

Countdown to 2015
Core Group Meeting on Management and Technical Issues

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633 3rd Avenue
New York City, New York, USA

28-29 July, 2008

Meeting Objectives:

1. Develop consensus on proposed Countdown to 2015 management and leadership structure;
2. Review TOR and preliminary work plans for the Technical Sub-Committee and related technical working groups;
3. Review TOR and preliminary work plan for the Advocacy Sub-Committee;
4. Review TOR and preliminary work plan for Country Action Sub-Committee;
5. Review the initial concept of the Regional Asia/Pacific Countdown.

Meeting Minutes:

The chairs of the meeting included Dr. Peter Salama (UNICEF) and Ms. Ann Starrs (Family Care International) during the morning and afternoon sessions, respectively, on July 28th. Dr. Flavia Bustreo (PMNCH) and Dr. Peter Salama co-chaired the sessions on July 29th.

The agenda was reviewed and approved by all in attendance.

I. Opening Session: Review of the Countdown to 2015 effort and discussion of the proposed management structure

Dr. Peter Salama, UNICEF, presented a brief synopsis of the relationship of the Countdown to recent major global events and changes in the architecture of global health. He noted that MNCH is a key focus of the H8 and retained a position on the G8 agenda despite concerns that it would be overshadowed by issues such as the food and fuel crises and climate change debates. He also discussed large scale changes in funding strategies for global health, the revived interest in primary health care as the 30 year mark approaches for the first Alma Ata declaration (September 1978), and the opportunity for us to keep MNCH indicators as core indicators for monitoring the success of global health initiatives. He concluded by describing the strengths and weaknesses of the last Countdown cycle, highlighting the need to develop a management structure flexible enough to retain the supra-institutional quality of the Countdown while still enabling efficient and effective decision-making.

Dr. Flavia Bustreo, PMNCH, presented reflections on the Countdown to 2015 effort, describing the evolution of the effort since its inception in 2005 from serving as an

accountability mechanism for child survival to the continuum of care. She commented on the expansion of the analysis in the 2008 cycle that led to the incorporation of new indicators on maternal and newborn health, and more tracking of ODA expenditures and policy and human resources indicators. She also remarked on the successful launch during the 2008 cycle of a set of interrelated products targeted at different audiences (the report, the Lancet series, and advocacy materials including an interactive website), and the increased participation of Countdown countries at the Cape Town conference (61 out of 68) (although she noted that the academic voice was not as strongly present in 2008 in comparison to 2005).

In her review of the 2008 Countdown, Dr. Bustreo balanced her discussion of the positive aspects of the cycle with the problems that surfaced during the development of the various Countdown products and the organization of the Cape Town Conference. In particular, she highlighted that coordination and communication difficulties amongst partners and between partners and Countdown countries complicated the Conference logistics and the development of some of the Countdown products. While acknowledging that the compressed time frame was a key underlying factor behind the problems faced during Countdown 2008, Dr. Bustreo noted that many of the challenges with pulling off the Conference could have been better anticipated and addressed, and some could have been avoided altogether, if a dedicated conference team with clear lines of responsibility and authority had been established earlier on in the process. Likewise, the difficulties encountered with the development of the Countdown materials (including consistency of messages, omission of data) could have been avoided if a mechanism for ensuring the clear allocation and completion of tasks had been in place. She concluded her review of the 2008 cycle by presenting an interim financial statement (see attached copy).

Looking towards the future, Dr. Bustreo listed potential follow-up activities and growth areas including bringing the Countdown data to regional level fora; tracking actions of Members of Parliament in relation to their commitments made at the 2008 conference and reporting on these actions at the 120th IPU assembly in Ethiopia in April 2009; and refining and possibly expanding the scope of the analysis (in the areas of nutrition, adolescent health, health systems and human resources, and tracking domestic resources for MNCH). She ended her presentation by relaying the intention of the Global Campaign for the Health MDGs to hold a “Status Now” conference in 2010 with a focus on women and children – suggesting that the next Countdown event could potentially serve this purpose.

