35th Board Meeting

Change to the Composition of the Partners Constituency

GF/B35/27

For Board Decision

PURPOSE: This report presents a recommendation for the Board to invite the Partnership for Maternal, Newborn & Child Health to join other partner organizations of the Global Fund as a member of the Partners Constituency of the Global Fund Board.
I. Decision Point

1. Based on the rationale described below, the following decision point is recommended to the Board:

<table>
<thead>
<tr>
<th>Decision Point: GF/B35/DP11: Approval of a Change to the Composition of the Partners Constituency</th>
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<tbody>
<tr>
<td>1. The Board notes that under its previous decision in May 2009 (GF/B19/DP11) to create a non-voting seat on the Board to represent the constituency of key partners whose mission is directly related to the Global Fund and who are not currently represented on the Board (the “Partners Constituency”), any key partner that wishes to be represented on the Global Fund Board through the Partners Constituency should make a formal request to the Board for their inclusion in the Partners constituency.</td>
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<td>2. The Board also notes that the Partnership for Maternal, Newborn &amp; Child Health (“PMNCH”) have fully responded to the criteria for accepting new constituency members, developed by the Partners Constituency, and have received unanimous support from the current Partners Constituency Members to be incorporated into the Constituency.</td>
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<td>3. Based on the request submitted by the Partners Constituency, as outlined in GF/B35/27, the Board decides to invite the PMNCH to be a member of the Partners Constituency.</td>
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<td>This decision does not have any budgetary implications.</td>
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II. Relevant Past Decisions

2. Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,¹ the following summary of relevant past decision points is submitted to contextualize the decision point proposed in Section I above, and is required in documents presenting decisions only.

<table>
<thead>
<tr>
<th>Relevant past Decision Point</th>
<th>Summary and Impact</th>
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<tbody>
<tr>
<td>GF/B19/DP11: Allocation of Non-Voting Board Seats (May 2009)</td>
<td>In May 2009 the Global Fund Board decided to create an additional non-voting seat on the Board to represent the constituency of key partners whose mission is directly related to the Global Fund (the “Partners Constituency”) and who at the time were not represented on the Board. The initial membership of the Partners Constituency was the Stop TB Partnership, Roll Back Malaria and UNITAID. This board decision noted that any additional key partner organization that wishes to be represented on the Global Fund Board through the Partners Constituency should make a formal request to the Board for approval. If the Board approves the decision point presented in this paper, then the Partnership for Maternal, Newborn &amp; Child Health (the “PMNCH”) will become a member of the Partners Constituency.</td>
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¹ GF/B32/DP05: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2.
III. Action Required

3. Upon Board approval of the request for the Partnership for Maternal, Newborn & Child Health (“PMNCH”) to be represented in the Global Fund Board through the Partners Constituency, the PMNCH will actively engage and participate in the Constituency’s deliberations and development of input on Global Fund matters. As an official member of the Partners Constituency, the PMNCH may also be nominated to represent the Constituency in one of the Standing Committees of the Global Fund Board. Moreover, by following the internal working and procedural modalities agreed within those organizations forming the Partners Constituency, the PMNCH may also be requested to hold one of the three official governance roles, namely Board Member, Alternate Board Member and Communications Focal Point representing the Constituency and engaging directly with the Global Fund Board.

IV. Executive Summary

4. In May 2009, the Global Fund Board created an additional non-voting seat on the Board to represent the constituency of key partners whose mission is directly related to the organization, and who at the time were not represented on the Board. This Board decision led to the creation of the Partners Constituency with the initial composition of the Stop TB Partnership, Roll Back Malaria and UNITAID.

5. Changes to the composition of the Partners Constituency need to be recommended and approved by the Global Fund Board.

6. In April 2016, in recognition of the importance of women and girls in the 2017-2022 Global Fund Strategy, and PMNCH’s work to ensure women, adolescent and child’s wellbeing through the fight against AIDS, Malaria and Tuberculosis, the partners currently forming the Partners Constituency welcome and recommend the inclusion of the PMNCH in the Constituency.

7. As such, the Board is requested to approve the inclusion of the PMNCH in the Partner Constituency to be represented at the Global Fund Board.

