

1 THE
2 INTERNATIONAL NETWORK TO PROMOTE
3 HOUSEHOLD WATER TREATMENT
4 AND SAFE STORAGE

5
6 STRATEGIC PLAN

7
8 2003-2008

9
10 DRAFT 11 July 04

11
12
13 CONTENTS

14
15 EXECUTIVE SUMMARY 2
16 1. BACKGROUND 3
17 1.1 Burden of Disease 3
18 1.2 Access to Safe Water 3
19 1.3 Household Water Treatment and Safe Storage 4
20 1.4 Public-Private Collaboration 4
21 1.5 Establishment of the Network 5
22 2. THE PLAN 6
23 2.1 Mission 6
24 2.2 Guiding Principles 6
25 2.3 Objectives, Activities and Indicators 7
26 3. GOVERNANCE 12
27 3.1 Structure 12
28 3.1.1 Network Members 12
29 3.1.2 Working Groups 12
30 3.1.3 Network Secretariat 13
31 3.1.4 Network Board 13
32 3.2 Operating Rules 14
33 3.2.1 Membership 14
34 3.2.2 Manner of Acting 14
35 3.2.3 Use of Network Name 14
36 3.2.4 Time Line 15

39 EXECUTIVE SUMMARY

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

The International Network to Promote Household Water Treatment and Safe Storage was established to bring together international organizations, governments, non-governmental organizations, private sector companies and international financial institutions to work to improve the health of vulnerable populations through domestic point-of-use water management.

This Strategic Plan is designed to provide direction and priority for the activities and desired outcomes of the Network during its first five years. Like the Network itself, this Plan is a collaborative effort on the part of all participating stakeholders. It reflects their vision of the Network and the opportunities it creates for significantly reducing waterborne disease, especially among vulnerable populations, by promoting household water treatment and storage. It also reflects their commitment and the resources they will bring to bear in pursuing the initiatives and activities necessary to realize this vision.

The Strategic Plan is organized into three sections:

Section 1, Background, describes the context and events leading to the establishment of the Network

Section 2, The Plan, sets forth the mission and guiding principles that the Network will pursue, as well as the specific objectives and activities to be undertaken either by the Network as a whole or by individual Members acting multilaterally, bilaterally or individually.

Section 3, Governance, describes the structure of the Network including the composition, functions, and operations.

This Plan is based largely on the Statement adopted by representative organizations at a meeting in Geneva in February 2003 convened by the World Health Organization to explore the formation of the Network. It has been circulated among those organizations and others expressing an interest to participate in the Network, and has been discussed at a meeting in Washington, DC in June 2003.

72

73 1. BACKGROUND

74

75 1.1 *Burden of Disease*

76

77 Every year, there are 1.7 million deaths related to unsafe water, sanitation, and hygiene,
78 mainly through infectious diarrhea¹. The vast majority of these deaths are among children under
79 five years of age.² An estimated 4 billion cases of diarrhea annually account for over 82 million
80 Disability Adjusted Life Years, representing 5.7% of the global burden of disease and placing
81 diarrhoeal diseases as the third highest cause of morbidity and sixth highest cause of mortality.³
82 In addition, waterborne disease is a major threat to millions who are displaced or otherwise
83 affected each year by conflicts and disasters.

84

85 Much of this global burden of disease is concentrated on children within the least
86 developed countries where it is closely associated with poor water supply, sanitation and
87 hygiene. These same populations may also suffer from water related diseases associated with
88 non-microbial hazards, such as arsenic and excess fluoride. This disease burden is substantially
89 preventable through improved access to safe water and to interventions in hygiene and
90 sanitation.

91

92 1.2 *Access to Safe Water*

93

94 One sixth of humanity currently lacks access to any form of improved water supply within
95 one kilometre of their homes.⁴ Many more lack access to safe water. The United Nations
96 Committee on Economic, Social and Cultural Rights has recently recognised water as a
97 fundamental human right, providing a human rights framework for the Millennium Declaration
98 Goal (MDG) of halving the proportion of people unable to reach or afford safe drinking water by
99 2015.⁵ Achieving this would require that at least 125,000 unserved people be connected to safe
100 water supplies each day before the 2015 target.

