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# Strategy Development 2026-2030

Evaluating PMNCH's work to date and considering future opportunities

PMNCH has undergone an independent, external evaluation towards the end of each of its strategic periods, to both assess progress made and to ascertain the direction to be taken for the next strategy. Previous evaluations can be found on <a href="MNCH's website">PMNCH's website</a>.

In this context, PMNCH's governance bodies have agreed to initiate a process to reflect on PMNCH's work during the current <u>2021 to 2025 strategic period</u> and, through doing so, set the scene and provide direction for designing and implementing a new strategy to 2030.

This note proposes the overall approach as well as the key outputs and timelines for this process, targeting the launch of a 2026-2030 Strategy in September 2025, in conjunction with PMNCH's 20<sup>th</sup> anniversary celebrations. Once agreed, this document will be the basis for a formal Request for Proposals to hire any external consultants to undertake this work. Annex 1 recaps PMNCH's existing strategy objectives.

## 1. Overall approach

This process is proposed to take place in two concurrent workstreams, as summarized below:

• Workstream 1 - Jul / Aug to Nov 2024: Agree overarching framework of strategic priorities to 2030. Informed by the PMNCH Board and constituency leaders, an independent consultant (with Secretariat facilitation) will coordinate the development of a "strategic priorities framework" to be presented at the Nov 2024 Board meeting. It will set out proposed strategic priorities as well as the main principles and parameters that will guide PMNCH's work in the coming five years. The proposed paper will also reflect on PMNCH's unique and added value in addressing anticipated opportunities and challenges of the era, based on internal consultation among PMNCH members and in the context of the broader landscape within which PMNCH operates.

**Output(s):** Proposed framework for PMNCH strategic priorities to 2030

 Workstream 2 – Jul / Aug 2024 to launch in Sep 2025: External evaluation and development of a 2026-2030 Strategy. New PMNCH strategy and results framework



to be launched by Sep 2025, incorporating agreed strategic priorities framework (Workstream 1) and lessons learned from the evaluation.

**Output(s):** Independent evaluation of PMNCH's work in 2021-2025 and the new PMNCH 2026-2030 Strategy

## 2. Description of outputs

# Workstream 1: Framework for PMNCH's strategic priorities to 2030 (Jul / Aug - Nov 2024)

This workstream will seek to generate consensus among PMNCH members about key priorities, principles and overall parameters for its 2026-2030 strategy. Informed by recent studies on PMNCH performance (e.g., MIND, Light Touch Assessment, etc.) and Board discussions at its July 2024 meeting. In addition, in-depth consultations will be coordinated by an external consultant among Board and constituency leaders to produce a high-level framework paper that will reflect:

- analysis and forecasting of global trends and conditions that shape women's, children's and adolescents' health and wellbeing outcomes;
- PMNCH's unique position within this landscape, highlighting opportunities and challenges to contribute meaningfully to the achievement of the SDGs and the development of the post-2030 goals; and
- proposed PMNCH strategic priorities and goals for the 2026-2030 period, reflecting the above analysis, as well as donor trends and strategic positioning of PMNCH.

The work on this paper will be a major input into and will correlate closely with the external evaluation of PMNCH's efforts in 2021-2025, as well as the development of the 2026-2030 Strategy. Deliverables will be supported by desk research and interviewing Board and constituency leaders, and then through analyzing inputs, outputs will be drafted and presented for feedback and refinement.

A first draft of this paper will be developed for Sep 2024, and the final paper and presentation will Rtoen produced for in and Board Chaired by presentation will Rtoen produced for in and started to the Nov 2024 Board meeting for discussion and approval.

# Workstream 2: External evaluation and development of 2026-2030 Strategy (Jul / Aug 2024 – Sep 2025)

This workstream is focused on the development of the foundational inputs into the Strategy, namely, the Independent External Evaluation and the MEL Strategy, as well as the development of the final 2026-2030 Strategy itself. Consultants engaged in Workstream 1 could also be engaged in Workstream 2, but not necessarily so, if a coordinated modality



World Hea Organizat may be identified between complementary consultants. Expectations from this process include as per below.

- Jul / Aug 2024 Nov 2024: Independent evaluation of PMNCH existing 2021-2025 Strategy, including:
  - Evaluability Assessment of current PMNCH progress indicators (i.e., derived from our current Results Framework) to underpin an external evaluation and recommended methods for study; and
  - Independent external evaluation, based on agreed indicators related to PMNCH's Results Framework.
- Nov 2024 Apr 2025: Drafting of a new PMNCH 2026-2030 Strategy, including:
  - developing a new Monitoring, Evaluation and Learning (MEL) Strategy to quide PMNCH current and forward efforts in strategy development;
  - o 2026-2030 Results Framework and Theory of Change; and
  - o first draft of the strategy by Apr 2025 and a virtual or in-person Leadership retreat to review and discuss the full strategy draft.
- Apr Jun 2025: Finalization of the 2026-2030 Strategy to be presented to the PMNCH Board meeting in June 2025, for final guidance and approval.
- Jun Sep 2025: Development of a strong case for investing in PMNCH and the official launch of the 2026-2030 Strategy in conjunction with PMNCH 20<sup>th</sup> anniversary celebration in Sep 2025.

