

## **GOVERNANCE PAPER**

### **Introduction**

The Conceptual and Institutional Framework (CIF) establishes the broad governance and management structures of the Partnership for Maternal, Newborn and Child Health (PMNCH). Early experience with the operationalization and implementation of the Framework reveals a number of possible gaps and inadequate specificity which may hamper decision-making within the Partnership and open the Partnership to a variety of risks. The Secretariat engaged a consultant to prepare this report which makes a number of recommendations to strengthen the governance of the Partnership over the immediate to medium-term. The consultancy involved a review of the CIF, the Memorandum of Understanding of Agreement between PMNCH and World Health Organization (WHO) (the host of the Secretariat), minutes of Transition Team and interim Steering Committee meetings, the draft Institutional and Partnership work plans, discussions with Secretariat staff and the Steering Committee chairs, and draws on lessons from other Global Health Partnerships.

After setting out some underlying assumptions, the report discusses and makes recommendations on each of the following issues in turn: (i) Executive Committee; (ii) use of teleconferencing and alternatives; (iii) Working Groups; (iv) partnership organizational structure; and (v) interim Steering Committee Task Team on Governance. The report contains four supporting annexes including more detailed recommendations on each Working Group and an organigram.

### **1. Assumptions**

- The Steering Committee, as the governing body of the PMNCH, provides the political underpinning for the Partnership whereas the Working Groups provide its technical underpinnings.
- The Steering Committee considers the recommendations of the Working Groups and makes decisions taking into consideration additional political factors.
- The PMNCH aims to support the development and use of the 'three ones' at the country level (and in federal systems at the state level as well). Consequently, the partnership will use (and adapt as required) existing coordination arrangements wherever possible. These groups will provide coordination in relation to all four work streams of the Partnership (i.e. country support, advocacy, effective interventions, and monitoring and evaluation) across the MNCH continuum of care.
- The PMNCH will operate both on the foundation model (i.e. responding to those countries which seek support and meet certain eligibility requirements) and on a more pro-active model (generating demand from countries).
- The Partnership will strive to support all countries to accelerate progress towards meeting MDGs four and five, but faced with limited resources will need to adopt rules to assist in prioritizing requests.

### **2. Executive Committee**

Reviews and evaluations of global partnerships recommend small governing bodies (i.e. under fifteen members). Many global health partnerships conform to this norm.<sup>1</sup> A smaller Steering

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<sup>1</sup> For example, Alliance for Microbicide Development, European Malaria Vaccine Initiative, Foundation for Innovative New Diagnostics, Global Alliance for the Elimination of Lymphatic Filariasis, Global Alliance for TB Drug Development, International AIDS Vaccine Initiative, International Partnership for Microbicides, International Trachoma Initiative,

Committee should be a long-term goal of the PMNCH if the size of the Committee impedes its optimal performance. Where it is not possible to constitute a small governing body, as is presently the case with the PMNCH, it is recommended that a sub-set of the governing body is elected to act on behalf of the governing body in between formal meetings of the body. A number of comparable partnerships have established Executive Committees to fulfil this function (e.g., Global Alliance for Vaccines and Immunization, Stop TB) although others have not heeded the advice of external evaluators to do so (e.g., Roll Back Malaria). An Executive Committee also frees the governing body of day-to-day management decisions allowing it to focus on major and strategic issues.

Establishing an Executive Committee does pose risks which need to be managed. These include: perception and real risk that decisions are controlled by a small number of individuals or partners and possible disengagement of those partners who are not members. These risks can be mitigated with careful consideration of the composition of the Committee. Alternatively the Director of the Secretariat could continue to work with the Chair and two co-chairs but this poses its own risks.

The Executive Committee could be mandated with the following **functions and authority**:

- Oversee, together with the Secretariat, the Partnership's strategic planning, work planning (including definition of objectives and milestones) and budgeting processes, assess the options, and make recommendations to the full interim Steering Committee (iSC);
- Monitor, evaluate and report to the iSC on the progress and outcomes of Partnership activities;
- Pre-process issues for iSC consideration, including the provision of guidance to the Secretariat on the preparation of SC meetings;
- Support the iSC in alliance coordination and conflict resolution;
- On the basis of delegated authority from the iSC, determine recommendations from the Working Groups (WGs), specified routine management matters and issues judged not to require the consideration of the full iSC;
- Take emergency decisions on behalf of the iSC subject to ratification of such decisions by the next full meeting of the iSC; and
- Monitor the implementation of delegated powers to the Director and report periodically to the iSC.

Executive Committees are **composed** of members of the governing body, typically chosen by the consensus of the body on the basis of interest, experience and time, with balanced representation of constituencies. It should include the Chair and Co-Chairs of the Partnership and the iSC member of the host agency as *ex-officio* members. As a result, three of the six constituencies would be represented through this arrangement (presently multilateral, implementing developing country, and non-governmental organization). Additional constituencies should ideally be represented on the Executive Committee (presently this would include (i) donor governments/agencies/foundations; (ii) health care professionals; and (iii) research/academic). Terms of office should be two years renewable, staggered from the establishment of the committee.

Having the same Chair for the governing body (iSC) and the Executive Committee is a common organizational arrangement (e.g. GAVI) this has the advantage of locating ultimate responsibility for the handling of interim Steering Committee issues in one person. Having a quorum ensures that the interests of other constituencies are represented in decision-making. The role of the chair is not to do everything personally but to ensure on behalf of the iSC that it is being done. Alternatively, the chair could be elected from the members. Given the potential decision-making

powers of the Executive Committee (e.g. in relation to approving WG recommendations, agreeing expenditures within plan, approving increases to Secretariat staffing not covered by the plan, etc), an argument could be made for the iSC to elect the Chair. Naturally, the Chair of the iSC would be eligible for election.

It is **recommended** that the interim Steering Committee establish an Executive Committee with defined delegated authority for decision-making. The Executive Committee should be composed of seven iSC members, with a quorum of five to make decisions. Should the iSC accept the recommendation for an Executive Committee, but fail to reach agreement on the extent of delegated powers or its composition, the iSC should ask the Task Team on Governance (see below) to develop explicit Terms of Reference for the Executive Committee.

### **3. iSC Teleconference meetings**

Similar to the working practices of other global partnerships, the iSC has made use of teleconferences in between full meetings of the Committee and it is expected that this will continue to be the case (perhaps also for the proposed Executive Committee). Experience suggests, however, that the dynamics of telephone communications are not well-suited for substantive discussions and decision-making in large governing bodies. Yet teleconferences can be adequate for specific decisions which: (i) do not require wide discussion of many options; (ii) are not complex; and (iii) for which there is a high level of expected agreement. This is particularly the case if the Secretariat has prepared the options in a concise manner.

It is **recommended** that the iSC consider the following options:

Reduce the use of teleconferences, limiting their use to major decisions that are time critical. The iSC should count on full iSC meetings, and the proposed Executive Committee, for the discussion of, and agreement on, contentious items.

Replace iSC teleconferences by other procedures to gather opinions and reach consensus. This should include delegation to the proposed Executive Committee and convening two/three face-to-face meetings of the iSC, with additional meetings by videoconference if required, to eliminate the need for teleconferences.

