

# External Evaluation of the Partnership for Maternal, Newborn and Child Health (PMNCH) 2021-2025

December 2024



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## Executive Summary

The Partnership for Maternal, Newborn and Child Health (PMNCH) serves as a cornerstone in global health advocacy, with a focus on advancing the health and well-being of women, children, and adolescents (WCAH). Between September and November 2024, PMNCH commissioned an independent evaluation of its 2021–2025 Strategy, conducted by Global Health Visions (GHV). This evaluation aimed to assess progress, challenges, and opportunities as PMNCH approaches the conclusion of its current strategy.

The 2021–2025 Strategy was developed against a backdrop of global upheavals, including the COVID-19 pandemic, political instability, and the rise of the anti-rights movement, demanding innovative advocacy approaches to maintain WCAH as a priority on global and local agendas. The evaluation focused on the core advocacy functions outlined in the current strategy as well as cross-cutting areas such as monitoring, learning and evaluation (MLE), communications, and accountability.

Key evaluation objectives included:

- Measuring progress across advocacy core functions: knowledge synthesis, partner engagement, and campaigns and outreach.
- Providing actionable recommendations to strengthen future strategies.

The thematic areas and research questions were as follows: Achievements (originally High Level and Intermediate Outcomes); Short Term Outcomes for functional areas— Knowledge Synthesis, Partner Engagement - including Digital Advocacy Hubs - and Campaigns and Outreach; Value Proposition; Monitoring, Learning and Evaluation (MLE); Communication; and Accountability.

Findings highlight PMNCH’s achievements, including fostering collective advocacy and raising the visibility of WCAH, as well as ongoing challenges in partner engagement, resource mobilization, accountability and strategic communication. Notably, this evaluation was conducted alongside two complementary independent efforts: a Governance Review and the forward-looking Strategic Priorities Framework exercise, providing a holistic lens for shaping PMNCH’s future direction.

## Summary of Findings

PMNCH made significant progress under its 2021–2025 strategy. It successfully mobilized 33 commitments from low- and middle-income countries (LMICs), exceeded regional and global advocacy goals, and played a central role in advancing critical resolutions at forums like the World Health Assembly (WHA) and UN General Assembly (UNGA). PMNCH's youth-focused initiatives, including the Global Forum for Adolescents (GFA) and the "What Young People Want" campaign, effectively engaged over 1.5 million youth voices globally. Additionally, it developed over 520 knowledge products, amplified nearly 700 partner resources, and organized over 900 events, collectively achieving an estimated 19.4 billion media touchpoints worldwide, ensuring WCAH issues remained a global priority despite challenging circumstances.

## Domain Specific Findings

**Value Add:** PMNCH's value add is evident in its key strengths, such as its convening role, which brings partners together for collaboration on priorities and shared learning, and its ability to provide access to high-level decision-makers, like those at UNGA and WHA. It has maintained a consistent focus on WCAH over two decades, despite competing global agendas. However, challenges include operationalizing collective advocacy across diverse voices and the need for bolder action on controversial issues such as abortion and adolescent rights. *Recommendations suggest broadening opportunities for non-traditional partners to engage, including using digital tools for wider partner engagement, and adopting bolder messaging when appropriate.*

**Knowledge Synthesis:** In terms of core advocacy functions, PMNCH's knowledge synthesis products have been valuable for global partners, aiding visibility and advocacy. However, some national partners have found these products overly technical and challenging to adapt to local contexts, leading to limited awareness and underuse. Recommendations to improve include establishing feedback mechanisms, supporting national partners in adapting global materials, and creating systems for real-time feedback to refine dissemination strategies. *Additionally, PMNCH should address political challenges, including the anti-rights movement, to ensure its evidence synthesis remains relevant and impactful.*

**Partner Engagement:** PMNCH's partner engagement work focuses on enhancing the knowledge, skills, and capacity of partners for joint advocacy and promoting greater accountability through multi-stakeholder dialogues and initiatives like small grants and digital platforms. While respondents valued the large and diverse partnership for giving credibility to PMNCH's voice and enabling collective advocacy, challenges arose around mobilizing such a vast number of partners. There is a need for more clarity about what being a "partner" entails and how to engage effectively, with a smaller number of active members consistently involved. Key barriers to engagement include insufficient financial and human resources, making it difficult for partners to dedicate time to PMNCH activities.

The evaluation highlighted the need to rethink PMNCH's partnership model, as the current structure is large, with many non-engaging partners that make it less effective in driving strategic advocacy. There is a need for clearer communication about partnership expectations and a more tailored approach to the roles and contributions of partners, particularly at the country level. *Recommendations include overhauling the partnership model, facilitating more accessible engagement opportunities, and creating a partner database to track activities and contributions.* Additionally, a new measurement framework should define successful engagement and incorporate resource mobilization while ensuring equitable distribution of available funds.

**Campaigns and Outreach:** PMNCH's campaigns and outreach have been widely regarded as successful, particularly the "What Young People Want" initiative in 2023 and the Call to Action on COVID-19 in 2020. Respondents appreciated PMNCH's amplification of their own campaigns, noting that it helped protect their organizations by advocating boldly when they could not. The Global Leaders Network (GLN), led by heads of state from the Global South, was also seen as a promising avenue to elevate PMNCH's issues to top global agendas, although it was still too early to assess its impact fully. Despite



these successes, respondents felt that PMNCH's outreach primarily serves as an information-sharing tool rather than a vehicle for advocacy, which some saw as a missed opportunity to influence global narratives.

**Communication:** PMNCH's communications approach received mixed feedback. Respondents noted the need for clearer internal communications and a more collaborative approach, particularly in governance meetings, which some described as scripted and performative. Many partners, especially those not in governing bodies, struggled to find information, and communication across constituencies could be improved. Externally, there were concerns that PMNCH was not leveraging its communications platforms effectively to drive advocacy or engage partners in shaping global narratives.

*Recommendations include conducting a communications audit, revising the PMNCH voice to be bolder, and creating internal spaces for more open conversations, which could help foster a more strategic and impactful communication approach.*

**Measurement, Learning and Evaluation (MLE):** PMNCH's Theory of Change (TOC) effectively outlines its vision to empower partners and strengthen their capacity for advocacy, thereby contributing to improved policies, financing, and service coverage for WCAH. The TOC includes outputs like products and events that align with country demands, driving short-term outcomes that enable members to advocate effectively and hold stakeholders accountable. However, the Results Framework has gaps, such as a lack of alignment between intermediate outcomes and high-level goals, and it doesn't account for the complex, non-linear paths to achieving these outcomes. This misalignment leads to challenges in tracking and verifying high-level results, with respondents noting unclear roles in measuring progress at the country level.

The MLE system needs strengthening to better track PMNCH's complex, context-dependent advocacy and partner engagement. The current system falls short in capturing feedback and adjusting strategies, limiting its ability to support continuous learning and adaptation. To improve its impact, PMNCH should *refine its MLE approach, focusing on documenting achievements, integrating qualitative methods like case studies, and adopting a more adaptive learning process. Additionally, by focusing efforts on select countries, refining intermediate outcome indicators, and tracking the integration of rights-based approaches, PMNCH can better demonstrate its contributions and enhance its accountability and effectiveness in achieving high-level outcomes.*

Several challenges have been identified in the report that need detailed reading. Some of the key areas that need strengthening and development are partnership engagement, building evidence that is fit for purpose and motivates partners on the ground for their accountability efforts, providing more impetus and resources to collaborative advocacy led by partners, more intentional and adaptive measurement and learning around its efforts and more creative models of sustainability that include pooled funding and joint proposals from a consortium of donors.

## Strategic Recommendations

The **Recommendations** are structured to enhance PMNCH's effectiveness and strengthen its partnerships. A focused and strategic approach is recommended using the acronym SAILS -Streamline,

**Align, Produce Impact, Learn and Adapt and Sustain Support.** The framework outlines key actions areas that are the recommendations at the end of the report. By adopting this streamlined, aligned, and impact-driven approach, PMNCH can foster deeper partner engagement, deliver measurable outcomes, and sustain momentum in advancing its mission across diverse regions. These are designed to be sequential where each action is mutually reinforced with the other actions creating a complementary set of efforts to amplify impact.

Using a SAILS Framework, GHV recommends following areas of action:

**1. Streamline**

- a. Simplify partnership models to improve engagement and focus resources on active, high-impact members.
- b. Introduce mechanisms for equitable representation and clarify partner roles in advocacy efforts.

**2. Align**

- a. Develop clearer systems and processes aligned with partners' needs for translating global commitments into actionable national strategies.
- b. Strengthen the integration of global and local advocacy efforts through initiatives like Collaborative Advocacy Action Plans CAAPs.

**3. Produce Impact**

- a. Build stronger mechanisms for measuring and showcasing the long-term outcomes of advocacy efforts.
- b. Prioritize delivering measurable outcomes by implementing a limited number of commitments in key countries over short cycles (e.g., six months).

**4. Learn and Adapt**

- a. Implement iterative learning to test and refine approaches.
- b. Improve MLE systems to capture nuanced impacts, such as policy shifts and funding increases.
- c. Use case studies and storytelling to demonstrate PMNCH's value proposition to donors and stakeholders.

**5. Sustain Support**

- a. Strengthen resource mobilization efforts, including pooled funding mechanisms to support national advocacy.
- b. Empower local partners by allocating resources proportionate to advocacy challenges in their contexts.

## Conclusion

PMNCH has achieved notable progress in mobilizing commitments, amplifying voices, and maintaining WCAH priorities amidst global challenges. PMNCH adds significant value through its convening power, access to high-level platforms, and long-term consistency. However, there are opportunities to enhance inclusivity, operationalize collective advocacy, and make knowledge synthesis products more adaptable

and impactful. Strategic adjustments in these areas can amplify PMNCH's influence and better support its partners. Moving forward, it must adapt its strategies to sustain its leadership, deepen national impact, and empower its partners for greater advocacy outcomes. By focusing on streamlined partnerships, innovative advocacy, and accountability frameworks, PMNCH is well-positioned to navigate the evolving global health landscape and achieve its 2030 Sustainable Development Goals (SDGs).



# I. Introduction

## Context

The Partnership for Maternal, Newborn and Child Health (PMNCH) is a dynamic leader in global health advocacy, with a focus on women's, children's, and adolescents' health and well-being (WCAH). Its core strengths include convening diverse stakeholders, fostering impactful collaboration, and driving high-level commitments from governments to advance maternal, newborn, and child health (MNCH), sexual and reproductive health and rights (SRHR), and adolescent well-being (AWB).

As PMNCH nears the conclusion of its 2021-2025 Strategy, it faces a pivotal moment: translating its global advocacy efforts into sustainable and measurable impacts at the country level. This challenge is amplified by shrinking global health funding, growing donor demands for evidence of impact, shifting power to more authoritarian regimes, shrinking civil society spaces, and the increasing presence of the anti-rights movement. The anti-rights movement, which actively participates in key global forums such as the World Health Assembly (WHA) and the UN General Assembly (UNGA), poses significant threats to progress in WCA health.

Research highlights critical gaps in the global response to the anti-rights movement, including inadequate support for organizations and movements to convene, strategize, and coordinate effectively. The role of organizations defending human rights—particularly the rights of women, children, adolescents, and other vulnerable populations—has never been more crucial. For PMNCH, this underscores the importance of evaluating its progress and using evidence-based insights to shape future strategies.

To this end, PMNCH commissioned [Global Health Visions](#) (GHV) to conduct an independent evaluation of its 2021-2025 Strategy. The evaluation focuses on identifying areas where PMNCH has achieved the greatest success, as well as opportunities for improvement. Designed to be forward-looking, it incorporates feedback from members to distill lessons learned and inform the development of PMNCH's next strategy, with a focus on its functional areas and key workstreams.

