are facilitative to the work of the Partners.[15]

The Priority Action Areas and the lead Board Partners, as initially agreed by the Board in November 2008 and further developed by the Task Force on Outputs, are set out in Appendix 1 of this paper.

Section structure

Subsequent to the development of this paper, the Task Force on Outputs further refined and expanded Priorities 2, 4 and 5. In light of these subsequent changes to the Priorities, the rest of this section is structured as follows:

- In subsections 2.4 through to 2.7, the paper sets out the analysis for Priority Action Areas 1, 3, 6 and 7. The Secretariat FTE requirements for these Priorities have been discussed and agreed in principle with the lead Partner Board Member(s).
- In subsections 2.8 through to 2.10, the details of the changed and significantly expanded Priorities 2, 4 and 5 are set out. The Secretariat FTE requirements for these expanded Priorities are currently only indicative estimates, which have not been discussed in detail with relevant Board members.

The original descriptions of Priorities 2, 4 and 5 and the related FTE requirements (as discussed with a number of Board members) are set out in Appendix 2, with these FTE assumptions also reproduced in Sections 2.8 through to 2.10 for comparison purposes. This is the basis for the 'do minimum' role for the Secretariat referred to in the Executive Summary – and the Task Force's recommendation in this paper on the structure and size of the Secretariat.

However Board Members will note that, should the expanded version of the Priority Action Areas 2, 4 and 5 be accepted this will have implications for the number of FTEs required. This is discussed in Section 2.12

2.2. Further details of methodology

2.2.1. Categories of staff

As part of our bottom-up analysis we continue to use the same broad grades/ types of staff that were set out in the November 2008 Board paper. In addition, we have mapped these definitions across to WHO staff grades. Table 2.1 below sets out this classification.

[15] Elaborating on the responsibilities for the Secretariat in the context of agreed upon Priority Action Areas has been the aim of the process recently undertaken by the Task Force on Outputs.

Table 2.1: WHO categorisation of staffing

November Board paper[16]	WHO	WHO Description
Leadership	D1	An Executive Secretary, reporting to the Board responsible for managing the Secretariat business and implementation of the approved work plan and budget. Recruits and manages secretariat staff and plays an important role in resource mobilisation. Ensures compliance with WHO rules, regulations and policies.
Senior adviser	P5/P6	A Senior Technical Adviser (at P6 grade) and Senior Technical Officers (at P5 grade). These senior technical individuals contribute substantively to the Secretariat's tasks in the delivery of one or more of the agreed Partner-led Priority Action Areas.
Junior adviser	P3/P4	Technical Officers who will support Senior Technical Adviser and Senior Technical Officers as well as the Executive Secretary in the analysis and delivery of Priority Action Area related activity. Focused skills in areas such as economics and communications.
Administrative support	P2	General administrative support to the Secretariat, Board, any Board committees, task forces, and the partners engaged on delivering the agreed Priority Action Areas.
Secretarial	G5	General secretarial support to Executive Secretary and other senior staff, including assistance with logistics/ convening aspects of the work.
Finance Officer	P4 (F)	Provides wide-ranging finance, resource mobilisation and management support to the Board and the Finance Committee, as well as to the senior management of the Secretariat.

2.2.2. FTE analysis

In developing this bottom-up analysis, the estimates of time input required for each category/ level have been done on a full time equivalent (FTE) basis. This means, for example, that 0.2 FTE is equivalent to an individual working, on average, one day a week on a Priority Action Area over a year. In practice, it is possible for the input under one staff type to be provided by more than one individual (if they exist); it is also likely that activity on any one Priority Action Area will be concentrated at particular times of the year. The latter is likely to have two implications:

- Although in the analysis, for example, staff are thought of as spending one day a week on particular Priority Action Areas, it may mean that in some weeks the individual is engaged for more than that whilst in others for less.

[16] For consistency and cross referencing purposes, the titles of staff in this column have been kept the same as per the November 2008 Board paper. However, and as set out later, titles of staff have been changed in this Board paper to more accurately reflect the nature of the work and WHO (host organisation) guidelines.

- The proposed approach to staffing recognises that during times of increased activity on any one Priority Action Area, it may be necessary for the Secretariat to supplement its resources with temporary staff on a case by case basis.

In the analysis below, we have tried to allocate the FTE values for senior and mid level staff for each of the Priority Action Area and their sub-components. For support staff (communication, finance, administrative and secretarial), however, we have allocated the likely time input across the Priority Action Areas and for the anticipated core support and facilitation of PMNCH activities.

It also is important to note that the proposed size and role of the Secretariat assumes that Partners commit to and deliver their actions under each of the Priority Action Areas. If this is not the case, then there are two possible implications:

- If a Priority Action Area is not implemented, then the Secretariat resources may be underutilized or may be reallocated to other priorities.
- If the scope of a Priority Action Area is greater than originally envisioned and an increased burden of work falls on the Secretariat, additional staff or resources may be required to employ staff/ consultant on short-term contracts.

The Board needs to be aware of this possibility and agree a process to keep Priority Action Areas and resource requirements under review. Details of milestones for Partner activity are not dealt with in this paper, but are expected to be part of the discussions at the 19th – 20th February Board meeting.

2.3. Nature of the Partnership and relationship with WHO, and role of Partners

As the PMNCH is not legally constituted as an independent organization, the World Health Organization is agreeing to serve as host for the Partnership and its Secretariat, provide its legal identity and take on all liabilities for the PMNCH and its actions. This arrangement enables the Partnership Secretariat, as part of the WHO Secretariat, to enter into contracts, acquire and dispose of property and assets, take other legal actions and incur legal obligations for the benefit of the Partnership.

WHO has agreed to undertake this responsibility given the synergy of the Partnership's work with WHO's core mission and responsibilities in the fields of maternal, newborn and child health. As provided in the Memorandum of Understanding (MoU) with WHO, the hosting arrangement and the operations of the Secretariat shall in all respects be administered in accordance with WHO's Constitution, rules, regulations and policies (including those relating to partnerships).

The PMNCH will reinforce and rely on the individual work, mandates, and responsibilities of each partner organization. This defines the notion of "partner-centricity" wherein the PMNCH does not duplicate or replace these responsibilities. In addition, PMNCH is not expected to create any new formal accountability mechanisms for the partners. However it

is reasonable to expect that partners will be accountable to each other for the commitments and responsibilities they have accepted as part of their PMNCH engagement.