### **4. PMNCH Working Groups**

Experience from other partnerships suggests that Working Groups, or their equivalents, can be very useful to engage multiple partners in Partnership activities – particularly those with limited opportunities for participation in the governing body, to build consensus, to coordinate partner activities, and to undertake substantive collective work mandated by the governing body.

Provisions are made for the establishment of four Working Groups (WGs) in the PMNCH Conceptual and Institutional Framework (CIF). The WGs are to provide a platform to guide and coordinate the inputs of partner organizations. The CIF presents three generic functions of the WGs (ensure coherence between the Partnership and member partners; coordinate implementation of PMNCH plans; identify partners to undertake work on behalf of WG and Partnership) and proposes a number of WG-specific tasks. The CIF also identifies four outputs of the WGs, namely workplan, dissemination plan, existing and required tools, and an annual report. The CIF establishes the central role of the Steering Committee vis-à-vis the WGs, in particular, in 'identifying' its members and in establishing the functions, tasks and activities of the WGs.

The CIF is not clear, however, on the degree of autonomy vested in the WGs to make decisions on behalf of the partnership. Such ambiguity has led to problems in other partnerships (e.g. Stop TB). A number of other issues would also benefit from further clarification, including: (1) size; (2) composition; (3) desirable characteristics of members; and (4) working arrangements including: (i) selection and appointment of leader/chair and members, (ii) authority, roles and

responsibilities of leader (and members); (iii) quorum and decision-making procedures; (iv) tasking and work planning and budget approval; (v) linkage of WG plans to PMNCH strategic and annual plans; and (vi) reporting and communication mechanisms to Secretariat, interim Steering Committee, and constituencies.

### ***WG membership, size, composition, selection and appointment***

WG membership should be open to all constituencies and their members. All constituencies should, ideally, be represented on any relevant WG to foster the broadest possible ownership. To ensure that the selection of WG members is fair and transparent, the (i)SC should invite each of its six constituencies<sup>2</sup> to nominate four individuals to serve on each WG taking into consideration the mandate of the specific WG (with no more than one nominee per organization). The submission of each nomination would include a summary of the subject-specific expertise held by the nominee as well as a declaration that the nominee is able and willing to commit *substantial time and effort* to the WG. Nonetheless, WGs should be limited in size to less than twenty members so as to facilitate discussion and decision-making.<sup>3</sup> Too many members make communication and discussion problematic and lead to dilution of decision-making and insufficient action.

The composition of each WG goes beyond the representation of constituencies to the collective functional expertise required for it to effectively discharge its functions. For example, it is desirable that the WG on Country Level Support include among its members those with expertise and experience in a wide range of competencies, including: (i) use of different aid modalities (e.g. general and sector budget support, basket funding); (ii) public sector financial management and budgets (e.g., Medium Term Expenditure Frameworks); (iii) strategic planning (including linkage of MNCH plans to SWAp and to PRSPs); (iv) coordination, alignment and harmonization tools (e.g., Joint Annual Programme Reviews); (v) situational analysis of country-level epidemiology, resources, programmes and policies in MNCH; (vi) planning, identifying resource requirements, and implementing the delivery of key MNCH interventions; (vii) identifying and assisting countries with the application of appropriate tools and strategy frameworks (such as the World Bank “Marginal Budgeting for Bottlenecks” approach); (viii) carrying out useful and informed dialogue with in-country partners regarding program options and constraints; (ix) establishing regional technical support facilities; (x) and assisting in development of monitoring frameworks, etc. Clearly, each WG will require a broad range of competencies with some overlaps among them and an early task of each WG should be to map out its technical competency requirements (see Annex One).

To ensure that appropriate functional expertise is available to each WG, the membership of each WG would be selected by the Secretariat (in consultation with the Chair) or by the proposed Executive Committee (see above), from among the nominations made by the constituencies, for the approval of the (i)SC. It is proposed that the Secretariat undertake the onerous task of matching the functional requirements of the WGs with the competencies of the nominated members so as to relieve the (i)SC or Executive Committee of this task.

In relation to the size of the WGs a number of options present themselves. One option would be to keep the WGs very small to facilitate decision-making but to establish a broader panel for consultation. This option would see the Secretariat selecting two members from each constituency for inclusion in each WG. The drawback of this approach is that relatively few organizations will be involved in each WG. Another approach would be to allow the Secretariat to constitute WGs with a maximum of 20 members. These members would be drawn from the nominations provided by the constituency and ensure that each constituency would have no

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<sup>2</sup> The constituency concept requires further clarification and is listed as one of the priority tasks of the Governance Task Force outlined below. In the absence of such guidance, constituency representatives on the iSC could ask partner organizations within their constituency to nominate candidates for the working groups and submit a collective panel of nominees to the Secretariat.

<sup>3</sup> Recent participation in the iCSWG included 16 organizations and over 30 individuals.

fewer than two of its nominees selected for membership of each Working Group. This option would facilitate wider ownership of the WG possibly greater input of a breadth of expertise but at a cost of efficiency. An intermediate option is to select two representatives from each constituency as well as four members at large (for a total of 16 members).

Irrespective of size of the WG, it is proposed that the term of membership is two years renewable pending a review of the needs of the Working Group. It is proposed that every two years (or more frequently) the competencies related to the evolving functional requirements of each WG are reviewed along side the composition of their members. This may result in the need to identify new members and to terminate the membership of others (according the process described above). Vacancies which arise during the two year membership term would be filled by nominations from the affected constituency by approval of the iSC. If additional members wish to contribute to any WG they would be encouraged to do so by organizing inputs through their constituency representatives. Sub-groups could be established by the WG to harness technical contributions from organizations not represented on the WGs (or inadequately represented) which would be open to all members. The cost of participation in WGs by developing country members is met by the Partnership.

#### ***Selection, appointment and term of WG chair (and co-chair)***

The CIF indicates that each Working Group identify a leader who will chair its meetings. The process should be fair and transparent and should therefore be subject of a process of voting following a request for nominations organized by the Secretariat.

To improve the accountability of the WG to the governing body, and to ensure balance of representation of WG and committee leadership by the different constituencies, it is recommended that the election of the chair is ratified by the (i)SC (ratification by the governing body is the practice in Roll Back Malaria – another WHO-hosted partnership).<sup>4</sup>

To improve the linkages between WGs and the governing body and to ensure that governing bodies benefit from the technical expertise and deliberations of the WGs, the chairs of WGs in many partnerships serve *ex-officio* on the governing body. As the (i)SC is already quite large, this would not be recommended. Alternatively, the WG chairs could participate in the meetings as observers. Another option would be that eligibility criteria for the WG chair include existing membership of the (i)SC.

If it is considered by the chair to be desirable, s/he, taking into account the balance and availability, appoint a vice-chair in consultation with the (i)SC chair.

The term of the chair is two years renewable.

