Delivering for Women, Children and Adolescents

PMNCH Progress Report, Jan 2022-June 2023



Decisions	Current status of action/implementation			
PMNCH Standing Committees and Working Groups to review June Board decisions and report back on proposed implementation plan.	· · · · ·			
PMNCH Standing Committees and Working Groups report to the EC on 2022-23 workplan progress	Progress Report has been developed and will be discussed in today's Agenda Item 3. SC/WG Chairs to then present the Progress Report during a PMNCH webinar on the 27 September.			
PMNCH Standing Committees and Working Groups to develop draft agenda for 32 PMNCH Board Meeting	Draft Agenda has been developed and will be discussed in today's Agenda Item 4.			
EC agreed on the Light Touch Assessment and Good Governance recommendations.	 Implications: PECC and SAC to continue having joint meetings for alignment and efficiency Knowledge and Evidence WG and Accountability WG to merge by the end of 2023 Targets agreed for reducing the number of governance structures and meetings Target 1: Reduction from 50 to 30 temporary governance structures Target 2: Reduction from 240 to 140 meetings annually Target 3: One face-to-face Board meeting and one virtual Target 4: One annual cross-committee and working group work-planning meeting Target 5: Implement a reduced level of Secretariat support for governance structures Target 6: Reduction from 5 to 4 Committees & Working Groups Target 7: Make Diversity, Equity and Inclusion (DEI) principles more explicit in all operations, including nomination process, governance structures and meetings Target 8: Enhance ethical behavior and create safe spaces by developing PMNCH-specific policies, code of conduct, etc., making these known and monitoring these regularly 			

Board Decisions, Board meeting 21-22 June 2023

Decisions	Current status of action/implementation
 G20 advocacy Develop a multi-year advocacy strategy for the G20 engagement. Submit short paragraph on WCAH to be included in the G20 2023 communiqué 	Sherpa published in the BMJ

Board Decisions, Board meeting 21-22 June 2023

Decisions

G7 advocacy

 Develop a multi-year advocacy strategy for the G7 engagement by creating a cross-constituency partnership to influence decision-making

Current status of action/implementation

- PMNCH secretariat is supporting FCDO in its G7 cross-constituency leadership, and a "group of friends" will be formed –
 D&F to hold first meeting on 6 September. SAC/PECC members welcome.
- The group will develop a multi-year strategy, produced with support from consultant Kel Currah

Climate change

- Co-lead advocacy efforts with other existing campaigns and networks to bring a WCAH lens in COP28
- Synthesize evidence on climate change and WCAH, including in relation to financing, and create target advocacy asks on climate change and WCAH
- KEWG, AY and HCPA constituency have provided inputs to the COP28 Health Community recommendations, advocacy coordinated by the Global Climate and Health Alliance. The updated version of these recommendations will be sent to the KE WG and SAC in Sept for final inputs and inclusion of PMNCH's logo, for dissemination.
 - KEWG products on climate change and WCAH in relation to financing have been presented at the One Sustainable Health Forum (OSH) in Lyon in July 2023,, hosted by the French Government and are being translated in KE products, (e.g. OSH Forum Policy Brief, WHO Bulletin piece).
 - PMNCH Advocacy Brief on climate change and WCAH with targeted constituency recommendations is underway. Launch
 expected before COP28.

AWB, Global Forum and the 1.8 Campaign

- Intensify the mobilization of commitments for governments and non-state actions. Constituencies to firm up their contributions to the commitment process.
- Establish high-level event during UNGA September 2023 to promote commitment to the AWB agenda at the highest level
- Mobilization of AWB commitments is ongoing and expectation is for 8/9 countries to announce commitments during the UNGA event hosted by the Gov. of Honduras in collaboration with PMNCH, Fia Foundation, Plan International, on the 19th Sept – please register for the livestream via PMNCH website.
- All Constituencies have been working to mobilize AWB commitments either through constituency-wide commitments or targeted outreach.
- AWB non-state actor commitment event to be hosted by Fondation Botnar and Global Clinton Initiative on the 18th Sept during Clinton Global Initiative event.

CAAP

- Ensure engagement of all constituencies in CAAP process and avoid duplication of existing multistakeholder platforms
- High-level event to be organized on WCAH commitments, aligned with Global Leader Network priorities during UNGA
- Lead partners have been confirmed in 11 out of 13 countries (10 CAAP priority countries +3 donor deliverable countries) and contracts have been signed with country lead partners in Nigeria (Africa Health Budget Network NGO Constituency) and Malawi (Amref CSO Constituency) as well as technical partner in Kenya (Aga Khan University ART Constituency). South Africa's draft scoping report is being finalized.
- Identification and assessment of MSPs is underway and to the extent possible, existing-fit-for purpose MSPs are being leveraged. For example, In Nigeria, the existing FMOH led RMNCAEH+N platform is serving as the convening MSP for the CAAP process.
- WCAH: Renew the Promise event to be hosted on the 18th Sept hosted by GLN Chair Pres Ramaphosa of South Africa at the HoS/HoG level at the UNICEF House. Heads of state/gov't from all GLN countries invited, as well as 20 other countries.

