

ITEM 5: Delivering for Women, Children and Adolescents

Progress Report – Jan to Jun 2024

PMNCH Board Meeting July 2024





- 1. Achievements in 2024
- 2. Digital Advocacy Hubs
- 3. Resource Mobilization Efforts



Achievements in 2024

PMNCH Jan to Jun 2024 in numbers

Knowledge Synthesis



15 flagship knowledge reports and briefs

Partner Engagement



72,3K visitors to www.pmnch.org



131 media hits; *cumulative* estimated potential reach of 1.45 billion

Campaigns and Outreach



28 talking points and messaging frameworks for events and champion mobilization



6 monthly E-blasts,



5.3 million people reached in social media, and **366,000** via #1point8



4 earned media products documenting lived experiences across constituencies



43% membership increase since beginning of 2020



27% increase in followers on LinkedIn, 4% on Twitter, 2% on Instagram and 4% on Facebook*



2 flagship events and 17 supported events



135 partners events amplified on the Events Hub



1 Digital audio/visual knowledge translation material

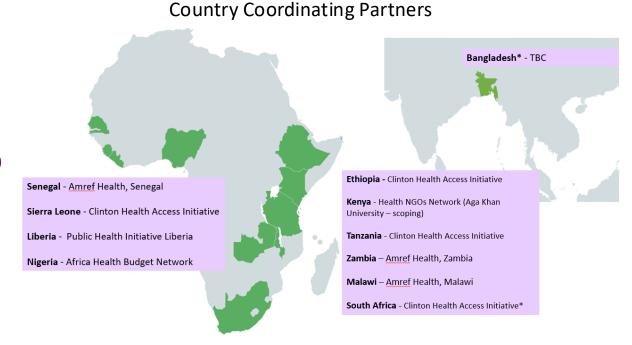
Country Collaborative Action Plan (CAAP) and Global Leaders Network

PMNCH supports 10 countries to improve joint advocacy for implementing national commitments and mobilizing to cover the gaps

Outputs:

Collaborative Advocacy Action Plan development underway in 10 countries:

- Nigeria and Malawi finalized & published Jul/Aug '24
- Kenya, Liberia and Sierra Leone to be finalized Q3 '24
- Senegal, Tanzania, Ethiopia, Zambia, South Africa, Q4 '24
- Bangladesh TBC
- ✓ CAAP development supported by in depth scoping reviews and assessment of national WCAH commitments
 - In draft, to be validated by national partners
- ✓ Launch of Country Digital Hubs in Support of the CAAP Initiative:
 - Nigeria (2023 DAH launch), Kenya and Sierra Leone (Q2 2024)
 - Ethiopia, Liberia, Senegal (in French), South Africa, Tanzania, Zambia (Q3/4)
 - Bangladesh TBC



Global Leaders Network

- South-led Head of State health diplomacy initiative to elevate women's, children's and adolescents' health to the highest political agenda.
- GLN Heads of State equipped with robust evidence-based messaging focus countries intentionally overlap with PMNCH CAAP countries.
- **Evidence-based messaging amplified by GLN members, engaging all levels of government** (MoH, DG Health, District Authorities) in the 10 focus countries

Maternal, Newborn, Child Health

77th World Health Assembly Resolution on MNCH: Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2

Advocacy and support for the MNCH Resolution

Led by the **Government of Somalia and co-sponsored by 51 member states**, the resolution, supported by intensive and coordinated action by PMNCH, paves the way for increased action in the final stretch to the 2030 Sustainable Development Goals.

PMNCH's WHA77 side event, <u>Lives in the Balance: Galvanizing political leadership for Maternal, Newborn and Child Health</u>, provided and opportunity for partners to share successes and challenges faced in accelerating maternal and child health. With remarks from HE Ramaphosa, President of South Africa as the co-sponsor of the event and chair of the **Global Leaders Network**.

Coalition of PMNCH partners

PMNCH convened more that 30 organizations from CSOs, HCPAs, Donors, Private Sector and AY Constituencies to develop key WCAH asks to Member States for the negotiations around the Resolution, and promoting strong adoption and implementation. This coalition was led by Save The Children and supported by PMNCH through advocacy on the MNCH Digital Advocacy Hub.