This evaluation was conducted alongside two complementary initiatives: a Governance Review and the development of a Strategic Priorities Framework (SPF). Together, these processes aim to equip PMNCH with the insights and tools needed to navigate evolving challenges and amplify its impact in the years ahead. Throughout the interviews and during the feedback process, there were some questions and comments from respondents, Board and the Secretariat that were more relevant to the SPF Exercise and these were shared with the SPF for consideration.

## Methods

Carried out between September and November 2024, GHV's external evaluation included the following components:

1. **Desk research:** GHV reviewed key documents including annual reports; donor reports; previous evaluations; communication materials, including articles, videos and website content; monitoring, learning and evaluation (MLE) reports and the Results Framework; and a memo prepared by the Secretariat—"PMNCH 2021-2025 Report on Results Framework Nov 8, 2024."<sup>1</sup>
2. **Key informant interviews and Focus Groups:** GHV conducted over 30 interviews with the Secretariat, PMNCH members, donors and other stakeholders using a semi-structured interview guide. Respondents were purposively selected to represent PMNCH's core functions and thematic areas within various working groups, committees, the board, and the secretariat (Annex i).
3. **Survey:** GHV administered a brief online survey that was sent to all members (approximately 1,500). 32 unique responses were received and have been used for the analysis. This is a much lower than anticipated response rate, yet GHV triangulated with the findings from the interviews where relevant.
4. **Leveraging existing networks and knowledge:** GHV consultants drew on their own expertise in MNCH, SRHR and AWB, as well as the expertise of GHV's network.

The GHV Evaluation Co-leads were accountable to the Board Sub-Group overseeing this process: Rt. Hon. Helen Clark, Board Chair and former Prime Minister of New Zealand; Mike Mbizvo, Senior Associate and Country Director of the Population Council's office in Zambia; and Kathleen Sherwin, Plan International's Chief of Strategy & Engagement. The Co-leads met with Board Sub-Group members several times throughout the process to leverage their insights.

### Approach for the Analysis

The evaluation utilized a mixed-methods approach, integrating qualitative analysis with quantitative survey findings to try to ensure a comprehensive understanding of PMNCH's work. However, survey responses were lower than expected, with only 32 responses from PMNCH members, and therefore not representative of the 1,500 partners. As a result, most findings and recommendations are derived from qualitative interviews, and while survey data was used to complement findings from qualitative interviews where there was a consensus, the findings may not fully represent the perspectives of less-engaged partners who did not participate. Efforts were made to identify areas of consensus, highlight differences in opinions, and elevate underrepresented voices or perspectives absent in previous evaluations or Secretariat discussions.

Respondents were purposively selected to reflect PMNCH's diverse stakeholder base. Most respondents held global-level roles or senior positions within their organizations, resulting in limited familiarity with PMNCH offerings at the national level. As such, additional interviews were conducted with in-country partners after consultation with the Board Sub-Group overseeing the evaluation. These included partners actively engaged in initiatives such as Collaborative Advocacy Action Plans (CAAPs) and Digital Advocacy Hubs, enhancing the evaluation's depth and inclusivity.

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<sup>1</sup> The results captured and assessed by PMNCH may lack an external, independent view; nevertheless, they represent an important data set for the evaluation. The scope of the evaluation did not permit validation of these findings. While the current strategy goes through 2025, this evaluation does not capture impact and/or reflections on the final year.

The data collection tools were designed to capture a holistic understanding of the prioritized thematic areas and research questions (see Annex ii). Qualitative data focused on uncovering themes, patterns, and insights, while quantitative data was intended to provide broader perspectives on specific themes. Quantitative triangulation was used selectively to validate findings, but qualitative data from interviews was not quantified to avoid oversimplifying nuanced issues or excluding marginalized voices. When possible, especially for interview questions that were asked consistently of all evaluation respondents, GHV tried to indicate if findings were based on responses from a few, several or the majority of respondents. However, in qualitative analysis, if only one person says something, this is not evidence of it being a minority viewpoint but may simply indicate that it did not come up in other interviews.

The evaluation also accounted for potential response bias, where respondents might present overly positive perspectives. To mitigate this, assurances of confidentiality were provided; when possible, findings were corroborated with donor reports, the results framework, and insights from other interviews. Additionally, the Evaluation Co-Leads employed techniques to elicit candid feedback, such as encouraging respondents to provide concrete examples, acknowledging power imbalances, and inviting follow-up feedback via email, particularly for focus group participants. The approach aimed to ensure a balanced and representative evaluation, capturing the complexities of PMNCH's contributions while addressing potential limitations.

## Organization of this Report

The five agreed upon thematic areas and research questions were:

- Achievements (originally High Level and Intermediate Outcomes)
- Short Term Outcomes for functional areas— Knowledge Synthesis; Partner Engagement, including Digital Advocacy Hubs; and Campaigns & Outreach
- Value Proposition
- Communication
- Monitoring, Learning and Evaluation (MLE)
- Accountability

The first theme—high level and intermediate outcomes—was adjusted early in the evaluation as many respondents were not familiar with these outcomes as outlined in the PMNCH Results Framework and therefore could not speak to progress against them. GHV pivoted to collecting input from respondents on areas of achievement, which together with the PMNCH 2021-2025 Report on Results Framework and the survey results, provided a comprehensive overview of higher-level outcomes. The additional theme of accountability came up frequently in the data collection, so GHV included it as a cross-cutting theme.

The findings, discussion, and options to consider for moving forward are organized thematically. The findings reflect insights gathered through the desk review, survey, and interviews, presented without analysis or interpretation. GHV made efforts to distinguish between consensus findings and areas of divergence, particularly when divergent opinions came from underrepresented voices—such as youth,

Global South-based CSOs, or national organizations—or from respondents with extensive knowledge of PMNCH.

Recognizing the diverse backgrounds of interviewees, GHV anticipated that certain issues would elicit varying perspectives. GHV understood that location and proximity to the work or levels of power may influence the perspectives. This expectation was discussed with the Secretariat during the kick-off meetings, where it was agreed that highlighting these “grey areas,” alongside areas of broader agreement, would add value.

## Findings and Discussion

The findings and discussions are organized by key domains of analysis identified in consultation with the PMNCH Secretariat. These domains were selected to evaluate PMNCH’s performance during the current strategic framework period, recognizing that governance and future strategy are addressed in a separate review. The evaluation focuses on assessing PMNCH’s progress toward its key outcomes, the effectiveness of its core functions, the outputs of its advocacy efforts, and the supporting processes for partner engagement, communication, measurement, and learning.

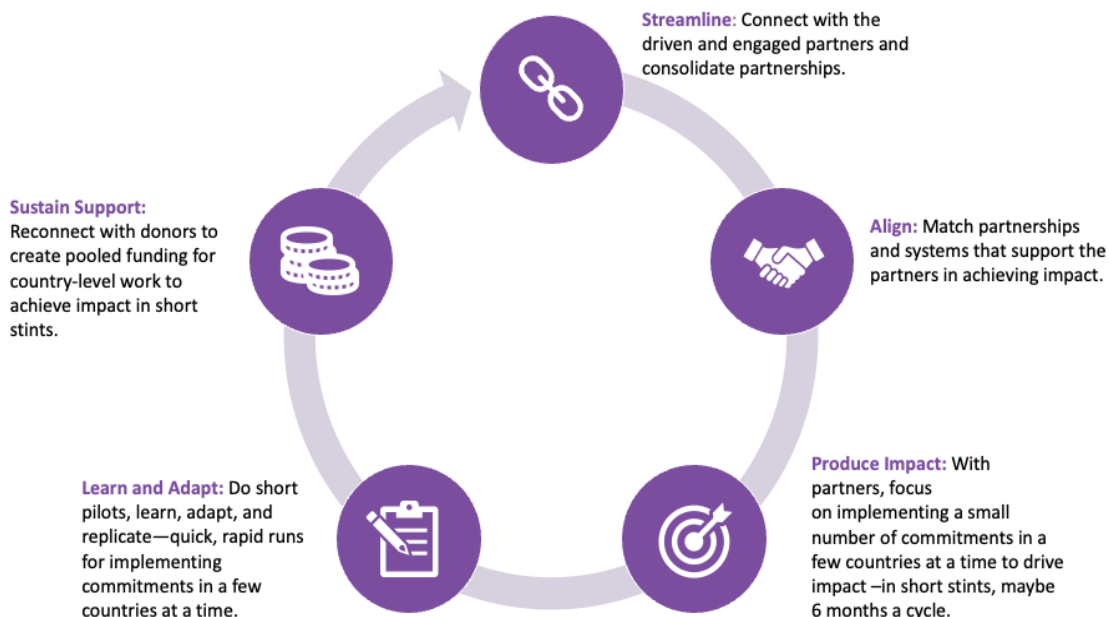
## Framework for Actions and Recommendations

For domain-specific insights, the evaluation includes **Options to Consider** following each set of findings and discussions. These options offer tailored actions and considerations for addressing specific challenges and opportunities in each thematic area, ensuring actionable pathways informed by evidence and context.

The **Recommendations** are structured to enhance PMNCH’s effectiveness and strengthen its partnerships. A focused and strategic approach is recommended using the acronym SAILS -**S**streamline, **A**lign, **P**roduce Impact, **L**earn and **A**dapt and **S**ustain Support. The framework outlines key actions areas that are the recommendations at the end of the report. By adopting this streamlined, aligned, and impact-driven approach, PMNCH can foster deeper partner engagement, deliver measurable outcomes, and sustain momentum in advancing its mission across diverse regions. These are designed to be

sequential where each action is mutually reinforced with the other actions creating a complementary set of efforts to amplify impact.

### *Five Key Areas of Action: SAILS (Putting Wind in your Sails)*



## **I. Findings, Discussion and Options to Consider**

### **Evolving Landscape**

The current strategy was launched during the COVID-19 pandemic, when major gains in WCAH were under threat. Respondents noted that PMNCH could still hold the banner of WCAH high despite this threat as a key achievement.

The risks and repercussions of global pandemics, which persisted during the early years of the strategy, remain relevant and likely impacted PMNCH's operational effectiveness. Many meetings transitioned to online formats (as discussed in later sections), with significant efforts and resources redirected to sustain visibility and keep the agenda prioritized amidst shifting circumstances.

The global health community is continually facing new and evolving challenges. While the evaluation did not explicitly include research question on the evolving global landscape, many respondents included reflections and recommendations that were couched in the need for PMNCH to respond to changes in the political and funding landscape, beyond COVID-19.

Respondents highlighted pressing global trends, including conflict and climate change, which deeply affect WCA health and advocacy efforts, especially in thinking through the intersections with MNCH,

SRHR and AWB. In addition, a strong headwind against SRHR globally has confirmed the regressive policy environment under which PMNCH is working, compared to five years ago according to respondents. Finally, many also reflected on the shift away from centralized, Global North-centered networks and increasing enthusiasm for models that prioritize local advocacy efforts and work to shift power to the Global South. As a result, throughout the findings, discussion and options to consider, the need to be more aggressive in response to the rising anti-rights movement emerged as a theme, more strategic in delivering impact, and to continue to elevate local voices to sustain momentum.

Achievements

Overview

As noted above, most evaluation respondents could not speak to high-level and intermediate outcomes in the PMNCH Results Framework; GHV instead asked questions related to PMNCH’s most significant achievements during the strategy period, in addition to reviewing PMNCH’s reports.