Ms. Ann Starrs, Family Care International, discussed the rationale behind the development of a new proposed management structure for the Countdown to 2015 effort and outlined the elements of the proposal previously circulated to the Core Group. She explained that the draft proposal was prepared by a small group in mid-May, circulated to the group, and then discussed at a teleconference held June 20th, 2008. Ms. Starrs explained that the basic framework of the proposed new management structure retains the larger Core Group as an entity open to everyone, but calls for the establishment within the core group of an organizing committee composed of approximately 8-10 individuals

which would oversee budgeting, fundraising and financial management, and oversee and ensure links among the activities of three primary sub-committees (the technical, advocacy, and country action and follow-up sub-committees). She stressed that while the original proposal was designed to ensure balanced representation of constituencies, a consensus has emerged since the proposal was prepared that the key criteria for membership should be active and dedicated participation and ability to contribute significantly to Countdown activities. Ms. Starrs finished her presentation by listing additional issues that had been raised by members of the Core Group in response to the proposal, either via email or on the June 20 conference call. These included: 1. The need to actively encourage greater participation of academics from developing countries, 2. To take fuller advantage of the technical resources of the WHO, 3. To avoid duplicating the same institutional and individual representation currently serving on the PMNCH Board, 4. To distinguish between the advocacy function of the Countdown and that of the PMNCH, and 5. To clarify the role of the Countdown in country-level engagement.

Key Discussion Points:

- **Accountability:** Several participants including Dr. Bob Black (JHSPH), Dr. Peter Salama (UNICEF), Dr. Zulfiqar Bhutta (Aga Khan University), Dr. Giorgio Cometto (Save the Children, UK), Ms. Helga Fogstad (Norad), Dr. Cesar Victora (Universidade Federal de Pelotas) and Dr. Anuraj Shankar (WHO) all commented on the centrality of the concept of accountability to the Countdown to 2015 effort and argued that the management structure put into place needs to ensure that this principle gets applied across all levels (e.g., countries must continue to be held accountable to the data presented in their profiles, and participating partners from each involved constituency must also be held accountable to producing quality data and addressing the issue of MNCH). Dr. Jennifer Bryce (JHSPH) reminded participants that part of the original conceptual framework of the Countdown effort was to put forth the highest quality evidence and hold countries and the international community accountable for using the evidence for action. Thus, the managerial structure put into place must also facilitate further utilization of the Countdown data and foster ownership of the data at country and regional levels.
- **Purpose and aim of the Countdown:** Those in attendance affirmed the value of the supra-institutional quality of the Countdown but stressed that a management structure needs to be put into place so that the actual analytical and event preparation work can get done in a timely, effective and organized fashion. Several participants commented on the need to clearly define the role of the Countdown in country-level engagement to avoid duplication of efforts already being done in countries by Countdown partners (and others) and to make sure that the work of the Countdown is value-added. Dr. Bryce noted that the Countdown indicators are at the core of the JHSPH common monitoring and evaluation framework adopted by the IHP, voicing this as another reason the Countdown should concentrate on its aim of generating the highest level evidence about coverage across the continuum of care.

- **Resource generation and allocation:** Dr. Bob Black (JHSPH) and Dr. Cesar Victora (Universidade Federal de Pelotas) asserted that how the resources for the Countdown will be generated and allocated needs to be determined and reflected in the managerial structure. Both voiced concerns that without a central body to handle the budget, participation by academics and members of non-UN constituencies in the Countdown could be limited. Dr. Cesar Victora asked if any bridge funds could be made available so that the technical work can continue.
- **Overall coordination:** Dr. Flavia Bustreo (PMNCH) noted the importance of making sure there is representation from the sub-committees in the overarching organizing committee to ensure good communication and coordination between the two management levels. She further pointed out that while there may not be need for a formal secretariat, a management structure needs to be put into place that ensures activities are coordinated and kept ongoing.