#### ***WG accountability***

WGs should be accountable to the Partnership's governing body (i.e. should receive their steer from and should report to the (i)SC). A GAVI Board Sub-Group review of its Task Forces (i.e. WG equivalents), for example, recommended that "a mechanism of timely oversight and feedback to and by the Board should be clearly established, to avoid confusion about the remit of the Task Force, to provide guidance on work, and to establish accountability for completing work plans."<sup>5</sup> The PMNCH CIF makes provision for an annual report by each WG to the (i)SC. The (i)SC should also formally approve the annual WG plan and budget. Products delivered by the WGs should only carry the logo of the partnership and be considered to represent the views of the partnership if its contents are endorsed by the (i)SC.

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<sup>4</sup> Roll Back Malaria By-Laws, September 2004.

<sup>5</sup> GAVI Board Sub-Group Review of Task Forces. Annex 2a: Final Recommendations. 11<sup>th</sup> GAVI Board Meeting. Washington DC 15-16 July, 2003.

### ***Operations of the Working Groups***

The operations of each Working Group will, of necessity, vary in relation to their mandate. WG-specific Terms of Reference should be developed as a matter of urgency by each WG for approval of the iSC. Initial issues and recommendations pertinent to the operations of each of the Working Groups are appended in Annex One. These should inform the development of the Terms of Reference of each of the Working Groups.<sup>6</sup> The following generic guidelines should be applicable to all WGs:

- Each Working Group should meet once or twice a year (to coincide with a (i)SC meeting) and should meet by teleconference as required in between face-to-face meetings;
- Decision-making in the WGs is ideally by consensus with recourse to a simple majority vote in exceptional circumstances;
- At least half of the members of the WG constitute a quorum for decision-making;
- The WG annual plan and budget are approved by the (i)SC in the context of the PMNCH strategic and annual plan;
- The WG can decide on expenditures within the planned budget, but decisions on prioritization of countries for support requires ratification by the (i)SC;
- The Chair reports annually to the (i)SC on activities and expenditures;
- A dedicated support staff is appointed by the Secretariat (as envisioned in the CIF) to each WG to serve as the Secretary to the WG and provide secretariat services. The roles and responsibilities of each Secretary will vary from WG to WG but will be elaborated along-side the WG-specific TOR;
- The costs of participation in face-to-face WG meetings incurred by members of NGO, professional association, and research/academic constituencies will be met by the Partnership;
- WGs should be limited to the term of each five year Partnership plan with an automatic sun-setting clause, subject to review of relevance and efficacy to the subsequent plan.

In relation to the Working Groups (WGs), it is **recommended** that:

- (a) Membership is open to all constituencies and their members;
- (b) Each constituency nominates four members for each WG;
- (c) Each working group is composed of a maximum of 20 members appointed by (i)SC with at least two members selected from each constituency (and not more than one member from each partner organization);
- (d) Members serve a two year renewable term with vacancies filled by nominations made by the affected constituency by approval of the (i)SC;
- (e) WG chairs are elected by its members and ratified by the (i)SC for a renewable two year term;
- (f) Eligibility for the chair includes existing membership of the (i)SC;
- (g) The chair may select a vice-chair in consultation with the (i)SC chair;
- (h) Decision-making in the WGs is by consensus with recourse to a majority vote in exceptional circumstances;
- (i) At least half of the members of the WG constitute a quorum for decision-making;
- (j) The WG chair reports formally to the (i)SC. The WG annual plan and budget are approved by the (i)SC in the context of the PMNCH strategic and annual plan;
- (k) The WG can decide on expenditures within the planned budget, but decisions on prioritization of countries for support requires ratification by the (i)SC;
- (l) The Chair reports annually to the (i)SC on activities and expenditures;
- (m) WGs should be limited to the term of each five year Partnership plan with an automatic sun-setting clause, subject to review of relevance and efficacy to the subsequent plan.

## **5. Partnership Structure**

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<sup>6</sup> The interim coordinator of the iCSWG has identified seven issues that are particularly relevant to the functionality of that working group.

The PMNCH Secretariat is hosted by WHO as outlined in the Memorandum of Understanding. The Director is accountable to the Chair of the (interim) Steering Committee but employed through the WHO. The Director provides management and leadership to the staff of the Secretariat and they are directly accountable to him/her. The CIF and MOU stress that the structure will be driven by the functions of the PMNCH and the agreed budget and will be determined by the Director in consultation with the (i)SC. The staff will be selected by the Director and appointed by WHO. Staff may be seconded from other organizations to the Secretariat. The CIF proposed an initial core team of 12 Full Time Equivalent posts in the Secretariat and proposed its composition (the Secretariat has developed a staffing plan which places emphasis on Country Support and Advocacy).

In light of the above recommendations pertaining to the relationship between the (interim) Steering Committee and the proposed Executive Committee, between the Working Groups and the Secretariat, and between the Secretariat and the In-country MNCH Coordination Groups, an organizational structure is proposed as presented in Annex Two.

The important points are as follows:

- The Secretariat and Working Groups report to the Steering Committee (and/or Executive Committee);
- The Working Groups communicate through the Secretariat with Governments and In-Country MNCH Coordination Groups;
- All communication from an In-country MNCH Coordination Group is copied to the government;
- The functioning of the constituencies needs significant strengthening so that SC members are effectively reporting to their constituencies;
- PMNCH Secretariat will need to support Constituencies to develop effective mechanisms for internal consultation (see below Task Team on Governance).

It is **recommended** that the iSC approve the Partnership's organizational structure as depicted in the organigram in Annex two.

## **6. (Interim) Steering Committee Task Team on Governance**

Discussions with the Secretariat as well as a review of the Conceptual and Institutional Framework reveal that there are a number of governance questions that would usefully benefit from consideration and decision between the December 2005 meeting of the interim Steering Committee and the first Partners Forum. For example, the iSC may wish to:

- Develop specific sets of recommendations to align the PMNCH with principles of the Paris declaration and Best Practice Principles for Global Health Partnership Activities at Country Level as proposed in the Report of the Working Group on Global Health Partnerships at the High Level Forum meeting in Paris, November 2005 (See Annex Three);
- Issue guidelines for constituency operations and management (e.g., who designates membership (how transparently), who selects candidates for governing and advisory bodies, how are communications managed? Annex Four presents Constituency process guidelines developed by the Global Fund;
- Issue guidelines for In-country MNCH Coordination Group or similar coordination arrangements (including interaction with GAVI ICC);
- Adopt a policy on disclosure;
- Adopt a policy on management of conflict of interest;
- Establish principles, criteria and guidelines on for-profit partner membership;
- Establish principles on selection and use of secondments;
- Adopt tools for strategic planning and priority-setting and establish a strategic and annual planning cycle which corresponds with meetings of the iSC and Partner Forums;

- Agree a 'road-map' of the 10 key decisions to be made during the period from the December 2005 iSC to the first Partner Forum; and/or
- Issue guidelines to ensure partner commitment to the Partnership.