Findings: Secretariat Data and Reports

During the period 2021-2025, there were changes to the Strategy and Results Frameworks, with a focus on PMNCH’s approach to working with commitments for the health and well-being of WCA. In 2022, the Board approved a shift to focusing on accelerating the implementation of existing national commitments and mobilizing new commitments where clear gaps are identified. An updated [2021-2025 Results Framework](#) was published in 2023. As a result of the changes, the measurement of PMNCH’s delivery against the Results Framework is best captured through its two main attribution categories: (i) Intermediate Outcomes; and (ii) Outputs. The third, category, PMNCH’s Short Term Outcomes, which focused on ensuring that partners and champions are engaged, capacitated and networks/coalitions are strengthened, never stabilized sufficiently in between the different versions of the Results Framework to be measured adequately. The contribution aspects of the Framework also changed between the two versions, but these higher-level contributory categories are measured via longer term timeframes and are outside the scope of this evaluation process.

Given the changes in the Framework, to facilitate this evaluation and its assessment of impact/achievements to date, the Secretariat prepared a report for GHV on its delivery against the Results Framework, based on annual reports, Board and Donor presentations and other data sources. To balance the evaluation, GHV data collection efforts included a strong focus on the Short-Term Outcomes but relied more heavily on Secretariat data for the Intermediate Outcomes and Outputs.

Intermediate Outcomes

Below are key takeaways from the Intermediate Outcomes, grouped by themes. **All KPIs related to the Intermediate Outcomes have been achieved and/or exceeded, earlier than planned.**

Exceeding LMIC Commitment Targets	Advocacy and Accountability Initiatives	Global and Regional Commitments
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<ul style="list-style-type: none"> <li>Generated 33 LMIC commitments by the end of 2024 (target: 30 by end of 2025).</li> <li>Additional commitments include nine from High-Income Countries (HICs) and 15 from non-governmental stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Met targets early: 30 initiatives (29 LMICs, 1 HIC) by the end of 2024 (target: 30 by end of 2025).</li> <li>Engagement highlights: <ul style="list-style-type: none"> <li>9 Heads of State in the Global Leaders Network.</li> <li>10 LMIC-focused CAAPs</li> <li>11 youth-led initiatives.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Surpassed global/regional commitment targets with seven commitments by 2024 (target: five by 2025).</li> <li>Extensive engagement with influential groups like the G20 and G7 to address WCAH (Women's, Children's, and Adolescents' Health).</li> </ul>
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As noted in the chart above, **progress on Intermediate Outcome indicators related to commitments, advocacy and accountability at national level was significant.** PMNCH helped to mobilize government and stakeholder commitments to AWB and through its Call to Action on COVID-19. Governments and partners committed to more investments, better policies, and smarter programmes aligned with the seven asks of the youth-led PMNCH [Agenda for Action for Adolescents](#). PMNCH also played a strong role in elevating the needs and experiences of women, children and adolescents in midst of the COVID-19 pandemic. National leaders from around the world responded to these needs, as noted in the [LMIC and HIC commitments videos](#). The [Global Leaders Network](#) (GLN) for WCAH, the first and only Southern-led global health diplomacy initiative, was launched to support the attainment of the 2030 SDGs related to WCA. Chaired by H.E. President Cyril Ramaphosa, President of South Africa, in includes nine Heads of State and Heads of Government.

To further advance its accountability and advocacy work during the strategy period, PMNCH established the [Collaborative Advocacy Action Plan \(CAAP\)](#) initiative. The CAAPS reflect the revised 2022 approach to commitments and accountability and aim to create more effective, coordinated advocacy through the collaborative efforts of partners. PMNCH also made progress on youth-led advocacy and accountability with its "Lives in the Balance" grants to youth led organisations to engage with their national leadership through development and implementation of national advocacy plans (Afghanistan, India, Kenya, Liberia, Nigeria, Malawi, Panama).

**There was also significant progress on Intermediate Outcome indicators related to commitments, advocacy, and accountability at regional and global level during the strategy period.**

PMNCH supported intensive and coordinated advocacy action in support of the May 2024 World Health Assembly (WHA) resolution, [Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2](#). This was particularly important given that gender and SRHR were contentious issues among Member States in the lead up.

PMNCH was actively engaged at the UN High Level Political Forum (July 2022). The [HLPF 2022 Ministerial Declaration](#) includes language on universal access to SRHR and the role of young people as agents for sustainable development, a result to which PMNCH contributed. PMNCH and its partners were also

actively engaged in ensuring that the UN high-level meeting on universal health coverage in September 2023 lead to outcomes for WCA. Finally, PMNCH partners led an advocacy campaign for inclusion of adolescents in the UN Youth Resolution, adopted unanimously by [UNGA's 3rd Committee in 2021](#).

PMNCH also reported on its contribution to African Union (AU) and European Union (EU) statements:

- [Statement by the African Union](#) and [Statement by the European Commission](#) on the occasion of the 2023 SDG Summit, HLPF on Sustainable Development under the auspices of the 78th UNGA on accelerating SDG Commitments: 1.8 Billion Adolescents and Youth Transforming our World.
- The [Strategy on Education for Health and Well-being of Young People in Africa](#) was launched at the Global Forum for Adolescents (GFA) and is underpinned by the AWB framework developed by PMNCH.

PMNCH also reported results from its work during India's G20 Presidency. PMNCH developed a policy brief to inform G20 governments on priorities and needs for policy and financing measures to improve the health of WCA in G20 countries, and in 2023, it partnered with Government of India - a vice-Chair of the PMNCH Board - to organize the G20 'Health of Youth, Wealth of Nation' to foster increased attention and investment by G20 nations in AWB.

Finally, PMNCH has actively engaged with the G7 through the following achievements:

- A letter from PMNCH Board Chair Right Honorary Helen Clark to the G7 Presidency in 2022 setting out a case for greater attention to WCAH. The June 2022 [G7 communique](#) centred gender equality in the G7's multilateral contributions to global health, reaffirming its commitment to SRHR, and committing to strengthening primary health care
- PMNCH worked with government gender experts, leading to the Final Communiqué of the G7 Gender Ministers, which includes wording on SRHR.

## Outputs

The evaluation also relied on Secretariat data to reflect on key takeaways from the outputs. Despite the changes to the results framework midway through the strategy, PMNCH has retroactively reported

against these updated metrics as accurately as possible.<sup>2</sup> Outputs have shown substantial growth, particularly in 2023, with the Secretariate crediting the GFA for driving significant impact.

Knowledge Synthesis	Partner Engagement	Campaigns and Outreach
<ul style="list-style-type: none"> <li>Over 520 evidence products developed.</li> <li>Amplification of nearly 700 partner products via PMNCH's network.</li> </ul>	<ul style="list-style-type: none"> <li>Engaged 1.5 million stakeholders to drive WCAH advocacy.</li> <li>Strengthened almost 50 coalitions to advocate for WCAH and supported around 700 champions who engaged actively in WCAH advocacy.</li> </ul>	<ul style="list-style-type: none"> <li>Organized, supported, and disseminated information on more than 900 PMNCH and partner-led events.</li> <li>An estimated cumulative 19.4 billion potential touchpoints<sup>3</sup> with people globally through earned and social media, along with other digital channels.</li> </ul>

More information on PMNCH’s three functional areas is included in the respective sections below. However, a few highlights include the extensive use of PMNCH advocacy briefs, including *Why sexual and reproductive health and rights are essential for universal health coverage*; *Prioritizing women’s, children’s and adolescents’ health in the climate crisis*; and *Investing in the health and well-being of women, children and adolescents*. For example, the PMNCH Advocacy Brief [Prioritizing women’s, children’s and adolescents’ health in the climate crisis](#) was launched at a pre-COP28 webinar co-organized by PMNCH, WHO, UNFPA and UNICEF in November 2023. The Advocacy Brief was disseminated and informed the content of PMNCH’s engagement at both COP28, COP29 and throughout the year during events (including COP side-events, capacity building webinars organized by partners such as LSHTM and UNICEF, amongst others), bilateral meetings with climate negotiations, parliamentarians (at the COP Parliamentary Meetings and the IPU Assemblies), civil society organizations, global financing mechanisms and donors (such as the Green Climate Fund, the Global Financing Facility, the World Bank, the Clean Air Fund, etc.). This Advocacy Brief, representing the first brief with recommendations on the intersection of climate change and WCAH across the whole lifecycle, translated new evidence into key advocacy asks for each PMNCH constituency on how to take this work forward. As a result of this advocacy with Parliamentarians, the outcomes of the COP29 Parliamentary Meeting in Baku in November 2024 highlighted the impact of climate change on health, and the need for parliaments to address it.

<sup>2</sup> Note from Secretariat Report: Reflecting on the current metrics and measurement methodologies, particularly in relation to communications outputs it is recognized that there are some limitations and concerns with the way these metrics were designed and presented, which can make measuring some of them more challenging than others.

<sup>3</sup> This is a metric that whilst duplicating audience figures (as individuals may encounter PMNCH content across multiple media outlets and social platforms on multiple occasions), is the current industry standard in measuring number people who would have been potentially exposed to content, rather than a unique audience count.

PMNCH also carried out several successful campaigns. The Born Too Soon report, and the accompanying campaign, was particularly successful. To support the release of the 2023 report and the Born Too Soon Campaign as a whole, PMNCH created a partner toolkit (key summaries of new data and evidence, slide decks and infographics, a suite of human-interest stories, promotional video, etc.). The report and the related advocacy campaign were carried out by 70 organizations from 46 countries.

Finally, the 2022 Adolescent Well-being BMJ Collection included papers on the five domains of the adolescent well-being framework and involved over 95 partners, including 28 authors under the age of 30. It received wide media coverage and influenced other technical work in this space.

### Findings: Additional GHV Data Collection

In addition to the analysis of the Secretariat's report, GHV included questions related to achievements in its interviews and survey to further validate the data. These findings are aligned with the achievements reported by the Secretariat, with slightly less detail provided given the more conversational nature of semi-structured interviews and the length of time that has passed since the start of the strategy period. The following achievements were highlighted by evaluation respondents:

- PMNCH has been noted unequivocally for its global **convening power, bringing key influential leaders together** on issues for WCAH.
- PMNCH is noted as a **leader on AWB and youth engagement**, with the Global Forum for Adolescents being a high point. The Investment Case for Adolescents was also frequently cited.
- **The convening and coordinating role** PMNCH played in supporting **Somalia's landmark resolution** to accelerate progress towards reducing maternal, newborn and child mortality at WHA in May '24 was seen as a success.
- PMNCH has **brought visibility to MNCH, SRHR and AWB** and **kept MNCH - in particular - high on the global agenda**, including during times of crisis, conflict, climate change, and COVID.
- Playing a **mobilizing role** at G20, PMNCH helped push a **supportive and inclusive youth agenda**, including through the 'Health of Youth, Wealth of Nation' event in India in 2023.
- During the March 2024 IPU Assembly, legislation protecting girls and women from FGM in the Gambia was threatened. The ban was successfully upheld in July 2024 when Parliament rejected the 2024 Women's (Amendment) Bill that aimed to decriminalize FGM. This **partner win** in Gambia benefited from PMNCH's **high visibility,<sup>4</sup> access to decision makers**, and ability to **connect local and global stakeholder on FGM**.

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<sup>4</sup>PMNCH and IPU leadership also released a [joint statement](#) that was widely disseminated by several media outlets, urging the Gambia to uphold the ban on FGM.

- Three **PMNCH flagship initiatives**, while still in early to medium-term development—GLN, CAAP and the Digital Advocacy Hubs (all discussed later in this report)—were often noted because they represented, to various degrees of success, a willingness to tackle entrenched challenges. Previously such mechanisms for partner engagement and impact at the country level did not exist.

In reflecting on achievements in the interviews and focus groups, there were examples provided from the work on all three thematic areas (MNCH, SRHR, AWB) - as well as agreement on the importance of working on all three. Some respondents indicated that there has been a lot of attention and coverage of the AWB in 2023 because of dedicated funding from Botnar for GFA, to the detriment of highlighting PMNCH's contributions to MNCH and SRHR.