Decisions Made:

1. All in attendance re-affirmed the focus of the Countdown on presenting data that can be used as a key strategic tool within the global health community and by countries themselves;
2. The supra-institutional quality of the Countdown was re-confirmed, but all present acknowledged the need to establish a clear and efficient management structure;
3. Outstanding issues around the management and communication processes of the previous Countdown cycle were reviewed;
4. All in attendance agreed that the managerial structure adopted must promote mutual accountability;
5. Consensus was reached that the production and dissemination of the highest quality evidence is the heart of the Countdown and that the Countdown data should be used for country action;
6. The Countdown will continue to focus on the continuum of care, and will strongly link with other initiatives including those aimed at strengthening health systems;
7. Ms. Helga Fogstad (Norad) generously offered to explore the issue of making bridge funds available, informally noting the possible availability of money earmarked for the PMNCH for activities related to the continuum of care. UNICEF will also look into this issue so that momentum is not lost.

The remainder of the meeting notes are organized by meeting objective, and conclude with a summary of additional issues. Note: Objective 1 is presented last because the

decisions made about the management structure reflect the conclusions reached at the end of the meeting.

II. Objective 2. Review TOR and preliminary work plans for the Technical Sub-Committee and related technical working groups

A. Coverage Working Group:

i. Current activities:

Dr. Tessa Wardlaw (UNICEF) presented an overview of current activities in data compilation and methodological work, describing ongoing efforts to harmonize data collection and monitoring processes across interagency and UN monitoring groups. She also provided an overview of the MICS, explaining that the survey questions are reviewed and updated regularly to reflect the most advanced thinking, and noted that the survey is now implemented every 3 years with the next cycle (MICS 4) to occur in 2009-2010. She noted that this means that new data will not be ready until 2010 which may be a factor to consider when planning for the next Countdown report and meeting. In addition, she provided a list of reasons country based estimates are sometimes not included in global databases (non-nationally representative, poor quality source, data do not conform to standard indicator definition, data already included in global databases, or no supporting documentation provided from countries). She concluded her presentation by stressing that the Countdown coverage working group will not function as a new monitoring group with parallel processes to existing groups. Instead the Coverage working group will utilize 2 classes of already available estimate, those based on surveys (DHS and MICS), and those that have undergone an interagency based adjustment (e.g., mortality indicators, water and sanitation measures).

ii. Proposed TOR and workplan:

Dr. Jennifer Bryce (JHSPH) reviewed the proposed TOR and workplan for the Countdown coverage group, explaining that she took the proposed functions for the technical sub-committee described in the background document, and operationalized them into specific TORS for the coverage working group. In sum, she noted that the coverage working group needs to take a leadership and coordinating role to make sure that the coverage data is used and analyzed fully. The coverage working group also needs to link with all the interagency reference groups and UN members to be sure the best evidence is used for the Countdown, as well as work in collaboration with the other technical working groups. A central aim of the coverage working group is to generate the right questions and make sure the right data is available to answer them.

iii. Brief updates on recent activities in each coverage area:

Child Health: Dr. Zulfiqar Bhutta (Aga Khan University) and Dr. Bob Black (JHSPH) commented on work in progress in two parallel streams – innovative work being done by

CHERG with the IMPACT tool, and the development of the PMNCH effective interventions group.

Maternal/Reproductive Health: Dr. Paul Van Look (WHO/RHR) reported that work is now ongoing between WHO and UNICEF in relation to coverage databases of antenatal care and skilled birth attendance following a resolution passed in May at the 61st World Health Assembly that the annual report to WHO member states must include an update on progress towards MDG goals and targets. A reference group on reproductive and maternal and perinatal health is now being set-up. Dr. Anuraj Shankar (WHO/MPS) shared information about efforts to develop a costing tool for delivery of services across the continuum of care (that can potentially be linked with the IMPACT tool), and noted that MPS is also supporting the development of a perinatal and maternal health reference group.