Experience from other partnerships suggests that over the longer-term, organizational and management issues will continue to demand the attention of the Partnership's governing body. Partnership governing bodies have adopted different approaches to addressing governance issues and needs:

- Ad hoc approach as they arise;
- Periodic, and in some cases frequent, review and evaluation of governance arrangements. For example, GAVI has had reviews of its governance structures and processes in 2002 and 2004;
- Proactive and ongoing/continuous. For example, the Global Alliance for Improved Nutrition established a 'Development and Governance Committee.' The Global Fund initially established a 'Governance and Partnership Committee' but its 'Policy and Strategy Committee' now monitors and advises the Board on the core governance structures of the Fund, including processes and structures of its key bodies. The Global Fund has also established an Ethics Committee.

It is **recommended** that the iSC establish a Task Team on Governance comprising a small but representative group of members. The Task Team, with the assistance of the Secretariat, would monitor and advise the (i)SC on issues concerning the core governance structures and processes (including the identification of risks) and would advise on overall strategic planning. In the first instance, the Task Team would prioritize the outstanding governance issues that require attention and develop a work plan which the Secretariat would play a central role in executing. The Task Team would be time-bound.

#### **Summary and decisions required:**

The Conceptual and Institutional Framework (CIF) establishes the broad governance and management structures of the partnership yet early experience with the operationalization and implementation of the Framework reveals a number of possible gaps and inadequate specificity. This report, based on a review of the CIF, analysis of lessons learned from other comparable global partnerships, and discussion with partnership stakeholders, makes five recommendations for the interim Steering Committee.

#### **Decision point one:**

It is recommended that the interim Steering Committee (iSC) establish an Executive Committee with defined delegated authority for decision-making. The Executive Committee should be composed of seven (i)SC members, with a quorum of five to make decisions.

#### **Decision point two:**

It is recommended that the interim Steering Committee consider the following options:

(i) Reduce the use of teleconferences, limiting their use to major decisions that are time critical. The SC should count on full SC meetings, and the proposed Executive Committee, for the discussion of, and agreement on, contentious items.

(ii) Replace SC teleconferences by other procedures to gather opinions and reach consensus. This should include delegation to the proposed Executive Committee and convening three face-to-face meetings of the SC, with additional meetings by videoconference if required, to eliminate the need for teleconferences.

#### **Decision point three:**

In relation to the Working Groups (WGs), it is recommended that:



- (a) Membership is open to all constituencies and their members;
- (b) Each constituency nominates four members for each WG;
- (c) Each working group is composed of a maximum of 20 members appointed by (i)SC with at least two members selected from each constituency;
- (d) Members serve a term of a maximum of two years with vacancies filled by nominations made by the affected constituency for approval of the (i)SC;
- (e) WG chairs are elected by its members and ratified by the (i)SC for a renewable two year term;
- (f) Eligibility for the chair includes existing membership of the (i)SC;
- (g) The chair may select a vice-chair in consultation with the (i)SC chair;
- (h) Decision-making in the WGs is by consensus with recourse to a simple majority vote in exceptional circumstances;
- (i) At least half of the members of the WG constitute a quorum for decision-making;
- (j) The WG chair reports formally to the (i)SC. The WG annual plan and budget are approved by the (i)SC in the context of the PMNCH strategic and annual plan;
- (k) The WG can decide on expenditures within the planned budget, but decisions on prioritization of countries for support requires ratification by the (i)SC;
- (l) The Chair reports annually to the (i)SC on activities and expenditures;
- (m) WGs should be limited to the term of each five year Partnership plan with an automatic sun-setting clause, subject to review of relevance and efficacy to the subsequent plan.

**Decision point four:**

It is recommended that the iSC approve the Partnership's organizational structure as depicted in the organigram in Annex Two.

**Decision point five:**

It is recommended that the iSC establish a Task Team on Governance comprising a small but representative group of members. The Task Team, with the assistance of the Secretariat, would monitor and advise the (i)SC on issues concerning the core governance structures and processes and on overall strategic planning.

## **ANNEX ONE: Working Group Specific issues**

The following recommendations are for the consideration of Working Groups as they develop Working Group specific Terms of Reference.

### **1. Country Support Working Group (CSWG)**

- iCSWG to develop list of key competencies that are required of WG (as discussed in the Governance Paper) to be used in appointing WG members.
- iCSWG to develop and propose Working Group Terms of Reference (TOR) for approval of iSC.
- iCSWG to develop criteria for prioritizing country requests for consideration of iSC;
- iCSWG to make recommendations to iSC for approval of country prioritization on an annual basis (linked to work plan) in the provision of:
  - PMNCH catalytic funding for country support;
  - Support and assistance with situational analysis, operational and strategic plans, analysis of funding gaps;
  - Technical and political visits.
- iCSWG to develop criteria and process for selection of country-level lead partner for approval by iSC.
- Country-level lead partner to undertake dialogue and advocacy with government and communicate on behalf of the MNCH donors with Secretariat's Senior Adviser for Country Support (who will liaise with WG chair on an ongoing basis).
- iCSWG to take decision, on a country-by-country basis, on whether to establish a new country-led MNCH in-country coordination arrangements or to build on existing initiatives (e.g., ICC, CCM, health sector strategy group, etc) using information from the 'country status mapping exercise'.
- iCSWG to develop guidelines for operation of In-country MNCH Coordination Groups for approval of iSC.
- Communication between Partnership and government to be copied to lead partner agency for communication to In-country MNCH Coordination Group.
- It is proposed that the process to respond to requests from countries to Partners for technical or financial support is as follows. If the Partner plans to respond bilaterally and considers the work relevant to the fulfilment of the PMNCH work plan, the Partner should notify the Secretariat. If the Partner is not going to provide the support, the Partner should inform the PMNCH Secretariat which will request that the CSWG investigate the possibility that one or another partner (or Secretariat) provides the support.
- Partner activities which support identified activities in the Partnership work plan should be communicated to the Secretariat so as to monitor progress in implementation of the work plan as well as to leverage matching funds from the Bill and Melinda Gates Foundation. Consequently, all relevant requests for country support in the area of MNCH should be communicated by the Partners to the Secretariat with the understanding that the Secretariat will not necessarily seek to undertake the work or that funds to support the work will necessarily flow through the Partnership budget.
- Composition of PMNCH 'working visits' (i.e. technical) to countries to be proposed by CSWG for approval of SC. The recommendation will be based on: (i) the needs identified in the 'country status mapping'; and (ii) achieving representation of the MNCH continuum of care technical expertise competencies, all constituencies (particularly those that be under-represented – e.g. professional associations), as well as the Secretariat Senior Adviser for Country Support (for coordination) and the

SC (for political weight). So that countries are not overwhelmed by the size of the visiting missions, the number of delegates should be capped (i.e., 10-15) and a system of representation established.

- Composition of PMNCH 'political visits' (i.e. high-level) to countries to be recommended by CSWG for approval of SC. The composition to be guided by the needs of country, ensuring representation of expertise and constituencies, as well as Secretariat Director or Deputy Director and Senior Advisory for Advocacy as required.
- To facilitate participation of representatives of all constituencies in working and political visits (particularly health care professionals, NGOs, and research/academic constituencies and country and regional delegates), a line item in the CSWG budget will need to be created.
- Senior Adviser CSWG to coordinate the 'country status mapping' with inputs from WG members, identified Partner lead agency at country level, and existing country coordination arrangements.
- Partners to encourage governments (and NGOs) to make requests for support through in-country NMCH coordination arrangement. Lead agency to inform Secretariat for forwarding to iCSWG.