PMNCH 2022-23 Workplan and Budget

		20	22	2023	2022 + 2023
DELIVERABLES	Structures	BUDGET	ACTUAL	BUDGET	ACTUAL + BUDGET
KNOWLEDGE SYNTHESIS		\$2,246,348	\$1,665,570	\$1,847,462	\$3,513,032
1.1 Setting out the case for increased and better (more equitable) investments in WCAH, as well as cost of inaction (includes advocacy briefs, reports, digital compendium on existing or upcoming economic analyses/investment cases for WCAH, MNCH, SRHR and AWB).	KEWG	\$637,233	\$472,480	\$537,098	\$1,009,578
1.2 Evidence-based advocacy resources to advance on Board priorities within the overall PMNCH thematic areas: MNCH (e.g., preterm and stillbirths, etc.,); SRHR (e.g., SRHR in UHC, SGBV, etc.,); AWB (adolescent wellbeing framework), as well as cross-cutting topics (e.g., COVID-19 on WCA, UHC/PHC delivering for WCA equity, Climate Change on WCAH, HR and respectful care, as well as documenting community and people's voices and lived experiences, etc.).	KEWG	\$1,048,467	\$777,393	\$872,874	\$1,650,267
1.3 Monitoring of trends and accountability evidence (e.g., streamlined WCAH progress reports, indicators, and monitoring framework for AWB, etc.) and digitally accessible resources made available (e.g., accountability compendium, briefs, etc.) related to WCA and equity, including progress evidence on consequences of COVID-19, conflict and climate change on WCA, all to underpin and strengthen advocacy efforts.	AccWG	\$560,648	\$415,697	\$437,490	\$853,187
PARTNER ENGAGEMENT	Structures	\$2,909,187	\$2,157,037	\$3,008,821	\$5,165,857
2.1 Global Leaders Network established to lead on high-level advocacy for WCAH, including a focus on equity and leaving no one behind.	SAC & PECC	\$409,469	\$303,604	\$201,541	\$505,144
2.2 National coalitions and multi-stakeholder platforms strengthened, and constituencies and partners supported (including ministerial dialogues, parliamentarians, civil societies, youth-led coalitions, etc.,) to follow up on existing WCAH-related commitments and mobilize new commitments should there be gaps.	PECC	\$1,312,635	\$973,262	\$785,216	\$1,758,478
2.3 Constituencies and partners capacitated through purpose-built learning and training (e.g., webinars, workshops, e-learning courses, etc.), with an aim to enhance advocacy efforts.	KEWG & Acc.WG	\$389,855	\$289,060	\$781,177	\$1,070,238
2.4 Inclusive participation of partners in PMNCH structures, including completing the governance reform and ensuring more effective member engagement and good governance more broadly (e.g., Good Governance work; MAYE, Digital Advocacy Hubs, etc.).	GEC	\$797,228	\$591,110	\$1,240,887	\$1,831,997
CAMPAIGNS AND OUTREACH	Structures	\$3,600,081	\$2,669,304	\$5,718,872	\$8,388,176
3.1 Global Forum for Adolescents delivered to accelerate implementation of existing and mobilize new adolescent well-being commitments.	SAC	\$1,478,653	\$1,096,357	\$2,914,695	\$4,011,052
3.2 Global and regional events delivered (e.g., Lives in the Balance 4 e-summit, UN High Level Political Forum accountability dialogue, and Accountability Breakfast) each building momentum to the 2023 Global Forum for Adolescents, African Union, G7/G20, WEF, IPU events, etc.	AccWG & SAC	\$1,063,305	\$788,394	\$1,115,789	\$1,904,183
3.3 Digital and earned media products developed and disseminated to support advocacy efforts, including accountability processes, focused commentaries, blogs, podcasts, videos, interviews, statements, etc.	SAC	\$1,058,123	\$784,553	\$1,688,388	\$2,472,941
Total budget (US\$) - Net of Program Support Costs (PSC)		\$8,755,616	\$6,491,911	\$10,575,155	\$17,067,065
PSC at 13%		\$1,138,230	\$753,736	\$1,374,770	\$2,128,506
Total PMNCH contribution (US\$)		\$9,893,847	\$7,245,647	\$11,949,925	\$19,195,571

Funding of PMNCH's 2022-23 workplan

- PMNCH has raised resources of approx. USD\$20.8m for 2022-23 work
- The implementation rate against available resources for 2022-23 is expected to be over 90%
- Any potential 'surplus' in revenues in 2022-23 will be taken forward as reserves to strengthen PMNCH's 2024-25 financial position – currently at USD\$9.8m for the two years
- Resource mobilization work is ongoing for the 2024-25 period

Revenue allocations from grants (USD)	2022-23	2024-25
Confirmed		
Bill & Melinda Gates Foundation	2,825,000	1,675,000
Botnar Foundation	1,000,000	-
Botnar Foundation	1,735,297	1,235,000
GAVI, the Vaccine Alliance	270,805	53,500
Government of Germany	267,595	
Government of India	4,000,000	4,000,000
Merck Sharp and Dohme Corp.	148,515	-
Government of Norway	1,429,592	-
Government of Spain	168,918	-
Government of Sweden	761,658	761,658
Government of the UK	4,137,931	2,068,966
Reserves	1,599,599	-
Carry forward from previous biennium	2,441,376	-
	-	
Total confirmed and pledged / under consideration	20,786,286	9,794,124

PMNCH 2021-2025 Results Framework

Overall impact	Reduced preventable MNC morbidit including stillbirths	y and mortality	۷,	Impro	ved SRHR outo	comes	Improved AWB
	Improved national policies . Increased of	ountry health	expenditure	per capita fron	n domestic so	urces. Improve	d coverage and quality of essential services .
High Level Outcomes Priority topics for commitment follow-up and mobilization	 High-quality essential MNCH services through antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths. MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing. Health systems strengthening including MNCH data and accountability, human resources for health especially midwifery and nursing - and essential medicines and commodities. Intersectoral approaches for MNCH across the lifecourse, including nutrition, WASH, environment and gender equality. 			 Access and choice to effective contraception methods (family planning). Access to safe and legal abortion services. Prevention and legal abortion services. Prevention and treatment / referrals for Sexual and Gender-Based Violence. Prevention, detection and management of reproductive cancers, especially cervical cancer. Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing. 		 National policy and programmes for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including for Adolescent Sexual and Reproductive 	
Intermediate outco	imes:						
and/or service relat	entation of existing and mobilization of ed WCA commitments, and mobilizing in Cumulative tracking						nmitment makers accountable for implementation of existing policy, financing o-one behind'. Qualitative notes and examples
	entation of existing and mobilization of ed WCA commitments, and mobilizing in Cumulative tracking (A: Actual; T: Target)	new commitme	ents, where go	aps exist, with	an overall foc	us of 'leaving n	o-one behind'.
and/or service related Indicators Number of low- and middle-income country	centation of existing and mobilization of ed WCA commitments, and mobilizing in Cumulative tracking (A: Actual; T: Target) d Accelerated implementation of existing commitments and mobilization of new	2021 A: []	2022 A: []	2023 A: []	an overall foc 2024 A: []	us of 'leaving n 2025 A: []	o-one behind'. Qualitative notes and examples Total number of commitments (implementation support), of which number of new

PMNCH is undertaking to develop a tool to track country commitments against indicators from key global mechanisms. It will assess commitment status, identify gaps, and reinforce accountability measures

PMNCH 2021 – 2025 Results Framework (cont.)