Newborn Health: Dr. Leslie Elder (Saving Newborn Lives/Save the Children, USA) explained that efforts are now underway to ‘unpackage’ the platform of postnatal care to develop better indicators and to push for greater data availability. She also commented on challenges to improving mortality estimates (including for stillbirths), and noted that the interim GAAPS meeting will be held in August.

Water and Sanitation: Dr. Dooley (UNICEF) informed those in attendance about the findings of the JMP report released on July 17th, 2008. This report showed that the world is on track for the MDG indicator measuring access to safe water supplies, but is not on track for sanitation. In addition, spin off publications such as a document focused on Africa have been recently launched.

Nutrition: Dr. Bob Black (JHSPH) reflected on the Lancet undernutrition series and listed issues to be considered for the next Countdown cycle including possibly using or combining other data sources besides the MICS and DHS, and adding maternal nutritional status indicators, programmatic indicators related to infant and child feeding, and potentially household food security indicators. Dr. Cesar Victora (Universidade Federal de Pelotas) suggested the Core Group explore placing more emphasis on stunting than underweight in the next cycle.

B. Policy Working Group:

Dr. Mikael Ostergren (WHO) presented the 4-part proposed TOR and workplan for the policy working group on behalf of Dr. Elizabeth Mason (WHO) and Dr. Bernadette Daelmans (WHO). The first part of the proposal describes the tasks involved in maintaining and updating the policy and health systems indicators database. The second part concerns the analysis and development of the findings for the report. The third section of the proposal lists strategies for increasing country ownership and commitment through country consultations. And, the final section details the budget required to accomplish the tasks outlined in sections one to three.

C. Equity Working Group:

Dr. Cesar Victora (Universidade Federal de Pelotas) and Dr. Ties Boerma (WHO) presented the proposed work plan and TORS for the equity working group. Dr. Victora described and compared the advantages and disadvantages of the equity measures developed for the 2005 and 2008 Countdown cycles (the co-coverage and coverage gap measures). He followed this discussion with a review of the proposed workplan which links the 7 objectives of the working group with 7 specific products. He concluded his remarks by reviewing the resources needed to accomplish the outlined objectives.

D. Finance Working Group:

Ms. Giulia Greco (LSHTM) and Dr. Flavia Bustreo (PMNCH) presented a brief update on recent activities, reviewed the financial flows analysis conducted during the 2005 and 2008 Countdowns, and outlined the proposed TOR and workplan for the current cycle. They explained that Dr. Tessa Edejer (WHO) has prepared a draft paper on a strategy for tracking domestic resources by examining national health sub-accounts, an area the group was not able to report on in 2008. The group proposed repeating the same tracking procedure used in the last cycle for the 2007-2008 fiscal years, updating the data set with two country-level indicators (ODA to child health per child, and ODA to maternal and newborn health per live birth), undertake an in-depth analysis of major donors and recipients, and explore correlations between aid trends and coverage for specific interventions. The group also plans on addressing the question of how to finance the costs of scaling up, and assessing the global gap in financing the continuum of care.

E. Technical Sub-Committee

A Technical Sub-Committee will be established to bring coherence and harmonize the outputs of each of the four technical working groups (coverage, policy, equity and finance working groups). The overall functions of the Technical Sub-Committee will be to ensure that the Countdown builds on technical existing work, strategically addressing gaps and advancing technical quality and harmonization.

The Technical Sub-Committee TORS will be produced by the Co-chairs in due course.

Discussion points:

- **Clarification of the Countdown data:** Dr. Tessa Wardlaw (UNICEF) answered questions raised by Dr. Zulfiqar Bhutta (Aga Khan University) and Dr. Cesar Victora (Universidade Federal de Pelotas) about the Countdown data, confirming that the mortality estimates and other indicators are consensus figures (between agencies and which take into account different data sources). She also noted that if a country estimate is not included in a global database, the reason for its exclusion is documented and these records can be made available to the coverage and equity working groups. Dr. Anuraj Shankar (WHO) suggested that the

development of an additional annex in the next report documenting how the interagency estimates are produced could prove useful for countries. Dr. Stan Bernstein (UNFPA) reported that the Population Council would like to initiate discussions with UNICEF so that the MICS will capture more information on reproductive health which can then be included in the Countdown.