## **2. Advocacy Working Group (AWG)**

- AWG to develop list of key competencies that are required of WG, not limited to MNCH technical expertise, including range of advocacy, branding, public relations, marketing, policy analysis, strategic planning, lobbying, etc., skills to be used in appointing WG members.
- AWG to develop and propose Working Group Terms of Reference (TOR) for approval of iSC. These might include following generic activities:
  - Develop consensus advisory positions for SC endorsement;
  - Identify and share tools on what works and why;
  - Set standards for communication element of national and other plans;
  - Develop global strategic PMNCH advocacy and communication plan for SC endorsement. The SC will direct the PMNCH Secretariat (Senior Advisor Advocacy) to coordinate partner implementation of strategic plan
  - Develop draft annual AWG budget for iSC approval (including allocation of TA to countries).
- iSC to agree where authority for PMNCH messages is vested (in SC, Secretariat Director or in AWG).
- iSC to agree on the ground rules for how limelight/visibility of Partnership and Partner activities (e.g., success stories and problems) will be shared. What, for example, are the rules for Partnership claiming (sharing) successes that are actually the work of the Partners? It is proposed that 'anticipated successes' be included in the strategic and annual plans and that *ex ante* agreement is sought on how these will be divided between the Partnership and the Partners. Similarly, ground rules for use of PMNCH vs. Partner-specific champions (e.g., those of UNICEF, UNFPA) are required.
- The iSC to reach agreement on whether or not the Secretariat can raise funds for operation of the Partnership (i.e., Secretariat and Working Groups) or only for the work of the Partners in financing the MNCH agenda. There is a risk that Partners face conflict of interest in raising funds for themselves and for the Partnership operations which provides a rationale for the Secretariat raising funds for its operations.

- Linkages between AWG and CSWG need to be ongoing and strong to ensure that needs and opportunities arising out of country-level analysis are serviced by the advocacy group. One option is that the chair of the AWG and the Senior Adviser for Advocacy serve *ex officio* on the CSWG.
- In that the CSWG may not be aware of all country-level advocacy needs and opportunities (as advocacy skills may not be reflected on the CSWG), the Senior Adviser for Advocacy should have direct links to country (through the lead partner agency or country-level AWG where this is established) – particularly with respect to support for the development of national advocacy plan and to work with MNCH leaders/champions.
- Linkages between AWG and the Effective Interventions Working Group (EIWG) need to be ongoing and strong to ensure that evidence and best practice are reflected in advocacy statements for both global and country-level messaging.
- AWG needs to agree on the balance between technical and policy audiences of its advocacy and messaging as well as ensure that there is a balance among the largely distinct NMCH audiences.
- AWG needs to develop mechanisms to support each of the constituencies in managing information flows between the Partnership and organizations within the constituencies.
- AWG has mandate to hold donors to account for commitments made to countries and Partnership. AWG will need to establish procedures for accessing data from CSWG and M&EWG for use in monitoring adherence as well as rules of acceptability in holding donors to account.

### **3. Effective Interventions Working Group (EIWG)**

- EIWG to develop list of key competencies that are required of WG, not limited to MNCH technical expertise, including skills in assessment of research validity and reliability (e.g., through systematic reviews, meta-analysis, as well as qualitative methods), etc. to be used in appointing WG members.
- EIWG to develop and propose Working Group Terms of Reference (TOR) for approval of iSC. Key tasks of the EIWG are to develop consensus on the essential interventions for scaling-up to achieve universal coverage of the continuum of care and identifying research priorities. It is recommended that the WG have authority to develop consensus statements for (i)SC endorsement (as long as potential conflicts of interest are adequately managed).
- EIWG to submit a draft budget for (i)SC approval.
- EIWG requires links to CSWG to promote effective technical implementation of essential interventions (e.g., coordination of missions by technical specialists or to facilitate country-level workshops based on proposed 'country status mapping exercise'). The linkage will likely be adequately served through liaison between the Effective Interventions Officer of the Secretariat and the Senior Advisor for Country Support.
- EIWG will require linkages to the AWG to disseminate key messages and to feed into country support and advocacy work of the Partnership. The linkage will likely be adequately served through liaison between the Effective Interventions Officer of the Secretariat and the Senior Advisor for Advocacy.

### **4. Monitoring and Evaluation Working Group (M&EWG)**

- M&EWG to develop list of key competencies that are required of WG, not limited to MNCH technical expertise and health information systems, including skills in

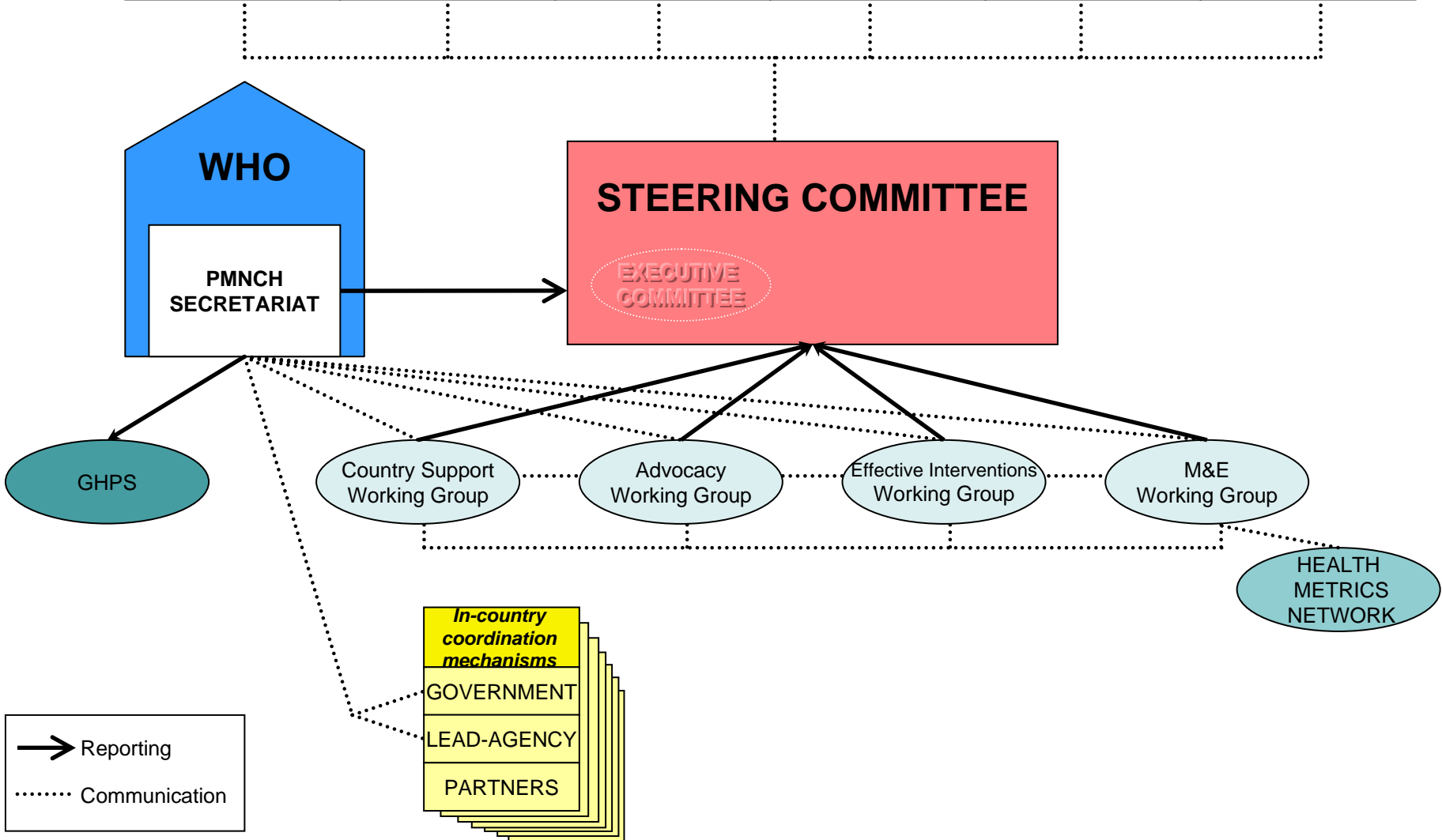
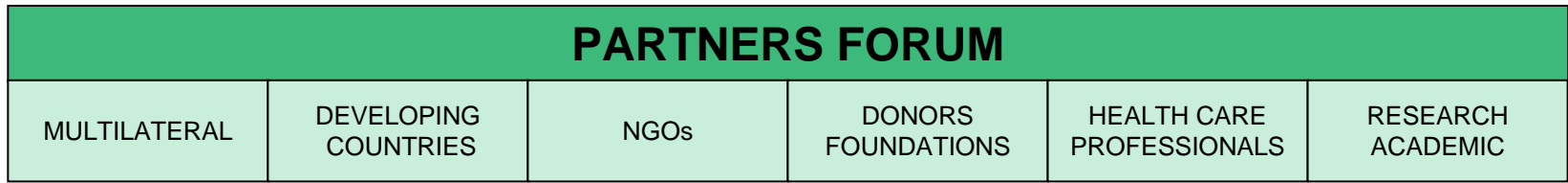
strategic multi-agency planning, political and institutional analysis, the goals and activities of other Global Health Partnerships, etc. to be used in appointing WG members.