ndicators	Cumulative tracking (A: Actual; T: Target)	2021	2022	2023	2024	2025	Qualitative notes and examples (including constituency contributions)
ions partners	Number of coalitions strengthen / influenced to advocate for WCAH at global, regional and country level	A: [] T: []	Metric: National coalitions, e.g., MSP/CAAP, Youth Coalitions, etc.; Sub-regional / Regional coalitions: AU, G7, G20, etc.; Global coalitions: WHA, UNGA, IPU; DAH operational				
Partner Engagement: Coalitions strengthened / influenced, and partners 'capacity built	Number of government and non- government high-level champions engaged in WCAH advocacy supported by PMNCH	A: [] T: []	<u>Metric</u> : Governments: Head of Government and Ministers / Head of delegations; Non-State: CEO of organisations / institutions / speakers/ associations, etc.; numbers presented, by constituency				
tner Engage nened / influ capa	Number of partners engaged in PMNCH advocacy efforts around WCAH	A: [] T: []	Metric: Number of new PMNCH members, and number of members engaged, by constituency				
Part strength	Number of partners trained or capacitated in advocacy for WCAH	A: [] T: []	<u>Metric</u> : Number of partners attended webinar or training courses on advocacy, accountability and or engagement strengthening				
d Outreacn: ampaigns I delivered, th media ach	Number of stakeholders reached through PMNCH organized and supported events with media outreach	A: [] T: []	<u>Metric</u> : Number of stakeholders reached through PMNCH organized events, GFA related events, partners' events				
Advocacy campaigns organized and delivered, together with media outreach	Number of earned and social "media hits" and PMNCH's website traffic	A: [] T: []	<u>Metric</u> : Number of earned and social media hits, unique visitors on PMNCH website, and other platforms				
roducts	Number of PMNCH Knowledge products coordinated and developed	A: [] T: []	<u>Metric</u> : Number of knowledge syntheses/briefs, evidence/progress products, medi products, toolkits and training resources, digital knowledge translation products				
: Evidence p /or develop	Number of partners engaged in the development of knowledge products	A: [] T: []	Metric: Number of partners engaged in developing and/or reviewing products, by constituency				
Knowledge Synthesis : Evidence products synthesized and/or developed	Number of partners' products amplified	A: [] T: []	<u>Metric</u> : Number of partner resources disseminated and made available through digital platforms and other means.				
Knowled ę synt	Number of people's "voices" collected and showcased through PMNCH	A: [] T: []	Metric: Number of voices collected and showcased.				

Campaigns and outreach for action: 2022-2023 highlights

- PMNCH flagship events: 11
- PMNCH supported-events: 28
- **Growing reach: 719** earned media hits with **11B** cumulative potential earned media reach* and **37 million** people reached in social media
- PMNCH channels are growing: 134% increase in followers on LinkedIn, 9% on Twitter, 22% on Facebook and 146% on Instagram.

^{*}Cumulative estimated potential earned media reach: the estimated sum of potential media consumers exposed to PMNCH media products (TV, radio, online/newspaper) based on media outlets self-reported reach.

PMNCH flagship events 2022-23: Examples	Date	Registrants	Countries registered	Potential media reach	Social media reach
WCAH and Disabilities, virtual in conjunction with CSW 66, New York	22 Mar 2022	508	73	137M	200K
Lives in the Balance 4 – WCAH in Humanitarian Settings, virtual in conjunction with WHA 2022	19 May 2022	889	92	995M	880K
Women's leadership and empowerment, virtual in conjunction with UN High Level Political Forum, NY	13 July 2022	622	93	2.46B	900K
Accountability Breakfast – spotlight on Latin America and Caribbean, virtual, in conjunction with UNGA, NY	22 Sept 2022	1008	100	614M	1.2M
World Health Summit – Protect the Promise report launch, Berlin	18 Oct 2022	100*		860M	19K
Global Forum for Adolescents curtain-raiser, virtual, in conjunction with International Day of the Girl Child	28 Oct 2022	1028	89	196M	740K
Economics of Women – WEF event, Davos, Switzerland	Jan 2023			58.1M	15.5K
ECOSOC Youth side event, virtual	Apr 2023	294	80		65K
Born Too Soon launch, IMNHC in South Africa	May 2023			3.47B	1.3M
Lives in the Balance series at WHA 2023, Geneva	May 2023	778	94		890K



World Health Summit 2022



Accountability Breakfast 2022



Lives in the Balance 2023

Governance updates

Governance Reform Light Touch Assessment and Good Governance and Good Management findings have been presented and endorsed by the GEC (June 2023) and EC (July 2023)

- ✓ Governance structures are overall working well, with the following recommendations:
 - Number of governance structures (especially the temporary structures associated with the GFA) has led to inefficiencies and unsustainable workload for the Secretariat
 - Joint governance structure meetings and potentially mergers will lead to fewer and more streamlined governance operations
 - PMNCH's Governance Manual should be updated regularly to reflect best practices in terms of diversity, equity and inclusion policies (DEI), safeguarding of partners and staff, reflecting core values, codes of conduct
 - Partner capacity building will lead to greater operational efficiency and partner engagement
 - Regular reviews (e.g., evaluation of DEI at Board meetings, Good Governance and Management etc.,) every 2.5 years.



PMNCH scorecard

Good Governance MIND score:

Overall results of the 50 variables => 0=red, 16=yellow, 34= green ~ very good results!

Global 50/50 Report: PMNCH ranked 'very high performer' consistently over the past 4 years.

MAYE: PMNCH is a global leader in MAYE, making explicit checklist recommendations in our operations, including; renumerations and young leaders represented in governance structures, etc.

Governance updates (cont.)

Governance Reform Light Touch Assessment and Good Governance and Good Management studies recommended targets for action and results:

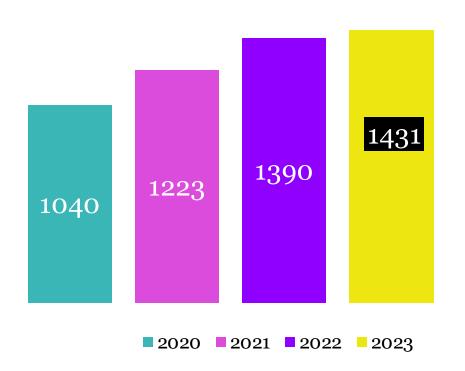
- Target 1: Reduce temporary governance structures from 50 to 30
- Target 2: Reduce meetings per year from 240 to 140 meetings
- Target 3: Conduct one face-to-face Board meeting and one virtual
- Target 4: Conduct one annual cross-committee work-planning meeting
- Target 5: Implement a reduced level of Secretariat support for governance structures
- Target 6: Reduction from 5 to 4 Committees & Working Groups
- Target 7: Make Diversity, Equity and Inclusion (DEI) principles more explicit in all operations, including nomination process, governance structures and meetings
- Target 8: Enhance ethical behavior and create safe spaces by developing PMNCH-specific policies, code of conduct, etc., making these known and monitoring these regularly



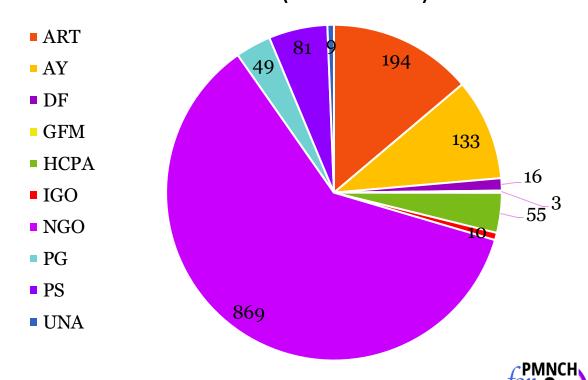


PMNCH membership is going from strength to strength

37.8% membership increase between Jan 2020- Jun 2023



PMNCH membership by constituency (June 2023)



Knowledge for action: 2022-2023 highlights

Cross-cutting

- Scoping review on investing in WCAH: case for more and better investments for WCAH across the continuum of care.
- G20 Policy Brief "Maternal, Newborn, Child and Adolescent Health and Well-being, A critical Agenda for the G20"
- Synthesis papers on the <u>impact of climate change on WCAH and solutions for adaptation and mitigation</u>, including <u>intersectoral financing</u>.