- **Maintenance of the Countdown database:** Core Group members in attendance agreed that it would be ideal to have a set of linked databases, or one rectangular database with all the Countdown indicators (that could potentially be maintained by the Coverage working group or technical sub-committee). Participants were clear that this database would not be an official ‘Countdown Database’ per se but would facilitate more in-depth secondary analyses and responsiveness to country inquiries.
- **Management of Countdown Website:** Core Group members in attendance agreed that the website serves advocacy purposes and as an important resource and potential educational tool. Participants suggested that the advocacy sub-committee manage the website as part of its TORs related to communication (it is currently being managed by the Countdown Secretariat), but should work closely with the technical sub-committee and particularly the coverage working group on all data related questions received.
- **Reproductive Health Indicators:** Dr. Paul Van Look (WHO) and Dr. Laura Laski (UNFPA) suggested that a policy indicator related to reproductive health or adolescent health in particular be added in the next cycle.
- **Equity measure:** Dr. Paul Van Look (WHO) recommended the inclusion of maternal age as a variable in the equity analysis. Dr. Giorgio Cometto (Save the Children, UK) and Dr. Mikael Ostergren (WHO) recommended revising the presentation of the equity measure in the country profiles so that it is more readily understandable and useable by countries. Meeting participants from the World Bank and UNFPA indicated that representatives from their agencies would like to become involved in the equity working group. Dr. Andres de Francisco (PMNCH) suggested that the equity workplan serve as the standard template for the other technical working groups to use in revising their workplans. He further indicated that to optimize the productivity of the working groups, their workplans should be closely related and a designated task of the technical sub-committee should be to ensure coherence across them.

Decisions Made: (In general, the proposed staffing requests for the working groups were endorsed. Final decisions about selection of co-chairs is presented later where the agreed upon management and leadership structure is detailed)

1. It was agreed that a Technical Sub-Committee should provide oversight and contribute to the harmonization of the workplans of the 4 working groups. The technical sub-committee will ensure the workplans are reflective of the continuum

- of care including strengthening health systems, nutrition, immunization and water & sanitation. The participation of The Technical Sub-Committee will provide technical clearance for all Countdown-related publications including advocacy materials.
2. The workplans and budgets for each technical working group were endorsed with specific follow-up actions recommended. Co-chairs of all the working groups were entrusted with ensuring a balanced representation in their respective groups of all constituencies and each dimension across the continuum of care (including strengthening health systems, nutrition, immunization and water & sanitation), and fostering participation from the South. Co-chairs were also asked to incorporate details into their workplans about how their activities will have a country-level orientation/promote country-level action. In addition, co-chairs were requested to re-construct their workplans using the Equity workplan as a template (a format originally designed by Dr. Jennifer Bryce for the previous Countdown cycle, which ties specific objectives with a specific product and a matching budget). The working group budgets should not include earmarked funding for sector-wide activities (e.g., advocacy or country engagement activities – overall decisions about country level work/consultations will be part of the TOR of the overarching Coordinating Committee).
 3. The Policy Working Group was asked to remove from the TOR reference to country consultations and specific advocacy activities.
 4. The Financial Flows Working Groups was advised to re-think the analytical plan taking into consideration: The inclusion of nutrition into the Countdown and the intersection between the financial flows to MNCH, health systems strengthening, and to other major diseases such as HIV and malaria; how the financial flows analysis links up with other global initiatives tracking the health MDGs; how to better capture the private sector and out-of-pocket expenditures; include a focus on sub-sector allocation and domestic financial flows; conduct a deeper analysis on the determinants of what brings aid into countries and how these monies are allocated; assessment of the value of creating a global gap figure; and possibly examining the budgets of international organizations, determining what proportion of their budgets are earmarked for MNCH and the factors influencing how much money gets targeted at MNCH. Participation of representatives from the World Bank in the Financial Flows Working Group was recommended to broaden the picture of fiscal space in the analysis.
 5. Core Group members interested in joining a working group should email the respective co-chair. Co-chairs can determine the composition of their working groups and can remove members if they repeatedly under-participate in working group activities.
 6. Co-Chairs should revise their proposed work plans as soon as possible to facilitate requests for interim funding.