2.4. Priority 1 – MNCH Advocacy and HS positioning

Description and Partner roles

Priority 1 is focused on raising the profile as well as mobilising partners and resources to contribute towards MDGs 4 and 5. This will include advocacy at key events (e.g. G8 and G20), reaching key policy-making audiences with a harmonised message and positioning MNCH in the context of health system initiatives (e.g. the International Health Partnership and the High Level Taskforce on Innovative Financing for Health).

The Partners consider that the membership of PMNCH represents an appropriate mix of constituencies, which will facilitate the conducting of the work and the effective targeting of relevant audiences. The global and country approaches of PMNCH also constitute an asset to mobilize funds.

In the context of this Priority Action Area, the Partner activities/ outputs are likely to involve:

- Identifying Health System Investments that need to be made to achieve MDGs 4 and 5 related outcomes.
- Creating effective channels for funding of MNCH and developing ways to increase financing identified.
- Advocacy on key MNCH messages for G8 and other partners, helping HLTF to raise an additional US$ 30 billion.
- Mobilization and coordination of partners around MNCH advocacy.

The general processes are expected to be similar to those outlined in the November 2008 Board paper.

Secretariat function and staff requirements

Secretariat functions have been identified by the Lead Partners/ Task Force on Outputs to include:

- Participating in HLTF WG1 and contributing to relevant paper development.
- As part of the work on the joint UN costing tool, contribution to the development of MDG 4 and 5 modules and reviewing the final analysis.
- Participation in Interagency Working Group (IWG) on costing, as well as contributions to the relevant analysis.

- Undertaking analysis through Countdown Working Group on Financing (WGF) and managing contracts of partners.
- Co-preparation of mapping and analysis, as well as strategies and plans to improve positioning of MDG 4 and 5.
- Administrative facilitation of meetings of relevant PMNCH Task Force(s) (to be decided).
- Facilitating Italian Parliamentarian meetings, direct lobbying, mapping of partners and their capabilities, analysis of Italian ODA as well as ensuring that the Countdown information is used as a basis for the development of mobilization strategies.
- Contribution to dissemination of results through Partnership communication networks, including the Partnership's website. With regards to the website in particular, the Secretariat will be responsible for the content, ensuring its accuracy and appropriateness, and securing WHO clearances as necessary.

Given the requirement for senior technical understanding of content and the need for judgement/ diplomacy in supporting the Partners reach consensus, we anticipate that this area of activity would need a significant amount of senior input. Our recommendation on the staffing requirements for this Priority Action Area is set out below in Table 2.2. The level of resourcing for Priority 1 has been discussed and agreed in principle with Board members leading the development of this activity within the Task Force on Outputs - Christine Reissmann, Ann Starrs and Helga Fogstad.

Table 2.2: Estimated FTEs required for Priority 1 – MNCH Advocacy and HS positioning

	D1	P5/P6	P3/P4
FTEs	0.2	0.5	0.7

2.5. Priority 3 – Gaps in MNCH Core Packages

Description and Partner roles

The focus of Priority 2 is to work towards reaching a consensus on the key interventions for MNCH to be delivered at each level of health care, across the continuum. PMNCH membership represents an appropriate mix to advocate using a common set of interventions, and enables the Partners to jointly identify implementation research gaps. Within this context, and as developed by the lead Partners and the Task Force on Outputs, it is likely that the Partner activities/ outputs will involve:

- Disseminating information on current packages of interventions across the continuum.

- Mapping of ongoing research into delivery of MNCH interventions.
- Identification of gaps in evidence and agreement on research needed.
- Mobilising funding from partners for identified research.
- Consensus building, including agreements on how to take forward the consensus reached by all members of the Partnership and beyond in the light of new evidence.
- Developing advocacy approaches for implementation at scale of the delivery strategies for agreed upon interventions.

Secretariat function and staff requirements

This Priority Action Area is expected to require a relatively senior level of input from the Secretariat. This is likely going to be related to:

- Senior staff engagement to support and manage WHO consultants (e.g. hired by WHO to undertake detailed evaluation of interventions).
- Contributions to the content of discussions and provision of support to advocacy for resources.
- Ensuring linkages with other Priority Action Areas, particularly Priority 1.
- Some support staff time (secretarial/ administrative) for facilitation of meetings.

Given these activities, we anticipate that the requirements for full time staff would be along the lines set out in Table 2.3 below. This level of resource has been in agreed in principle by Liz Mason/ Daisy Mafubelu, lead Partners for this Priority Action Area.

Table 2.3: Estimated FTEs required for Priority 3 – Gaps in MNCH Core Packages

	D1	P5/P6	P3/P4
FTEs	0.10	0.40	0.00

2.6. Priority 6 – MNCH knowledge management portal[17]

Description and Partner roles

This Priority Action Area is focused on ensuring that robust knowledge[18] resources[19] are readily available through a comprehensive and proactively managed portal. The broad membership of the PMNCH enables the portal to be looked to as the "one-stop shop"

[17] Defined as a website which acts as a gateway or introduction to many other websites, offering a search engine, links to useful resources and other possible services, (see below) such as news pages, discussion groups, online enquiry, and a repository of knowledge appraisals.

[18] Knowledge on burden, interventions, measurement tools, implementation, policies, strategies.

[19] Websites, portals, knowledge repositories (e.g. Cochrane library).

providing access to knowledge resources to achieve MDG 4 & 5, as well as identifying key knowledge gaps.[20]

Within this Priority Action Area, the Partner activities are likely to include:

- Mapping of existing knowledge resources relevant to MNCH and integrating links into the existing PMNCH website.
- Creating a proactively managed portal and implementing strategies and mechanisms for maintaining the portal.
- Identifying the status of knowledge on critical issues through the portal and facilitating the resolution of any key gaps identified.

It needs to be recognised, however, that this is only a broad direction that the activities are likely to take, and that the work required on developing such a portal is still to be comprehensively scoped.

Secretariat function and staff requirements

The assumption here is that there will need to be a considerable senior involvement from the Secretariat, primarily related to managing the appraisal and endorsement of relevant tools and information to be included on the portal. This is likely to include:

- Oversight of ToR development for any outsourced work, tendering processes and progress of work – maintaining an active interface with any outsourced subcontractors.
- Managing continuous updating and maintenance of the portal, including seeking WHO/ Partner clearance for editorial content as required.
- Overseeing the work of outsourced knowledge group, and supporting the Board processes to address knowledge gaps.