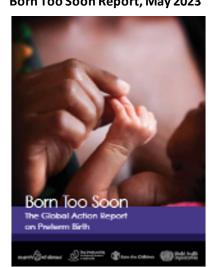
 Born Too Soon Report, May 2023

MNCH

- Launch of <u>Born Too Soon: Decade of Action on preterm birth</u> at IMNHC in Cape Town, in May 2023. Potential audience reach of 3.4 billion worldwide -- the single largest reach recorded for any PMNCH campaign over the past three years
- <u>Maternal and newborn health key advocacy messages</u>: joint messages developed by the ENAP-EPMM Advocacy and Accountability Working Group with PMNCH
- High-level champion-led media op-eds:
 - ✓ <u>High burden of maternal mortality</u> in *The Telegraph* by Rt Hon. Helen Clark and Dr Tedros, WHO DG
 - ✓ <u>Maternal and newborn health in Africa</u> published by *Thomson Reuters*, signed by H.E. Ramaphosa, President of South Africa

SRHR

 Advocacy brief on SRHR and UHC: "Why sexual and reproductive health and rights are essential for universal health coverage" used by partners to advocate for SRHR language in the UHC Political Declaration



SRHR in UHC Advocacy Brief, May



Accountability for action: 2022-2023 highlights

- **Progress reporting**: WHO, UNICEF, UNFPA, Countdown 2030 and PMNCH Progress Report on the *Global Strategy for Women's, Children's and Adolescents' Health 2016-2030,* launched at the World Health Summit in October 2022, supported by the UN Secretary-General. Potential estimated media reach: 860 million.
- Capacity-building activities, in collaboration with partners on the latest county profiles, and other data tools to improve progress on WCAH, including through the UN High-level meeting on UHC and knowledge sharing for the National Voluntary Reviews organized by UNDESA. Thematic accountability blogs
- Compendium on WCAH Commitments mapping WCAH commitments at global, regional and country levels, and outlining accountability mechanisms available to multi-stakeholder platforms in advancing the implementation of WCAH commitments in PMNCH priority countries
- Accountability Portal -- ongoing work to bring together accountability resources, evidence, guidance
 materials, briefs, to facilitate peer learning and capacity strengthening for partners to use in their
 accountability and advocacy efforts

Global Strategy Progress Report, Oct 2022



Countdown to 2030 country profiles webinar, Feb 2023





Please join as for the launch of the latest Countdown to 2020 institional, equity and early childhood developments profites and law how these country profites and the used for programming. As the country profites are beauted for programming, and the country profites and the country profites and the country profites and the country profites and will engage have the Country the continuum to 2020 regional profites that cover the continuum of a care and will engage have the Country the continuum of a care and will engage have the Country that the country profites and Adolescent's Health Profites.

Date of February 2023

There (2020) To 2020 and \$7.1500 - 16.00 CCT / 1920 - 2100 GT Registration Programming Country and Septiments Programming Association Septiments and Septiments.

ountdown to 2030



Accountability Breakfast, Sept 2022



Summary of PMNCH achievements, by the numbers

Knowledge Synthesis

83 (21) talking points

champion mobilization

across constituencies

for events and

and messaging frameworks

21 (9) earned media products

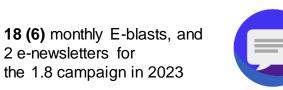
documenting lived experiences

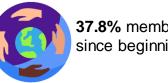


13 (3) digital audio/visual knowledge translation material



321,000 (116,000) visitors to www.pmnch.org 90,400 (76,000) visitors to www.1point8.org





37.8% membership increase since beginning of 2020

Partner Engagement





37 million (19 million) people reached in social media, and 7.3 million (5.9 million) via #1point8

719 (321) media hits: cumulative

estimated potential reach of 11

Campaigns and Outreach

billion (4,7 billion)



133% (21%) increase in followers on Linkedln, 9% (3%) on Twitter, 22% (8%) on Facebook and 146% (57%) on Instagram



11 (5) flagship events and 28 (9) supported events

Working towards 30

LMIC government

commitments to WCA health and well-being

Working towards 5 regional/global commitment to WCA health and well-being



55 (24) flagship knowledge reports and briefs



331 (98) partners events amplified on the Events Hub

Secretariat updates

Light Touch Assessment - overall findings and conclusions:

- Partners feel well-supported by high quality Secretariat
- Reducing governance structures and meetings can improve productivity, streamline efforts and
 Reduce workload both for partners and for the Secretariat.



MIND Good Governance / Good Management - overall findings and conclusions: Study results (75% response rate):

- Overall results of the 50 variables: Extremely Positive with 0=red, 9=yellow, 41= green
- Secretariat will maintain positive green areas, and work on areas of improvement, including more role clarity, more effective organizational communications across teams, greater prioritization to navigate and reduce high workload volume.

Two staff retreats (Dec 2022 and June 2023) to strengthen Secretariat planning and operations

- Agreeing approaches to increasing "partner-centricity" and greater governance efficiencies/outputs, including through digitalization
- Prioritizing staff well-being by increasing staffing levels, establishing 'no meeting' times (6 hours per week), increasing clarity on team and individual roles/responsibilities. Staffing levels have increased by 28% since 2020, currently 25 staff/consultants, of which 31% are < 30yrs.
- Staff organogram being revised to streamline further: Instead of 5 teams, will consolidate into 3, with forward career paths being explicit in planning. Organogram to be further updated through consultation in 2023 and into 2024/25 biennium.