- M&EWG to develop and propose Working Group Terms of Reference (TOR) for approval of iSC.
- M&EWG needs to establish close linkages to the Health Metrics Network (HMN). M&EWG should support measures to integrate MNCH indicators into a system of broader health indicators so as to minimize duplication of indicators and promote standardized definitions, data collection mechanisms, and analysis. This should be undertaken through close collaboration with the Health Metrics Network. The HMN Executive Secretary should be invited to sit as an observer on the M&EWG.
- The M&EWG should aspire to adopt the relevant Best Practice Principles for Global Health Partnership Activities at Country Level as proposed in the Report of the Working Group on Global Health Partnerships at the High Level Forum meeting in Paris, November 2005 (i.e., Principles 14 and 15 on managing for results). The HMN suggests four key do's and don't in so far as investing in health information systems<sup>1</sup>:
  - Do use the HMN framework, processes and tools to build health information system strengthening more routinely into their work;
  - Do invest in the comprehensive medium-term national action plans that are agreed with all partners along the lines of the HMN framework;
  - Do use the HMN assessment tool to identify weak areas in health information systems, provide ideas for strategies to strengthen those areas and encourage countries to make such strengthening part of the country proposal;
  - Do align the monitoring requirements and systems support with overall poverty and health monitoring master plans in the country.
  - Don't rely on single disease / single programme data collection efforts to fulfill international accountability needs;
  - Don't demand data and statistics outside of the national plans;
  - Don't add to the burden by creating more lists of indicators to be monitored;
  - Don't demand reporting at a frequency that cannot be sustained unless such reports are directly linked to supplies and logistics (for example, it is not appropriate or cost-effective to demand annual reports on maternal mortality ratios unless there is a strong system of vital events monitoring).
- M&EWG will need to liaise closely with CSWG to ensure that it promotes collection of data on government political, legal, financial, and human resource efforts in relation to MNCH commitments. The Monitoring and Evaluation Officer may not have the seniority required for an effective linkage and hence the Senior Advisor for Country Support will likely need to serve as a bridge between the Working Groups.
- M&EWG will need to provide the Partnership (particularly the AWG) with data on the compliance of Partners to meeting their commitments to the Partnership's Strategic Plan. M&EWG will need to establish procedure for accessing data from Partners as well as rules of acceptability in holding Partners to account (e.g. in private or public).

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<sup>1</sup> HMN (2005) HMN and Global Health Partnerships. B2005/5/4. Geneva: HMN.

# PMNCH Organisational Structure (POSSIBLE)



## ANNEX THREE

### Best Practice Principles for Global Health Partnership Activities at Country Level

Report of the Working Group on Global Health Partnerships at the High Level Forum meeting in Paris, November 2005.

Draft Best Practice Principles for Engagement of Global Health Partnerships at Country Level	
Global Health Partnerships (GHPs) commit themselves to the following best practice principles:	
OWNERSHIP	
1	To respect partner country leadership and help strengthen their capacity to exercise it.  GHPs will contribute, as relevant, with donor partners to supporting countries fulfill their commitment to develop and implement national development strategies through broad consultative processes; translate these strategies into prioritised results-oriented operational programmes as expressed in medium-term expenditure frameworks and annual budgets; and take the lead in coordinating aid at all levels in conjunction with other development resources in dialogue with donors and encouraging the participation of civil society and the private sector.
ALIGNMENT	
2	To base their support on partner countries' national development and health sector strategies and plans, institutions and procedures. Where these strategies do not adequately reflect pressing health priorities, to work with all partners to ensure their inclusion.
3	To progressively shift from project to programme financing.
4	To use country systems to the maximum extent possible. Where use of country systems is not feasible, to establish safeguards and measures in ways that strengthen rather than undermine country systems and procedures.  <i>Country systems in this context would include mechanisms such as sector-wide approaches, and national planning, budgeting, procurement and monitoring and evaluation systems.</i>
5	To avoid, to the maximum extent possible, creating dedicated structures for day-to-day management and implementation of GHP projects and programmes ( <i>eg Project Management Units</i> )
6	To align analytic, technical and financial support with partners' capacity development objectives and strategies; make effective use of existing capacities; and harmonise support for capacity development accordingly.
7	To provide reliable indicative commitments of funding support over a multi-year framework and disburse funding in a timely and predictable fashion according to agreed schedules.

