

Summary of Decisions

8th PMNCH Board Meeting
29&30 April, 2010



ITEM I – UN Secretary General's Joint Effort Initiative

1. Priority activity for PMNCH
2. Accept the role to coordinate the Joint Plan of Action
3. Secretariat to have flexibility to adapt to the requirements
4. Constituencies consultation process to be carried through and timeline developed by Secretariat

ITEM I – Private Sector Involvement

1. Be clear about principles of engagement
2. Engagement should be in strong relation to PAs; document currently ongoing PMNCH activities with the private sector
3. Map existing PPPs and describe ways in which other organizations liaise with the private sector and engage with partnerships which have this experience
4. Assess the implications of PMNCH engaging with other partnerships, e.g. with GAVI and m-health Alliance
5. Use Global Campaign Document as a reference and continue exploring how to engage in this area of work

ITEM II – Director's Report

1. Commended for being very frank and concise
2. Given commitments with MDGs Summit, prioritize related activities
3. Authorized to undertake required modifications to fulfil point 2 above, including delaying activities in other PAs and engaging consultants
4. Secondments from partner organizations for PMNCH priority activities will be a key approach

ITEM IV- Forum of Partners

1. Continue engagement with the Government of India
2. Ensure continuity and connection to and taking forward commitments made at the MDG Summit
3. Focus on innovation as a theme for the forum with an emphasis on implementation and scaling up
4. Work with Organizing and Local Committees
5. Develop detailed budget and workplan with timeline
6. Involve the EC in the planning process
7. All PMNCH constituencies to be involved in the Forum, including Ministers

ITEM V – Countdown

1. Commended on this effort
2. Conduct analysis across indicators – rather than describing individual indicators
3. Address gaps in evidence across the continuum of care – to the extent possible
4. Specify why there are remaining evidence gaps e.g. current data sources such as DHS are not the appropriate sources to assess key maternal mortality-related indicators
5. Use MNCH Consensus as a reference point for messages
6. Emphasize the importance of developing vital statistics registries in countries.

ITEM V – Packages of interventions

1. Commended for this work
2. Define the link with the H4 Package of interventions
3. Prioritize packages for advocacy, particularly for the MDG Summit and Partners' Forum
4. The interventions should be described explicitly from the perspective of the scientific evidence – any legal or policy qualifications should be referenced as footnotes

ITEM V – Knowledge management

1. Commended on this effort
2. Audience is not the academic community but constituencies primarily involved in policy and practice
3. Approval of the Editorial Light process for knowledge summaries
4. Prioritize knowledge syntheses for the MDG summit and Forum
5. Publish Joint Action Plan and Working Group papers as well as priority summaries
6. Request for additional Lead Partner from the Board
7. Publish Joint Action Plan and Working Group papers as well as priority summaries

ITEM V – Monitoring and Evaluation

1. Do not duplicate existing work
2. If getting engaged, provide support for the Joint Action Plan working group on accountability headed by CIDA, Govt. of Rwanda and WHO
3. Focus on global commitments and link with the framework on accountability (Output I activities of PA 6 -Accountability and Transparency) – do not add additional burden on countries for data collection
4. Link with Joint Action Plan, CheSS and Countdown – avoid inventing new mechanisms