Much of the IT related support will be outsourced, but there will be a requirement for some administrative support in managing such outsourced activity. In this context, our assumptions for the staff requirements are provided below in Table 2.4.

Table 2.4: Estimated FTEs required for Priority 6 – MNCH knowledge management portal

	D1	**P5/P6**	**P3/P4**
FTEs	0.10	0.60	0.20

[20] "Gaps" in terms of, for example lack of systematic review, no/few players, unanswered research questions, etc. Note: crucial liaison need with Priority Action 3.

2.7. Priority 7 – Accountability and the use of Countdown

Description and Partner roles

It is agreed that the Countdown process provides valuable information to national and international decision makers and is an important resource both for MNCH advocacy and accountability. The membership of the PMNCH represents an appropriate mix of constituencies, most of whom are already involved in the Countdown process but some of whom could be more engaged.

This Partner activity is likely to include:

- Supporting the advocacy workplan for the Countdown.
- Supporting the work towards a Countdown meeting in 2010/ 2011.
- Updating data on coverage of MNCH interventions

Secretariat function and staff requirements

The Secretariat's functions are likely to involve:

- Co-chair the advocacy working group – this would be the most important added value activity as it would ensure Countdown advocacy is consistent with other advocacy initiatives.
- Managing the Countdown web-site once materials have been reviewed by Countdown technical lead partners.
- Participating in other working groups where relevant expertise exists.
- Assisting in organising the meetings every 2 to 3 years.
- Assisting in organising annual Countdown partners forum in non-event years.
- Ensuring all PMNCH constituencies are adequately informed and where willing and have the expertise, participating in Countdown activities.

The inputs are therefore assumed to be required from a range of full time Secretariat staff. Our staffing assumptions exclude the additional temporary resources required to support the final production and publication process in the lead up to the Countdown Conference (a budget for these staff are included in Section 4 on the budget). The likely level of resourcing here has been broadly agreed with Zulfiqar Bhutta and Peter Salama.

Table 2.5: Estimated FTEs required for Priority 7 – Accountability and the use of Countdown

	D1	P5/P6	P3/P4
FTEs	0.10	0.50	0.60

2.8. Priority 2 – Develop costed national strategies for advocacy and community outreach for increased availability and use of MNCH services

Description and Partner roles

This Priority Action 2 is related to increasing the availability and utilisation of key MNCH services at national and community level. Broad multisectoral membership of the PMNCH provides a unique opportunity to bring together expertise and access for maximizing knowledge and synergies in this area.

This Priority Action Area is likely to see the Partners' focus on:

- Supporting local and national civil society alliances in generating community pressure for the adoption of appropriate policies and mobilisation of funding for MNCH programmes/ services in five countries.
- Supporting costed strategies to increase health-seeking behaviour by communities more generally, but women and children more specifically, in demanding, accessing and using quality MNCH services.
- Enhancing individual country's capacity for impact monitoring and evaluation of advocacy and community outreach strategies to increase the availability and use of MNCH services.

Secretariat function and staff requirements

The Secretariat input that may be provided is likely to include contributions:

- to the review of the civil society alliances' advocacy strategy for MNCH programmes/ services in recipient countries; and
- to helping disseminate information on country-level advocacy strategies to the broader PMNCH and MNCH communities, via the web site and through other fora.

Given these anticipated functions, our view for the level of Secretariat resourcing is set out in Table 2.6 below. Please note that the first row of Table 2.6 shows only the **indicative** FTE values, which are a staff requirement estimate for the expanded role of the Secretariat under this Priority Action Area. Given the time constraint, these have not been discussed with relevant Board members. The second row shows the FTE requirements of the 'do-minimum' role for the Secretariat, which reflects the original description of this Priority (as set out in Appendix 2). As already stated earlier, the recommendations in this paper have been based on the second row, i.e. the 'do-minimum' option.

Table 2.6: Estimated FTEs required for Priority 2 – Advocacy and community outreach for MNCH services

	D1	P5/P6	P3/P4
Expanded role FTEs (indicative)	0.00	0.20	0.25 – 0.50
Do-minimum role FTEs (see Appendix 2 for detail)	0.00	0.20	0.00

2.9. Priority 4 – Develop costed strategies to scale up commodity supplies

Description and Partner roles

The overarching outcome for this Priority Action Area is for the supplies and commodities needs to be met in selected MNCH priority countries. Partners are currently working separately on developing capacity and meeting supply/ commodities needs. Close coordination will maximize the use of resources, and effect to meet countries' needs. In this context, the Partner activities associated with the pursuit of Priority Action Area 4 are likely to include:

- Identifying the supply component of evidence based MNCH interventions and defining a basket of essential commodities.
- Reviewing and updating the existing costing tools, guidelines and protocols.
- Through collaboration with existing partnership initiatives specialized in the provision of technical support (e.g. Harmonization for Health in Africa), build sustainable supply management system in up to five countries to ensure access to and availability of affordable and quality MCH package when needed.
- Assessing the global availability of essential commodities and identifying supply and financing gaps.
- Prioritize commodities under-supplied by markets and/or under-used by countries.
- Develop options to increase availability and utilization of essential MNCH commodities in the all 5 countries.

Secretariat function and staff requirements

The Secretariat engagement as part of this Priority Action Area is likely to include:

- Providing facilitation support to the relevant Partners by convening expert meetings to identify the components of an essential MNCH supplies package, and some inputs into documentation development by a senior staff member.
- Facilitating interaction between working groups and work on impact assessment.
- Helping monitor progress, through a central data base, in the selected countries.

- Helping identify new private sector partners/ mapping.

The **indicative** estimate of the Secretariat resource required to provide the above noted functions are set out in Table 2.7 below. Please note that the first row of Table 2.7 shows staff requirement estimates for the expanded role of the Secretariat under this Priority Action Area. Given the time constraint, these have not been discussed with relevant Board members. The second row shows the FTE requirements of the 'do-minimum' role for the Secretariat, which reflects the original description of this Priority (as set out in Appendix 2). The recommendations in this paper have been based on the second row, i.e. the 'do-minimum' option.

