

Secretariat Hosted by the World Health Organization and Board Chaired by The Rt Hon. Helen Clark, former Prime Minister, New Zealand

The Partnership for Maternal, Newborn & Child Health

Executive Committee

Executive Committee meeting: Teleconference
Tuesday 16 March 2021, 12:30 to 14:00 CET (90 min)

DRAFT NOTE FOR THE RECORD AND ACTION POINTS

Attendance	
Board Vice-Chair and EC Chair	Darren Welch
Board Vice-Chair	Zoya Rizvi, for Rajesh Bhushan
ART	Marleen Temmerman
AYC	David Imbago
D&F	Susan Clapham
GFM	Anuradha Gupta
HCPA	Franka Cadee
IGO	Alexandra Blagojevic, for Martin Chungong
NGO	Lisa Hilmi
Partner Government	Zoya Rizvi, for Vandana Gurnani
Private Sector	<i>Apologies from Caroline Quijada</i>
UN Agencies / WHO (host)	Anshu Banerjee, for Zsuzsanna Jakab
Chair and vice-Chair of Governance and Ethics Committee	Flavia Bustreo
Chair of Strategy Committee	Anuradha Gupta
Invited speakers / resource colleagues: Desmond Nji, Kristy Kade and Lars Grønseth, co-Chairs of Advocacy WG	
Observers: Thiago Luchesi	
Secretariat: Helga Fogstad; Lori McDougall; Nebojsa Novcic; Dina El Husseiny; Etienne Langlois; Mijail Santos, Kadi Toure.	


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SUMMARY OF ACTIONS

ITEM 1 – Introduction

	Action Points	Responsibility
1.1	Quorum was achieved.	n/a
1.2	EC Agenda adopted, without changes.	n/a

ITEM 2 – Call to Action Commitments: Priorities for action

	Action Points	Responsibility
2.1	<p>PMNCH to develop a clear statement explaining its role and value-add in supporting governments, foundations and all other stakeholders in the commitments making and announcing processes, as aligned to PMNCH's Call to Action on COVID-19. Important to highlight PMNCH's key role in amplifying government and ODA commitments and attracting additional commitments and better alignment of resources.</p> <p>This will be included in a FAQ document about the Call to Action campaign:</p>  <p>Draft Call to Action FAQs-15 March 2021</p>	Secretariat
2.2	PMNCH partners to work closely with the UK government to support the ongoing efforts in relation to the forthcoming G7 meeting(s), where opportunities exist for strengthening commitments towards equitable access to COVID-19 vaccines and other services relevant to WCAH more broadly.	<ul style="list-style-type: none"> • Secretariat • PMNCH Partners

ITEMS 3 to 6 – Break out groups, summaries of discussions and next steps

	Action Points	Responsibility
6.1	PMNCH to share resources and take forward discussions with chairs of each constituency, and then with the broader constituencies themselves, on empowering constituency engagement in the processes to identify existing and potentially secure new commitments. This is to be done by 30 April 2021, in the lead up to the commitment round for the 17-18 May 2021 LITB3 Summit and onward to the next round of commitments due by 31 August 2021 for presentation at the Accountability Breakfast side-event of the UN General Assembly.	<ul style="list-style-type: none"> • Secretariat • Constituencies
6.2	Secretariat to keep the EC closely informed of progress in the run up to the LITB3 Summit.	Secretariat

SUMMARY OF DISCUSSIONS

1. ITEM 1 – Introduction

Introduction from the Chair

- It was noted that this is an ad-hoc Executive Committee (EC) meeting, which continues the discussions from the EC meeting held on 24 Feb 2021, and with the objectives as follows:
 - refresh knowledge of the PMNCH Call to Action on COVID-19 and recap action to date;
 - agree strategies, priorities and needs for commitment mobilization and follow-up; and
 - understand how commitments will be presented at the Lives in the Balance 3 in May 2021, linking to the PMNCH Board meeting.
- All noted this ad-hoc meeting as a good example of how the EC can meet to discuss a specific issue and take the work forward in a focused way.