Spotlight on the Global Forum for Adolescents and 1.8b campaign

Aditi Sivakumar, Board Vice Chair under 30 and SAC Vice Chair under 30



Our 2022-23 flagship effort Global Forum for Adolescents and 1.8 billion campaign



Planning has been carefully guided by principles, evidence and tools:

- ✓ Meaningful Adolescent and Youth Engagement (MAYE) Global Consensus Statement (2019), supported by a Practical Guidance Resource (2022)
- ✓ Adolescent Wellbeing collection: The BMJ (2022-23)
- ✓ Adolescent Well-Being Investment Case (2023-onwards)
- ✓ Global AA-HA! (2023)
- √ What Young People Want survey responses (±1M by end-July 2023)

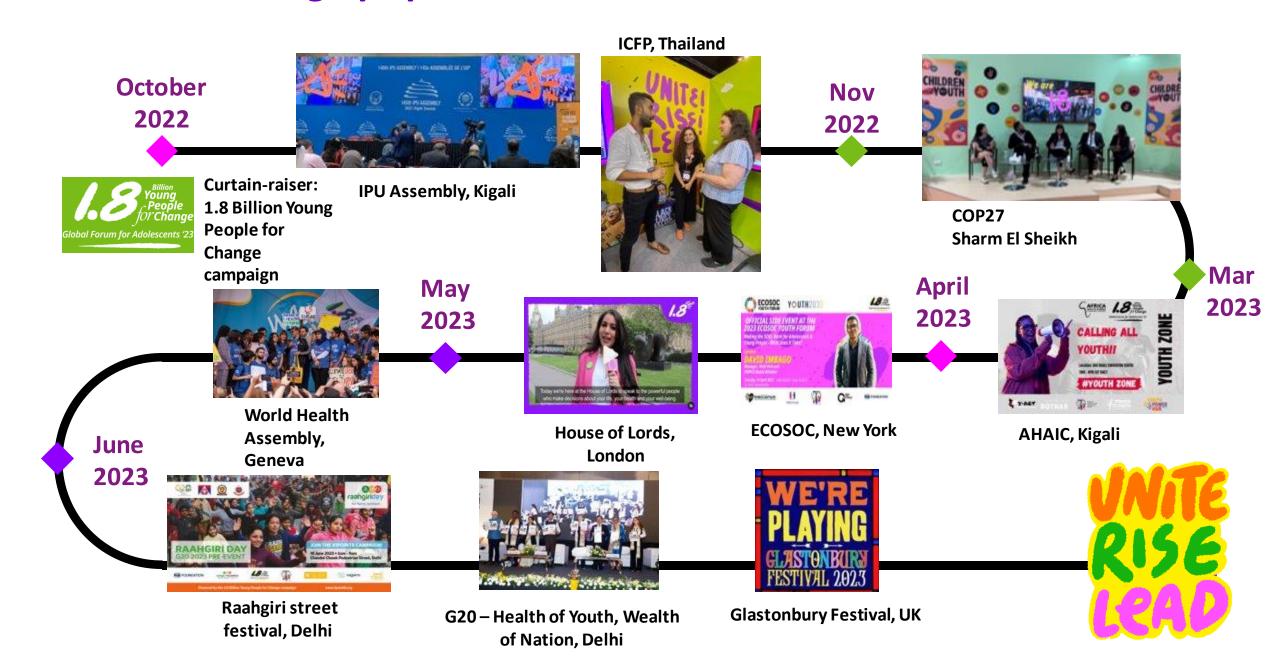
✓ Ongoing development of Adolescent Well-Being monitoring framework (2023-24)



The world's 1.2 billion adolescents (young people aged 10-19 years) now represent almost 16% of the world's population; yet this group has received limited attention from global agenda-setting initiatives, such as universal health coverage and sustainable development. This needs to be addressed, given that adolescence represents a critical period of the life course during which many factors contributing to lifelong well-being are set.



2022-23: Picking up speed toward the Global Forum



Targets and results for the Forum and 1.8 campaign, as of 30 June 2023

Target: 1 Billion estimated reach of the Global Forum and 1.8 campaign

Status: ~2.3 Billion estimated potential reach through 157 media publications, including interviews, commentaries, media releases, etc.

Commitment target: Minimum of 5 new commitments from low- and middle-income governments by September/October 2023

Status: 27 ongoing efforts with Governments to mobilize for AWB commitments



Target: 100

Reached: **87** national events GFA events already registered and 25 in the process of being registered.



Target: 750

Reached: 787 responses to the Art for well-being competition from 114 countries.



Target: 5000

Reached: 3200 Registrations for the GFA. The GFA Program comprises of 3 plenaries + 1 opening and 1 closing ceremony, 5 thematic tracks and 22 core sessions. Over 100 partners engaged in this effort.



Target: 1 million

Reached: +1M responses from young people to date in the What Young People Initiative.