Table 2.7: Estimated FTEs required for Priority 4 – Develop costed strategies to scale up commodity supplies

	D1	P5/P6	P3/P4
Expanded role FTEs (indicative)	0.00	0.40	0.50 – 0.75
Do-minimum role FTEs (see Appendix 2 for detail)	0.00	0.20	0.10

2.10. Priority 5 – Human resources for MNCH

Description and Partner roles

Priority 5 is intended to increase the contributions of MNCH health providers and other civil society stakeholders to MNCH human resource policies, plans, initiatives and programmes at national, regional and global levels. PMNCH provides a neutral platform for consultation for HCPAs and other civil society stakeholders, and it is expected that the PMNCH membership will facilitate the building of linkages between Health Care Professional Associations (HCPAs) and members of other constituencies.

The likely Partner activities, to be led by the HCP constituency, include:

- Defining a strategy for broad inclusion of MNCH Health Care providers to increase their contribution to MNCH plans, policies and programmes.
- Scaling-up HR strategies and integration into National Health Care Planning in 17 countries.
- Costing strategies for scaling-up HR for health (doctors, nurses, midwives, other MNCH health care providers and other civil society actors).

Secretariat function and staff requirements

It is likely that the Secretariat activities will include:

- Facilitating meetings and discussions for the development of the strategy, as well as finalising and disseminating documentation.

- Participating in preparatory work with HCPAs, keeping a record of all collaborations with the Ministries of Health as well as all taskforce meetings, signed agreements and plans.
- Participating in consultative meetings and keeping records of decisions, as well as organising regional workshops.
- Facilitating costing meetings and discussions following strategy development, following up on costing strategy development.

Given these anticipated functions, our **indicative** view for the level of Secretariat resourcing is set out in Table 2.8 below. Please note that the first row of Table 2.8 shows staff requirement estimates for the expanded role of the Secretariat under this Priority Action Area. Given the time constraint, these have not been discussed with relevant Board members. The second row shows the FTE requirements of the 'do-minimum' role for the Secretariat, which reflects the original description of this Priority (as set out in Appendix 2). The recommendations in this paper have been based on the second row, i.e. the 'do-minimum' option.

Table 2.8: Estimated FTEs required for Priority 5 – Human resources for MNCH

	D1	P5/P6	P3/P4
Expanded role FTEs (indicative)	0.00	0.40	0.50 – 0.75
Do-minimum role FTEs (see Appendix 2 for detail)	0.00	0.10	0.10

2.11. Core support/ facilitation of PMNCH

Description and Secretariat function and staff requirements

In addition to individual Priority Action Area-related activities, there is a need for the Partnership to have sufficient core support to maintain its regular operations.

Supporting the Partnership

- Preparation for and organisation of Board/ committee/ task force meetings including administration and logistics, agenda preparation, minute taking, and preparation of papers.
- Management of PMNCH budgets and finance – including reporting to Finance Committee.
- Resource mobilisation for PMNCH core activities and Priority Action Areas as requested and agreed with Partners, including grant management and reporting.
- Monitoring and reporting of PMNCH activities as requested by the Partners.

- Facilitating communication with and between Partners and wider PMNCH membership.

Management of the Secretariat

- Recruiting Secretariat staff, and managing their performance (adhering to host organisation's guidelines and procedures).
- Internal resource management, including budgetary and financial analysis, developing internal accounting and workflow policies, coordinating preparation of financial and narrative reports, managing payments to suppliers/ contractors etc.
- Management of interface with hosting organisation.
- Web content management for governance/process of PMNCH, content and Priority Action Areas (web hosting / technical management outsourced and in compliance with hosting institution)

2.12. Overall staff numbers and grade mix

The analysis above suggest to us the Secretariat staff requirements for both the core functions and support to Partners on the seven agreed Priority Action Areas is likely to require the following broad number and structure, **assuming a do-minimum** role for Priorities 2, 4 and 5:

- Five senior and mid-level staff with MNCH-related technical skills/ experience, including one Executive Secretary (director level), one Senior Technical Adviser (P6 grade), two Senior Technical Officers (at P5 grades) and a P4 grade Technical Officer.
- Four support staff providing communication, finance, administrative and secretarial support to the Secretariat.

This is summarised in Table 2.9 below. (The budget for temporary staff/ consulting input is discussed in Section 4.)

Table 2.9: Summary of Secretariat FTE requirements (including 'do minimum' for Priorities 2, 4 and 5)

Secretariat role (FTEs)	**D1**	**P5/P 6**	**P3/P 4**	**P2**	**G5**	**P4 (F)**
Priority 1 (MNCH Advocacy/HS positioning)	0.20	0.50	0.70	0.50	0.50	0.50
Priority 3 (Core Package gaps/ research)	0.10	0.40	0.00			
Priority 6 (MNCH Knowledge/ web-portal)	0.10	0.60	0.20			
Priority 7 (Accountability and countdown)	0.10	0.50	0.50			
Priority 2 (Advocacy and community outreach for MNCH services) *	0.00	0.20	0.00			
Priority 4 (Strategies for commodity supply) *	0.00	0.20	0.10			
Priority 5 (Human resources for MNCH) *	0.00	0.10	0.10			
Priority Action Areas sub-total	*0.50*	*2.50*	*1.60*	*0.50*	*0.50*	*0.50*
Core functions	*0.50*	0.50	0.40	*0.50*	*0.50*	*0.50*
Total	**1.00**	**3.00**	**2.00**	**1.00**	**1.00**	**1.00**

** Secretariat 'do minimum' case*

If the Board decides that it requires the Secretariat to play a different role for each Priority Action Area the proposal will change commensurately. As already noted, our judgement is that the current proposal of nine staff may need to increase if the Board decides to endorse the fuller descriptions of Priority Actions 2 (Advocacy and community outreach for MNCH services), 4 (Strategies for commodity supply) and 5 (MNCH Human resources).

As an illustration, and subject to further consideration and discussion with lead partners, the **additional** staff requirements are expected to be one member of staff at P5/ P6 grade and one to two grade P3/ P4 staff, as set out below in Table 2.10.

