



Meeting Report:

First Meeting of the ADA International Advisory Board

Overview

Date: September 26th, 2013

Location: The Pierre Hotel, New York City, USA

Attendees:

- ❖ Ms. Coumba Touré, Chairperson, *Advanced Development for Africa*
- ❖ Ms. Kathryn C. Brown, former Senior Vice President, Public Policy Development and Corporate Responsibility, *Verizon Communications*
- ❖ Mr. Amir A. Dossal, Chairman, *Global Partnerships Forum*
- ❖ Mr. Denis Gilhooly, Executive Director, *Global Digital He@lth Initiative*
- ❖ Dr. Ibrahim Assane Mayaki, Chief Executive Officer, *New Partnership for Africa's Development (NEPAD)*
- ❖ Dr. Patricia Mechael, Executive Director, *mHealth Alliance*
- ❖ Mr. Jay Naidoo, Chair, *Global Alliance for Improved Nutrition (GAIN)*
- ❖ Dr. Carole Presern, Executive Director, *The Partnership for Maternal, Newborn and Child Health (PMNCH)*
- ❖ Dr. Joanna Rubinstein, Assistant Director, *Earth Institute for International Programs*, & Special Advisor to Prof. Jeffrey D. Sachs
- ❖ Ms. Elaine Weidman-Grunewald, Vice President, Sustainability and Corporate Responsibility, *Ericsson*

[H.E. Dr. Christine Kaseba-Sata, Ms. Carol Bellamy, Mr. Chris Locke, and Ms. Adesuwa Garrick were unable to attend but sent their best wishes.]



Meeting Minutes

The following text covers the discussions held during the meeting. Each interlocutor is represented by their initials before each speaking point.

JR:

Too many partnerships, too little focus on what impact and what outcomes we're aiming at.

How do we ensure each of our organizations highlight the important work of important women from Africa, not just First Ladies? How do we ensure the issues related to women's empowerment are included in the agenda? How do we support these women to do their work?

Promoting and engaging women in leadership roles in Ministries, etc., in Africa is an opportunity to build equality and not continue division.

JN:

Identify clear idea of what we want to achieve, and focus on that. Identify the burden, geographic area, and drill down into specifics.

Need to identify models that work or prove the model somewhere. Focus on a set of countries, and identify champions from various sectors.

CP:

What are the 3 points you want us to communicate?

PMNCH focuses on key countries - must look at how that matches with ADA.

Funding - PMNCH can't accept funding directly from private sector but can channel it to organizations if directly related to PMNCH workplan. - i.e. potential project funding for ADA.

KB:

Employ expertise of private sector who are going to be deploying services in Global South. Mobilize companies to be more inclusive when it comes to their investment.



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AD:

How do we sharpen the mission of ADA? What does ADA provide?

CT:

ADA is a platform for building effective partnerships to drive sustainable development projects and aims to facilitate bridge-building between programs. Our aim is not to reinvent but to bridge gaps.

DG:

From an advocacy point of view - identify where the missing links are and where the linkages are as well. Capitalize on ADA's element of neutrality.

IM:

More than 70% of our population is under the age of 25. This poses a unique demographic setting. Governance systems do not reflect this demographic reality. Therefore, there is a major disconnect between the discussions being held and realities on the ground. Governments do not reflect youth, yet youth are seizing power. ADA could constitute an intellectual conduit linked with an advocacy component for policy settings.

JN:

Role of women is crucial. What are the barriers across the value chain that prevent women from playing a role? ADA should address this.

ADA should bring in the intergenerational link to high-level meetings. Bring youth into the conversations. Identify the tools and support they need to help them be part of the conversation and bring about change.

Mobilize social media. Look at model of Invisible Children.

JR:

Look at rights of the child. What is needed for their success? Mobilize thinking on youth - look at how technology affects and supports them.

PM:

Look at example of u-Report in Uganda - youth lobbied government for immunization policy via mobiles, and was effective.



KB:

We do not adequately address health issues faced by youth. What is it they need to know about their own health? ADA could focus on helping young women who have children understand the power of technology for their health care needs, their family's need and their community's needs.

PM:

Also young women *before* they have children. Important conversations this week have looked at how do we reach young girls and boys. Majority of health issues start at a young age. Need to help them understand their bodies, their environment, what their choices are, and linking health and education.

Would not recommend designing and implementing technology programs, but believe there is a social movement where ADA could play a strong role.

DG:

What didn't happen with the MDGs was the identification of interlinkages between various goals. Advocacy is vital in this area. Focus should be on digital development.

JN:

And incubating other partnerships to deliver.

CP:

What is the comparative advantage for technology? Is it around health?