GFA Programme Overview

GFA Platform

Main Programme

3 Plenaries
22 Core Sessions
8 Product Launches

National Events

87 events registered to date

UNICEF Innovation Session

1 session

Well-being Pauses and Energizers

16x 10-minute breaks

1point8 website

Research and Programmes Marketplace

Skill Building Marketplace 6

Digital
Application
Marketplace
8

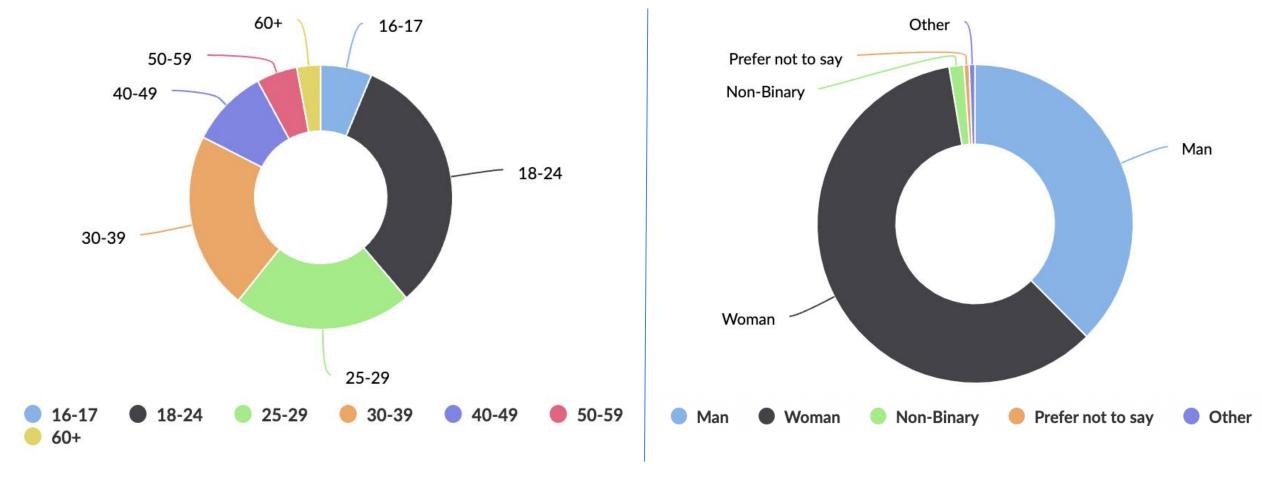
Art for Wellbeing Competition Showcase



GFA Programme Schedule

			G	FA Sch	nedule			
	8:30-9:50	Opening Ceremony Plenary 1: "Setting the So	cene"		8:30-9:50	National Event for Plenary 2: "Success and Ma		
	09:50-10:00	Well-being break			09:50-10:00	Well-being bre	ak	
	10:00 -	Meaningful adolescent and youth engagement: An	unfulfilled promise and the road		10:00 -	A healthy dose of change: Reducing harm through	Driving change: Youth engagement for	
	10:50	ahead			10:50	youth-driven drug education solutions	improved road safety	
	10:50 - 11:00	Well-being break			10:50 - 11:00	Well-being bre	ak	
	11:00 - 11:50	Investing in tomorrow: Empowering the next generation of young public health professionals	Product Launch: African Union		11:00 - 11:50	"If only you would listen!" A conversation between adolescents and global experts on building resilience in an uncertain world	Product Launch: Investment Case	
E	11:50 - 12:00	Partner content (tbc)		-	11:50 - 12:00	Well-being bre	ak	
Time (C	12:00 - 12:50	Agents of change: Stories from youth on the frontline of the humanitarian response	Ready to Learn and Thrive: Promoting adolescent well- being in schools	ime (CE)	12:00 - 12:50	It starts with families: Improving adolescent well- being through strengthened support	Measuring what matters: Advancing measurement of adolescent well-being	
3	12:50 - 13:00	Well-being break (Lunch)	<u> </u>	12:50 - 13:00	Well-being break (Lunch)	
/ednesda	13:00 - 13:50	Generation cyberwise: Fostering safety for digital natives	AA-HA! - Global Accelerated Action for the Health of Adolescents	(Thursday)Time (CET)	13:00 - 13:50	Hungry for change: Students assess school nutrition programs	Man up? How deconstructing masculinities improves adolescent well-being	
5	13:50 - 14:00	Well-being break		er (13:50 - 14:00	Well-being break		
11th October (Wednesday) Time (CET)	14:00 - 14:50	Mental Health: Youth leaders break the silence	Product Launch: NCD Alliance	th October	14:00 - 14:50	From siloes to systems: Bringing adolescents into the healthcare agenda	Ask us what we need! Youth-led approaches to redefining sexuality education	
1t/	14:50 - 15:00	Well-being break		12th	14:50 - 15:00	Well-being break		
1	15:00 - 15:50	Our planet, our well-being, our say: Youth-led action and the climate crisis	We lead: Youth-led advocacy strategies for SRHR and bodily autonomy		15:00 - 15:50	Embracing sexual and gender diversity in SRH: LGBTQIA+ adolescents and youth lead the way	Periods are bloody important: Learnings from menstrual health interventions	
	15:50 - 16:00	Well-being break			15:50 - 16:00	Well-being bre	ak	
	16:00 - 16:50	Building agency of adolescents through quality programming and accountability	Product Launch: USG		16:00 - 16:50	A better way: Adolescents and young people at the centre of a transformative HIV response	Making the future disability-inclusive: Bringing stakeholders together to change the future, today!	
	16:50 - 17:00	Well-being break			16:50 - 17:00	Well-being bre	ak	
	17:00 - 17:50	We deserve better: From combating violence to fostering safe spaces	Guttmacher Adding it up		17:00 - 17:50	Plenary 3: "Commi	tments"	
	17:50 - 18:00	Well-being break			17:50 - 18:00	Closing Ceremo	ny	

Registrations to Date (Sept 13th): 3835 registrations



Top 10 countries: Kenya, Nigeria, India, Rwanda, USA, Uganda, DRC, Cote d'Ivoire, Ghana, Brazil



An overview of National and Regional Events to date

Total number of events (registered): 87					
Registered events Breakdown by Region:					
African Region (AFR)	39	Eastern Mediterranean Region (EMR)	6		
Region of the Americas (AMR)	7	Western Pacific Region (WPR)	4		
South-East Asian Region (SEAR)	16	European Region (EUR)	13		
Global	2	Regional	4		



Already 2910 people have participated in national events, of which 1616 between 10-25 years old! (18 events reported back)



Well-Being Centre at Sir MVIT Conducts

FOR WELL - BEING



"What does Well - Being mean to you?"

Draw/paint your answers

This event is in support of



coordinated by PMNCH & supported by WHO



OCTOBER 3-4th, 2023



Evento ZAP jTu voz importa!







Acompáñanos en nuestro foro "Intercambio de ideas y construcción de paz" y ayúdanos a construir un mundo mejor para jóvenes.



Universidad Del Sinú



Sábado 29 de julio



10:00 a.m.

Tue, Oct 03 | Tunis

[Tunisia] Arab **Adolescent Forum** 2023

this Arab Adolescent Forum 2023 aims to build a regional movement as a "Call to Action" for Adolescents, to mobilize political and financial commitment for better policies, programs, and financing to address young people's needs.



Friday, 11 August 2023 GMT: 12 noon | East Africa Time: 3pm



Upcoming webinar

Malaria youth





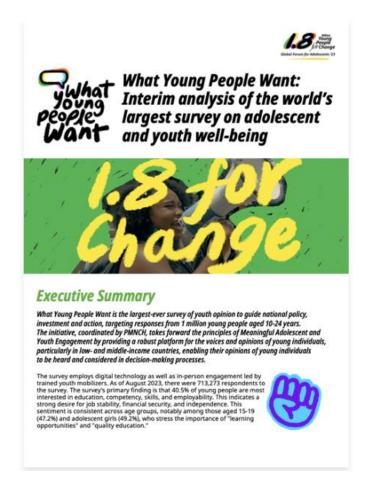


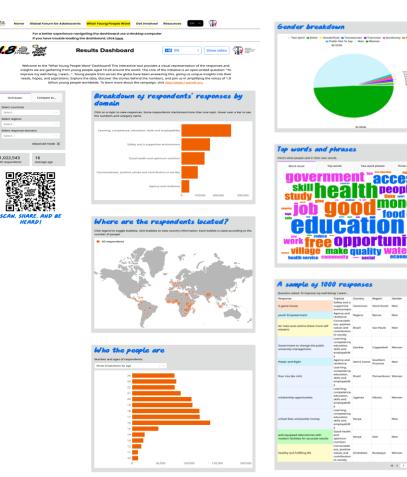


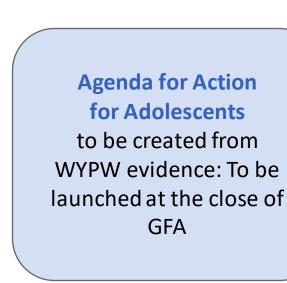
TUNIS

What Young People Want

+1.2 Million responses achieved as of Sept 23'







Interim analysis of results launched during Int. Youth Day 12 August 2023 – potential combined media reach 1.68B





Spotlight on Delivering on Country Commitments: Collaborative Advocacy Action Plan (CAAP) implementation progress

Joy Phumaphi, PECC Chair Sue Mbaya, PMNCH Senior Consultant



Partner engagement in countries: 2022-2023 highlights

High-level champion engagement:

- **Head of state/government engagement:** PMNCH has supported H.E. President Ramaphosa of South Africa to initiate a Global Leaders Network for WCAH, including invitations to 10 Heads of State and Government (HoS/G). By June, acceptances received formally from Senegal and positive responses from Bangladesh, Tanzania.
- **Ministerial engagement**: PMNCH has held bilateral meetings held with HoG and 30+ ministers during key global and regional policy events, e.g., World Health Assembly, UNGA, World Health Summit, COP27, ICFP2022, etc.
- **Parliamentarian engagement**: PMNCH participation in 3 IPU Assemblies, including bilateral meetings with 20 national Speakers of Parliament.