III. Objective 3. Review TOR and preliminary work plan for the Advocacy Sub-Committee

Dr. Flavia Bustreo (PMNCH) reviewed the activities and accomplishments of the advocacy working group during the 2008 cycle (increased media visibility, the production of an executive summary, the signing of the Statement of Commitment); and re-stating its central role of ‘Making the Countdown Count’ by putting a human face on the data and crafting messages appealing to decision makers. She then described the three pillars of the proposed advocacy sub-committee workplan: a.) Pillar I outlines tasks related to the dissemination of the products from the technical working groups, including the development of a media plan based upon the 2008 messages and usage of the website in non-Countdown reporting years to ‘project a human face’ by spotlighting focal features; b.) Pillar II consists of activities to ensure political accountability from parliamentarians and an activity plan to follow-up on commitments made by the IPU at the Cape Town conference; c.) Pillar III is focused on generating public accountability in countries and is the least developed pillar because the role of the Countdown in country level engagement is still not clear.

Key Discussion Points:

- Dr. Peter Salama (UNICEF), Ms. Katja Iversen (UNFPA), Ms. Helga Fogstad (Norad), Ms. Ann Starrs (FCI), Dr. Zulfiqar Bhutta (Aga Khan University), Dr. Bob Black (JHSPH), and Dr. Giorgio Cometto (Save the Children, UK) made comments about who the website is serving and how it can best be used as an advocacy and resource tool (including possibly making available resources useful for classroom instruction); the need for the advocacy sub-committee to have an independent existence from the PMNCH; the need to better exploit the power and potential of Countdown partners; the importance of establishing a technical clearance process before advocacy materials are released; the need to institute a process for clearing high level advocacy materials with Countdown partners; and the need for the co-chairs of the advocacy sub-committee to carefully review the proposed activities with the IPU to ensure they are properly managed so that existing relationships between Countdown partners and the IPU are not undermined. The co-chairs were also advised to streamline the TORs so that the focus of the advocacy sub-committee remains on broad dissemination of the key messages of the Countdown.

Decisions Made:

1. The proposed TOR for the Advocacy Sub-Committee was endorsed following revision of the workplan and management structure to ensure that:
 - The proposed IPU work is managed in such a way that existing relationships between the IPU and Countdown partners are not negatively impacted;

- A process is put into place ensuring that all advocacy materials receive technical clearance before being released;
 - A process is put into place ensuring clearance through the overarching Coordinating Group for the launching of high-level advocacy activities/initiatives;
 - The branding of the Countdown is clearly distinguished from the PMNCH. Specifically, the terms of the management structure must make evident that the PMNCH will act on behalf of the full range of Countdown partners in its role as co-chair of the advocacy sub-committee;
 - A process for handling data inquiries raised by countries is established in coordination with the technical sub-committee;
 - A mechanism for taking fuller advantage of the resources and potential of Countdown partners is developed;
 - The proposed work plan should be revised to be more targeted and focused on specific activities;
 - Co-chairs populate the sub-committee with individuals representative of all constituencies and each dimension across the continuum of care (including strengthening health systems, nutrition, immunization and water & sanitation), and foster participation from the South.
2. The event coordination process (the logistics involved in setting up and holding the Conference) is an activity of the advocacy sub-committee, but key decisions about where and when the next Countdown conference will be held will be made by the Coordinating Committee.