101

102 Efforts to deliver the safe and reliable water services necessary to create a healthy living
103 environment and other benefits for people in developing countries are an essential long-term
104 goal. At the same time, steps can be taken immediately to accelerate the health gains
105 associated with improved water and thereby poverty alleviation and development. One of the
106 most important immediately achievable steps is the treatment and safe storage of water at the
107 point of use.

108

¹ WHO (2002), *The world health report*. World Health Organization, Geneva.

² WHO (2000), *The world health report: making a difference*. World Health Organization, Geneva.

³ Pruess A, Kay D, Fewtrell L, Bartram J (2002). Estimating the burden of disease from water, sanitation and hygiene at the global level. *Environmental Health Perspectives*, 110(5): 537-42.

⁴ WHO and UNICEF (2000). *Global Water Supply and Sanitation Assessment 2000 Report*. World Health Organization, Geneva.

⁵ UN (2000). *United Nations Millennium Declaration*. General Assembly Res. 55/2 (18 September 2000).

1.3 Household Water Treatment and Safe Storage

Recent research demonstrates that simple, acceptable, low-cost interventions at the household and community levels (e.g. schools, health centers, refugee camps) are capable of dramatically improving the microbial quality of water stored in the home and reducing the risk of diarrhoeal disease.⁶ Moreover, research on cost-effectiveness indicates that these interventions can avert much of the burden associated with diarrhoeal diseases at low cost⁷.

The health impact of household water treatment and storage (HHWT&SS) measures will be greatly enhanced if combined with the promotion of critical hygiene behaviours as part of a comprehensive environmental sanitation initiative. Significant momentum has already been established in support of hygiene promotion, and collaboration with such efforts should be encouraged.

1.4 Public-Private Collaboration

The United Nations (UN) and the World Health Organization (WHO) have recently cited the need for open and constructive relations with the private sector and civil society in order to advance their missions. Global public policy networks that link together international organizations, governments, non-profit organizations and for-profit corporations to share information and combine resources have been shown to be effective in advocating for common causes, gathering and disseminating knowledge, and building coalitions to address important issues, including health.⁸

WHO regards public-private collaboration as a means to “bring together a set of actors for the common goal of improving the health of populations based on mutually agreed roles and principles”.⁹ Beyond this general definition, however, there are no strict rules that characterize the form of the 80 partnerships and alliances followed by the Global Forum for Health Research.¹⁰ While many of the best-known PPP’s focus on product donation (e.g., the Mectizan®, Malarone® and albendazole donation programs) or product development (e.g., the International Aids Vaccine Initiative and the Medicines for Malaria Venture), others are more issue-based, seeking to combine complimentary strengths and resources in order to address a particular disease or health problem (e.g., Secure the Future). Research on the effectiveness of public-private collaboration in health has emphasized the importance of (i) clearly specified, realistic and shared goals, (ii) clearly delineated roles and responsibilities, (iii) distinct benefits to all parties, (iv) transparency, (v) active maintenance, (vi) equality of participation, and (vii) meeting agreed obligations.¹¹

⁶ Sobsey M (2002). Managing water in the home: accelerated health gains from improved water supply. (WHO/SDE/SHS/02.07)

⁷ WHO (2002), *The world health report*. World Health Organization, Geneva.

⁸ Reich M (ed.) (2001). *Public-private partnerships for public health*. Harvard University Press, Cambridge.

⁹ Kickbusch I & Quick J (1998). Partnerships for health in the 21st century. *World Health Statistics Quarterly* 51:68-74.

¹⁰ A useful database is maintained by the Initiative on Public-Private Partnerships for Health at www.ipph.org.

¹¹ Buse K & Walt G (2000). Global public-private partnerships: part II—what are the health issues for global governance? *Bull. WHO* 78:699-709.