	Action Points	Responsibility
1.1	Quorum was achieved.	n/a
1.2	EC Agenda adopted, without changes.	n/a

2. Call to Action Commitments: Priorities for action

Presentation / Speakers

Lars Grønseth, Norad, co-Chair of Advocacy Working Group, provided an overview of the Lives in the Balance 3 and commitment mobilization: Financing, Policy, and Service delivery.

Presentation embedded below:



210315_LITB3 and
Commitment mobili:

Discussion

- These processes make very visible the opportunities to harness the 'power of the partnership', creating very helpful virtuous circles and noting the importance of engaging PMNCH constituencies in these efforts. For example, there are opportunities for PMNCH partners to support the UK government's efforts to achieve strong supportive language on equity in G7 commitments.
- The EC reflected on both the challenges and opportunities that global and national responses to COVID-19 present. The challenges in 2021 are expected to be acute, as fiscal pressures increase on countries whilst costs of COVID-19 vaccinations rise, thus risking significant displacement of finances away from WCAH. At the same time, there are opportunities of

potentially building on the COVID-19 roll out plans and efforts to highlight and respond to the rights and service needs for women, children and adolescents, which have been heavily disrupted during COVID-19.

- The role of PMNCH was also discussed in the context of the commitment-making processes. What is the role of PMNCH? Is it to highlight and amplify already existing commitments, is it to inspire making new and/or expand existing commitments, is it to track the implementation of those commitments, etc.?
- In reflecting on these, the EC noted that PMNCH has a potential role across the whole spectrum of the above processes, particularly as EWEC is sunsetting and the convening / leadership role for PMNCH becomes even clearer. It will therefore be important to develop a clear statement on the role of PMNCH going forward so that all are 'on the same page'. In doing so, it will be important to create a movement for WCAH and see how the PMNCH Call to Action on COVID-19 and the seven asks can contribute towards this.
- It was also noted that the Secretariat has already updated the language on its website and in its document to provide greater clarity on PMNCH's role and will build on this to develop a clear statement, including a set of FAQs. It is important to highlight commitments made by governments to WCAH in their national COVID-19 responses or through ODA and use this to attract additional attention and commitments moving forward. PMNCH has a key role in this amplification as well as alignment.
- The importance of committing to the health workforce was especially highlighted, not only to lead the roll out of the COVID-19 vaccination programmes, but also to maintain all other services to support the health of women, children, and adolescents more broadly.
- A clarification was sought and received that the work between now and the 17-18 May 2021 Summit is to identify around 10 countries (from a longer list) with whom work can be progressed on commitments, taking account of existing opportunities and impact in those countries. This is a similar number of commitments as announced in the first round of pledging, in December 2020.

	Action Points	Responsibility
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2.2	PMNCH partners to work closely with the UK government to support the ongoing efforts in relation to the forthcoming G7 meeting(s), where opportunities exist for strengthening commitments towards equitable access to COVID-19 vaccines and other services relevant to WCAH more broadly.	<ul style="list-style-type: none"> • Secretariat • PMNCH Partners

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3. Items 3 to 6 – Break out groups, summaries of discussions and next steps