IV. Objective 4. Review TOR and preliminary work plan for the Country Action and Follow-up Sub-Committee

Dr. Giorgio Cometto (Save the Children, UK) presented a preliminary work plan for the proposed Country action and follow-up sub-committee, reminding participants that a formal Countdown entity charged with country-level engagement and follow-up has not been previously established.

Key Discussion Points:

- All in attendance raised concerns about the value of creating a sub-committee charged with country-level work that could duplicate efforts already being done by many Countdown partners. All agreed that a modality for ensuring a consultative process takes place with countries must be instituted, but questioned the necessity of establishing a separate entity to accomplish this task.

Decisions Made:

1. Core Group members in attendance agreed not to endorse the establishment of a Country Action and Follow-up Sub-Committee;

2. Instead a country-level orientation will be mainstreamed through all the technical working groups and the Advocacy Sub-Committee (each group will include in their workplans how their activities can promote country level action). The TOR of the Coordinating committee will include developing a harmonized approach for consulting with countries.

V. Objective 5. Review the initial concept of the Regional Asia/Pacific Countdown

Dr. Flavia Bustreo (PMNCH) and Dr. Peter Salama (UNICEF) shared ideas generated about possibly holding a regional Countdown at a June meeting held in Katmandu with members of an informal MNCH network in the Asian and Pacific region. During the meeting it was pointed out that: 1. The participation and location of the 2008 Countdown was too focused on Africa, 2. Representation from Asian countries, especially the largest, was thin and concern was raised that the Countdown analysis may not have been heard by Asian leadership, 3. It was suggested that a regional conference could be held in 2009 with part of the conference involving the presentation of findings from sub-national analyses of the data in a selection of Asian countries (a country-led process starting with the profiles and taking the analysis further).

Key Discussion Points:

- It was agreed that if an Asia/Pacific regional Countdown event is scheduled, the participants should be expanded to include all interested stakeholders.
- Dr. Paul Van Look (WHO) and other WHO participants explained that a WHO Asia/Pacific regional meeting on MDGs 4 and 5 which will pull together key stakeholders is already scheduled – calling into question the added value of having a regional Countdown event. Helga Fogstad (Norad) suggesting instead that the Countdown data should be included as an agenda item at the WHO meeting (being careful to make sure the Countdown effort is distinguished from WHO activities).
- All in attendance agreed that a reasonable compromise could be to hold the next Global Countdown event in an Asian country. This event could focus media attention on the Asian context and include reporting of sub-national analyses on some of the larger Asian countries (focusing in on the persisting inequities in these countries related to the distribution and coverage of services).

Decisions Made:

1. Dr. Peter Salama (UNICEF) will share the feedback received from Core Group members with the informal MNCH network in the Asia and Pacific region, and will then report their responses back to the Core Group.

VI. Objective 1. Develop consensus on proposed Countdown to 2015 management and leadership structure

Based on the discussions held during the meeting sessions, three possible managerial structures were proposed. (Note: Specific governance issues will be discussed at a later point in time). These included:

Option A: Strongly empowered co-chairs of the three sub-committees (technical, advocacy, and country action and follow-up) with budget management responsibilities and loose oversight by a coordinating committee;

Option B: Three independent sub-committees/work streams with fully empowered chairs and no coordinating committee;

Option C: A small central organizing and coordinating committee consisting of 8-10 people made up of the chairs of the sub-committees and working groups which will make budget decisions and oversee the activities of the sub-committees.