8	To rely to the maximum extent possible on transparent partner government budget and accounting mechanisms.
9	To progressively rely on country systems for procurement when the country has implemented mutually agreed standards and processes; and to adopt harmonized approaches when national systems do not meet agreed levels of performance <sup>13</sup> . To ensure that donations of pharmaceutical products are fully in line with WHO Guidelines for Drug Donations <sup>14</sup> .
<b>HARMONISATION</b>	
10	To implement, where feasible, simplified and common arrangements at country level for planning, funding, disbursement, monitoring, evaluating and reporting to government on GHP activities and resource flows.
11	To work together with other GHPs and donor agencies in the health sector to reduce the number of separate, duplicative missions to the field and diagnostic reviews assessing country systems and procedures. To encourage shared analytical work, technical support and lessons learned; and to promote joint training, ( <i>eg common induction of new Board members</i> ).
12	To adopt harmonized performance assessment frameworks for country systems.
13	To collaborate at global level with other GHPs, donors and country representatives to develop and implement collective approaches to cross-cutting challenges, particularly in relation to strengthening health systems including human resource management.
<b>MANAGING FOR RESULTS</b>	
14	To link country programming and resources to results and align them with effective country performance assessment frameworks, refraining from requesting the introduction of performance indicators that are not consistent with partners' national development strategies.
15	To work with countries to rely, as far as possible, on countries' results-oriented reporting and monitoring frameworks.
16	To work with countries in a participatory way to strengthen country capacities and demand for results-based management, including joint problem-solving and innovation, based on monitoring and evaluation.
<b>ACCOUNTABILITY</b>	
17	To ensure timely, clear and comprehensive information on GHP assistance, processes, and decisions (especially decisions on unsuccessful applications) to partner countries requiring GHP support.



Draft Proposals for GHP Best Practice Principles: For Discussion	
GOVERNANCE	
<b>18</b>	<p>In the interest of public accountability, to ensure that GHP purpose, goals and objectives are clear; procedures are transparent; and timely and comprehensive information is provided to publicly.</p> <p><i>Key documents should be published on the internet, including annual plans, budgets and performance reports (including income and expenditure reports); evaluations; standing orders, including processes for appointments of Board members and Chairs; and papers and reports of key meetings, especially Board meetings.</i></p>
<b>19</b>	To be subject to regular external audit. There should be a strong commitment to minimizing overhead costs and achieving value for money.
<b>20</b>	To make clear and public the allocation of roles and responsibilities within the management structure of the partnership or fund. Overall decision-making powers should rest with a governing board or steering committee with broad representation and a strong developing country voice.
<b>21</b>	To make clear and public the respective roles of the partnership and relevant multilateral agencies (especially where one of the latter houses the partnership).



# THE GLOBAL FUND

to Fight AIDS, Tuberculosis and Malaria

## Guidelines on Constituency Processes

### 1. Purpose of the Paper

Recognizing the important principle that constituencies have the right to determine their own processes, these guidelines offer **some guidelines and principles** gleaned from discussions with constituencies and from responses to the questionnaire circulated on this issue (questionnaire attached as Exhibit A).

It is recommended that for the purposes of transparency and accountability all Board Constituencies complete a Constituency Operations Statement (Attached as Exhibit B) which will serve as a record of the management and representation of the constituency.

### 2. Background

The issue of how constituencies are composed and who represents them is covered comprehensively in both the By-Laws and the Board Operating Procedures (relevant passages are quoted in Annex 1). These explanations however do not provide practical insights into how the constituencies should operate and what processes should be followed to ensure true representation, a requirement for all constituencies under Article 11 of the By-Laws. This is particularly true of large heterogeneous constituencies that may contain more than one viewpoint. The guidelines set out below are an attempt to set out models and practices for constituencies which may then choose to implement them to meet the requirement of a representative structure.

### 3. Constituency Formation and Management

#### 3.1. Composition of the Constituency:

In general, the composition of the constituencies was negotiated during the TWG process which established the Fund. The seven donor seats were allocated according to constituencies comprising either a single country or a group of like-minded or geographically linked countries. The recipient countries were defined by the WHO regional groupings with one additional seat for Africa. The four civil society seats were allocated according to nominations from within representative groupings of the various stakeholder groups (e.g. the World Economic Forum arranged consultations on the election of the Private Sector member, and ICASO (the International Council of AIDS Service Organizations) organized the election for the NGO positions).

In many cases, the constituency grouping then decided amongst themselves which specific country/organization would hold the seat. In some cases a broad consultation

was held to elect the representative, in others a smaller group decided who would hold the seat. On examining the different processes the following principles emerge:

3.1.1 It is useful to **define at the outset who is included in the constituency**, whether this be open-ended, as it is for some constituencies, or very narrowly defined. Stating who exactly composes the community represented by the Board member helps in defining successful representation.

3.1.2 In some cases either a broad consultation involving representatives of all constituents (as defined above) reached consensus, or nominations were received and reviewed to determine which constituency would hold the seat. This depends on what is practical for the constituency, but it is clear that **a broad consultation** is the most effective in ensuring a good understanding of the process and an involvement of all constituents in the selection. Example: a regional health meeting could be used as a forum in which to consult and decide on representation.

3.1.3. It is useful to define at the outset the term to be served by the representative who is selected to be the Board Member. In the cases where constituencies are composed of several countries, for example, best practice suggests that a **pre-defined term limit and rotation of the seat** is advisable. This could be a period of two years, since that is the term limit set by the By-Laws. Some constituencies have defined periods shorter than two years.

## **3.2 Selecting the Board Member**

The most appropriate process for Board Member selection will need to be defined by the constituency. In several cases, although there may be broader consultation within the constituency on which country/organization should hold the seat, once this is decided the choice of individual becomes the decision of that particular country/organization. In some cases the selection of which country/organization should hold the seat was based on the nomination of an individual rather than a country/organization. Example: the NGO representatives were selected on the basis of submitted applications and will serve in their individual capacity although they will also be representing the interests of their organization as part of the broader constituency.

3.2.1 The selection of the individual to represent the constituency can be done in numerous ways but the individual selected should have a personal commitment to the issues, be willing to work in an inclusive manner with other members of the constituency, and have the time to attend meetings, both of the Board and also of relevant Board committees and those of the constituency. This is best achieved if there is a **consultative process** leading to the nomination.

## **3.3 Selecting the Alternate**

The selection of the alternate has in some cases been the decision of the Board Member, while in others it reflects a broader consultation and negotiation with the constituency.

3.3.1 For constituencies representing a broad range of interests (including diverse countries or organizations) it seems most effective if **the alternate comes from a**

**country/organization other than that of the Board Member.** This assists with issues of representation and involves a broader reach of opinion and input.

3.3.2 With reference to 4.1.3 it is equally useful if a **pre-defined term limit and rotation of the position** is determined at the outset.

### **3.4. Selecting the Focal Point**

In many cases the Focal Point is from the Board member's country/organization, although in some cases the focal point is a representative of an organization which assists in managing the constituency process.

3.4.1 Current practice suggests that it is useful if the Focal Point is close to the Board Member either as part of the same office or based in the same country. In any case, the main criterion should be access to a **reliable communications infrastructure**.

### **3.5 Composition of Delegations:**

Delegations to the Board Meetings and nominations for Committees are channeled through the Board Member.