Feedback from the breakout groups

Break out group 1: Susan Clapham, FCDO; D&F Executive Committee Representative

Reflect: Lessons learned on mobilizing commitments

- *Defining commitment should not be just about money. The framing for commitments should be around financial, policy and programme changes. Define commitments in a smarter sense, e.g., different use of financing or repurposing of resources.*
- *Countries can look at their fiscal space and see where they increase the resources, e.g., increase investments in health workforce.*
- *Countries need to overcome challenges in budget execution. Possible suggestion would be to commit to do National Health Accounts and National Health Workforce Account.*
- *Big macro development challenges for WCAH – how do we reflect some high-level challenges we face today, as well as the integration with the 7 asks of the Call to Action. There is an opportunity to position the 7 asks as part of the macro context.*
- *Important to have the political signals that the ongoing activities are aligned with the 7 asks. What is the role of partners when they go down at country level?*
- *Prioritization – how can we work with government to ensure WCAH is prioritized in terms of financial, policy and programme measures.*
- *The Lives 3 summit on Equity is an opportunity to speak to the underlying determinants of WCAH and the indirect impact it causes – e.g., education services and livelihoods.*
- *Lessons learned from EWEC commitments. It is helpful to have a framework underpinning the commitments, so that these are not open-ended or generic, but are specific as they relate to better policies, financing and services delivery, as well as they relate to the seven asks in the PMNCH Call to Action on COVID-19 campaign.*

Share: Key priorities for mobilizing new commitments

- *Constituency specific-commitments, e.g. ART, should be in explicit support of the Government commitments, highlighting the specific contributions from the constituency.*
- *Constituencies should support countries in formulating commitments through national multi-stakeholder platform.*
- *Constituencies should clarify their role going forward on mobilizing commitments – generate the evidence and make a compelling case as to why Governments need to make equitable investments in WCAH.*
- *Governments make that commitment, and the constituencies are enabling the government to deliver on the commitment.*
- *The private sector should come in and boost the national commitments, given that 60-80% of service delivery is by private sector.*
- *Constituency plans need to be aligned with national plans.*

Act: Plan of action - champions and political platforms to engage with to mobilize commitments

- *Map-out the political platforms and identify the focal point roles to influence the commitments tracking going forward.*
- *Possible community of practice to keep the constituencies engaged in sharing entry points with countries.*

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Break out group 2: Lisa Hilmi, CORE Group, NGO EC Executive Committee Representative

Reflect: lessons learned on tracking commitments

- *Time-consuming and human resource heavy to track commitments at country level: Need to allocate dedicated human resources within organizations that are tracking commitments.*
- *Opportunity to leverage national HCPA for commitment-mobilizing, as they have in-country links and networks with governments.*
- *Need for better tracking mechanisms at all levels and better constituency coordination at country level.*
- *Topical commitments work better when they are associated with themes that are well recognised and prioritised at the country level; branding of commitment themes can be important to visibility and action (e.g., symbols that become memorable over time, e.g., Baby Friendly Hospital logos).*
- *Need long-term plan to mobilise and following up on implementation on commitments.*
- *Good to have positive recognition of partners that have supported the mobilisation of commitments as this will enable sustained engagement.*

Share: key priorities for mobilizing new commitments

- *Need alignment within PMNCH constituencies, but also across the Global Financing Mechanisms and other global initiatives (such as the GAP) on commitment principals and gaps.*
- *This need for alignment is also true in relation to donor organizations at country level, which can inadvertently stimulate competition that pits one HCPA against another at country level. MOH and donors therefore need to explicitly support HCPA constituency alignment and collaboration at country level.*
- *CSO and AY constituency can engage with governments at the country level to not only mobilise commitments, but also follow up on implementation as part of accountability efforts*

Act: plan of action -- which tools and knowledge/evidence products do we need for grassroots/community support & media advocacy?

- *There are a number of existing/past efforts that should be further explored for local adaptation. For instance:*
 - *GFF-CSO budget advocacy efforts and tools at country level have worked well in the past.*
 - *The interaction model of the CSOs with the Malawi government around budget advocacy worked well and human resources for health has worked well.*
 - *Financing Alliance for Health in Kenya has developed tools that should be looked at for adaptation with the Call to Action commitment toolkits.*
- *We also need to look into leveraging and scaling existing knowledge resources. E.g., translating and adapting existing toolkits into local languages and contexts.*
- *We need coordination mechanisms at country level that align and engage PMNCH constituencies, including health care professionals and ART constituencies.*
- *We need to explore ways to align the AYC and NGO grants in countries to the COVID-19 Call to Action, including alignment between the COVID-19 Call to Action and the Adolescent Call to Action.*

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