PMNCH for Women's, Children's and Adolescents' Health

20 Avenue Appia
1211 Geneva 27, Switzerland
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www.pmnch.org

PMNCH Executive Committee

05 July 2024
08:30 – 09:30, WHO, Geneva, Switzerland

Attendance	
EC Members	
Chair	Helen Clark
Board Vice-Chair, EC Vice Chair and DF	Chris Carter
Board Vice Chair under 30	Aditi Sivakumar
ART	Marleen Temmerman
AY	Gareth Jones Hafsah Muheed
GFM	Luc Laviolette
HCPA	Naveen Thacker
IGO	Martin Chungong
Non-Governmental Organizations	Maria Antonieta Alcalde
Private Sector	Charlotte Ersboell (apologies)
Partner Governments	Aradhana Patnaik
UN Agencies	Anshu Banerjee
Chairs of Standing Committees and Working Groups	
Governance and Ethics Committee (GEC)	Flavia Bustreo
Secretariat: Rajat Khosla; Nebojsa Novcic; Dina El Husseiny	

Meeting documents can be found on PMNCH's website

Item 1: Introduction and welcome

Helen Clark, PMNCH Board Chair opened the meeting by welcoming the Executive Committee. Members of the Executive Committee were asked to approve the: (i) EC Agenda for the meeting; and (ii) note for the Record from the 15 March 2024 EC meeting.

ITEM 1	Decision / Action	Responsibility
1.1	Acknowledged that the meeting quorum was achieved.	n/a
1.2	Approved EC Agenda.	n/a
1.3	Approved Note for the Record of the 15 March 2024 meeting of the Executive Committee without changes.	n/a

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ITEM 2 - Modalities and ways of working

The EC engaged in a rich discussion focusing on the salient points summarized below:

- **Purpose of the original 2020 PMNCH Governance Review**: The EC was reminded that the purpose of the 2020 governance reform was to streamline governance structures, based on recommendations from the external evaluation of the previous strategic period and with a view of enabling PMNCH to deliver on 2021 – 2025 Strategy. Subsequently, the Board was reformed and committees merged in an effort to reduce the number and complexity of structures. However, the EC noted that the governance architecture and processes remain cumbersome, placing a burden on members and the Secretariat. All agreed that this has to change in order to improve delivery, partner engagement and donor support and to empower the ED and the Secretariat to fulfil their role.
- **Too much replication and duplication**: The current structure and processes associated with committees and working groups, as well as constituencies, lead to duplication of efforts (many members often sit on more than one structure) as well as unclear outcomes.
- **Cumbersome governance and lack of focus on PMNCH's value-add**: Workflow processes are deemed to be overly complicated, requiring a high number of editorial reviews, thus leading to an inefficient use of time. Furthermore, given that PMNCH's main function and value-add is to **advocate** for WCAH, the relevance of continuing to invest in the partnership's 'knowledge synthesis' function was questioned, as knowledge can and should be leveraged from the work of other partners.
- **Present workplan broad and un-strategic, need for greater coordination**: It was noted that the scope of the current workplan continues to be very broad, leading to lack of impact coupled with lower levels of alignment and coordination. This makes it hard to leverage the power of the partnership to the full – which is a major value-add of PMNCH. The workplan should therefore benefit from a more focused scope of action within the thematic areas.
- **Need for better use of resources**: There is an urgent need to use financial and human resources more efficiently, meaning fewer and more targeted meetings coupled with partner engagement on specific projects or products.
- **Partner led, not Secretariat led**: The Secretariat spends too much of its time on servicing processes and meetings. Its focus should be on enabling partners to deliver on their common objectives. Partners are called to take a lead and drive the work forward.
- **Focus should be on maximising impact of PMNCH and results**: The proposed simplification of governance structures and processes should ensure that all efforts by PMNCH partners and the Secretariat maximise the impact of PMNCH. Furthermore, our collective results need to be measured better and be more visible.
- **Secretariat structure**: The new strategy will provide the basis for a review of how the Secretariat is structured and how it should operate going forward in order to best facilitate partners' work on delivering the strategy.
- **Digital Advocacy Hubs**: There was consensus that it will be very important to review the Digital Advocacy Hubs for their use, value and fit for purpose, given concerns that the Hubs are underutilized and therefore do not appear to represent a good return on investment.

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ITEM 2	Decision / Action	Responsibility
2.1	Undertake a governance structure and process review. The review would be led by an external consultant and focus on existing governance structures and associated processes, with a view to simplify, streamline and reduce duplication. To do so, the EC agreed the following: • Establish a small EC subgroup to oversee this process, and to be composed of: Chris Carter (D&F), Aradhana Patnaik (PG), Anshu Banerjee (UNA) and Maria Antonieta Alcalde (NGO) • Develop a Terms of Reference to be finalized by end of July. • Potential consultants to be shared with the EC by the EC subgroup. The consultant needs to have a deep understanding of the global health architecture, and limited previous engagement with PMNCH, thus providing an independent view • Final outputs of the work to be presented to the EC at their 26 November 2024 meeting. • Thereafter present the work to the Board in December 2024	EC Subgroup with support of Secretariat
2.2	EC meetings to take place once a quarter, given that the Board meets twice per year.	Secretariat

ITEM 3 - Implementation of PMNCH Board decisions

ITEM 3	Decision / Action	Responsibility
3.1	Summary of Board decisions to be shared with the PMNCH Board at the end of Day 2, and to be discussed further by email	Secretariat