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### Annex 1: PMNCH 2021-2025 objectives and Results Framework

PMNCH's programme of work in 2021 to 2025 is intended to contribute to the delivery of three overarching objectives:

- Objective 1 Maternal, newborn and child health (MNCH): To drive down preventable
  morbidity and mortality, including stillbirths, by advocating vigorously for the inclusion of
  essential MNCH services in costed country benefits packages.
- Objective 2 Sexual and reproductive health and rights (SRHR): To uphold essential SRHR
  interventions and ensure continuous progress in financing and equitable access to
  comprehensive SRHR packages.
- **Objective 3 Adolescents:** To advance the health and well-being of adolescents by engaging, aligning and capacitating partners around the Adolescent Well-Being Framework and related policies and actions.

In the work to advocate for better policies, efficient financing, and improved services for women, children, and adolescents, PMNCH has structured its workplans in three functional areas:

- **Partner engagement:** Supporting the development of partner knowledge, skills and capacity for joint advocacy, meaningful inclusion and greater accountability of partners to each other and to external stakeholders, including through multistakeholder policy dialogue.
- **Knowledge synthesis:** Translating and packaging evidence to highlight gaps in progress, support consensus building on advocacy asks and equip partners with evidence for action and greater accountability.
- **Campaigns and outreach:** Mobilizing all partners in a coordinated approach to attain common advocacy and accountability goals, amplifying messages through champions, parliaments, media and other influential channels.

This work is delivered by over 1 400 PMNCH member organizations, facilitated by the Secretariat and working together through 10 constituency groups: partner governments, donors and foundations, NGOs, adolescent and youth groups, private sector organizations, health professional associations, academic and research institutions, global financing mechanisms, inter-governmental organizations, and UN agencies. PMNGH Secretariatios hosted by the World Health Organization (WHO).

Rt Hon. Helen Clark, former Prime Minister, New Zealand

PMNCH's current Theory of Change is summarized in Figure 1 below.



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## Theory of Change and Results Framework

synthesized and/or

#### Problem Statement - PMNCH aims to contribute to addressing:

- . Unfinished agenda of the MDGs ( preventable maternal and child mortality, including newborn deaths and stillbirths), particularly among the poorest and most marginalized and in humanitarian and fragile settings;
- . Morbidity and mortality relating to SRHR; politicization of SRHR and threats to rights; and
- · Growing and largely unaddressed needs relating to adolescent health and well-being.

#### **INPUTS**



PMNCH partners work together to implement deliverables leading to agreed outputs

PMNCH Secretariat supports partners through facilitation

and coordination

Partners making up PMNCH have the motivation, skills and resources to lead the implementation of PMNCH deliverables.

The PMNCH Secretariat has the necessary resources (US\$ 10 million Essential Budget and US\$ 15 million Comprehensive Budget) to provide PMNCH's contribution to the implementation of identified deliverables.

#### **OUTPUTS**



Campaigns & Outreach: & partners'capacity built organized and delivered

PMNCH-branded products, events, and processes aimed at achieving the Short-term Outcomes are:

- · Driven by and emerge from country need;
- · Based on partners' articulated demand and joint action;
- · Promoting at all times the principles of equity and "leaving no one behind"; and
- · Ensuring the inclusion and leadership by young people and women.

## **SHORT TERM OUTCOMES**



PMNCH partners have increased knowledge and evidence to underpin their advocacy efforts



have greater advocacy reach and better access to decisions makers

PMNCH partners have increased advocacy-related skills and stronger

Lack of easily accessible and useable up-to-date evidence and knowledge, insufficient skills and networks among PMNCH partner, and limited access to key decision makers are major barriers to PMNCH partners being able to advocate effectively for the desired policy, funding and service commitments, and for following up on the implementation of existing commitments.

#### **IMPACT**

## **HIGH LEVEL OUTCOMES**

### INTERMEDIATE OUTCOMES



Reduced preventable MNC morbidity and mortality including



SRHR outcomes



adolescent health and well-being



Improved quality



national policies



Low- and middle-income country governments Global and/or regional bodies make publicly make policy, financing and/or service commitments to prioritise women's. children's, adolescents' health & well-being



Publicly made commitments from the highest authorities will create the foundations for better policies, greater financing and improved service coverage.

These commitments will also be the basis for holding decision makers accountable and support follow-up efforts on implementation.

Inadequate policies, insufficient funding and limited and potentially inappropriate service provision are some of the main barriers to equitably reducing MNC morbidity and mortality (including stillbirths), improving SRHR outcomes, and improving adolescent health and well-being.



external shocks.





In addition, better national policies, more domestic funding and expanded, high quality, national service provision are the main drivers to increased sustainability of outcomes, and resilience to