147 Among the most effective models for collaboration is a “network,” a forum, information
148 clearinghouse and vehicle to promote collective, bilateral and individual action on the part of its
149 stakeholders. By creating a common mission and strategic plan among participating
150 stakeholders, the network model encourages communication, cooperation and coordinated
151 action while optimizing flexibility, participation and creativity.
152

153 **1.5 Establishment of the Network**

154
155 Stirred by the potential to bring about a step change in the health of vulnerable
156 populations through improved point-of-use water management, WHO convened a meeting in
157 Geneva in February 2003 to explore the formation of an international network to promote
158 HHWT&SS solutions to middle- and low-income countries. Participants included representatives
159 of UN agencies, bilateral development agencies, international non-governmental organizations
160 (NGOs), research institutions, international professional associations, the private sector and
161 industry associations.
162

163 The participants took note of recent reports on the burden of disease associated with
164 deficiencies in water, sanitation and hygiene, which affect especially children and the poor. They
165 acknowledged governments’ achievements in extending water coverage, but they observed that
166 reaching the targets established under the MDGs in water would require increased levels of
167 investment and would nonetheless leave large numbers of persons unserved by conventional
168 water supplies. Interim measures will be needed as a means of accelerating health gains to
169 these vulnerable populations. The MDGs in childhood health also imply substantial reductions in
170 risk of waterborne disease. They also noted the danger presented by chemical contaminants in
171 drinking water. They emphasised the need for focused interventions to improve water quality at
172 the household level. At the same time, they highlighted the importance of placing such initiatives
173 in the broader context of public health, child health (and especially the Healthy Environments for
174 Children Alliance¹²) and poverty reduction initiatives, and as part of a comprehensive package
175 that includes efforts in improving hygiene and sanitation. They also recognised the importance of
176 continuing to work to sustainable long-term solutions for reliable permanent systems of water
177 supply and sanitation.
178

179 The participants considered and discussed the recent WHO-sponsored review of
180 research that has shown certain interventions for improving water treatment and storage at the
181 household level to have significantly reduced such disease. They discussed the need for further
182 research to address outstanding questions especially in the areas of field effectiveness and
183 efficiency, health impact, acceptability and affordability of other possible interventions. They
184 reflected on the challenges facing the widespread deployment of such interventions, including
185 policy development and advocacy, technology development and evaluation, capacity building
186 and behavioural change, funding, sustainability, and appropriateness and transferability of
187 technology. The participants heard presentations on ongoing initiatives involving many
188 stakeholders, including government agencies that are being implemented in many countries
189 around the world to improve the safety of drinking water by applying appropriate, low-cost point-
190 of-use technologies. They also participated in presentations and discussions about the use of
191 global networks and alliances among governmental organizations, private companies and civil
192 society to address important health issues, including issues concerning organization,
193 membership and governance. Finally, the participants discussed the roles that each type of
194 organization may play in such a network, including contributions and expectations of others.

¹² Healthy Environments for Children Alliance, <http://www.who.int/peh/ceh/heci1.htm>

195
196 With this as background and context for their deliberations, and after further discussion
197 about the health impact and cost-effectiveness of HHWT&SS interventions and the potential
198 benefits offered by multi-sector collaboration at the global level, the participants unanimously
199 agreed to establish an **International Network to Promote Household Water Treatment and**
200 **Safe Storage**, to bring together international organizations, governments, NGOs, private sector
201 companies, and international financial institutions to work to improve the health of vulnerable
202 populations through domestic point-of-use water management.¹³ They articulated some of the
203 ways in which the Network was anticipated to contribute to improving health, and the activities
204 and initiatives that it would pursue. They also agreed to adopt a simple network structure
205 housed within a Secretariat of the WHO Water, Sanitation and Health Program. The Network
206 was announced at the Third World Water Forum in Kyoto, Japan on March 17, 2003.
207

208 **2. THE PLAN**

209

210 **2.1 Mission**

211

212 The mission of the Network is as follows:

213

214 ***To contribute to a significant reduction in waterborne disease,***
215 ***especially among vulnerable populations,***
216 ***by promoting household water treatment and safe storage***
217 ***as a key component of water, sanitation and hygiene programs.***

218

219 The Network will accomplish this mission by pursuing defined objectives through specific
220 activities. Initial priority will be given to the objectives and activities identified below. It is
221 understood, however, that the specific activities of the Network, and its Members, will evolve as
222 part of an iterative process based on continuing research, experience and lessons learned.