## Discussion

GHV's qualitative data collection aligned with the Secretariat's analysis of progress against the Results Frameworks and revealed general agreement among respondents with PMNCH's articulation of achievements in terms of events, publications, and social media outreach. However, while respondents acknowledged these achievements, many expressed a desire for greater clarity on the scope and depth of **impact** of these achievements. For example, the GFA was mentioned frequently as an achievement, but most respondents also questioned whether there had been adequate follow-up and expressed frustration with the lack of clarity on how partners could leverage the outcomes of the GFA to drive accountability.

"One of the things I found amazingly helpful was the 'What Young People Want' questionnaire—I use that a lot, to highlight what 1.5m young people across many countries have articulated."  
—Evaluation Interview Respondent, October 2024

One noted exception was the example of Youth Networks in Zambia leveraging the GFA and its campaign.<sup>5</sup> Similarly, the [UNGA Accountability Breakfast](#)<sup>6</sup> was widely recognized as a success in terms of visibility, but respondents were less clear on how it advanced actionable goals.

## Options to Consider

The new Strategy will outline PMNCH's goals and desired achievements for the future and the new MLE framework will need to consider how best to measure both contribution and attribution. As noted above, the MLE framework for PMNCH's short-term outcomes was never finalized, which made it difficult to clearly link and report on how various activities and strategies at this level resulted in impact. The next Results Framework should provide more clarity both in terms of planning for how to align efforts to outcomes and reporting on it (See fuller list of options in MLE section).

<sup>5</sup> The desk review identified other instances of follow up, including the Arab Adolescents' Alliance launched as part of [MENA Region Adolescent Health Conference](#), Alexandria, Egypt, but these were not mentioned by respondents.

<sup>6</sup> Most participants were high-level representatives and there were nearly 900 registrations. The Accountability Breakfast was the most visited PMNCH page in September 2024 and the [#AccountabilityMatters](#) had a social media reach of over 630k.

## Value Add

### Overview

GHV included questions in its interviews and survey about how being a member of PMNCH contributed to partners' ability to effectively advocate for WCAH. The goal was to better understand how, if at all, being a member of PMNCH contributed to partners' advocacy efforts.

### Findings

Partners clearly articulated the value add of PMNCH—convening role, diverse partnership, access to power, collective voice, local to global connection and consistency and stability of focus and messaging. The limited survey data confirmed these findings. However, when probed for examples of how PMNCH had leveraged that value add, partners were more able to provide concrete examples for some areas than for others. Respondents had clear examples of PMNCH's value add in the following areas:

- **Convening role:** Bringing partners together to agree on priorities, share learnings, amplify messages, etc. (i.e. GFA, BMJ Series on AWB)
- **Access to power:** Facilitating opportunities for partners to engage with high level decision makers (i.e. UNGA, WHA) and for national level partners to have a seat at the table at influential global fora
- **Consistency and stability of messaging:** Being a strong voice on MNCH, SRHR and AWB for 20 years, despite 'competing' agendas of climate, crisis, COVID.

The collective voice, leveraging of a diverse partnership to move to action in each country and local to global connections were seen as more aspirational aspects of PMNCH's added value. The What Young People Want (formerly 1.8 Billion Young People for Change Campaign) was an exception and frequently noted as an example of a successful local to global partnership. One respondent also noted the diverse membership as particularly valuable when designing advocacy asks because they were able to get feedback from different sectors and ensure all trade-offs/potential for harm had been considered (i.e. before advocating for changes in service delivery models, consult with providers, Ministries, etc. to ensure all implications have been thoroughly accounted for).

On the importance of follow-up and clarity of goals: "There's still the question of 'what now?' PMNCH is continuing to do advocacy with the 1.8bn campaign, weaving that language into as many high-level events as possible, but it would be great to have clarity on the goals of the campaign for the next 2 years, beyond specific constituencies."

— Evaluation Interview Respondent, November 2024

Partners provided recommendations to further enhance the value of PMNCH including strengthening its convening power by clarifying partners' role in follow-up to events like the GFA. To strengthen the value-add of 'access to power,' for example, partners suggested ensuring more equal opportunities

for all partners—not just the 'usual suspects'—to engage in and shape global events and messaging. Finally, while the consistency and stability of PMNCH's messaging over time on WCAH were appreciated,



some partners wanted PMNCH to be a bolder voice on 'tougher' issues like abortion and adolescent rights.

## Discussion

Given the history of PMNCH, it is not surprising that its convening role, access to power and consistency and stability in keeping WCAH on the agenda were more frequently cited as an added value with clear examples. With the steady but significant growth in the partnership and the challenges of leveraging a large membership base, evaluation respondents had more difficulty articulating how PMNCH had brought diverse voices together for collective advocacy and strategically connect the global to the local and vice versa. Like with many global networks and coalitions, this is both a huge potential value and very difficult to operationalize. This was well understood by all respondents.

## Options to Consider

Many of the options to consider for “Value Add” also align with options under partner engagement, campaigns and outreach, communications, etc. The underlying premise is to amplify voice of partners and ensure their meaningful engagement in the agenda setting of PMNCH’s work.

- Review all communications materials with an eye towards being a bolder voice, when appropriate/strategic, on issues that are harder for some national partners to advocate for aggressively, such as adolescent sexuality and abortion, and against government decisions to reverse rights. Develop a communication strategy to counter the anti-right movement’s misinformation more openly.
- Formalize equitable mechanisms for determining representation and visibility opportunities for partners in decision making and resources for participation.
- Ensure partners are contributing actively to the agenda setting and narrative of PMNCH’s global advocacy. Creating a partner's voice section on PMNCH website may be an effective way to test this out.
- Consider newsletters such as “The Optimist” that The Bill and Melinda Gates Foundation publishes and shares widely on social media with open subscription to individuals in the field beyond the partners.
- Employ more blue sky thinking on amplifying voice and influence and consider creating Coursera that can be used in key schools of public health for example that present case studies of advocacy and accountability on WCAH from the experience that PMNCH brings.

## Core Advocacy Functions

Advocacy, PMNCH’s core function, is supported by knowledge synthesis, partner engagement, and campaigns and outreach, with the following intermediate outcomes outlined in its strategy.

- Knowledge synthesis: increased use of evidence and policy analysis by decision-makers and other actors.

- Partner engagement: increased advocacy capacity and stronger coalitions built among PMNCH partners at country, regional and global levels, for a more effective voice.
- Campaigns and outreach: champions' work facilitated, political support increased, and agendas influenced.

The evaluation focused on assessing the effectiveness of each of these core functions.

## Knowledge Synthesis

On Knowledge Synthesis: "Knowledge synthesis is an academic activity, not led by advocacy priorities. I would imagine a session where we ask partners, 'what is the most pressing issue/question?' [Instead] We let the Knowledge Synthesis be led by academics."

— Evaluation Interview Respondent, October 2024

"For me, the #1 is the knowledge [synthesis] part. They [PMNCH] bring in very high level global and intense studies that have been done. That's good."

— Evaluation Interview Respondent, October 2024

## Overview

The function of knowledge synthesis in PMNCH's words is to synthesize, translate, distil and package knowledge, including through digital approaches into policy relevant and user-friendly formats. Knowledge synthesis products aim to highlight gaps in progress and support consensus building to drive evidence-based advocacy, equity-enhancing policy, financing, and action, and greater accountability. There is an Evidence and Accountability Working Group (with sub-groups on MNCH, SRHR, AWB, and WCAH Economics and Financing) as well as an Academic, Research and Training Institutions (ART) constituency composed of 189 member organizations from over 45 countries. ART members co-chair the Evidence and Accountability Working Group and play a leadership role in knowledge synthesis and in supporting the uptake of evidence in advocacy.

## Findings

Overall, PMNCH's role in generating knowledge synthesis products was welcomed and considered to be a strategic use of the Secretariat's time and resources. However, there were mixed opinions about how much the products were used in practice, with a notable difference in views between those working globally and those working at national level. Several respondents working at a global level reported that knowledge synthesis products informed their advocacy, and they expressed appreciation for the evidence and technical briefs. The Born Too Soon report, as well as the adolescent investment case, were seen as very useful and helped PMNCH increase visibility for the MNCH WHA77 resolution. Over half of survey respondents (17 of 31) chose "*Provides me with synthesized evidence I use for my organization's advocacy efforts*" as a reason for membership; 25 out of 31 reported that they used PMNCH knowledge synthesis products in their work; and 22 reported that it helped them achieve their advocacy goals.

Some respondents, particularly those working at national level, reported that the products did not include succinct messages designed for specific policy change outcomes. It was therefore difficult to ‘localize’ to national contexts; they wanted materials to be more “digestible” for different audiences, including member states. Certain constituencies found the products to be “too academic and technical” for advocacy. Some suggested that the products needed to be more outcome-oriented, suggesting a tracking mechanism to assess their utility and effectiveness at country and global levels. Furthermore a few respondents thought that the products were potentially duplicative of work by other partners, like WHO. Finally, some reported that despite dissemination by the Secretariat, several partners were not aware of key products, resulting in underuse and/or “reinventing the wheel.”

## Discussion

Given the diverse profiles of the interview respondents, several of whom were not in positions where they would actually be *using* the materials, it's not surprising that there were different opinions about the utility of the knowledge synthesis products. With the limited responses to the survey, it's also difficult to assess the extent to which the products were useful, although the survey data appears to reflect at least some effective use of the materials. Given that PMNCH does not have the capacity to create country-specific materials, there is a need to both clarify the purpose of the products as well as to strategically think through the dissemination plans, including building member capacity to use them. Finally, with the growing threats from the anti-rights movement, knowledge synthesis products will increasingly need to frame the evidence within the changing political and social context for MNCH, SRHR, and AWB.

## Options to Consider

- To respond to the request from partners to be consulted about the topics and formats (i.e. long-form versus short briefs) for knowledge synthesis and advocacy products, establish mechanisms to solicit actionable feedback. This could take the form of an annual survey, a working group (limited in scope and time, i.e., to convene once a year) or additional representation from national-level advocates on the ART constituency. Build capacity of national partners to more effectively use global materials in their national advocacy through the CAAPs, Hubs, webinars, etc. to provide advocates at national level with evidence and key arguments that can be easily incorporated into their advocacy.
- Establish consistent evaluation mechanisms to receive real time feedback on content and use of knowledge synthesis products; adjust outreach and capacity building accordingly.<sup>7</sup>
- Integrate more context (i.e. influence of the anti-rights movement) into knowledge synthesis products to align products with the aim of creating a bolder voice for PMNCH, if agreed as a future strategic priority.

## Partner Engagement

### Overview

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<sup>7</sup> It is noted that this was done for the SRHR in UHC brief and PMNCH captured that AMREF and Guttmacher used the brief to influence the language of the 2023 UHC Declaration.

The partner engagement work is described as 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 multi-stakeholder policy dialogue (e.g. support to multistakeholder platforms; small grants for building coalitions of adolescent and youth advocacy organizations; development of a digital platform enabling partners to share knowledge and collaborate).

## Findings

Most respondents indicated that they believed in the value of a large, diverse partnership, especially in terms of giving credibility to PMNCH's voice, and in the potential to leverage those partners for collective advocacy, e.g., through the CAAPs. However, they also reckoned with the reality of what it would take to mobilize so many partners. Many also emphasized that the lack of understanding of what being a "partner" means and confusion about how to engage hinders PMNCH's ability to effectively drive and support advocacy. Even though there is not a formal 'tiered partnership' model, almost all respondents agreed that while the membership had grown, the number of active members was much smaller, with approximately 200 consistently being cited as active.<sup>8</sup> Some reported that PMNCH is more successful in leveraging partners within certain constituencies than others, and that often it is the same partners who are engaged in activities. Some respondents noted that partners that engage deeply are often those who are in working groups or governing bodies or serve as constituency group leads.