*Table 2.10: Estimated **additional** FTEs required for expanded Priorities 2, 4 and 5*

	D1	**P5/P6**	**P3/P4**
Priority 2 (Advocacy for demand)	0.00	0.20	0.25 – 0.50
Priority 4 (Strategies for commodity supply)	0.00	0.40	0.50 – 0.75
Priority 5 (Human resources for MNCH)	0.00	0.40	0.50 – 0.75
Total	**0.00**	**1.00**	**1.25 – 2.00**

3. PROPOSED STRUCTURE AND JOB DESCRIPTIONS

The aim of this section of the paper is to convert the bottom-up analysis of staff numbers and grade into a structure which has the appropriate combination of skills and expertise to enable the Secretariat to carry out its functions. The section is set out as follows:

- Section 3.1 provides details of the overall proposed structure and organisation of the Secretariat. It also provides details of the proposed process for transition to the recommended structure should it be agreed by the Board.
- Section 3.2 provides a summary of the job descriptions. The full/ detailed job descriptions are available as a separate document, if required.

3.1. Structure and transition process

3.1.1. Structure and organogram

Figure 3.1 below sets out the proposed Secretariat structure in terms of individual positions and grades. More detail on the positions is set out below in Section 3.2.

As part of the process for developing this proposal, WHO have been consulted in their capacity as host organisation. They have provided initial comments on the job titles and grade (which have been incorporated); and have no objection on the proposed structure. Assuming that the Board approves the proposed structure, WHO Human Resource Department (HRD) is expecting to work with the Secretariat to finalise the job descriptions and run the appointment processes as a batch within the next three months, and in line with WHO rules, regulations and policy.

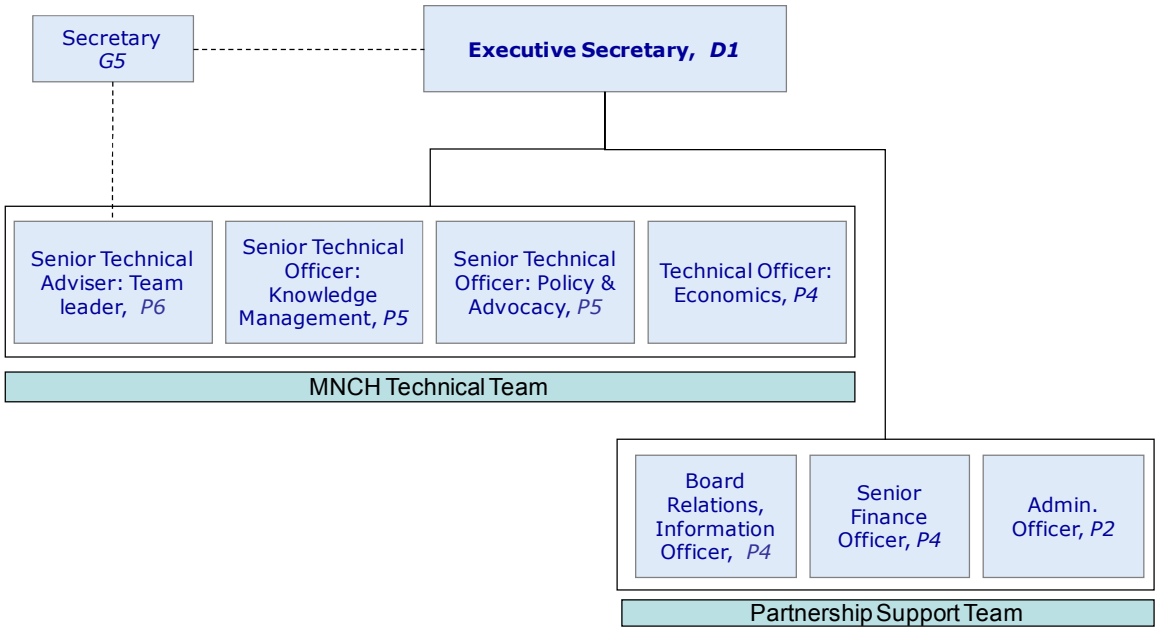
The structure is presented in two main teams:

- the MNCH technical team will work with the Executive Secretary on MNCH-related contributions to both the Priority Action Areas and the core activities of the Partnership; and
- the Partnership support team will work with the Executive Secretary (and other Secretariat members) providing finance, administrative and communications support across all of the Secretariat activities.

All of the proposed posts are suggested to be fixed term positions in the WHO, which means the recruited staff will have a two year contract with benefits, the first year with probation depending on staff performance. Such posts will be recruited solely for the purpose of the Partnership and will be fully financed by donor contributions for the PMNCH. Details of additional budget (if any) for temporary staff/ consultants to support core activities or PMNCH Priority Action Areas are discussed in Section 4.

Figure 3.1 does not include detailed reporting arrangements. However, assuming that the current P6 level Special Adviser position is retained the expectation is that this individual will provide technical oversight across a range of Priority Action Areas and activities of the Secretariat; as well as providing support to the Executive Secretary in management of the Secretariat. Structurally, the Executive Secretary reports to the Assistant Director-General for Family and Community Health in WHO administratively and for ensuring synergy with WHO's work.

Figure 3.1: Secretariat organogram



Transition process

The proposed structure does not pre-judge the decisions that need to be taken in relation to the process for either recruiting individuals either internally from within the current Secretariat or externally.

Executive Secretariat

The process for appointing the Executive Secretary is the subject of another / separate Board paper, and subject to the WHO rules, regulations and policies.

Staff

Assuming that the PMNCH Board approves the proposed structure and job descriptions, the proposed process is as follows:

- The Executive Secretary would work with WHO to assess whether any of the new job descriptions are more than 25% different – in which case there is a requirement for an external recruitment of the position.
- The Executive Secretary would then be expected to make the appointments working with WHO HRD and reporting to the PMNCH Chair. PMNCH Board members who have views on particular positions should provide these comments directly to the Chair.

3.2. Job descriptions

As noted earlier, the proposed Secretariat structure envisages five senior and mid-level technical individuals and four support staff roles. Summary job descriptions for these are set out below.

Executive Secretary – D1[21]

The Executive Secretary is responsible for overseeing the day to day running of the Secretariat business and the preparation, management and implementation of the approved work plan and budget. The Executive Secretary is responsible for reporting to the Board and/ or any sub-group on operational issues, and also is responsible for recruiting the Secretariat staff, and managing their performance. Further, the Executive Secretary plays a key role in resource mobilisation as agreed with the Board / Executive Committee

The individual has excellent leadership qualities; sound knowledge of the maternal, newborn and child health field, Partnership's mandate and knowledge of how to translate decisions and strategies into action; superior communication and networking skills, including the ability to facilitate discussion amount disparate partners and forge consensus; good advocacy and representational skills and experience of fundraising; excellent programme management skills; and proven ability to focus and direct the efforts of individuals and teams in the global health field, to achieve the common objective of improving maternal, newborn and child health; capacity to work effectively with a wide range of stakeholders.