223

224 Progress in accomplishing the mission will be reviewed annually as part of a systematic
225 evaluation and assessment procedure.

226

227 **2.2 Guiding Principles**

228

- 229 1. The Network will advocate for HHWT&SS measures, recognizing that the universal provision
230 of reliable safe piped water supply is the ultimate goal. Network activities will not
231 compromise initiatives aimed at the ultimate goal of universal safe reliable piped water
232 supply.
- 233 2. The Network will use evidence-based approaches with agreed upon standards of
234 effectiveness (e.g. behavior change, health impact, cost, sustainability) and promote
235 dissemination of information about program approaches.
- 236 3. The Network will facilitate access to and sharing of high-quality information relevant to
237 HHWT&SS practices.

¹³ Geneva Statement, Establishment of an International Network to Promote Safe Household Water Treatment and Storage (March 28, 2003).

- 238 4. The Network will actively seek to understand target communities and involve local people in
 239 developing the most appropriate strategies for implementing HHWT&SS interventions.
 240 5. The Network will recognize the role of women in household management of water and in
 241 acceptance and implementation of solutions.
 242 6. The Network will operate in a balanced manner in terms of regions, technologies, and types
 243 of member organizations involved.
 244 7. The Network will promote the integration of HHWT&SS interventions with water, sanitation
 245 and hygiene programs.
 246 8. The Network will promote the use of local technology and resources and local capacity
 247 building.
 248 9. The Network will maintain an agile structure and administration.
 249

250 **2.3 Objectives, Activities and Indicators**

251
 252
 253
 254

NOTE: Indicators are DRAFT. They will be defined by the Working Groups.

255 **Objective 1 (Advocacy):** The Network will directly advocate, promote and facilitate the inclusion
 256 of HHWT&SS in policies and practices at the national, regional and global level across all
 257 relevant sectors.
 258

259 **Table 1**

Activities	Indicators
1. The Network will develop advocacy tools such as brochures, posters and audio-visual materials.	<ul style="list-style-type: none"> • Materials produced • Materials distributed
2. The Network will organise advocacy events at major policy venues.	<ul style="list-style-type: none"> • # of events organised • # of attendees to household water events • # of press releases
3. The Network will advocate for the need for the evidence base for HHWT&SS interventions.	<ul style="list-style-type: none"> •
4. The Network will coordinate advocacy efforts with other related initiatives such as the WASH campaign, gaining strength from mutual synergy.	<ul style="list-style-type: none"> • # of coordinated events organized
5. The Network will identify and facilitate resolution of policy barriers, such as regulations, taxes and tariffs, unclear roles and responsibilities and product certification, which may prevent introduction or scaling up of HHWT&SS interventions.	<ul style="list-style-type: none"> • Description of actions taken to lower policy barriers
6. The Network will facilitate dialogue among in-country actors with an interest in HHWT&SS, such as Ministries and research centres. Such dialogue will encourage each to recognize the inter-relatedness of their respective missions,	<ul style="list-style-type: none"> • # of Ministries per country with standing inter-sectoral mechanisms attending household water related meetings • # of countries in which dialogue has taken place through Network intervention • Description of activities resulting from

promote information and resource sharing, and motivate cooperation in planning and implementation of programs.	such dialogue
7. The Network will seek funding for research and implementation of agreed Network activities.	<ul style="list-style-type: none"> • Amount of money raised • # of research projects funded (through Network or independently) • # of implementation projects funded (through Network or independently)

260
261 **Objective 2 (Communication):** The Network will be a forum and vehicle to actively share
262 information on HHWT&SS. The Network will provide high quality information focused on an
263 evidence-based approach in order to create awareness of HHWT&SS. The two primary
264 audiences for Network communication activities will be Network Members themselves to
265 promote information sharing and other key stakeholders, especially those in the developing
266 world, who will enable the Network to accomplish its mission.
267