Decisions Made:

1. A variant of Option C (see attached diagram) was selected to be the new managerial structure of the Countdown to 2015 effort. This variant includes having a central organizing and coordinating committee overseeing two sub-committees (technical and advocacy).
2. The Core Group will remain an open-membership, consultative entity. Meeting participants re-affirmed the need for regular communication with the Core Group and to consider this group a pool of resources that can be mobilized for specific tasks. The Core Group will be convened on an annual basis to provide inputs on the directions for future work, and to review updates on the activities of the coordinating committee, the technical and advocacy sub-committees, and the technical working groups.
3. The Country action and follow-up technical committee was removed and all agreed that promotion of country level work should be mainstreamed into the ToRs of the technical and advocacy sub-committees (and within the ToRs for each of the technical working groups).
4. The Coordinating Committee will be the managing body of the initiative and will be composed of 10 people – 2 co-chairs, 2 of the three chairs of the Technical sub-committee, 1 of the co-chairs from each of the 4 technical working groups, and both co-chairs of the advocacy sub-committee.
5. All agreed that the composition of the Coordinating Committee must have a balanced membership across constituencies and the continuum of care, and ensure representation from the South.

6. Consensus was reached that the co-chairs for the technical working groups should consist of one UN representative and one representative of civil society. Participants also agreed that the technical sub-committee will function as a coordinating mechanism for the technical working groups.
7. All in attendance re-affirmed that balanced representation across constituencies and the continuum of care is crucial for membership in the technical sub-committee (and associated working groups) and advocacy sub-committee, but that the most important criterion for membership remains dedication and commitment to the Countdown effort.
8. All agreed on the selections of the co-chairs for the two sub-committees and technical working groups. These selections were made based on the active and dedicated participation of these particular individuals (or their institutions) in the previous Countdown cycles: The technical sub-committee will have 3 co-chairs to ensure a balanced representation across the continuum of care (Dr. Elizabeth Mason, WHO; a representative from UNFPA; and Dr. Joy Lawn, Save the Children, US). Each technical working group will have co-chairs (coverage working group, Dr. Tessa Wardlaw (UNICEF) and Dr. Jennifer Bryce (JHSPH); equity working group, Dr. Cesar Victora (Universidade Federal de Pelotas) and Dr. Ties Boerma (WHO); policy working group, Dr. Bernadette Daelmans (WHO) and Ms. Helga Fogstad (Norad); financing working group will consist of representatives from LSHTM and the World Bank (individuals to be determined, alternates include Dr. Tessa Tan Torres from the WHO). The advocacy sub-committee will consist of co-chairs (Dr. Flavia Bustreo, PMNCH; and Ms. Debra Jones, FCI acting for Ms. Ann Starrs).
9. Core Group members from the World Bank and from LSTHM will respond within the week about accepting the responsibility of serving as co-chairs for the Financing Working Group.
10. Nominations for the 10 slots for the Coordinating Committee included: Dr. Zulfiqar Bhutta (Aga Khan University) and Dr. Peter Salama (UNICEF) to serve as co-chairs. Dr. Salama agreed to serve as co-chair on a possibly time-limited basis. Dr. Elizabeth Mason (WHO) and the UNFPA representative from the technical sub-committee, Dr. Jennifer Bryce (JHSPH) from the coverage working group, Dr. Cesar Victora (Universidade Federal de Pelotas) from the equity working group, Ms. Helga Fogstad (Norad) from the policy working group, the LSHTM representative from the financing working group; and Ms. Ann Starrs (FCI) and Dr. Flavia Bustreo (PMNCH) from the advocacy sub-committee.
11. The first tasks of the new Countdown Coordinating Committee will involve defining a fund-raising strategy, developing a proposal for funding based on inputs from the technical working groups and sub-committees, determining where the budget sits for this initiative, and coming to an early decision about the timing

and location of the next Countdown taking into consideration the next release of MICS and DHS data.

VII. Additional issues:

1. The decisions made about the management and leadership structure do not fully address the issue of accountability. The Coordinating Committee needs to further discuss this issue.
2. In the next Countdown cycle, reproductive health needs to be specifically mentioned as part of the continuum of care, and aspects related to reproductive health need to be more fully reflected in the policy and coverage indicators.
3. The decisions made today about the management structure need to be communicated to the PMNCH Board.
4. The sub-committees and technical working groups should restrict their communications about day to day activities to their members.
5. Dr. Jennifer Harris Requejo (PMNCH) and Ms. Jasmina Acimovic (UNICEF) made record of the meeting.