Senior Technical Adviser and Team Leader – P6

This individual is expected to oversee the technical aspects of the Secretariat's contribution to the Partner's Priority Actions. Supports the Executive Secretary in work planning exercises, including recommendations on human and financial resource allocation

The individual has senior level expertise (not less than 15 years) in public health, health systems, policy and strategy development. A strategic thinker with highly developed analytical and conceptual skills combined with exceptional knowledge of issues (particularly technical) within the MNCH community; Ability to collaborate effectively with multiple

[21] See section 3.1.1 for structural reporting lines for the Executive Secretary.

stakeholders; ability to identify opportunities to strengthen internal and external alliances and partnerships.

Senior Technical Officer, Knowledge Management – P5

This individual is expected to contribute substantively to the Secretariat's tasks in the delivery of one or more of PMNCH's Priority Action Areas, individually and in support of the Executive Secretary and Team Leader.

The individual has expertise in MNCH and the link between MNCH and economic and social factors, as well as experience with knowledge management in the health field, preferably in maternal and child health. In depth knowledge of best practice in state-of-the-art communications technologies and media applications. Ability to maintain excellent relations with a broad range of stakeholders, inside and outside the Partnership. Management expertise.

Senior Technical Officer, Policy and Advocacy – P5

The individual is expected to contribute substantively to the Secretariat's tasks in the delivery of one or more of PMNCH's Priority Action Areas, individually and in support of the Executive Secretary and other Secretariat staff.

The individual has senior expertise in maternal, newborn and child health and in depth knowledge of health and development issues and the relevant policy approaches; proven track record of successful advocacy in the global health arena; practical skills in the identification of suitable advocacy approaches and communication messages. Excellent communication skills; exceptional writing skills and ability to edit complex substantive material rapidly and accurately. Extensive knowledge of the role of partnership and networks in the international health arena, how policy advances occur and the role of advocacy in policy processes.

Technical Officer, Economics – P4

The individual is expected to work closely in support of other Secretariat staff and the Partners on issues related to the economics and financing of MNCH. This is likely to involve working with Partners in the analysis and presentation of the financial resources needed to achieve MDGs 4 and 5 and the use of costing tools. It is also expected to involved working with Partners through the Countdown and other processes to support systematic analysis of domestic and external financial resource flows to MNCH, identification of inequities in MNCH intervention coverage and outcomes.

The individual has excellent knowledge of design, analysis and reporting of costing, resource allocation and economic burden of disease, especially maternal and child health. Ability to converse and build partnerships with analysts trained in these areas. Expert and applied

knowledge of econometric methods and modelling including use of statistical packages. Ability to draft, evaluate and edit scientific publications.

Board Relations and Information Officer – P4

The individual works closely in support of senior technical officers/ advisers and the Secretariat leadership in the analysis and delivery of activities. Responsibilities include managing board processes, setting agendas, drafting notes for the record, keeping track of follow-up action; ensuring that Board documentation is of the highest quality; serving as the first point of contact in the Secretariat for stakeholders; and through effective communications and contacts across the Board/task force membership, solicit and produce material for the Partnership's managed web portal.

The individual has extensive experience dealing with governing bodies, task forces, advisory panels and committees of professionals in the international health arena; experience managing board processes including agenda setting and monitoring follow up action; excellent drafting skills; strong ability to prioritize. Knowledge of health and development issues and priorities. Up-to-date expertise in communications technologies and developments; experience managing technical and content aspects of a website or managed portal.

Senior Finance Officer – P4

Provide wide-ranging finance, resource mobilisation and management support to the Board and the Finance Committee, as well as to the senior management of the Secretariat. The Officer will be an authority on resource management, and key tasks will include developing and applying approaches to presentation of budgets and work plan, devising principles and guidance for a clear and concise presentation of budgetary and financial analysis, developing internal accounting and workflow policies, coordinating preparation of financial and narrative reports, managing payments to suppliers/ contractors etc.

The individual has sound knowledge of finance system and their management at the World Health Organization; results-oriented, good communications skills; ability to foster integration and teamwork; proven track record in ensuring effective use of resources.

Administration Office – P2

Provide general administrative support to the Board, any Board committees, task forces, and the partners engaged on PMNCH related activities.

The individual has a minimum of three years professional experience at international level in administration, human resources and finance; highly proficient in application of computer software and office packages with advanced knowledge of spreadsheet (especially Excel), database handling and analytical packages, experience in handling web based management systems. Strong team player and ability to work in a partnership/alliance environment;

experience in the use of WHO administrative and financial applications such as eXA Docs, ePOD, Raduga, AFI, AMS and WebBuy.

Secretary – G5

General secretarial support staff to assist with logistics/ convening aspects of the work. At least seven years of secretarial experience in the host agency. Experience of working in Partnerships and Alliances.

4. BUDGET

In this final section, we set out the proposed budget for the Secretariat costs, including full time staff costs and any overheads, and PMNCH core function costs. These costs are provided for years 2009, 2010 and 2011. This is consistent with: (i) the timescale on some of the Priority Action Areas; and (ii) the proposal in the finance/ budget paper to fund the Partnership for the next three years with an evaluation/ review to take place at the end of 2011. The detailed assumptions will be discussed by the finance committee. However, key points to note are set out in this section.

This section also identify the Programme Support Cost (PSC). These costs are associated with the hosting arrangement for the Secretariat at the WHO.

In summary:

- Total steady state secretariat costs are estimated to be in the region of US$ 2.0m per year, reduced from around US$ 2.8m currently. These steady state costs are slightly lower than the costs expected in 2009 (which are estimated to be US$2.2m), reflecting the required transition process during this year to the proposed Secretariat size and structure.
- Of these US$ 2.0m steady state Secretariat costs, full time staff costs are estimated to be around US$ 1.8m per year.
- PMNCH core function costs, which include Board meetings, temporary staff, consultants etc., stay broadly similar to what they are now and in the region of US$ 0.9m to US$ 1.0m; and
- PSC costs are estimated to be between US$ 0.3m to US$ 0.4m.[22]

Overall, the total of Secretariat costs and PMNCH core function costs reduce from around US$ 3.7m in 2008 to around US$ 3.0m in 2009 onwards.