As in past evaluations, partners revisited how to balance the goal of driving work on the ground and the need to be resourced to do so, either directly by PMNCH or through other sources. The number one challenge that partners reported to engaging with

On Partner Engagement: "The commitment is what is celebrated, not the action on the commitment; to do so, we have to leave Geneva and go to the country. We don't need to increase the capacity of PMNCH to do this, we need to increase the capacity of local partners; what needs to be resourced is the convening at the country level."

— Evaluation Interview Respondent, October 2024

PMNCH (17 out of 32) was "insufficient financial resources to dedicate time to PMNCH activities," followed by "lack of understanding for how to engage" (15 out of 31) and "insufficient human resources to dedicate time to PMNCH activities" (12 out of 31).

## Discussion

It was clear that many respondents felt torn about the membership model. On the one hand, they valued the large, diverse partnership, but especially for those with a longer history of engaging with

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<sup>8</sup> PMNCH currently does not have a formal definition of an "active member." However, there are 108 positions across the five structures (Board, EC, APEC, GEC, EAWG), of which 23 are leadership positions and 85 are membership positions. Occupying those 108 positions are 84 people, leaving 24 people who cover more than one position.

PMNCH, they also recognized that the model had become unwieldy and was inhibiting PMNCH's ability to drive strategic advocacy.

As reflected in the previous evaluation and in the findings from this one, there is an urgent need to rethink the partnership model. There are substantially different levels of engagement, knowledge of PMNCH's work and offerings, interest in collective advocacy, etc. As a result, it's challenging for PMNCH to meet the needs of partners and for partners to understand how to engage with PMNCH strategically to advance their work.

### Options to Consider

- Overhaul partnership model, with an eye towards what is feasible to offer and expect from partners.<sup>9</sup> Communicate partnership expectations clearly. Clarify the partner value proposition, roles, and expectations, particularly for country-level engagement.
- Based on a new partnership model, rethink "offerings" and the role that partners can realistically play in supporting those offerings. Facilitate more accessible, two-way engagement mechanisms and peer-learning opportunities.
- Develop a partner database to track activities, foster connections, and monitor contributions. Evaluate inactive partners periodically to maintain a dynamic and committed network.
- Establish what successful engagement between a member and PMNCH looks like and integrate measurement into new MLE framework.
- Encourage resource mobilization among partners while ensuring equitable distribution of available funds.

### Sub-Findings on Digital Advocacy Hubs

"DAH is a significant innovation, seen as a game changer with the potential to connect local and global advocacy efforts. However, it has yet to reach its full potential."

— Evaluation Interview Respondent, Nov 2024

"PMNCH was able to maintain advocacy and mobilize commitments during Covid, but this wave of the Hubs came way too late, ...I'm not sure the Hubs have helped us. I don't know if the hubs were so successful once we opened up and started a lot of in person meetings."

— Evaluation Interview Respondent, Nov 2024

### Overview

Faced with the challenge of connecting with a global partnership during COVID 19 and eager to harness the power of digital technology, PMNCH conceptualized the Hubs in 2021, piloted them in 2022 and

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<sup>9</sup> The Evaluation team assumes that the governance review is addressing this.

launched them in 2023. The Hubs aim to connect PMNCH partners in advocacy and accountability efforts to support collective advocacy at national and global levels. The Hubs are designed to contribute to the three function-based outcomes—knowledge synthesis, partner engagement and campaigns and outreach. There are now Hubs for 8 Constituencies and Working Groups, 12 Country Hubs (with five officially launched), two Thematic Area Hubs (MNCH and AHWB) and Ad Hoc & Event-based Hubs (International Conference on Maternal Health, COP 28).

## Findings

Some respondents expressed support for the Hubs and a desire to give them more time to succeed, noting that PMNCH had taken them over from the consulting firm in July 2024. However, most respondents shared significant concerns about their under-utilization and under-enrolment, especially given the size of the upfront financial investment in setting them up. Some respondents did not have enough information to offer an opinion (i.e., they just hadn't engaged with them at all). The partners GHV spoke with who are doing national work tended to be supportive of the Hub. Survey responses mirrored this split with 18 out of 31 reporting that they used the Hub. Approximately half of all respondents said the Hubs strengthened their organization's ability to engage in collaborative advocacy 'somewhat' or to a 'significant extent' and half said 'very little' or 'not at all.'

According to PMNCH reports, engagement in the Hubs is increasing, in particular in the MNCH, AWB, and NGO Constituency Hubs. Newer country hubs (Nigeria, Malawi, and Kenya) are seeing good early engagement. Successful launches include the MNCH Hub (Nov '23) where over 700 Hub members joined the first week. Similarly, within the first month, 111 individuals (compared to recruitment goal of 30 new members), joined the Nigeria Hub, with approximately 50% of those being new members of the Hubs, and 50% being existing members who opted to join the Nigeria Hub.

The Hub's set-up as a neutral, virtual space was noted to be “an equalizer” where members have opportunities to share achievements, information, etc.; one respondent explained that this was harder to achieve via in-person spaces where some people have more “access” to decision makers than others. A few evaluation participants also noted that the Hubs, especially the country Hubs, were locally led and that members were able to set and drive the agenda. For example, the Hub was described as contributing to breaking down the “donor versus recipient” dynamic and “like a true partnership between PMNCH and local partners.”

The Hubs have taken time to set up and become active. In several interviews the high cost and potentially low return on investment came up in terms of challenges and critical feedback. In addition to cost and low engagement, respondents pointed to how some Hubs, particularly the NGO Constituency Hub, have very diverse participants (language, region, thematic focus) which can make meeting everyone's needs difficult. The low engagement and use may be driven by a lack of understanding of the benefits of joining the Hub; resistance to having to log into yet another platform in addition to WhatsApp, Facebook, LinkedIn; their potential contribution to increasing siloes among countries, constituencies, etc. and waning enthusiasm for virtual engagements. One respondent noted that while the Hub is considered “safe-ish” by some, given how large PMNCH is, it's not necessarily a reliable platform for very sensitive strategic discussions on topics like abortion access. If PMNCH decides



to lean into a bolder voice on these issues and play a more prominent role in countering the opposition, this will be something to consider.

## Discussion

The Hubs were designed to address an expressed need to connect members and to facilitate collective advocacy. To date, some Hubs have achieved the first goal—connections—to a limited extent. However, members have thus far not leveraged Hub connections for any significant advocacy gains, although they appear to have served as a useful tool in CAAP countries.

## Options to Consider

- Continue to provide minimal maintenance support to the Hubs, with a focus on those that are most active and/or relevant for CAAP countries, with an evaluation of impact in 2025. A focused evaluation would prioritize including the voices of those most actively engaged in the Hubs, as well as those who have voiced concerns. It should also rigorously quantify the PMNCH resources being invested in maintenance of the Hubs to assess return on investment.
- Given that partner engagement is low overall, adjust target setting on partner engagement to reflect realistic engagement goals.
- Suspend PMNCH support for the Hubs and explore other options for fostering connections and collective action within countries, across topics, and across constituencies.

## Campaigns and Outreach

### Overview

The campaigns and outreach function focuses on mobilizing partners in a coordinated approach to attain common advocacy and accountability goals, amplifying messages through champions, parliaments, media and other influential channels (e.g. calls to action; national, regional and global political engagement; social media campaigns).

### Findings

There was consensus among most partners that PMNCH's events and campaigns effectively raised the visibility of WCAH and some respondents stated that WCAH would have fallen off the agenda if it were not for PMNCH. Partners cited several examples of successful campaigns, including "What Young People Want" in 2023, which was mentioned many times as an example of success and a powerful strategy to ground advocacy in the realities of young people's lives globally. The Call to Action on COVID 19 in September 2020 was also seen as successful. The Born Too Soon campaign successfully highlighted preterm birth, and it was picked up by the media over 180 times in 23 countries during the 2023 launch.

Out of 32 survey respondents, 27 reported that PMNCH's campaigns and outreach contributed to their organization's ability to engage in common advocacy and accountability goals 'somewhat' or to a 'significant extent.' Some respondents also reported that they appreciated it when PMNCH amplifies their own campaigns, pointing to how a campaign-focused approach helps 'protect' partners by advocating boldly when they cannot.

The majority of respondents were excited about the potential of the GLN to bring PMNCH's issues to the "top of the agenda," and were particularly enthusiastic about it being led by heads of state from the Global South. Some respondents acknowledged that the struggle to get the right membership was lengthy and most agreed it was too early to meaningfully reflect on its impact.

Overall, there was more feedback on the outreach than on the campaigns, with a focus on how PMNCH could improve its outreach to drive messaging and advocacy. Again, several respondents noted that PMNCH's outreach was primarily used to share information but not as a tool to drive advocacy. This was noted as a significant missed opportunity, but respondents did not offer concrete suggestions as to how to better optimize PMNCH's communications platform (social media, website, etc.).

Feedback on how PMNCH uses communications internally and to keep members informed is covered in the next section (Communications).

## Discussion

While respondents in general were enthusiastic about the campaigns, they didn't appear to have a clear picture of how campaigns and outreach influenced outcomes. For example, some of the key events such as UNGA, WHA, and the World Health Summit are meant to drive awareness and visibility. However, events like the Accountability Breakfast, intended to transition advocacy into concrete accountability, left respondents uncertain about their impact. Specifically, the influence of the Accountability Breakfast on advancing the implementation of existing commitments was unclear to those who raised this concern.

Furthermore, organizing events and convenings requires substantial effort, yet much of the behind-the-scenes work that PMNCH does to maximize the impact of these events is often invisible in the Results Framework. The potential for these gatherings to catalyze pivotal moments—where advocacy and accountability align—is not fully captured in the quantitative outcomes in the Results Framework; achievements could be better captured qualitatively as stories.

## Options to Consider

- Explore how to better capture the impact of campaigns and outreach efforts such as GLN in the next MLE framework.
- Use stories that feature partners—such as [The power of an NGO in advancing maternity leave benefits in Brazil](#)—to articulate *how* being a PMNCH member contributed to their work and not just what they did on their own.
- Amplify the influence of PMNCH's voice by collaborating with other movements and co-developing products to leverage social media influence. (i.e. feminist movements and organizations such as AWID).
- Use the model of the What Young People Want campaign as an example for effective messaging and advocacy moving forward.
- Explore ways to leverage PMNCH's role as a global convener to play a more prominent role in shaping global narratives, especially on increasingly contested issues related to adolescent rights, abortion, etc. Consider selecting key themes annually and conducting deep, focused work on them.

## Communications

### Overview

Given the scope of the evaluation, GHV could not exhaustively capture the full extent of members' feedback on how PMNCH uses communication channels to keep members informed; many respondents did not provide clear details on why they were not satisfied with the content, depth and/or frequency of information being received. Furthermore, since questions related to barriers to organizational communications were not included in the survey, this data is more difficult to weigh.

### Findings

Based on the survey results, respondents receive communications about PMNCH's work through a variety of channels including email updates and newsletters from Secretariat and/or PMNCH working groups (all 31 respondents), Hubs (11), social media (10), meeting minutes (8), and the website (7). The PMNCH e-blast, which is one of the primary dissemination channels, is sent to approximately 17,900 emails and has an average open rate of 38.5% and a 7.6% click rate. Despite the various options to receive information, many respondents reported that they struggled to find information, with some acknowledging that this was more about their own workloads than PMNCH's communications. For ease of review, GHV has organized feedback into categories:

- **Internal Communications between Secretariat and Members of Working Groups and Governing Bodies:**<sup>10</sup> Some respondents shared that PMNCH communication mechanisms tend to prioritize one-way information sharing over fostering internal dialogue and promoting collective decision-making. For example, some mentioned that information compiled for donor reports is not always consistently disseminated to other stakeholders. The board meetings also lack space for dialogue and debates as well as a discussion of the actions taken since the previous board meeting.

