Reproductive Health Supplies Coalition
Maternal Health Supplies Caucus
Terms of Reference

Last updated: September 2016

Article 1. Introduction
The Reproductive Health Supplies Coalition (RHSC) is the largest network of reproductive health (RH) organizations in the world. Its membership spans the public, commercial, and not-for-profit sectors—all of which play vital roles in ensuring that high-quality RH supplies find their way into the hands of those who need them. As a coalition the RHSC convenes and catalyzes the collective intellect and energies of its members with the principal aim of ensuring that all people are able to access and use affordable and quality supplies including a broad choice of contraceptive methods and life-saving maternal, neonatal, child and adolescent health (MNCAH) commodities needed to ensure their better sexual and reproductive health.

As a membership organization, the RHSC adds value by promoting sustained, coordinated action amongst its Members and other partners. One avenue for bringing Members together is through the RHSC’s Implementing Mechanisms (IM). The RHSC defines an Implementing Mechanism as a self-identified grouping of Members working toward a specified and agreed-upon objective. Subject to regular oversight from the Secretariat and periodic review by the RHSC’s governing board—the Executive Committee—IM objectives and activities must relate and contribute to the achievement of the RHSC Strategy. Participation in IMs is voluntary and open to all Members who agree to support the IM’s objective (s) and abide by the IM’s TORs. Members should express their interest in participating in an IM by contacting the elected IM Leader or the designated Secretariat coordinator(s). IMs are responsible for having and adhering to their own TOR, which are linked and must specify adherence to the RHSC TOR, Guiding Principles, Mission, Vision, and Strategy. Any sustained digressions or significant diversions from these may be brought to the attention of the Executive Committee for resolution.

These TORs specifically cover the objectives, functions, composition, leadership, and conditions for dissolution of the Maternal Health Supplies Caucus (MHSC) and as such, the Caucus is one of the RHSC Implementing Mechanisms.
Article 2. Objectives

The Maternal Health Supplies Caucus (MHSC) is a community of practice whose membership cuts across all three of the Coalition’s Working Groups. The Caucus provides a forum for the maternal health and family planning communities to come together, forge a common language for understanding maternal health and other synergistic supply-related challenges, and draw on existing approaches to address the bottlenecks undermining commodity security across health systems. Objectives include:

- Raising awareness of Maternal Health Supplies (MHS) security issues within the broader maternal health community and Coalition membership.
- Responding to knowledge gaps around MHS.
- Utilizing Coalition experiences, resources, and tools to improve the availability, quality, access and affordability of maternal health supplies.
- Archival of experiences, resources and tools that were produced by the MH TRT which can be found at [http://www.lifesavingcommodities.org/topics/maternal-health/](http://www.lifesavingcommodities.org/topics/maternal-health/)

The MHSC will provide a hub for sharing best practices, intelligence, developing strategy, linking global and southern technical experts to extend use of maternal health technologies and supplies as well as a repository of all resources, publications and tools at: [https://rhscgroups.org/mhs/library](https://rhscgroups.org/mhs/library)

Article 3. Functions

The form and function of the MHSC is determined by its own members to best accomplish its specified objectives. As a community of practice, the MHSC brings together RHSC Secretariat staff, official RHSC Members, and other Partners (i.e., collaborators)* of the RHSC to implement activities, advance work streams of the WG, share information and resources, and provide overall guidance to the RHSC’s work related to maternal health supplies at the global and national levels.

3.1 Roles and Responsibilities of Working Group Members and Chair(s)

i. Selection of MHSC Chair(s): The MHSC, under direction of the RHSC Secretariat Coordinator(s), participates in the recruitment and election of the MHSC Chair(s) through the process described in Section 5.2.

* Many non-member organizations and individuals, referred to in these TOR as “Partners,” are actively and often routinely involved in RHSC affairs and/or those of its IMs. Partners often play critical roles within the RHSC, may bring needed technical expertise, and may open up new avenues for cooperative learning and collaboration.
ii. **Governance and decision-making:** The MHSC Chair(s) ensures that the MHSC’s governance and related decisions are made on a consensus basis. If issues need to be resolved by a vote, the following rule governs: the position expressed by a majority of those present at in-person or virtual meetings, through voting, constitutes the decision. Decisions by the MHSC do not override MHSC members’ respective governing bodies.