3.5.1. Within the delegation limit of 10, constituencies should **ensure broad representation at Board meetings**. This should include representatives of countries and organizations other than the Board Members own.

3.5.2. It is useful if delegations also reflect **an extensive range of competence and expertise** to enrich the contribution of the constituency.

### **3.6 Communications with Constituencies**

The Focal Point is vital to the process of good information sharing and exchange within constituencies. The importance of this role cannot be emphasized enough.

3.6.1 The Focal Point should **develop an extensive network of contacts**, including designated focal points, within the constituency to ensure information related to the Global Fund is widely distributed.

3.6.2 The Focal Point should **ensure that all communications** from the Global Fund Board and Secretariat are **distributed** to all contacts within the constituency.

3.6.3 The Focal Point should be the **catalyst and the repository of constituency opinions and positions** on Global Fund matters. These positions should be developed in a broadly consultative manner (see para.4.7)

3.6.4 The Focal Point should develop a **network of expertise and knowledge** within the constituency to ensure that all available resources are drawn on in the development of constituency positions related to the Fund and in supporting the development of Global Fund policy.

### 3.7 Development of Constituency Positions

Many constituencies consult internally in developing Global Fund positions, this is done in a variety of formal and informal ways.

3.7.1 It is considered desirable that constituencies try to **establish a unanimous position** on issues before attending Board and Committee meetings, if this proves difficult at least the Board member will be aware of the differences that exist within the constituency and can represent them adequately.

3.7.2 Constituencies can use the following means to assist in **the development of constituency positions** prior to Board and Committee meetings:

- a. Requesting various members of the constituency to prepare position papers or opinions on important issues for circulation and discussion amongst the constituency;
- b. Using email and conference calls to exchange views;
- c. Benefiting from other region/international meetings where a broad representation from the constituency will attend to have a side meeting at which Global Fund issues can be discussed;
- d. Taking advantage of the provision of free meeting rooms the day before the Board meeting to hold constituency consultations.

3.7.3 It is equally necessary that Board Members and Focal Points develop a **feedback mechanism** to ensure the constituency is adequately and accurately informed regarding the outcome of Board meetings. Circulating Board Reports and holding briefings can achieve this, as well as directing constituency members towards information provided by the Secretariat

## **Annex 1:**

### **1. The following Articles in the By-Laws relate to constituency processes:**

#### 1. Article 11:

Each Foundation Board membership group mentioned in Article 10 of these Bylaws (e.g., donors, developing countries, NGOs, civil society/private sector) will determine a process for selecting its representation. Members will serve as representatives of their constituencies. Rotational or renewable status will be determined by constituencies. The Foundation Board members will sit on the Foundation Board for two years or such other term that the Foundation Board may determine.

Institutions shall be represented in Foundation Board meetings by a person holding individual signing authority. All official acts of Board Members shall be deemed to be taken in their capacity as representatives of their respective governments, organizations, or other entities.

### **2. In addition, constituency processes are informed by the following sections of the Board Operating Procedures:**

#### 2. Constituency Representation.

For certain groups of countries and organizations, Board seats are allocated according to constituencies, including groups of separate organizations and groups of countries. Each country and each constituency will develop its own procedures to designate its representative to the Board and the members of its delegation.

The 7 developing country seats are allocated to each of 6 World Health Organization (WHO) regions, and 1 additional from Africa). WHO itself will play no role in selecting Board Members. WHO regions are used only as a convenient way of aggregating developing countries into regional groupings.

#### 4. Alternate Members

Each holder of a Board Seat may designate an Alternate Member to serve in the event of the unavailability of the Member. The Alternate Member serving in the stead of a Board Member shall have the same rights, privileges and responsibilities as such Board Member. In cases where the Board Seat represents a constituency of more than one country or organization, the Alternate Member may be selected by the members of the constituency in any manner they choose.

#### 11. Communication

Unless otherwise requested, the Secretariat will send all necessary documentation related to Board business directly to the designated Board Member and Alternate Member. In addition, each Board Member is requested to designate one additional "communication focal point" authorized to receive documentation. It will be the responsibility of the Board Member, Alternate Member and/or the communication focal point to make any further distribution of documents to constituent members or other interested parties.

Board Members, Alternates and communication focal points should keep the Secretariat informed as to changes in their business address, telephone and fax numbers, and e-mail address.

Rome, 7 November 2002

Dear Board Members,

the last Board meeting has mandated the Governance and Partnership Committee to analyze inter alia, best practices to provide guidelines for constituency operations.

In order to fulfil this mandate, I ask for your cooperation in providing examples of good constituency practice:

- a) in selecting their representatives (i.e. Board member, alternate, focal point) through a transparent and pre-defined process that best represents the membership;
- b) in seeking broad input and involvement of constituency members;
- c) in agreeing common constituency positions to be presented by the Board member.

Please, find enclosed a questionnaire designed to help you address the above mentioned questions. Your comments and suggestions are highly welcome.

Your input will be discussed by the Committee at its meeting, tentatively scheduled for early December in Geneva. The date has yet to be finalised with the Secretariat.

Best regards,

Claudio Spinedi  
Committee Chair

# QUESTIONNAIRE

## Constituency operations

### Composition of the Constituency:

Board Member

Alternate

Focal Point

Delegation members

### Selection Process

- a) How was the composition of the Constituency decided?
- b) How was the selection of the Board Member organised?
- c) How was the Alternate selected? (criteria, if any)
- d) How was the Focal Point selected? (criteria, if any)
- e) Is there any criteria concerning the duration of the mandate of the Board representative and Alternate Focal point within the Constituency? (rotation, fixed term, etc.)

### Constituency Organisation and Communication

- a) Do the Alternate and the Focal Point have specific tasks within the Constituency? (If yes, explain the rationale of each task)
- b) Do the different members of the Constituency provide specific expertise to the Constituency? Do Constituency members exchange expertise(national and international)? (If yes, explain how)
- c) How Consensus is reached within the Constituency about critical/non critical issues? (e-mail discussions, vote, etc.)
- d) Does the Constituency foresee periodic meetings for exchanging views and information about the global Fund? ( How to improve GF performance, resource mobilization, proposals preparation, etc.)
- e) Is there any other institutionalised means of communication inside the Constituency for the above purpose?

### Comments and Suggestions





**THE GLOBAL FUND**  
to Fight AIDS, Tuberculosis and Malaria

**Constituency Operations Statement**

**A: Composition of the Constituency**

1. Board Member: \_\_\_\_\_  
(name) (title)
2. Alternate: \_\_\_\_\_  
(name) (title)
3. Focal Point: \_\_\_\_\_  
(name) (title)
4. Description of the coverage of the Constituency:

**B: Selection Process**

1. How was the Board Member selected?
2. How was the Alternate selected?
3. How was the Focal Point selected?
4. What are the criteria regarding the duration of the mandate for these positions?

**C: Organization of the Constituency**

1. Does the constituency foresee periodic meetings for exchanging views and information about the Global Fund?
2. How does the constituency establish a constituency position on policy matters before Board Meetings?
3. How does the focal point ensure that information regarding the Global Fund is disseminated within the constituency?
4. How are Board delegations selected?

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_