Respondents reported that governance meetings (committee, board, and executive committee meetings) sometimes feel “scripted and performative” and there is a sense that the Board is expected to simply approve what has been presented, in part because it has already gone through multiple layers of discussion. GHV's observation is that performance updates may often be focused on outputs (i.e. social media stats) and there is limited space for reflection on what has been achieved and what pivots are needed.

- **Communication with Partners:** Respondents noted that partners who are less and/or not as involved in the governing bodies have more difficulty knowing where to find information. Some noted that limited engagement in languages other than English hinders effective communication across regions while others noted that better cross-constituency communication is needed. For example, the NGO constituency could benefit from a deeper understanding of the ART and private sector constituencies. Some saw the website as an underutilized communication

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<sup>10</sup> GHV sees this type of communication as central to the Governance Review so did not prioritize exploring this topic extensively in its interviews. However, it came up organically several times so it is noted here.

channel, while also acknowledging their responsibility for reading/digesting what was sent to them; time/resources were flagged as barriers to doing so. Partners expressed confusion about “where to post updates, what constituencies to join, where to find resources”, etc.

- **Externally directed communication:** Opportunities to discuss progress and think strategically about how and to whom to communicate impact are limited.

## Discussion

Evaluation interviewees leaned heavily on their feedback related to communications, with several serious concerns raised about PMNCH's ability to effectively leverage its diverse membership and communications platforms for advocacy. A revamped and clear partnership model will address many of partners' concerns about what to do with communication materials, how to weigh in on communication-related decision making and with whom and how information is received. However, this important step would complement efforts that PMNCH needs to make to use communications more effectively for advocacy and as a tool to bring together the diverse voices of the partnership strategically to influence advocacy outcomes at global and national levels; these might include, for example, sign-on statements, public-facing calls to action, social media campaigns, etc.

In sum, as a large, partnership-based organization, communication is necessary to galvanize collective advocacy. However, overall, the respondents identified PMNCH's approach to be on 'communicating out,' instead of on leveraging their communications platforms as a tool to reflect, debate, and refine mechanisms to shift the narrative at global and local levels.

## Options to Consider

- Undertake a communications audit to understand breadth and depth of PMNCH's comms assets and how other advocacy-focused organizations frame their work (i.e. Vital Strategies, Women Deliver, etc.)
- Revisit the PMNCH voice and consider small tweaks to move away from "WHO/UN style" of communication toward bolder statements.
- Create internal spaces for open conversations about challenges, and how to communicate them effectively with the Board and donors.
- Emphasize success stories and outliers, highlighting progress despite systemic challenges. This shift in narrative could motivate stakeholders and reaffirm the partnership's relevance.

## Monitoring, Learning and Evaluation<sup>11</sup>

### Findings

Overall PMNCH's Theory of Change (TOC) resonated well with respondents, with its key components described as:

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<sup>11</sup> This section draws on analysis from the interviews, the Results Framework Draft 2021-2025, November 2024 as well as assessment by the evaluators of the Theory of Change in relation to findings from the other themes.

- Bringing partners together, with support from the Secretariat as needed, to conceptualize and develop a series of PMNCH-branded products, events, and/or processes, all of which meet the needs of countries, based on demand and joint action. These are defined as **Outputs** in the TOC.
- These outputs strengthen the knowledge, capabilities, and motivation of PMNCH members, empowering them to be agents of change, enabling new behaviors and actions, as articulated and measured by the **Short-term Outcomes**.
- Empowering partners with evidence so they can better advocate and have a greater impact in holding commitments-makers accountable towards accelerating implementation of the existing commitments in focus countries and mobilizing new commitments, where gaps are identified. These are characterized as **Intermediate outcomes and are directly attributable to PMNCH**.
- Accelerating the implementation of existing commitments, or mobilizing new commitments where gaps are identified, with the aim of improving WCAH policies, financing and service coverage at the country, regional and global levels. This is PMNCH's contribution to the **High-Level Outcomes**, that all stakeholders in the ecosystem are working towards.
- These changes, in turn, contribute to the attainment of the overall **Impact** that PMNCH is aiming to support through the delivery of its Strategy: (i) reduced preventable maternal, newborn and child (MNC) morbidity and mortality, including stillbirths (Strategy Objective 1); (ii) improved Sexual and Reproductive Health and Rights (SRHR) outcomes (Strategy Objective 2); and (iii) improved Adolescent Well-being (Strategy Objective 3).

The assumption is that if all of these actions were implemented effectively at the global and national levels, this would lead to improvement in policy, financing and service delivery for WCAH (high level outcomes).

However, the Results Framework does not facilitate the verification of high-level outcomes because the intermediate outcome indicators are not appropriately aligned with how and whether high-level outcomes are achieved and do not account for external factors affecting high-level outcomes. For example, improved financing or service coverage for WCAH may not follow a linear path resulting from advocacy to implementation of commitments for a range of country-specific reasons that have to do with stickiness of health system budgets and governance. Additionally, the high-level outcomes have not yet been systematically measured and reported (partly because they are part of PMNCH's contribution and not attribution story, and partly because these are difficult to achieve in short time periods across countries). Respondents validated these findings and additionally noted that there is no clarity on who should measure and report on the outputs and short-term outcomes and whether and how effectively these are being achieved at the country level.

The results framework also does not comprehensively reflect or report on its diverse pathways to change since the terrain for advocacy is different across countries and the starting point also varies. What may be straightforward in Malawi may not be so in another country. PMNCH's support to partners, through the three function areas, and how that contributes to partner-driven advocacy can vary by country and those pathways of change are also not captured in the TOC nor in the Results Framework.

## Discussion

A robust MLE system is essential to track the complexity of work and partner networks with which PMNCH need to engage to function effectively. Such a MLE system needs to provide timely and accurate data to inform strategic decisions and guide in-country accountability interventions. Given the non-linear and emergent nature of outcomes, where small changes can yield significant impacts or large efforts might result in incremental progress, MLE systems must be sensitive, adaptive, and contextually aware to detect and respond to these dynamics.

PMNCH's TOC is compelling but does not fully leverage its capacity to mobilize the partnership's diverse strengths to deliver commitments at the country level. This misalignment leaves many partners feeling disconnected from the larger vision. Furthermore, the results framework lacks contextual sensitivity, limiting its ability to reflect PMNCH's unique contributions. Crucially, it does not adequately demonstrate how membership in PMNCH strengthens or contributes to the work of its partners.

The current MLE system also has gaps in mechanisms for ongoing reflection and feedback on PMNCH initiatives—such as CAAPs, DAHs, and knowledge products. Without these mechanisms, PMNCH is unable to fully incorporate constructive feedback, make necessary course corrections, or foster a culture of continuous learning.

To enhance its impact, PMNCH must evolve its MLE system to go beyond tracking progress. The system should illuminate whether and how change occurs, enabling continuous learning and adaptation. A well-designed MLE framework should serve dual purposes: documenting achievements while fostering reflection and responsiveness to deliver more effective, contextually relevant outcomes.

Tracking advocacy outcomes presents unique challenges. While monitoring policy changes and financing outcomes, such as budget allocations, is relatively straightforward, measuring political impact and its influence on service uptake and health outcomes is significantly more complex. Furthermore, the pathway from policy and financing successes to tangible improvements in service delivery and health outcomes often remains opaque and requires innovative approaches to evaluation.

Strengthening the MLE system will enable PMNCH to better understand its contributions, make informed adjustments, and demonstrate the value of its work in driving meaningful, partner-supported change at the country level. By adopting these refinements, PMNCH can better demonstrate its value, deepen its impact, and ensure accountability for its efforts at both the global and local levels.

## Options to Consider

### *High-Level Outcomes*

A more focused strategy to achieve high-level outcomes, concentrating efforts on a select number of countries at a time, could enhance impact. This approach might involve not just PMNCH partners but also additional donors and stakeholders.

Documenting major achievements, such as legal reforms or financing shifts that have long-term impacts (e.g., a decline in maternal mortality), through case studies would illustrate pathways to success and provide replicable models.

### *Intermediate Outcome Indicator*

Intermediate outcome indicators should be revisited to ensure they are directly linked to desired impacts and effectively capture the pathways leading to high-level outcomes. Indicators must reflect both the direct and indirect effects of PMNCH's work. Direct indicators would reflect the number and content of advocacy events and outreach

A more systematic approach to monitoring across constituencies can improve accountability and better track progress.

### *Advocacy and Accountability*

Efforts should be made to capture key moments where advocacy and accountability converge, documenting these through stories or case studies. This could include examples of policy changes, increased funding, or shifts in equity.

Integrating qualitative methods, such as storytelling, can provide richer insights into how advocacy strategies connect across constituencies and vary across countries.

### *Adaptive Learning and Feedback*

Adopt a learning approach that incorporates continuous feedback loops, allowing for real-time learning and adaptation based on emerging evidence and changing contexts.

Develop a clear and systematic framework for measuring and reporting high-level outcomes, ensuring these occasional but significant wins are celebrated and used to sustain momentum (e.g., changes in laws, policies, financing, or equity in access to services).

### *Country and Regional Focus*

At the country and regional levels, MLE should focus on how partners operate within ecosystems to drive action on commitments. This includes measuring the effectiveness of collective efforts and the integration of rights-based approaches into their work.

Incorporate an analysis of external variables, such as political climates, socio-economic factors, and other interventions, to gain a comprehensive understanding of progress and the factors influencing outcomes.

## **Cross Cutting Section of Accountability**

### **Findings**

Respondents agreed that the strategic shift in 2022 toward focusing on the implementation of current commitments was timely and necessary, citing "commitment fatigue", where numerous commitments were made but lacked adequate follow-up or implementation. Some partners believed that the shift was logical, as they needed to deepen their understanding of existing commitments before transitioning to advocating for new ones.

In terms of successes, partners pointed to setting up and building capacity of CAAPs as a significant step in strengthening in-country accountability mechanism; using convening power to bring partners



together to generate commitments (i.e. those stemming from the GFA from 17 governments and two regional bodies); and leveraging national commitments to advocate for similar pledges amongst non-state actors such as the Christian Council of Nigeria and efforts on FGM in Malawi. PMNCH served as a valuable resource to governments by sharing data, lessons learned from other countries, and providing access to external expertise.

In terms of challenges, some respondents felt PMNCH is too closely embedded within WHO and government systems to act as an independent accountability voice or to effectively “hold feet to the fire.” Conversely, others believed PMNCH’s multi-constituency structure creates an opportunity for it to be an independent and credible voice challenging commitment-makers.

The approach in events such as the “Accountability Breakfast” was described as “too polite” and lacking the edge needed to drive meaningful action.

Partners expressed uncertainty about their roles in supporting PMNCH’s accountability efforts at the national level. For example, several noted that follow-up on the GFA has stalled due to unclear guidance on next steps. Partners also noted that they lack real-time insights into national commitments and were unclear where to find information on whether commitments were being met on a country-by-country basis. This gap also underscores the need for improved quantitative tracking of commitments.

## Discussion

While PMNCH’s advocacy efforts have been strong, accountability for commitments has been a weaker area, with limited follow-up on progress and insufficient impact measurement. One of PMNCH’s key strengths lies in its ability to mobilize relevant partners at the country level and support them in holding governments accountable for their commitments. However, effective accountability requires tactics tailored to each country’s unique context, including its power dynamics, the strength of relationships between partners, and the specific nature of the commitments being pursued.