PMNCH has very active members, such as YWCA which reaches 25 million young girls and women. Give them something specific, such as basic health messages. Don't need to recreate anything. Another example: International Confederation of Midwives.

EW:

With the Rwandan Millennium Village, we took WHO curricula and training programs and put it onto mobile phones. The content exists, has value and isn't being disseminated properly. Youth are looking for content. A lot of content is just not accessible, particularly in Africa.



KB:

Need to connect the dots and identify who will activate it on the ground.

PM:

MAMA has done a great job of taking Baby Center content, vetting it through WHO and adapting it to different country contexts. Discussions are ongoing on how to do youth messaging, with a similar program in mind on health education for young people, which could be a focus for ADA. Many people talking about youth yet not doing anything about it. Key gap that could be addressed. Another gap: gender and women's empowerment not being addressed in a systematic and proactive way. These are two main issue areas where there is a tangible gap that ADA could address.

Regarding geographic focus - in the mHealth field, Francophone West Africa has been a great challenge. A lot of activity going on but no one is talking about it. Concrete area that could be targeted.

JR:

ADA could work on integration between health and education. Does not need to be focused on women, as it will automatically include them, as we must ensure not to exclude men. What are opportunities for marrying education with health? ADA could play a role as match maker to bring this to scale.

There is also a lot of private sector in Africa that has not been actively engaged or are too focused on their own pet projects. They could really be the catalyst for driving the agenda.

DG:

ICT mega trends and demographic mega trends not being matched.

JR:

ADA can be the match-maker to bring projects to scale. NEPAD and African private sector should be engaged.

CP:

Safaricom is on PMNCH board and is very keen to work on this.



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AD:

Could ADA be a gateway to building these innovative partnerships to help businesses in Africa get a platform in the international community?

EW:

We need youth representation on the Board. Suggestion: Hadeel Ibrahim, founding Executive Director of Mo Ibrahim Foundation.

JR:

Another suggestion: connect with Youth Envoy to the UN.

AD, EW, JR:

We should focus on choosing a young African woman representative.

IM:

We need an entry point - health, education and youth is a good entry point for ADA. There is a lack of institutional innovation in policy design. Solutions must employ a bottom-up approach.

Governance issues and policy design do not take into account the youth implication. The empowerment is how to get the youth and women on board in a bottom-up approach.

EW:

750 million mobile subscriptions in Africa today. It has scaled because it's affordable. Industry has worked hard to remove luxury taxes. Now there is a backtrend where countries are re-applying luxury taxes to mobiles because it's a big growth sector. Asking the industry for free sim cards is the wrong approach because not sustainable (phones will not be maintained, etc). PPPs are about taking the core strengths from each partner and utilizing it, yet many still think PPPs are about the private sector being a cash cow - projects will not scale this way. We must find a better way to work with companies.

AD:

What about focus on women. Youth does not necessarily include women - e.g. a 30 or 35 year old woman may not be included in the scope of youth. Must define youth.



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JN:

Agree with the broad strokes (health, education, integrating women and youth), but what exactly is our value-add? What specific issues are we targeting? What is our deliverable?

AD:

It's difficult to say we will only focus on certain issues (HIV/AIDS, TB etc).

JN:

Focusing on Francophone Africa - bringing this community into the debate - is a concrete deliverable that we can focus on.

EW:

We should not indicate a specific region in the mission, too limiting.

AD:

Board should produce two documents: strategy and recommendations.
Recommend a one-country focus, then replicate.

JN:

What is the strategy? Operational plan? Who are you going to work with to implement it? Where are you going to get the funding/resources to do it? Because of language we exclude a very important part of Africa. We need to identify critical outcomes: e.g. how do we bring Francophone Africa to the conversation? Who are they and what do they bring to the table? This is an important part of our operational plan.

AD:

Please review the ADA 2010-2013 Progress Report.

CT:

This is a 3-year report. For the past 2 years, I've been focusing on mobile health and women's empowerment. Tried to identify gaps there by producing the two reports on Scaling Up Mobile Health - the [first report](#) contains guidance for government, policy-makers and NGOs, while the [second report](#) focuses on how to build partnerships to achieve scale.



We have defined some partners in health - worked with Elaine to design a project in South Sudan on eHealth. Unfortunately, WHO as an institution could not receive funding from private sector so the project ended despite the strong need.

Then [Zero Mothers Die](#) was designed based on mHealth. It is a partnership program with UNAIDS, [UniversalDoctor](#) (who is bringing important component of tackling illiteracy barrier for African women who cannot read SMS via vocal messages), and Millennia2025 who is an important partner and co-founder, bringing together their communities of women around the world.