Knowledge for action

PMNCH led knowledge synthesis in support of the MNCH Resolution including the <u>Key WHA77 advocacy messages</u>, <u>High-level Commentary published in The Lancet Global Health</u> co-signed by MOH's of Somalia and Ethiopia, <u>Joint brief with ENAP-EPMM and CSA</u>, outlining critical action necessary to accelerate progress.

Implementation

PMNCH will continue to support the implementation of the MNCH Resolution, including MNCH advocacy and accountability through the Collaborative Advocacy and Accountability Action Plans (CAAPs), Global Leaders Network (GLN) and coordinated advocacy efforts.



Adolescent well-being

Highlight: Adolescent well-being Investment Case 'Adolescents in a Changing World – The case for urgent investment' and the measurement framework at the WHA (including national level uptake)

Launch of key knowledge synthesis products

Global Investment case

The investment case was launched at PMNCH's flagship event "Lives in the Balance - Invest in What Matters: Making the Case for Women's, Children's and Adolescent Health and Well-Being" at WHA77. The report is the result of over two years of work by the PMNCH (Partnership for Maternal, Newborn and Child Health), WHO, UNFPA, UNICEF, Victoria Institute of Strategic Economic Studies (VISES) of Victoria University, Melbourne, Australia and partners.

Measurement Approach

In collaboration with WHO, PMNCH is developing a measurement approach, including National Action Indicators, to support governments monitoring the well-being of adolescents which will be finalized in 2024.

National case studies

- National-level case studies are being conducted in 3 countries Colombia, India and South Africa
- Led by the Government of India, launch meeting organized in India in April 2024 with key national level stakeholders to gather inputs; dissemination meeting scheduled in July 2024
- Discussions ongoing with the Ministries of Health of Colombia and South Africa

MOOC and Professional Development Programme

PMNCH has been accepted by the WHO Academy to develop a Massive Open Online Course to make the technical products accessible to policy makers and other target groups



The case for urgent investment













Highlight: Landscape analysis of the SRHR advocacy space to identify the key challenges and opportunities in global and national SRHR advocacy, and define how PMNCH can add value

Commissioned a landscape analysis of the SRHR advocacy space in consultation with over 30 individuals representing 22 organizations and initiatives, including donors, multilateral organizations, NGOs, and civil society. *PMNCH partner organizations may choose to utilize one or more of the below framing options* depending on their own context and mission, and the outcomes they are aiming to achieve – i.e., as an essential element of PHC systems/UHC packages, as a prerequisite for achieving gender equality and respecting human rights, and/or as a contributor to economic growth and environmental protection.

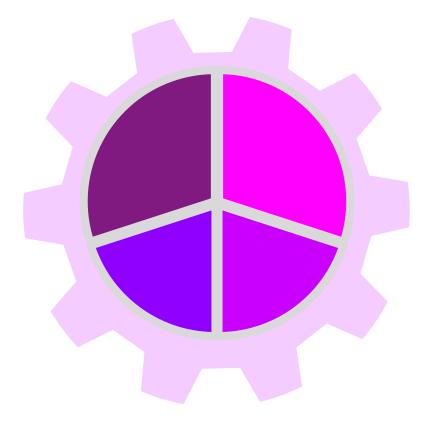
Public Health Outcomes



SRHR interventions improve population health and reduce maternal, newborn, and child mortality, and can thus be framed as a component of primary health care.



SRHR is interconnected with MNCH and AHWB, with overlapping interventions, aims, and outcomes; as such, messaging for each PMNCH focus area should cross-reference the others.



Gender Equality and Human Rights



SRHR outcomes **support** the achievement of gender equality and are **enabled** by it – i.e., the ability to avoid unwanted pregnancy, go safely through pregnancy and childbirth, and prevent STIs helps girls and women* pursue opportunities in education, employment, and political engagement. In turn, bodily autonomy and agency enable them to make and act on decisions about their sexual and reproductive health.