To address these challenges, PMNCH should focus on clarifying partner roles, improving data availability to track commitments, and adopting more assertive and context-specific advocacy approaches. These measures would help strengthen PMNCH’s accountability mechanisms and enhance its ability to drive meaningful implementation of commitments.

## Options to Consider

- At the Global level, PMNCH should continue to amplify its influence on governments advocate for improved policies for WCAH and donors for increased investments and aligned funding with high priority areas. It also needs to track progress towards the SDG goals.
- Regionally and at the country level, develop evidence-based advocacy priorities and products as well as organize policy dialogues and stakeholder meetings. These should be customized to regional and national needs and designed with participation of partners on the ground.
- At the country level, there should be a strong tracking system for commitments. Commitments should be categorized based on their feasibility within a specific timeframe, and with actionable priorities identified and emphasized. Quick wins in each country can provide momentum and empower in-country and constituency partners to sustain their efforts. For issues where

resistance or a lack of commitments persists, advocacy and accountability efforts should be grounded in generating context-specific evidence to overcome barriers and push for progress.

- PMNCH's role should include support for systematic, on-the-ground advocacy. This approach would be most effective if concentrated on a select number of countries at a time, chosen based on transparent and inclusive criteria. While the current GLN criteria focus on countries with apparent strengths and high potential for success, a more inclusive approach could address the needs of countries requiring greater support and resources for meaningful impact.
- Budget and funding mechanisms should be reviewed to ensure partners are adequately resourced to drive actions on commitments, particularly in contexts where issues are sensitive or face resistance to external pressure. Allocating resources proportionate to the level of effort required in such contexts will enhance the likelihood of success.
- Joint fundraising for country-level work, with a focus on strengthening advocacy to implement commitments, could help address resource gaps and drive impact on the ground. Pooled funds could support activities carried out by partners through mechanisms like CAAPs, while also enabling the Secretariat to provide tailored support where needed. This collaborative funding approach would ensure that both partner-led initiatives and Secretariat-driven efforts are adequately resourced to achieve meaningful outcomes.
- Finally, it is crucial to document and share impactful stories with partners and donors to highlight successes, reinforce accountability, and sustain momentum.

## II. Spotlights

### Collaborative Advocacy Action Plans Spotlight

"It's a very cohesive organized way that also helps builds connections between partners."

— Evaluation Interview Respondent, Oct 2024

"The CAAP process as an effective way to connect global commitments with local implementation, emphasizing the importance of strategic focus in linking local and global advocacy efforts."

— Evaluation Interview Respondent, Oct 2024

### Overview

In 2022, PMNCH partners adopted a new approach to strengthen accountability for WCAH to drive progress towards the Sustainable Development Goals (SDGs). The aim of the CAAP initiative is to improve accountability for WCAH through the collaborative efforts of partners from diverse constituencies, acting together to create a more effective and coordinated advocacy effort for women, children, and adolescents. PMNCH envisages that CAAPs will add value to efforts of partners through: (i) improved evidence; (ii) more meaningful engagement of underrepresented constituencies; (iii) greater diversity of multi-stakeholder partners; and (iv) enhanced visibility of national WCAH commitments.

To operationalize this vision, PMNCH launched the CAAP initiative to improve advocacy and accountability for WCAH through coordinated efforts by diverse partners in country, fostering a collective effort. CAAPs bridge global and country-level initiatives and are intended to connect high-level PMNCH platforms, such as the GLN and ministerial engagements, with grassroots implementation and the lived experiences of women, children, and adolescents. By fostering these linkages, CAAPs aims to advance PMNCH's high-level outcomes related to improved policies, service coverage, and financing for WCAH. This partner-driven initiative follows a structured process in each country:

- **Country-Level Scoping:** Assessments to identify the status and quality of WCAH commitments and highlight policy gaps.
- **Collaborative Action:** Jointly develop and implement advocacy plans to strengthen existing commitments and mobilize new ones where critical gaps exist. Success has been noted in a few countries like Malawi and Gambia.

PMNCH supports CAAP implementation through a range of efforts:

- **Multi-Stakeholder Platforms (MSPs):** Convening country stakeholders to align on advocacy and accountability priorities. This is complemented by a Digital Advocacy Hub, enabling partners to exchange ideas, strategies, and tools for enhanced coordination.
- **Scoping Reviews:** Conducting comprehensive national reviews of WCAH commitments to identify gaps and assess implementation progress.

To date, CAAPs have been initiated in 10 countries, with coordination led by civil society organizations:

Ethiopia: Clinton Health Access Initiative; Kenya: Health NGOs' Network (HENNET), supported by Aga Khan University (commitment scoping); Liberia: Public Health Initiative of Liberia; Malawi: Amref Health Africa, Malawi; Nigeria: Africa Health Budget Network; Senegal: Amref Health Africa, Senegal; Sierra Leone: Clinton Health Access Initiative; South Africa: Clinton Health Access Initiative; Tanzania: Clinton Health Access Initiative; and Zambia: Amref Health Africa, Zambia.

## Progress and Impact

Efforts to roll out CAAPs at the country level have taken time. There are challenges and politics, but the principle of 'putting money where the mouth is' that underlies the CAAPs has motivated partners. Some noted that while execution is not perfect, at least they are now in action.

"It's a very cohesive organized way that also helps builds connections between partners."

— Evaluation Interview Respondent, Oct 2024

"The CAAP process as an effective way to connect global commitments with local implementation, emphasizing the importance of strategic focus in linking local and global advocacy efforts."

— Evaluation Interview Respondent, Oct 2024

### *CAAPs as Motivation & Driver of Advocacy*

A few people note the significant success of putting together the advocacy plans, highlighting its role in driving commitments forward and involving multi-stakeholder groups in working on commitments.

The CAAP process has been successful in some countries, where local partners have strategically used global commitments to drive national advocacy efforts. The work is complemented by the work with parliamentarians and the GLN.

### *Potential for Partnerships*

The CAAP process involves local on-the-ground groups, government officials, academics, parliamentarians, and other constituency members to ensure commitments are met. By design, this forces close partnerships across constituencies. In other countries, this may or may not happen organically.

### *Insufficient Funding Support*

Each country has received resources for events and meetings to run the CAAP process. This was noted as 'minimal funding compared to other initiatives,' but it has proven to be one of the most important initiatives for PMNCH. A few respondents noted that funding is not commensurate with effort or actual ability to deliver.

## **Challenges and Way Forward**

Advocacy plans within PMNCH heavily depend on access to detailed information about country commitments—a resource many partners lack. This often results in an initial over-reliance on the Secretariat to provide such information, even though partners should ideally have it readily available. For advocacy to be effective, partners need a clear understanding of the commitments made, enabling them to craft targeted strategies. However, the feasibility of these commitments sometimes raises concerns. For instance, maternal mortality ratio (MMR) targets may be set unrealistically low, creating confusion and complicating advocacy efforts, especially given that global targets do not account for countries' varying baseline values.

The CAAPs represent a promising mechanism for bridging local-level intelligence with national advocacy efforts. CAAPs are designed to empower stakeholders to speak boldly, addressing systemic issues such as corruption and inadequate attention to WCAH. By engaging parliamentarians, the media, and other influencers, CAAPs aim to drive accountability and action. While not yet fully implemented, the potential of CAAPs to facilitate bold, actionable advocacy has generated optimism.

However, questions arise about advocacy strategies in countries without CAAPs. Could these countries benefit from a more structured, yet lighter-touch process? If some non-CAAP countries have developed their own organic advocacy mechanisms, it may be worth exploring whether a harmonized approach could enhance their effectiveness. Capturing and sharing learnings from CAAP and non-CAAP countries could inform a broader understanding of what models work best under different contexts.

PMNCH also needs to critically assess how its global influence filters down to country-level work. Understanding whether commitments are effectively rolled out and translated into tangible progress is vital. Moreover, as CAAPs develop, it is important to clarify their role in "hard advocacy," including their potential to tackle politically sensitive issues like corruption. For CAAPs to succeed in this capacity, clear strategies and safeguards must be in place to ensure advocacy efforts are impactful without unintended backlash.

Ultimately, the success of advocacy efforts hinges on balancing bold action with practical, context-sensitive strategies. Whether through CAAPs or alternative models, PMNCH has an opportunity to refine its approaches to drive accountability and progress in WCAH across all countries.

## Global Leaders Network Spotlight Update

The **Global Leaders Network (GLN)** has emerged as a pivotal initiative to elevate WCAH issues to the highest levels of political leadership. By convening Heads of State and Government, the GLN seeks to leverage their influence to advance health priorities, harmonize political stances, and drive progressive policies.

The launch of the GLN has been a significant milestone, showcasing its potential to unify global efforts for WCAH. South Africa's leadership is particularly noteworthy, bringing renewed energy and credibility to the initiative. Current members include Kenya, Ethiopia, Liberia, Sierra Leone, Tanzania, Senegal, Nigeria, and Malawi, with plans to expand to Somalia and Colombia by year-end. For the GLN to fully realize its ambitions, political will and strategic engagement with a broader spectrum of countries—beyond the low hanging fruit—are critical. There is enthusiasm around its potential, especially in the current global political climate, but expanding its influence to include countries in the "mushy middle" will be essential for a truly transformative impact.

## Achievements and Challenges

GLN's early progress includes the engagement of these initial Heads of States. South Africa's active involvement has been instrumental, with its leader championing the network and bringing additional Governments into the fold. However, the initial delay in gaining traction highlights the importance of timing when engaging political leaders—approaching them post-election rather than during challenging campaigns can foster stronger early commitments.

The GLN draws inspiration from successful health diplomacy models like the ACT-A initiative, which mobilized \$24 billion for the global COVID-19 response. The GLN aims to replicate this success by launching a resource mobilization campaign focused on WCAH, with key indicators including maternal mortality ratio (MMR), neonatal mortality rate (NMR), and adolescent mortality. While adolescent mortality is not an SDG indicator, it reflects critical social determinants and remains a central focus alongside initiatives like the MNH World Health Assembly resolution.

Beyond advocacy, the GLN reinforces accountability frameworks such as the Lusaka agenda and UN mechanisms, ensuring sustained political attention and cross-sector collaboration. Its emphasis on

integrating health priorities with broader platforms, such as the G20 and the African Union, further underscores its ambition to embed WCAH into global and regional policymaking. Working with institutions like the Africa CDC, the GLN aims to drive strategic, evidence-based initiatives that transcend health to address social and structural determinants.

The GLN's success depends on its ability to expand beyond traditional allies like the Netherlands, Canada, and Sweden, and engage a more diverse group of nations. Building stronger connections with India, South Africa, and other influential players offers an opportunity to amplify its impact and avoid insularity.

Despite challenges posed by differing views on women's health and rights, the GLN remains steadfast in advancing consensus-driven, evidence-based solutions. To sustain momentum, it must focus on mobilizing resources, strengthening political commitment, and addressing structural barriers to health equity. With its unique positioning, the GLN has the potential to transform global WCAH advocacy into actionable and measurable progress.

### III. Key Recommendations

These recommendations are presented in order of priority and are designed to be implemented sequentially. Each recommendation builds upon the success of the previous one, creating a cumulative effect that enhances overall impact. The examples are illustrative to communicate the relevance of the key recommendations. The Strategy and Governance reviews will offer more concrete recommendations.