iii. **Planning:** The MHSC is responsible for developing an annual work plan, in accordance with these TOR, of its planned work streams and activities. Work plans should be linked to the priorities and objectives set forth and described in Article 2. Objectives.

iv. **Reporting responsibility:** The MHSC is responsible to the RHSC Executive Committee. On an annual basis, the MHSC (represented by its Chair) presents its planned work agenda for the coming year and report progress achieved over the past year. The RHSC Secretariat is responsible for financial oversight and budgetary allocations for approved activities.

v. **Activities:** The MHSC oversees and implements select work streams and activities, as per its approved work plan. These initiatives and activities supplement and complement efforts undertaken by the RHSC Secretariat and RHSC Members toward achieving the RHSC Strategy. Members’ project/program activities in their respective countries or context constitute an integral part of the MHSC’s work.

vi. **Membership engagement:** As a community of practice, the MHSC is expected to regularly convene its members through teleconferences, meetings (hosting, at a minimum, one in-person meeting during the RHSC General Membership Meeting), informational webinars, and other events. This allots WG members the opportunity to provide and hear updates on work streams and activities; share and learn about new information, resources, and tools on maternal health supplies and service delivery; network; share intelligence and contribute to overall planning for and implementation of the MHSC work.

vii. **Communications:** Routine communications are facilitated by, but not limited to, an electronic distribution list, moderated by the Secretariat coordinator(s), to which any MHSC member can contribute. The purpose
of this distribution list is to schedule meetings and events, share news, and generate discussions amongst members.

viii. **RHSC engagement:** Fostering collaboration across the RHSC’s diverse membership, the MHSC is expected to engage and share information/updates with other RHSC Members and IMs through MHSC representation at other IM meetings, sharing of MHSC resources and updates, and participation in joint-IM initiatives that are relevant to MHSC priorities.

3.2 **Roles and Responsibilities of Secretariat:**

i. Secretariat support to implementing mechanisms is described in the RHSC Terms of Reference (specifically sections 4.6.1.1 and 4.6.1.2).

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**Article 4. Composition**

4.1 **Criteria for Membership**

To be eligible for membership in the MHSC, individuals must adhere to the following criteria:

i. Membership is open to any individual from a Member or Partner organization of the RHSC.

ii. Members of the MHSC should have a significant programmatic and/or financial stake in meeting family planning and reproductive health supply needs, including demonstrating a vested interest in maternal health.

iii. Members of the MHSC should be committed to and proactive in sharing and building the knowledge base in maternal health supplies and service delivery of supplies to further strengthen the community of practice.

iv. Members of the MHSC should be ready to volunteer in the Caucus’ activities with a view to strengthening the overall RH coalition.

4.2 **Process**

i. Prospective MHSC members request inclusion in the Caucus by communicating directly with the MHSC Chair(s) and/or RHSC Secretariat Coordinator(s). Expression of Interest which may be done in writing (i.e., email) or verbally and should include all relevant contact information for the prospective member.
ii. The Secretariat Coordinator will confirm MHSC membership status with the prospective MHSC member and include his/her contact information in all group membership lists (i.e., mailing list).

iii. The Secretariat Coordinator and Chair(s) should provide the new MHSC member with a brief orientation to the MHSC, as well as make any necessary introductions to other MHSC members that may be deemed appropriate or beneficial to current MHSC activities.

iv. After onboarding, new MHSC members are expected to actively participate and engage in MHSC activities, meetings, and work streams.

Article 5. Leadership

The MHSC is led by a Chairperson(s). A Chair of the MHSC is a person who is an active member of the MHSC and whose organization is an institutional member of the Coalition. The Chair has the vision, collaborative spirit, commitment, and support to effectively guide the group in its work to further the mission of the RHSC.

Through a Secretariat Coordinator—a Program Officer or another designated staff member—the Coalition Secretariat collaborates closely with the MHSC Chair(s) on anything related to the (strategic) functioning, coordination, and communication of the MHSC and its work streams. Furthermore, the Secretariat Coordinator helps to ensure linkages are established with other RHSC IMs. Roles and tasks of Chairs and Coordinators will be determined based on mutual agreement.

5.1 Eligibility

Any active member of the MHSC can put forward a candidacy for the position of Chair. Candidates must:

i. Be willing and able to fulfill the responsibilities of the Chair, including its representative role inside and outside the RHSC;

ii. Devote adequate time and effort to effectively lead the MHSC; and

iii. Have good oral and written communication skills, including fluency in English.