Grassroots engagement:

- Collaborative Advocacy Action Plans (CAAPs): Activated in 5 priority countries by June 2023; more to follow in Q3 and 4 of 2023 and into 2024
- Partner engagement digital advocacy hubs: Launched in 2023, with priority for Constituency hubs, GFA hubs and country-level hubs that will support advocacy and accountability within partner countries.

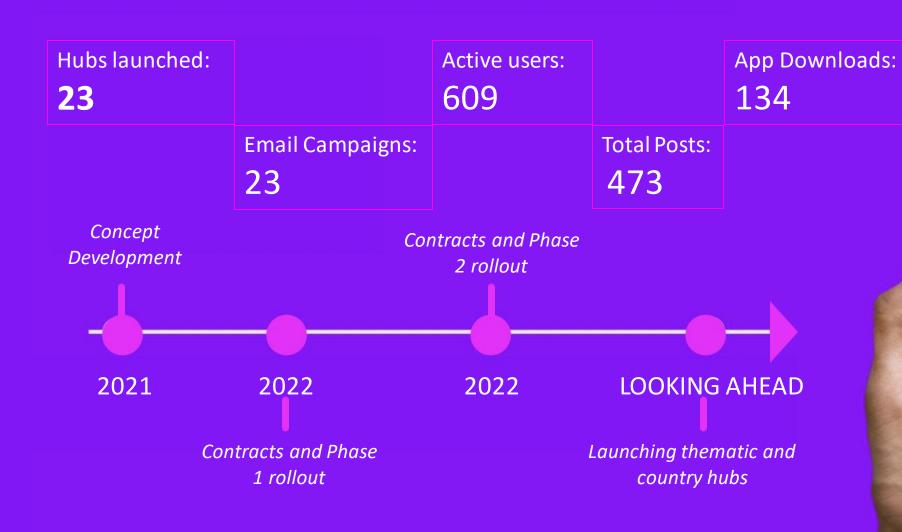






DIGITAL ADVOCACY HUBS





Organizations Are you looking for opportunities for partnerships and collaboration, or networking, learning, and sharing? Browse through our strong partnership-based of +1,300 partner organizations across 192 countries. You can search by Country, Constituency, or Focus area. Let's connect! ADVOCACY Search for organizations Type a name or keyword Search by location Select an option Results (1281)

Delivering on Country Commitments: Collaborative Advocacy Action Plan (CAAP) implementation progress



From strategy to action: Progress to date

PMNCH Board

approves the development of new approach to commitments (July 2022)

PMNCH Board

agrees new commitment approach (Feb 2023)

Implementation begins

in Malawi, Nigeria, Senegal, South Africa and Zambia (April 2023)

Implementation begins

in Ethiopia, Kenya, Liberia, Mali, Tanzania, and Sierra Leone (June-August 2023)















Sept 2023

Partner consultation

on development of a new commitment approach (Sept – Oct 2022)

PMNCH Committees and Working Groups

agree on articulation of the commitments; first phase 10 CAAP countries*; 15 AWB commitment mobilizing countries, TORs and workplan 2023 (Feb 2023)

*Bangladesh, Kenya, Malawi, Liberia, Sierra Leone, Senegal, South Africa Tanzania, Zambia

PMNCH Board guides progress (June 2023)

review implementation progress and ,thereafter, send report to EC (September 2023)



Engagement Principles Guiding CAAP Efforts

- Recognize the leadership role-by country partners (including national governments through, for example, the Ministry of Health and PMNCH partners in individual countries);
- Build/strengthen existing national multi-stakeholder/partner platforms, where these exist;
- Ensure inclusive and meaningful participation, engagement and decision making with country stakeholders, all PMNCH constituencies (especially those not currently included such as AYC, ART, and HCPA);
- Champion transparent communication and openness of the process to ensure mutual accountability; and
- Foster joint action and monitoring of process, implementation and results, based on harmonized information and accountability.



Step-by-step development of CAAPs: Progress Overview

Step 1

Identify country focal points/lead partners in priority countries to coordinate CAAP efforts

Status: Country lead partners confirmed in all 10 countries; country lead partners have also been identified in Ethiopia, Niger and Mali where the CAAP process will be adapted

Step 2

Identify and assess functional status of WCAH-focused, country-led MSPs to support CAAP development (leveraging existing MSPs and expand constituency representation)

Status: MSP identified in Kenya, Nigeria and South Africa and concurrently underway in Malawi

Step 3

Map existing WCAH national commitments, and analyze their implementation status including AWB commitment gaps

Status: Underway in Kenya, Malawi, Nigeria, South Africa supported by global tools (Digital commitments compendium, guided by the PMNCH Knowledge & Evidence Working Group); inclusive PMNCH Digital Advocacy Hubs (involving all constituencies), guided by the Governance and Ethics Committee

Step 4

Develop and implement CAAPs

Status: Lead partners will develop CAAPs after commitment assessment reports are finalized

Step 5

CAAP reporting by country lead partner*

Status: To be undertaken periodically, guided by the PMNCH Accountability Working Group

• This will be part of the Board meeting Agenda for 27-28 November where CAAP Status will be provided, with deep dive from a couple of countries, discussed at the Board for further action

What does success look like for the CAAP process?

Success metrics include:

- # CAAP plans developed and owned by a broad spectrum of partners in countries;
- # commitments followed-up;
- # commitments mobilized; and
- # MSPs expanded to be more inclusive of all our constituencies.