268 **Table 2**

Activities	Indicators
1. The Network will develop an identity in order to effectively promote its mission.	<ul style="list-style-type: none"> • Develop a brief and visual brochure summarizing the Network (begin sharing at Cape Town IWA meeting, September 2003) • Develop a long-term strategy to promote the identity among key stakeholders • # brochures distributed
2. The Network will establish a web site in order to effectively share information on HHWT&SS technologies and approaches as well as other activities relevant to Network Members. Information on the web site will include results of relevant laboratory and field research, suitable applications, implementation strategies, project sites, populations served, cost of technology, estimated implementation costs, cost effectiveness data, project partners, and contact information for organizations implementing projects.	<ul style="list-style-type: none"> • Web site on line as soon as possible and build over time (target online by mid 2004) • Web site updated quarterly • # web site hits • # of contributions/updates per Member • # of web-based information requests and timeliness of response • # of links to Member sites and household water treatment and storage approaches
3. The Network will prepare a quarterly newsletter to provide updates and seek ways to push the newsletter to stakeholders, especially to developing world stakeholders.	<ul style="list-style-type: none"> • Quarterly newsletter • # newsletters distributed electronically and by hard copy
4. The Network will share experience, expertise and recent developments at professional meetings, lectures, consultancies, and in print media.	<ul style="list-style-type: none"> • # of presentations • # of lectures • # of publications • # of consultancies
5. Network Members will utilize their own public relations resources to	<ul style="list-style-type: none"> • # of public relations events • # of media activities

disseminate relevant information about the Network.	<ul style="list-style-type: none"> • # of press releases and media impressions
6. The Network will establish a long-range plan to ensure a strategic, cost-effective, and ongoing outreach by leveraging individual Network Members to share information about the Network.	<ul style="list-style-type: none"> • Strategic plan agreed (target agreement at next meeting, Kenya, 6/04) • # of professional meetings where Network presented • # of websites linked to Network site • # lectures where Network presented • # media impressions mentioning Network activities • # statements from senior leaders of Network Member institutions endorsing the Network and its mission

269
270
271
272
273
274
275
276

Objective 3 (Research): The Network will promote research by academic and other institutions to evaluate interventions by collecting, analysing and disseminating independent and comparable data on efficacy, cost-effectiveness, health impact, acceptability, affordability, scalability, and sustainability. Network research will link with WHO normative work on appropriateness of interventions.

Table 3

Activities	Indicators
1. The Network will identify and engage research institutions in developing countries currently working on and interested in HHWT&SS.	<ul style="list-style-type: none"> • # of joint research agreements established • # of joint research projects initiated and completed • # of jointly authored, peer-reviewed publications
2. The Network will identify critical knowledge gaps and coordinate a common research agenda	<ul style="list-style-type: none"> • Common research platform developed
3. WHO will convene an expert panel to develop a set of criteria for establishing an evidence base for existing and new HHWT&SS interventions.	<ul style="list-style-type: none"> • The panel is convened • Set of criteria developed
4. The Network will develop and evaluate according to WHO criteria HHWT&SS interventions in order to develop the evidence base.	<ul style="list-style-type: none"> • # of interventions developed • # of evaluations conducted
5. The Network will conduct research and report results in peer-reviewed publications.	<ul style="list-style-type: none"> • # of research studies completed by category • # of research projects published in peer-reviewed publications • # of research projects supported • Amount invested in research and development
6. The Network will invest, encourage investment and leverage resources for research and development of appropriate interventions.	<ul style="list-style-type: none"> • Amount of investment

7. The Network will develop and evaluate business models for the local level that focus on community-based programs and emphasize maximizing social capital and improving access and affordability for the poor.	<ul style="list-style-type: none"> • # of business models developed • # of pilot business models field-tested
8. The Network will develop innovative approaches to environmental health that combine HHWT&SS with other hygiene and sanitation measures and promote the integration with broader child health and nutrition and other programs.	<ul style="list-style-type: none"> • # of integrated approaches developed • # of integrated research projects initiated and completed

277
278 **Objective 4 (Implementation):** The Network will strive to empower the estimated 1.1 billion
279 people without access to improved water sources, plus those with improved but unsafe sources
280 (e.g., unsafe water from a water supply system), to take charge of their own drinking water
281 safety by working with communities to implement effective, affordable, and sustainable
282 HHWT&SS interventions. Particular attention will be given to those most affected by waterborne
283 diseases, such as children, pregnant and lactating women, immuno-compromised persons, the
284 poor, refugees, and internally displaced persons.