4.1. Secretariat staff costs and overheads

Assuming a 'do-minimum' case for Priority Actions 2, 4 and 5, and therefore nine full time equivalents, with five senior and mid-level technical staff and four support staff, the anticipated fully loaded[23] staff costs of running the Secretariat are in the region of US$1.8m

[22] These are typically deducted by WHO directly at the source from any donor funding directed to the hosted organisation, in this case the PMNCH Secretariat.

[23] These costs are the full costs to the unit/project/department within WHO based in Geneva, i.e. the maximum cost to the organization if the person is employed for a full year. It includes salary and post adjustment (shifts in the cost of living) as well as entitlements in accordance with staff rules and regulations (e.g. statutory/ recruitment travel, contribution to health insurance, education allowance, pension plan, allowances for dependents etc.).

per year, as set out in Table 4.1 below. These are based on WHO guidelines for detailed budgeting exercises and development of staff workplans for the biennial 2008 and 2009.[24]

Table 4.1: Estimated staff costs per year

Category							**Total**
Staff costs	**D1**	**P5/6**	**P3/4**	**P2**	**G5**	**P4(F)**	
FTE	1.00	3.00	2.00	1.00	1.00	1.00	
Cost *^	$263,500	$239,833	$172,000	$140,000	$121,000	$188,000	
Total	*$263,500*	*$719,500*	*$344,000*	*$140,000*	*$121,000*	*$188,000*	*$1,776,000*

** WHO Headquarter staff cost averages for biennium 2008 and 2009, Revision 15 March 2007.*
^ Assumed two P5 and one P6 grade; and an average for assumed costs for grade P3/4.

These 'steady state' annual costs will be relevant from 2010 onwards, given a requirement in 2009 to move from the current Secretariat structure to the one that is proposed.

The staff costs in 2009 take account of a transition from 15 staff at the beginning of the year to nine by the end of the year. For example, the numbers include a short period of costs in relation to the former Secretariat Director (Dr. Francisco Songane) – which will no longer be included in the future.

In addition to the Secretariat staff costs, we have also identified the following overhead costs:

- **IT and telecoms.** These include costs associated with telephone/ video conferencing facilities used by the Secretariat staff, as well as maintenance and renewal of IT equipment. The costs for 2009 onwards are assumed to stay similar to the actual costs recorded in 2008 and in the region of US$ 30,000 per year.
- **Travel.** These costs reflect the travel that the Secretariat staff are anticipated to undertake for a mix of core and PMNCH activity. The annual cost estimate for 2009 onwards is assumed to be around US$ 225,000 to US$ 250,000 per year, which is lower than in 2008 (around US$ 310,000) due to the reduction in the number of staff working at the Secretariat.

Table 4.2 below shows a summary of relevant Secretariat costs, as discussed above. Year 2008 shows actual costs incurred, with 2009 onwards reflecting anticipated/ projected costs.

[24] Staff costs for later years would need to include an inflation assumption. Biennial inflation was assumed to be 3% in the last WHO guidance document issued on 15th March 2007.

Table 4.2: Secretariat costs (US$ 000s)

Secretariat costs	2008	2009	2010	2011
Staff costs	**(2,447)**	**(1,916)**	**(1,776)**	**(1,776)**
Overhead	**(338)**	**(280)**	**(255)**	**(255)**
IT and telecoms	(28)	(30)	(30)	(30)
Travel	(310)	(250)	(225)	(225)
TOTAL COSTS	**(2,785)**	**(2,196)**	**(2,031)**	**(2,031)**
PSC 13% and 6%[25]	*(338)*	*(266)*	*(264)*	*(264)*

4.2. PMNCH Core function costs

In addition to the direct Secretariat costs, running the PMNCH Secretariat will also involve expenditure associated with organising Board and other meetings, hiring temporary staff and consultants as required, as well as outsourcing some operations, such as web site management.

These costs include:

- **Temporary staff.** It is assumed that the Secretariat will, at times of particular resource constraint in meeting the core PMNCH functions, supplement its team with temporary staff. The assumption is that the cost of such staff will be around $100,000 on an annual basis from 2009. No temporary staff were hired during 2008.
- **Consultancy budget.** The consultancy budget is expected to be around US$ 300,000 per year for 2009 onwards. This is somewhat higher than in 2008, when the expenditure was around US$ 208,000, due to lower than anticipated activity in the second half of the year. The budget in 2011 is increased by US$ 100,000, to US$ 400,000 to reflect the requirement to undertake an evaluation of PMNCH in that year.
- **Web consultancy.** It is anticipated that the Secretariat will outsource most of the technical web development/ management functions, although the editorial control will rest with the staff. In 2008 the annual expenditure on web outsourcing was US$ 74,000. During this year the Secretariat had dedicated in-house web management staff and therefore future years' expenditure is expected to be higher – around US$ 125,000 per year.

[25] In 2008 and 2009, PSC charges by WHO were calculated as 13% of all expenditure on staff and 6% of expenditure on all other activities (travel, IT etc.). From 2010, this charge was unified at 13% for all expenditure by the organisation hosted at WHO.

- **Contingency.** Finally, a provision of around US$ 75,000 per year is made for contingency in 2009 onwards, which is slightly higher than the actual contingency costs identified in 2008 (around US$ 61,000).

These costs are set out in Table 4.3 below, with costs in year 2008 being actual recorded and those in 2009 onwards projected.