Implementing the CAAP Process: An all of PMNCH Effort

	PMNCH Governance Structures	PMNCH Partners	PMNCH Secretariat	PMNCH Consultants
CAAP Process	PECC, SAC, K&E WG, AccWG	Africa Health Budget Network, Aga Khan University, Amref Health in Africa, Clinton Health Access Initiative, SACSoWACH, White Ribbon Alliance, University of Oslo*	Amy Reid, Enico Iaia, Ilze Kalnina, Merlin Ince, Mohit Pramanik	Sue Mbaya, Nkongho Nchong Achere
AWB Commitment Mobilization	PECC, SAC, K&E WG, AccWG, GFA-specific Structures	Plan International Canada, FIA Foundation	Anshu Mohan, Thahira Mustafa	

^{*}University of Oslo will recruit interns to contribute to PMNCH efforts to develop the digital commitments' compendium and the analytical framework for the commitments analysis



CAAP Progress Deep Dive

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Country	CAAP Lead Partner & Status	Implementation Status	Key Next Steps
Bangladesh	White Ribbon Alliance (WRA) – Confirmed	 Consultative meetings undertaken with WRA focal point and lead partner ToR shared. 	 Inception call to be organized with WRA Bangladesh team DAH introductory session to be organized
Kenya	Health NGOs Network (HENNET) – Confirmed	 Contracting process underway - CAAP proposal reviewed & revised Aga Khan University (AKU) contracted to undertake scoping and analysis of commitments DAH introductory session conducted by PMNCH secretariat 	 Conclude HENNET contracting process Assess suitability of updated GFF IC to serve as CAAP Coordinating call for HENNET, AKU and possibly Plan Int. (AWB mobilization) Inception meeting of in-country partners DAH to be launched with in-country partners
Liberia *	Public Health Institute of Liberia - Confirmed	 Contracting process underway – CAAP proposal awaiting revisions Proposal reviewed by PMNCH secretariat 	 Proposal to be revised by PHIL and contracting process to be concluded DAH introductory session to be organized
Nigeria	Africa Health Budget Network - Confirmed	 Contracting process concluded Implementation underway AYC organization engaged as youth lead partner MSR checklist completed 	 Inception call to be organized by lead partner on September 7th Partners' database to be concluded following completion of PMNCH partner survey

Key Next Steps

CAAP Progress Deep Dive

Country

CAAP Lead Partner &

	Status		
Malawi	Amref Health Africa in Malawi - Confirmed	 Contracting process finalized DAH introductory session conducted by PMNCH secretariat MSP identification underway Call with lead partner staff undertaken Scoping commenced 	 Inception meeting of in-country partners to be conducted Discussions with MoH to identify MSP to be finalized DAH to be launched in 2nd week of September
Senegal ***********************************	Amref Health Africa in Senegal - Confirmed	 Introductory call conducted Contracting process underway Proposal under development DAH webinar attended 	 Contracting process to be progressed including proposal to be submitted Inception meeting of in-country partners
Sierra Leone	Clinton Health Access Initiative (CHAI) - confirmed	 Introductory call conducted Contracting process underway Proposal under development Contracting processes initiated 	 Contracting process to be progressed including proposal to be submitted Introductory DAH session to be conducted
South Africa	SACSoWACH (with secretariat support from CHAI) - confirmed	 Inception call conducted by SACSoWACH Draft scoping and analysis report produced by consultant (hired by CHAI) DAH webinar attended by CHAI consultant No suitable MSP – approach to addressing this gap now underway 	 Contracting process to commence to engage CHAI Draft scoping and analysis report to be finalized Virtual meeting across MSP to be convened

Implementation Status

CAAP Progress Deep Dive

Country	CAAP Lead Partner & Status	Implementation Status	Key Next Steps
Tanzania	Clinton Health Access Initiative - confirmed	 Introductory call conducted Contractual guidelines shared Proposal under development 	 Contracting process to be progressed including submission of proposal to PMNCH DAH introductory session to be organized
Zambia	Amref Health Africa in Zambia - confirmed	 Introductory call conducted Contracting progress underway Proposal under development DAH webinar attended 	 Contracting process to be completed including proposal to be submitted to PMNCH DAH introductory session to be organized



CAAP Progress Deep Dive*

Country	Focus	CAAP Lead Partner & Status	Implementation Status	Key Next Steps
Ethiopia	CAAP to be developed in response to gaps identified in FMOH commissioned review of implementation of Ethiopia's commitments to ICPD@25	Clinton Health Access Initiative – Confirmed as support partner to FMOH	 Introductory call with CHAI and FMOH held Contractual guidelines shared Contracting process underway Proposal to be developed 	 Contracting process to be progressed including submission of proposal to PMNCH
Mali	AWB commitment mobilization	MUSO - confirmed	 Introductory call held Proposal to be submitted 	 Contracting process to be commenced including proposal to be submitted to PMNCH
Niger	AWB commitment mobilization	WHO (being finalized)	 Lead partner prospecting underway: Positive exploratory call with WHO CO held 	 Conclude conversation with WR as prospective lead partner and determine next steps



*The countries are prioritized in PMNCH's deliverables to a donor and follow a slightly different process than the other CAAP countries. These countries are likely to be prioritized in Phase 2 for CAAP development and implementation.

Lessons Learnt

Lesson Learned

Overall Reflections

Implementation of the CAAP process steps is context specific and political

Requires time and flexibility, especially to appropriately link to or build on existing MSPs or processes

CAAP and AWB commitment mobilization processes need to be better harmonized moving forward

Experience

Moving forward it will be important to fold in all the AWB mobilization into the CAAP activities so as to follow up implementation of new AWB commitments, etc.

Engagement with Partner Governments

Socializing the CAAP process with governments at the very outset is critical

Linking CAAP coordinating partner to the PMNCH ministerial dialogue and other PMNCH supported efforts in the country (e.g., AY grantees, etc.) is critical for join action and ownership

Engaging governments in the CAAP process is a delicate balance as the CAAPs will/may include an accountability report of WCAH progress

Important to convey the accountability benefits of the CAAP to government so as to get better coordination for accelerated efforts moving forward.

PMNCH correspondence has benefited from the internal tracker, however follow up needs further harmonization across teams and committees

PMNCH follow-up with governments needs to be further facilitated by joint SAC/PECC action as well as by enabling mechanisms (e.g., tracker, DAH, etc.,)

Lessons Learnt

Experience

Lesson Learned

Identification of country focal points/lead partners

Selection of a lead partner needs to be transparent and processoriented with clear TORs and expectations Need to have a process that ensures that the lead partner is well connected, respected and has adequate country intelligence. It is also critical that there is a small budget made available for the work, which is contract-based with PMNCH with clear expectations, deliverables and TORs

Administrative and Financial Support to Partners from PMNCH/WHO

CAAP process and lead partners require more Secretariat follow up and financial support (e.g., 10,000-15,000 USD) than originally anticipated

Securing adequate support to the CAAP process and lead from PMNCH governance structure and Secretariat is critical. Need to ensure the following moving forward:

- Roles and responsibility re the CAAP process need to be made related to PECC and SAC.
- Human resources with clear roles and responsibilities by PMNCH Secretariat needs to be made clear,
- Financial resources and budget need to be secured,
- Adequate time must be built into the development as well as implementation process

WHO procurement processes are onerous

- Lead partners require clear guidance and secretariat support in navigating the steps
- Adequate time must be built into the implementation process