285
286 **Table 4**

Activities	Indicators
1. Network Members will include HHWT&SS in their portfolio of water, sanitation, and hygiene and other health programs and incorporate sanitation and hygiene promotion into HHWT&SS projects.	<ul style="list-style-type: none"> • # of programs enhanced by inclusion of HHWT&SS • # of HHWT&SS projects enhanced by inclusion of sanitation and hygiene promotion
2. The Network will seek program implementation of HHWT&SS in several countries.	<ul style="list-style-type: none"> • # of programs • # of point-of-use applications • # of diarrhoeal episodes avoided
3. Network Members will document and publish the results of at-scale HHWT&SS programs that have been evaluated using consistent and accepted program effectiveness criteria.	<ul style="list-style-type: none"> • # of programs evaluated • # of evaluations published
4. The Network will utilize local human resources, materials, and facilities for project implementation and build the local capacity required for sustained management of HHWT&SS programs.	<ul style="list-style-type: none"> • Percent of projects successfully utilizing local resources and building local capacity
5. The Network will develop the strategies and practices for effective commercial and social marketing and assuring customer satisfaction necessary for successful widespread distribution of HHWT&SS interventions.	<ul style="list-style-type: none"> • Social marketing strategies and practices developed • # of successful widespread distributions of HHWT&SS interventions

287
288 Note: These activities are those identified as filling critical gaps necessary to achieve the
289 Network's mission. Additional HHWT&SS activities may be included in the Annual Network
290 Operations Plan after plenary discussion and approval by the Network Board.
291

292

293 **3. GOVERNANCE**

294

295 **3.1 Structure**

296

297 The Network is composed of Network Members, Working Groups, Network Secretariat, and
298 Network Board. As the Network grows and evolves, its structure may as well evolve.

299

300 **3.1.1 Network Members**

301

302 Composition

- 303 • Membership follows rules described in 3.2.1 Membership.
- 304 • Members will recruit and invite new potential Members to join the Network.

305

306 Functions

- 307 • Take action to achieve Network objectives.
- 308 • Provide input and review Network Strategic Plan and any proposed changes to the plan.
- 309 • Participate in drafting and reviewing the Annual Network Operations Plan.
- 310 • Review annual reports and propose improvements to objectives, activities, and indicators as
311 appropriate.
- 312 • Respect Network guiding principles (2.2) and operating rules (3.2).

313

314 Operations

- 315 • Network Members will meet on an annual basis at different country sites to be determined.

316

317 **3.1.2 Working Groups**

318

319 Composition

- 320 • Working groups (WGs) are composed of Network Members.
- 321 • There are four working groups: One WG for each objective of the strategic plan (i.e.,
322 Advocacy, Communication, Research, Implementation).

323

324 Functions

- 325 • Each WG will steer the Network towards the successful completion of the respective
326 objective's activities.

327

328 Operations

- 329 • Each WG will meet no less than annually, possibly coinciding with the plenary Network
330 meeting. Meetings may be in person or by teleconference. Minutes of each meeting shall
331 be prepared by the WG and circulated by the Network Secretariat among all Network
332 Members.
- 333 • Admission to each WG is open to all interested Network Members.
- 334 • Each WG will be chaired by one of its members selected by it.
- 335 • Each WG may prescribe additional procedures for its operation. Such additional procedures
336 shall be submitted to the Network Board for approval.