If a co-leader arrangement is deemed appropriate for the MHSC, co-leaders must belong to different organizations and have personal and institutional strengths that complement and reinforce each other. In addition, the co-leadership arrangement aims, as much as possible, to be gender, geographic and thematically balanced.

5.2 Leadership Selection Process

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Members of the MHSC elect their Chair(s) through a formal election process. In case of a precipitate departure of the Chair, the Secretariat will promptly initiate the process of a new election to replace the departing Chair.

To ensure transparency and minimize any potential conflicts of interest, the election will be led by the Secretariat Coordinator and overseen by a Nomination Committee.

5.2.1 Nomination Committee

i. The Nomination Committee comprises no more than four persons, including an MHSC member from the Global South.

ii. The Nomination Committee will be convened by the Secretariat Coordinator.

iii. Member organizations of the Nomination Committee may still cast a vote in the election.

iv. Members of the Nomination Committee may not be nominated to the ballot.

5.2.2 Election Procedures

In conjunction with the current Chair(s) and no later than three months before the term of the Chair(s) is to expire, the Secretariat Coordinator reviews and updates the Chair TOR and disseminates this TOR to all members of the MHSC. The Secretariat Coordinator solicits four MHSC member volunteers to serve on the Nomination Committee, which oversees the nomination of candidates for the Chair position.

No later than two months before the term of the Chair is to expire, the Nomination Committee will invite MHSC members to put forward candidacies for the Chair position. One month prior to the end of the Chair’s term, the Nomination Committee will forward to the MHSC members the names of all eligible candidates. In the event of more than one candidate, the Nomination Committee will announce an election.

Only one vote per RHSC Member organization will be allowed. The vote will be conducted by secret ballot (either via online, email or in-person if it coincides with an MHSC meeting). All votes are confidential from MHSC members and from the current MHSC Chair(s). The RHSC Secretariat Coordinator will monitor the responses to ensure that only one response per RHSC member organization is provided. In the event that multiple differing responses are received from a single organization, participants will all be contacted to nominate a single voter.

In the case of an in-person election, MHSC member organizations unable to attend the election may notify the Nomination Committee of their vote in writing (or through a proxy). The vote must be received in advance of the election. The Secretariat will coordinate the voting process.

In order to reduce the likelihood of ties and/or re-elections, the MHSC election process will be determined by the nominating committee depending on the number of
candidates and likely voters. In the event that there is no clear winner, there will be a run-off between the top two candidates. In the event of a tie, members of the Nomination Committee, (except the Secretariat Coordinator) along with the current Chair(s), will have three business days to select the new Chair and inform the Secretariat from amongst the top two candidates.

5.3 Terms of Service

5.3.1 Term Duration

The Chair(s) serves a two-year term with the option to be extended for an additional two years, with approval of the MHSC. All WG members have the option to stand for elections every two years.† In the event that one or more WG members express interest in running for Chair, the incumbent will have to put him/herself up for re-election.

5.3.2 Term Termination

The Chair(s) may terminate his or her term at will. In cases of termination, the Chair should inform the Secretariat Director and the Secretariat Coordinator at their earliest convenience of their wish to discontinue their role, to allow him or her to organize a new election.

The Secretariat, under the direction of the Executive Committee, reserves the right to oppose or terminate leadership positions, prior to their expiring.

5.4 Roles and Responsibilities

5.4.1 Scope of Work

The Chair(s) must commit to allocating adequate time to fulfill the responsibilities of the position, which requires an average of 20 working days per year. Additional human resources from the Chair’s organization may be used to assist him/her to fulfill the responsibilities of the position. The time and human resource costs of the Chair position are borne directly by the organization of which the Chair(s) is employed.

The Secretariat may allocate modest financial support to the MHSC Chair(s) to cover core expenses (travel costs and communication expenses) as needed.

In no case will the MHSC Chair(s) or his/her organization be responsible for covering the financial expenses of any MHSC meetings or activities. In principle, MHSC “activities are supported by participating MHSC organizations or through funds raised by the MHSC.”