Table 4.3: PMNCH Core function costs (US$ 000s)

PMNCH core functions costs	**2008**	**2009**	**2010**	**2011**
Board meetings costs, incl. travel	(573)	(300)	(300)	(300)
Temporary staff		(100)	(100)	(100)
Consultancy	(208)	(300)	(300)	(400)
Web Consultancy	(74)	(125)	(125)	(125)
Contingency (e.g. Other meetings)	(61)	(75)	(75)	(75)
TOTAL COSTS	**(916)**	**(900)**	**(900)**	**(1,000)**
PSC 6% up to 2009, 13% from 2010	*(55)*	*(54)*	*(117)*	*(130)*

APPENDIX 1: SUMMARY OF PRIORITY ACTIONS

PRIORITY ACTION	LEAD PARTNERS*	CONTRIBUTING PARTNERS
1. MNCH Advocacy and positioning MNCH in Health Systems funding	• CIDA (Christine Reissmann), • FCI (Ann Starrs) • Norway (Tore Godal / Helga Fogstad)	WHO, UNICEF, UNFPA, BMGF, USG, [Health Care Professionals], India, WB, , WHO, WB, Ethiopia, UNICEF, USAID, UNFPA, BMGF, FCI and other CSOs, Academics.
2. Develop costed national strategies for advocacy and community outreach for increased availability and use of MNCH services	• (CARE) Kwame Togbey • FCI (Ann Starrs)	WHO, Mali, CIDA, [Health Care Professionals]
3. Identify gaps in delivery of existing MNCH Core Package of interventions and prioritize implementation research	• WHO (Daisy Mafubelu, Liz Mason, Monir Islam) • HCP (Zulfiqar Bhutta)	[Academics / Research Community], CARE, USAID, WB, Save the Children, BMGF (MBB tool), Mali, BRAC (tbc), UNFPA.
4. Develop costed strategies to scale up commodity supplies	• UNICEF (Pascal Villeneuve) • UNFPA (Hedia Belhadj)	USAID, WB, WHO, CARE, Mali, CIDA
5. Human resources for MNCH	• HCP (Lalonde, Schaller Lynch),	Academics (Z Bhutta), UNFPA (Hedia Belhadj), Ethiopia (Medhin)WB, WHO, CARE, Mali, CIDA,
6. MNCH knowledge management portal for mapping information and sharing.	• Academia (W. Graham) • Secretariat (as part of its core function)	All constituencies and members of the Board
7. Accountability and the use of Countdown	• UNICEF (Pascal Villeneuve, P Salama), Z Bhutta	USAID, [Health Care Professionals], WB, UNFPA, WHO, Save the Children, BMGF, FCI, Academics

*Underlined: Lead contact person. Version 2 Feb 2009.

APPENDIX 2: 'DO MINIMUM' PRIORITY ACTION AREAS 2, 4 AND 5

A2.1 Original wording for Priority Action Area 2 – Commodities and supplies

Description and Partner roles

The sub-component of Priority 4 foresees an outcome whereby supplies and commodities needs are met in selected MNCH countries. The Partner activities associated with the pursuit of this outcome are likely to include:

- Identifying the supply component of MNCH interventions and defining a basket of essential commodities, as well as reviewing and updating the supply components of existing costing tools.
- Through technical support, promote MNCH commodity security as a critical element of sector and national plans, as well as budgets, in a selection of countries.
- Lead the assessment of global availability of relevant commodities, including development of options to improve uptake of these commodities in high burden countries.

Secretariat function and staff requirements

This is very much a Partner led Priority Action Area and is likely to only require a very limited Secretariat engagement, which might include:

- Providing facilitation support to the relevant Partners by convening stakeholder meetings and some inputs into documentation development by a senior staff member.
- Supporting Partners in monitoring progress in selected countries within this area as well as providing help in identification and mapping of commodity suppliers.
- Developing collaborations with relevant existing initiatives on information dissemination.

A2.2 Original wording for Priority Action Area 4 – MNCH Health Care Professional Associations

Description and Partner roles

The second sub-component of Priority 4 is intended to increase the contributions and interactions of Health Care Professional Associations (HCPAs) with international and national authorities concerning the development of MNCH policies, plans, initiatives and programmes at national, regional and global levels. The likely Partner activities, to be led by the HCP constituency, include:

- Strengthening organisational and networking capacity of HPCAs in high burden countries and regions through working with the relevant Associations.
- Contributing to MNCH planning and policy making, as appropriate, by having HCPAs working in relevant countries in close collaboration with the appropriate ministries (such as health, education, planning).
- Organizing national and regional meetings as appropriate to encourage collaboration between HCPs and provide follow-up and monitoring of commitments.

Secretariat function and staff requirements

It is likely that the Secretariat activities will be relatively light and might include:

- Limited organizational support to a number of key regional HCPA meetings and/ or workshops, which may include keeping a record of these.
- Some participation, as may be required, in the meetings/ workshops.

A2.3 Original wording for Priority Action Area 5 – Develop costed national strategies for demand creation

Description and Partner roles

The final sub-component of Priority 4 envisages the development of costed strategies for demand creation at the global and country level to eliminate maternal deaths and reduce child mortality by 12% by 2015. This is a very ambitious target, which is likely to see the Partners' focus on:

- Working towards developing a consensus on MNCH costed strategies for building community demand for accessible quality MNCH services.
- Providing some support to the launch campaigns for grassroots Maternal Newborn and Child Health Programs in MNCH funding recipient countries.
- To the extent that is possible and feasible, contribute towards improving high-burden countries' capacity for monitoring and evaluation of impact of demand-side strategies.

Secretariat function and staff requirements

This is probably the most Partner focused activity with consequently the least input from the Secretariat staff envisaged. The limited input that may be provided is likely to be confined to:

- Limited contributions to the review of cost-effective demand creation strategy documentation and some support to ensuring effective support for alliance creation in targeted countries.

- Some guidance to Partners, if specifically required, on the availability and dissemination of data collection and analysis tools (linking in with other Priority Action Areas as appropriate).

A2.4 Summary of 'do-minimum' Secretariat resource requirement

The estimate of Secretariat resource for these original Priorities 2, 4 and 5 is relatively low – and reflects the presumption in each of these Priority Action Areas, that the majority of activity will be Partner led.

The likely level of Secretariat resources for original wording of Priority 2 has been agreed with Pascal Villeneuve; whilst resources for the other two Priorities (4 and 5) have been briefly discussed with lead partners but no firm agreement was reached due to the changing definition of these Priorities. The assumed resource requirement is set out in Table A2.1 below.

Table A2.1: Estimated FTEs required for original Priorities of 2, 4 and 5 – Secretariat 'do-minimum' resource

	D1	P5/P6	P3/P4
Total FTEs	0.00	0.50	0.10
Of which:			
Priority 2 (Supply)	0.00	0.20	0.00
Priority 4 (HCPAs)	0.00	0.20	0.10
Priority 5 (Demand creation)	0.00	0.10	0.10