- 337 • Each WG will make decisions by consensus.
338

339 **3.1.3 Network Secretariat**

340 341 Composition

- 342 • The Network Secretariat will be hosted by WHO.
343

344 Functions

- 345 • Manage membership procedure.
346 • Develop the Annual Network Operations Plan based on objectives and activities of the
347 Strategic Plan. Share the Network Annual Work Plan with all Network Members for
348 comments and submit it to the Network Board for approval.
349 • Coordinate and monitor the progress of Network activities.
350 • Identify funding gaps and mobilize adequate resources for the agreed Network activities.
351 • Conduct annual evaluations of Network activities and produce an annual report.
352 • Plan and organise the external mid-term and final evaluations.
353 • Plan, organize, and provide logistic support for the Network annual meetings.
354 • Develop and maintain the Network web site.
355 • Facilitate communications and disseminate information related to the Network among
356 Members via email and Internet.
357 • Disseminate information about the Network to key audiences via email, Internet,
358 publications, press releases, and other means.
359 • Work to develop regional partnerships and networks.
360 • Coordinate Network activities for World Water Day each year and for other similar events.
361 • Report to the Network Board improper uses of the Network name or violations of Network
362 guiding principles. Notify those responsible.
363

364 Operations

- 365 • The Network Secretariat will be hosted by WHO.
366 • The Network Secretariat will be funded by contributions of the Members and other interested
367 donors.
368

369 **3.1.4 Network Board**

370 371 Composition

- 372 • The Network Board is composed of those Network Members who are governmental or
373 international institutions, organizations, programmes or agencies, such as bilateral donor
374 agencies, governmental public health institutions, ministries, the UN family, the EU, and
375 international financial institutions.
376

377 Functions

- 378 • Be responsible for the decision-making power of the Network.
379 • Approve Network Strategic Plan and any proposed changes to the plan, including changes to
380 Network governance.
381 • Approve Annual Network Operations Plan.
382 • Revoke membership in case of improper uses of the Network name or violations of Network
383 guiding principles.

- 384
385 Operations
- 386 • All decisions will be made by consensus and only after consultation with the Network
387 Members.
 - 388 • The Network Board will meet no less than annually, possibly coinciding with the plenary
389 Network meeting. Other meetings may be in person, by teleconference or electronic.
390 Minutes of each meeting shall be prepared by the Network Secretariat and circulated among
391 all Network Members.
392
393

394 **3.2 Operating Rules**

395

396 **3.2.1 Membership**

- 397
398 Only institutional membership is allowed (i.e., no individual membership).
399
- 400 Membership in the Network is open to all interested stakeholders that agree with the Network
401 mission and guiding principles and who are willing to commit themselves to achieve the
402 objectives of the Network.
403
- 404 Membership will be acknowledged after a submission to the Network Secretariat which will keep
405 a record of Network Members. The updated list of Network Members, with their commitments
406 and interests, will be available on the Network web site.
407
- 408 Membership may be revoked by the Network Board in case of improper uses of the Network
409 name or violations of Network guiding principles.
410

411 **3.2.2 Manner of Acting**

- 412
413 The Annual Network Operations Plan defines agreed Network initiatives for each year.
414 Depending on circumstances, specific initiatives and activities will be undertaken by the Network
415 acting corporately, or by two or more Network Members acting bilaterally or multilaterally under
416 the aegis of the Network.
417

418 **3.2.3 Use of Network Name**

- 419
420 Network Members are encouraged to promote their participation in the Network using approved
421 Network materials. Specifically, they are encouraged to promote the Network name on their
422 internal and external web sites and in their public relations activities.
423
- 424 Network Members may use the Network name in communication materials advancing the
425 mission of the Network, consistent with the guiding principles.
426
- 427 Notwithstanding the foregoing, no one may use the Network name or any name or reference
428 confusingly similar thereto on any product packaging, sales materials or advertisements, or in
429 any other manner that implies that the Network endorses, authorizes or approves of any

430 particular product or service. Any questions or disputes concerning proper use of the Network
431 name shall be resolved by the Secretariat, who may if necessary submit them to the Board.
432

433 **3.2.4 Time Line**

434
435 Network activities are planned for a five-year period from June 2003 to June 2008. The Annual
436 Network Operations Plan will be discussed in plenary by the Network Members and approved by
437 the Network Board. The Network Secretariat will produce an annual report on Network activities.
438

439 External mid-term and final evaluations will be carried out during the five-year period to assess
440 Network progress.
441

442 At the end of the five-year time line Network Members will decide in plenary on the future of the
443 Network depending on evidence, advances, effectiveness, and possible relevant external
444 factors.