The Chair(s) of the MHSC also holds the following roles/responsibilities:

* With approval of the MHS Caucus Nomination Committee.
I. MHSC Work Plans and Monitoring:
   a. Facilitate the development of the MHSC work plan—ensuring alignment with the RHSC Strategy—to be reviewed and approved annually by the RHSC Executive Committee.
   b. Review in a timely manner progress against the work plan and adapt it as needed.
   c. Clarify MHSC roles and responsibilities and ensure that quality is achieved, activities are implemented, and regular communication is maintained.
   d. Liaise with work stream leaders.

II. MHSC Partnerships and Visibility:
   a. Ensure the visibility of the MHSC’s work both internally and externally of the RHSC.
   b. Act as a conduit between the RHSC Executive Committee and the MHSC and between the latter and other IMs (including but not limited to WGs, caucuses, forums) of the RHSC.
   c. Proactively create opportunities for northern and southern MHSC members to collaborate and coordinate.
   d. Convene and chair MHSC meetings, including regular and/or ad-hoc conference calls, and facilitate the adoption of consensus-based, action-oriented decisions.
   e. Convene regular learning events to increase visibility and information sharing between MHSC members and other IMs.

III. MHSC Fundraising and Funding Mechanisms:
   a. Identify and respond to both internal and external fundraising opportunities.
   b. Review and select proposals from MHSC members for submission to RHSC funding mechanisms, including the Innovation Fund.
   c. To avoid conflict of interest, the organization to which the Chair belongs is not eligible to submit proposals to the Innovation Fund through the MHS Caucus. The organization is however eligible to submit through any other IM.
   d. Review grant deliverables/reports and provide critical feedback on all RHSC-funded projects sponsored by the MHSC.
IV. Represent the MHSC on RHSC Chairs’ Committee
   a. Represent the interests, technical and financial, of the MHSC on the RHSC Chairs’ Committee.
   b. Collaborate with Chairs of other RHSC Implementing Mechanisms on Chairs’ Committee to coordinate regular reporting to RHSC Executive Committee.
   c. Communicate to MHSC members, as necessary, messages from RHSC EC and/or Chairs’ Committee.

Article 6. Conditions for Dissolution

The MHSC exists in perpetuity and as part of the formal governance structure of the RHSC until such a time when its Chair and members deem the group’s existence no longer necessary. In order to vote for dissolution of the MHSC, one or more of the following conditions should be met:

i. The group’s mandate/goal has been achieved.
ii. Any activities, work streams, or subgroups associated with the MHSC have been completed or transferred to the leadership of another IM of the RHSC, Member organization, RHSC Partner.
iii. All projects supported and funded through resources made available to the MHSC (i.e., Innovation Fund projects and other) have been terminated and results disseminated.
iv. A shift in the external environment has occurred such that the existence of the MHSC is deemed counterproductive to current or existing initiatives;

‡ At the RHSC Executive Committee (EC) meeting in Copenhagen in May 2016, a decision was taken to change the composition of the committee such that the working group leaders would no longer sit as full members of the EC. Instead, they (and/or other IM leaders) will be invited to provide standing reports. This change was made to ensure that all working groups, caucuses and regional fora have an equal voice on and equal access to information from the EC.

In order to properly organize this, a suggestion was made to create an adjunct group of IM Chairs that would aim to make IM interaction with the EC more structured and useful. The proposed “Chairs’ Committee” would meet periodically to coordinate messaging and questions to the EC, to identify possible synergies/opportunities for collaboration and to discuss challenges and cross-cutting issues. The Chairs’ Committee is in its nascent stages of formation and will hold its first conference call in August and first in-person meeting at the RHSC General Membership Meeting in Seattle in October 2016.
v. An alternative structure for the group (e.g., taskforce, online community of practice, etc.) is considered better suited to advance the objectives of the group and meet members’ needs.

In the event that MHSC members determine that at least one of these conditions apply, the Chair(s) should draft a Statement of Dissolution providing evidence supporting the proposed dissolution of the WG. The Secretariat Coordinator will share this Statement with the entire membership of the MHSC and organize a vote amongst MHSC members to either approve or reject the group’s dissolution. A simple majority vote by participating members is required to approve dissolution status.

If a majority vote in favor of dissolution is received, the Chair will present the election results and Statement to the RHSC Executive Committee at one of its biannual meetings. A vote will be called of the RHSC Executive Committee to approve the MHSC dissolution, of which a majority vote in favor is required to formally dissolve the group.

In addition to a dissolution request originating from MHSC members, the RHSC Executive Committee retains the right to restructure any of the IMs of the RHSC to meet RHSC Strategy as it sees fit.