Education is another important issue for me, which brought around the ALIYA project in Mali. It links education and health. Prior to commencing, a screening was done of all children in 3 schools. Bringing health to schools is a good mechanism to have the integrated approach we are discussing. I provided computer labs to all 3 schools. Now working on bringing them the educational material. Minister of Education and Minister of Youth are partners of this project. Assessment done of 3 schools to identify issues and challenges being faced: electricity, internet connectivity, maintenance of hardware.

EW:

Regarding youth and West Africa connection - Youssou N'Dour performance could target the youth.

AD:

That is the advocacy campaign that can lead to programmatic action.

JR:

We have thousands of small mobile pilot projects because they were not designed for scale and not enough resources to scale them. Ericsson invested in building towers in the Millennium Villages, despite the lack of a business case to do it, yet they showed that if you put connectivity there then there will be traffic. The result is that others are now doing it as well.

It is important to recognize that if something is done in a larger scale even for a shorter period of time - that is when you demonstrate to the governments the value of the technology for the public good. Do it at the district level or at national scale.

What does ADA need? Does ADA want to provide expertise to scale proof of concept projects, which it can engage the Board on? Or focus on advocacy for transformation, and thereby use projects from different partners. What is the organizational structure? What are the core operations?



CT:

Most of the activities for implementation are done via collaborations with initiatives or institutions who are on the ground and already active in areas that are aligned with ADA's mission and goals. They are already established in the country or region, and ADA complements what they are doing. ADA does not design new programs or operate solo, instead tries to work with ongoing initiatives.

DG:

If taking on a new strategic advocacy role, a sort of secretariat will be needed to deploy all the inputs from various advisory board members and organizations.

PM:

ADA needs a team - what does that team look like? What are the skill sets you want to have?

JN:

The idea of building a team is not the right idea. It is expensive, creates a constrained environment and actually doesn't work well.

Are we focusing on project delivery? What we need more than anything else in Africa is efficient governance, governments to do their work. If we can make government work, then we solve many problems. So when we talk about advocacy, whose advocacy are we talking about? Who are we empowering?

We have to do something about structural issues to make governments work and empower people on the ground.

Mobile companies are an important ally to bring to the table in a real way, but not for their own marketing.

KB:

Let's look at mobile payments (example given of Changamka partnership with Safaricom to finance transportation to hospitals for fistula surgeries via mobile savings/payments). It becomes a sustainable service because it's a service that meets community needs.



PM:

It's not hard to do implementation on the ground, but there are a million people already doing it. Where is the gap, where can you work on the global public good access of this versus getting involved in individual implementations?

EW:

But it's also a balance because you have to have something to show at the end of the day. Maybe we should not build implementation teams, but we need some kind of team to get the work done. This comes back to the strategy question: what do we want the impact to be?

CT:

When there is a specific need, we get consultants to work on them. I use consultants for specific tasks and I work in collaboration with institutions or projects on the ground, such as Handicap International, ANTIM, RAFT project, and youth associations in Mali, and directly with schools. For Zero Mothers Die, we are working through UNAIDS' team in country. ADA brings its expertise on the table, and we work with the governments in place. What is needed is to fine tune what is already being done to make it scalable.

JN:

We have shared what we can bring to the table. We need to have a focus. I can connect you to x number of people in Africa. What you have is a network of networks around the table. It would be really useful to convene certain things where you can leverage us to interact with individuals, such as First Ladies, where we can add more value. The most important would be to look at the country-level and identify what we can do. The support and skills around the table have been identified, now ADA has to determine how to leverage it and tell us.

CT:

I'm not looking for funds. I have been able to achieve meaningful impact with very little money.

DG:

Is there a way we can really impact innovative institutional framework - maybe through intellectual frameworks, papers and op-eds. What is the best way to help you (NEPAD) with that?



IM:

There are two levels which are frequently ignored. First level: decentralized, local community level. A revolution is taking place there that we are ignoring. So reinforcing that capacity at the local level is fundamental. And at that local level, they don't engage with donors and partners - they manage their issues without. They need empowerment and improvement in governance. They are becoming more active in health and education issues, mobilizing their own resources for these issues.

Second level: regional level. 80% of Africa's development challenges will not be solved nationally, they will be solved regionally. This regional level is important. ADA can play a strategic role if we all collate our thinking towards inputting at that regional level. My personal opinion is that the regional level will impact on national policies. Therefore, decentralized and regional levels are important.

We have a partnership between the Stellenbosch University and Kwa Zulu Natal to strengthen the capacity of training systems for midwives and nurses in central Africa - with the regional Economic community. We can bring information at that regional level.

