Background
<table>
<thead>
<tr>
<th>2011</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>• NURHT Caucus members suggest formation of an interim task force on MHS</td>
</tr>
<tr>
<td>August</td>
<td>• Scope of Work for Task Force drafted</td>
</tr>
</tbody>
</table>
| September – October | • Scope of Work finalized  
                  | • Recruitment of Task Force members                                         |
| November   | • First meeting of Task Force, Washington, DC                                |
## Timeline, cont.

<table>
<thead>
<tr>
<th>2012</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan – June</td>
<td>• Monthly teleconferences</td>
</tr>
</tbody>
</table>
| June 25th  | • Present recommendations to RHSC Executive Committee  
|            | • Approve engagement on MHS and establishment of new Caucus                                                                          |
| July       | • Follow up with Task Force members                                                                                                      |
| August – September | • Recruitment of members for new Caucus  
|            | • Establish MHS Caucus listserv                                                                                                          |
| October    | • Inaugural meeting of MHS Caucus at RHSC Annual Membership Meeting, Paris                                                              |
MHS Task Force

- 34 individuals
- 17 organizations
  - Both Coalition member and non-member
- 7 meetings
- 1 Executive Committee presentation
MHS Task Force

• Topics discussed:
  – general issues of improving access and ensuring the security of MHS
  – added value of the Coalition in addressing these issues
  – existing tools and resources of the Coalition
  – how the Coalition fits into the broader scope of efforts currently underway to address MHS concerns
## Recommendations to EC

### Short Term

1. Increase the Coalition’s engagement with the maternal health community

2. Increase membership of maternal health organizations and representatives in the Coalition

3. Continue engagement with other convening groups working on MHS

4. Create a community of practice within the Coalition, similar to the Caucus on New and Underused RH Technologies

5. Disseminate Coalition tools, resources, and lessons learned
Long Term

6. Utilize AccessRH and the Pledge Guarantee for Health

7. Adapt Coalition tools and resource

8. Build the evidence base for MH

9. Create a small-grants fund within the Coalition dedicated to MHS activities
So, what’s a Caucus anyway?
Coalition Structure (cont.)

Executive Committee

Secretariat

Resource Mobilization and Awareness Working Group
Systems Strengthening Working Group
Market Development Approaches Working Group

Forums and Caucuses

Members

Support
Authority

Reproductive Health SUPPLIES COALITION
Caucus description

• Communities of practice around a thematic area
• Implementing mechanism, but not a Working Group
• Operate *through* the Working Groups
• Ideally, all Caucus members also belong to at least one WG or Forum
Coalition vision for the future

• Continue same operational structure, with tweaks
• Expand role and technical competency of Secretariat
• Pursue new Coalition-wide activities led by the Secretariat, with support from IMs:
  – Improving market dynamics
  – Eliminating stockouts
  – Identifying new funding streams
  – Tracking accountability
The wider world of MHS
Other efforts underway

- UN Commission
- MHS Working Group
- PATH MHS advocacy project
- Maternal Health Task Force
Today
Where are we going?

• Need to formalize our identity
  – Purpose, Goal, Vision, etc.
  – Establish group identity
  – Identify activities for coming year
  – Engage Coalition implementing mechanisms
  – Begin marketing efforts on behalf of Coalition (e.g. ramp up presence at external events and meeting with MH organizations)
Goals for today

• Adopt goal/vision for MHS Caucus
• Identify/confirm activities for 2012-2013
• Establish plan for interacting with other IMs