Secondary Links



SRHR has less obvious but still direct links to other development frames, including economic growth, poverty reduction, climate justice, and humanitarian/conflict settings. Cross-advocacy with these communities offers opportunities for broader engagement and ownership.



Digital Advocacy Hubs

21 Active Digital Advocacy Hubs

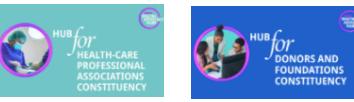
Committees/ Working Groups Constituencies Hubs



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Thematic Hubs





To be Launched in Q4 2024



Country Hubs

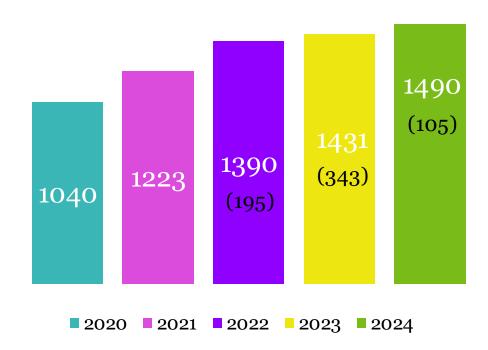




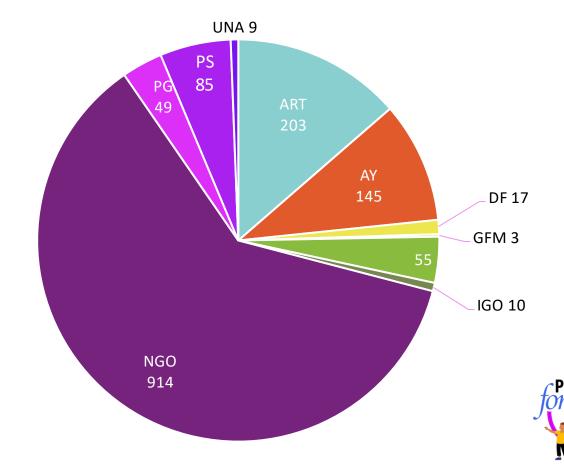
PMNCH membership is going from strength to strength

43% membership increase between Jan 2020- June 2024

(number of applications)



Membership by constituency (June 2024)



■ IGO ■ NGO



Resource Mobilization Efforts

Funding PMNCH's 2024-25 Workplan

- PMNCH currently has access to approximately US\$ 12.2 million for work in 2024-25 biennium
- This is approximately 60% of our projected US\$ 20 million budget for the biennium
- The Secretariat is very carefully monitoring PMNCH finances, and is doing so in close coordination with WHO as the host agency
- Resource mobilization is being prioritized, with intensive in-person and correspondence follow up

| Revenue allocations from grants (USD) | 2024-25 Biennium | Grant end dates |
|---------------------------------------|------------------|-----------------|
| Confirmed and committed pipeline | | |
| Bill & Melinda Gates Foundation | 1,630,446 | Nov-25 |
| Botnar Foundation | 1,235,000 | Dec-24 |
| Chiesi Foundation | 37,920 | TBC |
| GAVI, the Vaccine Alliance | 56,500 | Oct-24 |
| Government of India | 4,000,000 | Apr-26 |
| Government of Sweden | 571,244 | Dec-25 |
| Government of the UK | 2,068,966 | Sep-25 |
| Carry forward from previous biennium | 2,497,806 | |
| | | |
| Total confirmed and pledged | 12,097,882 | |

Ongoing resource mobilization efforts

Resource mobilization efforts are ongoing at pace:

- Around 10 bilateral meetings held with donors during WHA in Geneva these are being followed up for onward discussions towards possible proposals
- Several new bilateral meetings are in the diary or being followed up
- A comprehensive database / landscaping analysis of the donor community (ranging from bilateral donors to private foundations) is being developed with clear next steps
- Internally, Secretariat staffing is being restructured and responsibilities updated towards: (i) ensuring that resource mobilization is a whole-staff effort; and (ii) more time is being freed up for staff to focus on resource mobilization work
- Essential for PMNCH members Board, EC and all other structures to take an active role in these processes: Secretariat will be in touch with you with specific asks and suggestions