KB:

Undersea cables in India connected individuals and improved livelihoods. Kenya just received 3 undersea cables - and same improvements appearing on eastern shore of Africa. Cost of connections have declined over the past 2 years so we are seeing uptake of mobile phones. The engine for growth has started. This is the moment to ride that. Silent revolution is happening on the ground thanks to this increase in connectivity - we need to tap into that for the needs of the community, healthcare and education. How do we effectively tap into that?

JN:

The growing telecommunications backbone gives the ability to unleash things, both positive and negative. We could harness that but ultimately for sustainable development we need to have the right governance. We can take a specific set of countries, create models that are scalable or replicable - or that get other communities wanting to do the same thing. Start to build movements of people that can unlock opportunity.

EW:

With ubiquitous communication, the time of dictators is limited because the transparency that is being brought in is empowerment.



There are ways to accelerate this on the policy side - look at Ethiopia. It is the last state monopoly of telecoms, it has less than 23% mobile penetration, a huge population so few people are benefitting from telecommunications. What Ethiopia needs is a second license to create competition to improve the quality of services.

DG:

It is also a double-edged sword because as it is being unleashed, governments are getting really nervous in terms of losing control.

PM:

mHealth has really taken off in the past 5 years. Part of it is because a few donors got together to create the mHealth Alliance which has spurred competition within this space between the WHO's, ITUs, etc to get into it. Massive progress in mHealth being made that we haven't seen in other sectors, without a lot of investment. mHealth Alliance is a small secretariat that delivers messages, creates opportunities for forging collaborations and collective action, and addresses critical gaps across different pieces.

If looking at youth, health and education, ADA could serve in a catalytic role to draw attention to these issues and mobilizing them. Our role on the global level is shrinking, while the role on the country- and institutional-level is increasing. There is an evolution to focus more on country-level engagement with governments on the enabling environment and with implementers to get them positioned to scale. And then linking with the private sector.

DG:

The problem is the 3 sovereignties of: internet (innovation, idea and youth), government and the private sector (who has to pay to put the infrastructure in). The tension is social media riding the back on free infrastructure. These 3 separate sovereignties have to be coalesced through a multi-stakeholder approach.

JR:

It's actually the governments and countries that are doing it - they need the scale, they don't need 150 partners. In Tanzania, there are 250 organizations dealing with CHWs - too many. So the question is how do you support those governments? It's less about us and our organizations - but rather what are the tools we can provide? With mHealth Alliance it was a matter of timing and the fact that younger ministers saw the potential of mHealth and were challenged by having NGOs flood in with different models. It took them time to figure out what it is they need.



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In China, within 2 years 95% of the population was put on Electronic Medical Records. So if you really have leadership at the government level, with infrastructure from the private sector, it is possible.

DG:

Identify the governments that can be champions - such as Senegal, Ghana, Rwanda, Zambia.

CP:

Regarding the SDG debate, does ADA have something to offer? Where is the voice of the youth in this today? The Youth Group had a 10-point manifesto for change. How can we amplify that at conversations at the AU etc?

EW:

I've been working on a project to create a Youth Peace Network - by connecting kids in northern Uganda that have been former child soldiers to other kids in South Sudan via mobile technology, and now extending that to Mexico to kids who have been in drug cartels. Now we're training on ICT skills for the youth to bring them into this global conversation, but also to create a network where we can talk to each other. There could be a parallel to that on creating a youth network on health that is using social media and digital tools to give them access to the content that already exists. Making information usable and accessible by youth.

JN:

How do we create sustainable communities? What is ADA's role in ensuring this happens? They don't need a lot of money. This what we should use our intellectual capital for.

EW:

ADA can focus on the empowerment of youth from the bottom up.

CT:

That is something we can start easily. How can this network influence government policy - so they can have their voice integrated into policy development.



JN:

The Mo Ibrahim Foundation produces the most comprehensive index on African development.

PM:

Think about doing something around youth-friendly government and governance. Something that could recognize leadership in this space. For example, a basic award with nominations and a judging panel. By setting criteria and guidance, it forces people to behave better.

CT:

Concrete actions for the Board:

1. What is one thing you want the youth to be discussing and giving their ideas on. I want to start activating this network.
2. Advise on how to adapt the Women Leaders Forum to incorporate youth.

JN:

The keynote should be from a young person, and the moderators should be young people.

CLOSING SYNTHESIS

1. Entry points: health, education, women and youth, technology and digital development.
2. Focus is on advocacy for transformation.
3. Strategically build on existing programmatic activities, how to scale it and link them to advocacy.
4. Use networks as a tool to move ahead on these issues. Take a bottom-up approach, looking at enabling local communities.
5. Youth Forum for 2014.