#### I. Streamline

*Prioritize establishing connections with partners who exhibit a high level of commitment, drive, and active engagement. By consolidating efforts with partners who are ready and capable of contributing significantly, PMNCH can ensure that resources, energy, and focus are directed toward collaborations with the greatest potential for meaningful impact. Streamlining partnerships foster efficiency and enhances the capacity to deliver on shared objectives.*

An example of this approach could involve PMNCH identifying a small cohort of highly engaged partners within a specific region. These partners, demonstrating readiness and a commitment to collaboration, could work together to design and execute joint campaigns and strategies. Resources could be strategically channeled or jointly mobilized to support this group, enabling focused initiatives such as hosting regional webinars, co-developing advocacy materials, and leveraging their collective networks to amplify outreach efforts.

Over time, this group could evolve into a semi-autonomous regional hub, serving as a focal point for advocacy and action within the region. This approach would not only enhance PMNCH's

regional impact but also establish a lasting footprint in global advocacy for WCAH, showcasing a replicable model for collaborative and sustainable engagement.

## II. Align

*Create an enabling system by aligning PMNCH processes, tools, and structures with the needs of partners to drive impact on the ground. Provide targeted guidance and frameworks that support partners in achieving measurable outcomes. This alignment not only fosters a cohesive strategy but also empowers partners to succeed in fulfilling shared goals, ensuring their efforts are directed effectively and collaboratively.*

As an illustrative example, PMNCH could develop standardized toolkits to support country-level coalitions working on adolescent health. These toolkits could include frameworks for monitoring outcomes, templates for policy advocacy, and training materials. The ‘PMNCH in a Box’ would be the generic tools and templates and there may be Customized Updates for specific issue areas. For instance, these tools could be customized to address specific barriers such as delivering respectful care and addressing structural violence faced by health workers where that is the predominant concern, and acts as a barrier to improving service quality and coverage. Customizing content will help local organizations align their efforts and achieve shared goals effectively. This can be done for a few priority issues at a time and can also be led by regional technical partners.

## III. Produce Impact

*Shift focus toward delivering tangible results by concentrating on implementing a small number of commitments in select countries. Implement these commitments over short, intense cycles (e.g., six months) to drive visible and measurable outcomes, fostering a sense of urgency and achievement. This approach fosters urgency, promotes a sense of achievement, and aligns efforts with a revised Theory of Change, as discussed in the MLE section. Tangible results in specific contexts can serve as proof points, demonstrating the potential for wider adoption and scale.*

## IV. Learn and Adapt

*Employ an iterative approach by initiating short pilots in a few countries at a time. Use these pilots to gather real-time insights, refine strategies, and identify successful models for broader application. By implementing agile cycles, PMNCH can ensure ongoing learning and quick adjustments to optimize approaches. This adaptability is critical to scaling up initiatives effectively and maintaining relevance in dynamic environments.*

As an example, PMNCH tests the CAAP for youth-led organizations in two countries, such as Nigeria and Malawi, to amplify their voices in policymaking and move on AWB commitments. After six months, data from policy engagement outcomes is analyzed to refine the approach. Lessons learned are applied to refine/scale the approach across additional countries, incorporating new features.



## V. Sustain Support

*Focus on building long-term financial sustainability by re-engaging donors to create strategic, pooled funding mechanisms. Highlight the success of short, impactful initiatives as evidence of PMNCH's capacity to deliver measurable progress. These demonstrations of impact can attract sustained investment, enabling the continuation of localized work and ensuring momentum toward achieving broader strategic objectives. Sustaining donor confidence and engagement is vital to maintaining support for PMNCH's mission.*

As an example, PMNCH can develop a joint proposal to secure funding from a consortium of donors to support country level work with a few countries. Using impact data from a short-term initiative in the pilot, PMNCH can demonstrate the value of pooled funding. This success can potentially attract additional investment, enabling an expansion of the approach to other regions.

## Conclusion

PMNCH's journey is a testament to the strength of its convening power, its networks, and its commitment to equity. PMNCH stands as a unique and essential convener in the global health landscape, blending advocacy, knowledge synthesis, and partner mobilization to drive progress for women, children, and adolescents. Yet, to realize its full potential, the partnership needs to recalibrate its strategies, balancing ambition and focus, embracing thematic prioritization, inclusivity, and measurable outcomes across its core functions. By building on its strengths and addressing its challenges, PMNCH can continue to lead global health advocacy for women, children, and adolescents, leaving a legacy of health equity and empowerment.

To maximize its impact and value proposition, PMNCH must address key gaps in partner engagement, strategic dialogue, and communication accountability efforts as well as measurement and learning. Improving clarity around partner roles, expectations, and benefits, alongside creating opportunities for meaningful reflection and collaboration, is essential. Additionally, a stronger focus on multilingual and cross-sector communication, better utilization of digital platforms, and mechanisms to evaluate and refresh partner involvement will enhance inclusivity and operational effectiveness. Prioritizing these areas will enable PMNCH to foster a more engaged and cohesive network, driving collective progress toward shared health and development goals.

As PMNCH looks to build out a new strategy for the next five years, the evaluation findings from this evaluation and previous evaluations should encourage the organization's leadership to consider bold and transformative changes to its approach, building on some promising new initiatives such as the CAAPs and GLN.

### III. Annex

#### i. List of interviews

*Board Leadership and Evaluation Subgroup:* Rt. Helen Clark, Board Chair; Kathleen Sherwin, Plan International; Mike Mbizvo, Population Council

*Board Leadership, Vice Chairs:* Chris Carter, Foreign, Commonwealth & Development Office (FCDO); Aditi Sivakumar, My Empowerment Platform

*Constituency Leadership:* Meena Ghandi, FCDO; Hareya Fassil, United States Agency for International Development (USAID); Luc Laviolette, Global Financing Facility; Aleksandra Blagojevic, Inter-Parliamentary Union (IPU); Bruce Alyward, World Health Organization (WHO); Mickaela Hildebrand – United Nations Population Fund (UNFPA); Charlotte Ersboell, Ferring Pharmaceuticals; Marleen Tennerman, Aga Khan University (AKU); Maria Antonieta Alcalde Castro, Ipas; Aminu Magashi, Africa Health Budget Network (AHBN); Preeti Sudan, Government of India; Vandana Gurnani, Government of India; and Lwazi Manzi, Government of South Africa.

*Advocacy and Partner Engagement (APEC) Committee Leadership:* Githinji Gitahi, Amref; Joy Phumaphi, African Leaders Malaria Alliance (ALMA)

*Governance and Ethics Committee (GEC) Leadership:* Flavia Bustreo, Fondation Botnar

*Evidence and Accountability Working Group (EAWG) Leadership:* Mark Hanson, University of Southampton, UK; Jennifer Requejo, Johns Hopkins; and Merette Khalil, International Confederation of Midwives

*Other partners:* Sharon Musakali, HENNET; Esther Nasikye, PATH; Samekeliso Dube, FP2030; David Imbago, Yield Hub; Gareth Jones, UNAIDS; Anshu Banerjee, WHO; and Helga Fogstad, UNICEF

## ii. Themes/Research questions

Areas of Inquiry	Broad Questions	Specific questions to probe (illustrative)
High level and intermediate outcomes	To what extent has the 2021-2025 Strategy helped the Partnership to achieve its high-level and intermediate outcomes? <sup>12</sup>	<ol style="list-style-type: none"> <li>1. How and in what ways has PMNCH contributed to the various outcomes at the country level (financing, implementing WCAH policies and improved service coverage and quality)?</li> <li>2. How has the shift in advocacy, from generating new to accelerating implementation of existing commitments worked?</li> <li>3. What have been the advantages and/or disadvantages of moving to three thematic areas? Any trade/offs experienced in shaping content?</li> <li>4. How well has it enabled partners to work together towards collective goals?</li> </ol>
Short term outcomes	How effectively has the Partnership contributed to advancing advocacy on MNCH, SRHR and adolescent well-being at global, regional and national level?	<ol style="list-style-type: none"> <li>5. How has PMNCH's knowledge synthesis, partnership engagement, and campaigns and outreach supported advocacy at global, regional and national levels?</li> <li>6. How has the Partnership strengthened the connection between 'local and global'? Were there missed opportunities to optimize the Partnership's local to global connections?</li> </ol>
Value proposition	What is the unique value add of PMNCH for WCAH	<ol style="list-style-type: none"> <li>7. How well has it leveraged its form and function-thematic focus, convening power and breadth?</li> </ol>

<sup>12</sup> This was shifted to "What in your view, comes to mind as the Partnerships biggest achievement in the past three years? What makes that achievement so important? Are there any missed opportunities or challenges that come to mind?"

	given other thematic global partnerships?	<p>8. What have been the advantages and/or disadvantages of having a large partnership-does PMNCH leverage it well?</p> <p>9. Has it encouraged and enabled leadership from partners?</p> <p>10. Have there been overlaps with other global networks and structures?</p>
Internal Learning Monitoring and Evaluation (LME)	<p>Does the theory of change resonate with the partners?</p> <p>Do they find the approach it anchors useful for the work of PMNCH?</p>	<p>11. Do they find it useful? Does it guide partners work?</p> <p>12. Does it help them understand how PMNCHs work is linked to its outcomes and long-term impact?</p> <p>13. Do they look at PMNCHs performance against its commitments?</p>
Communication	To what extent are donors, partners and other stakeholders aware of PMNCH's priorities and achievements?	<p>14. What has made PMNCH visible and why?</p> <p>15. Have there been missed opportunities on communicating out that would have made the work more visible, coordinated or impactful?</p>

### iii. Bios

#### **Priya Nanda**

Priya Nanda, an independent consultant on the GHV team, is a feminist researcher and health economist with expertise in leading and implementing measurement, evaluation, and research agendas in public health and economic empowerment from a gender lens. She is passionate about fostering rights-based evidence-creation processes to gender and SRHR work and in that vein has led complex evaluations of policies and programs on gender equality, framing the research to conceptualize questions that challenge the status quo paradigms of knowledge and methods.

Her span of research from masculinities and gender-based violence in India, to programs on reproductive and sexual health and adolescent empowerment to redefining impactful measures of reproductive agency and coercion, have all demonstrated impact and shaped the field by positing new frontiers of research and program design. Having worked at the Bill & Melinda Gates Foundation in their evidence and learning team, she brings deep familiarity with designing evidence-based methods and approaches to test and validate PMNCH's theories of change.

#### [Jessie Clyde](#)

As a Senior Consultant at GHV, Jessie has supported partners including the Bill and Melinda Gates Foundation, the NCD Alliance, UNICEF USA, and the Clean Air Fund. With a background in public health, she brings 20+ years of expertise in philanthropy, grantmaking, program design and evaluation, with a focus sexual and reproductive health and rights (SRHR) and feminist movement building. She is deeply committed to co-creating solutions with local partners to advance human rights and works closely with civil society organizations, activists, health providers, governments, academia and others committed to social change.

Through Owen Consulting Inc., she co-leads independent evaluations of several Bloomberg Philanthropies' Government Innovation programs including the Bloomberg Harvard City Leadership Initiative and the Global Mayors Challenge. Previously, Jessie spent two decades with Fos Feminista (previously IWHC), where she led the design, implementation, and evaluation of a multi-million-dollar trust-based grantmaking and capacity-strengthening program in the Global South to advance the SRHR of women, girls, and other historically marginalized populations.

#### [Caitlyn Mitchell](#)

As an Engagement Manager, Caitlyn Mitchell helps our partners reach their policy, advocacy, and communications objectives. With GHV, she has supported teams at the Bill and Melinda Gates Foundation, the Conrad N. Hilton Foundation, the Partnership for Maternal and Newborn Health (PMNCH), and the International Confederation of Midwives, among others.

Caitlyn has 10+ years of deep expertise in grassroots and advocacy campaigning; maternal, newborn, and child health; sexual and reproductive health, as well as project management; strategy development,

planning, messaging, and tactics; stakeholder engagement; strategic investment guidance; and measurement, learning, and evaluation.