V. Background

8. In May 2009 the Global Fund Board decided to create an additional non-voting seat on the Board to represent the constituency of key partners whose mission is directly related to the organization, and who at the time were not represented on the Board. This Board decision led to the creation of the Partners Constituency with the initial composition of the Stop TB Partnership, Roll Back Malaria and UNITAID. This board decision (GF/B19/DP11) noted that any additional key partner organization that wishes to be represented on the Global Fund Board through the Partners Constituency should make a formal request to the Board for approval. In line with the Operating Procedures of the Board and Committees, the Partners Constituency has established its own working and consultation modalities, including the below set of eligibility criteria for accepting new members of the Constituency:

- Multi-constituency partnership, governed by a Board and having a coordination structure to be able to consult and represent the views and positions of the partners.
- Partnership that works in the areas covered by the Global Fund Strategy.
- Partnership that is engaged in and has the mandate to provide guidance and technical assistance to the Global Fund recipients, involved in advocacy and communities engagement and/or engaged in market shaping, market dynamics or procurement work that directly benefits the Global Fund grant implementation.
- Partnership that commits to work through the Partners Constituency based on the following rules of engagement:
  - Advocate for the 3 diseases
  - Represent the positions of the Constituency
9. The PMNCH Board has discussed and supported the organization’s request to join the Partners Constituency in recognition of the Global Fund’s substantial impact on their shared vision of realizing a world in which every woman, child and adolescent in every setting realize their rights to physical and mental health and wellbeing, in particular through fighting the three devastating diseases AIDS, TB and Malaria which disproportionately impact the lives of women, children and adolescents.

10. PMNCH is multi-constituency partnership, governed by a Board of 26 partners, which brings together more than 730 member organizations from around the world within the Sexual, Reproductive, Maternal, Newborn, Adolescents and Child Health (SRMNCAH) community and other health-enhancing sectors. PMNCH partners belong to eight constituencies, namely: Academic, Research and Training Institutes; Adolescents and Youth; Healthcare Professional Associations; Donors and Foundations; Multilateral Organizations; NGOs; Partner Governments; and the Private Sector. Through their constituency structures they have a coordination structure through which partners are regularly consulted and their views and positions represented. This is why the Partnership plays a key role to engage and align stakeholders in support of the Every Woman Every Child movement, led by the UN Secretary General’s Office, to deliver the 2016-2030 Global Strategy for Women’s, Children’s and Adolescents’ Health.

11. Given the disproportionate impact of AIDS, TB and Malaria on the lives of women, children and adolescents, the PMNCH’s mandate is closely aligned to the work of the Global Fund, and in particular the new Strategy that is before the Board for approval at its 35th Meeting in April 2016.

12. Members of PMNCH are already engaged in providing guidance and technical assistance to the Global Fund recipients and play a central role in advocacy and engaging communities as well as broad range of other efforts that have a direct relationship on the Global Fund grant implementation, including through central role of PMNCH with the Global Financing Facility.

13. PMNCH has voiced commitment to work through the Partners Constituency to advocate for action on the three diseases that will enable women, children and adolescents to survive, thrive and transform the world. PMNCH further commits to participate actively in the coordination and consensus-based decision-making of the Constituency and represent the agreed positions. The Executive Director of PMNCH is prepared to perform functions of the Board Member and Alternate Board Member if needed, and will draw on senior staff to support these functions and/or to carry out the functions of the Constituency Focal Point if required.

14. The 2017-2022 Strategy of the Global Fund places a strong emphasis on human rights, as well as women and girls as the three diseases usually disproportionately impact these populations. In April 2016, in recognition of the focus on women, adolescent and child health in the next Strategy of the Global Fund, as well as PMNCH’s work to ensure the wellbeing of such populations through the fight against AIDS, Tuberculosis and Malaria, the partners currently forming the Partners Constituency welcome and recommend the inclusion of PMNCH in the Constituency.

15. In accordance with the previous decision point, the Board is presented for consideration and approval this proposal submitted by the Partners Constituency.

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*The Global Fund Board approved the 2017-2022 Strategy Framework at its 34th Meeting in November 2015. The full narrative of the Strategy will be presented to the Board for endorsement at the 25th Board Meeting held in April 2016.*
VI. Recommendation

Based on the background provided above, the Board is requested to approve the decision point outlined in Section I to this report at its 35th Board Meeting in April 2016.