Strategic Priorities Framework to 2030
For the Partnership for Maternal, Newborn and Child Health

Final Report from Global Health Visions

26 November 2024

Executive Summary

This report was commissioned by the Partnership for Maternal, Newborn and Child Health (PMNCH) as an input to the development of its 2026-2030 strategic plan. It outlines a set of proposed strategic priorities and approaches to guide PMNCH's work and activities over the next 5-year period, reflecting the global context for PMNCH's mission and work as well as its unique value and role. Two other reports were also commissioned as inputs into the strategic planning process: an independent external evaluation, carried out by a separate Global Health Visions consulting team, and a review of PMNCH's structure and governance by another individual consultant.

This report reflects extensive consultations with a range of stakeholders, including Board and Committee members, funders, constituency and working group representatives, development partners, and external experts. It includes an overview of global trends and conditions that will shape the health and well-being of women, children and adolescents over the next strategic period, as well as an analysis of PMNCH's position within the global landscape.

In general, respondents expressed strong support for PMNCH's mission, belief in its potential, and recognition of its unique role. However, there was a distinct desire for fundamental—even transformational—change, especially in two areas: revamping PMNCH's structure and governance, and ensuring a clear sense of focus for its structures and activities.

This report underscores PMNCH's unique contributions and added value in the global health architecture, including:

- *Multi-constituency membership model:* PMNCH includes diverse set of stakeholders across sectors, facilitating the exchange of a range of perspectives and experiences, and offering a platform for collaboration and alignment on messaging and accountability.
- *Comprehensive life-course and continuum of care focus:* PMNCH addresses advocacy for women's, children's and adolescents' health (WCAH) holistically, compared to other partnerships that focus either on specific components of WCAH (e.g., newborn health) and/or focus on technical aspects. PMNCH's integrated approach advances intersectional and sustainable advocacy solutions to WCAH challenges.
- *Youth engagement and leadership*: PMNCH has demonstrated a commitment to meaningful youth participation via the creation of the Adolescents and Youth Constituency (AYC), the representation of young people in the leadership of PMNCH governance structures, and through initiatives such as the What Young People Want Campaign and the 2023 Global Forum for Adolescents.
- *Strong convening power:* PMNCH's access to high-level forums and influential leaders (heads of state, ministers, agency heads) gives it the ability to bring attention to WCAH at major global and regional forums, as well as to prioritize political support for WCAH issues.

- *Credibility through WHO hosting and UN alignment:* Given that PMNCH is hosted by the World Health Organization, and that its membership includes leading UN agencies and respected academic institutions, its advocacy messages and events benefit from the credibility and institutional weight.

Based on respondents' perceptions of PMNCH's unique value, the following key recommendations emerged for PMNCH's 2026-2030 strategy:

1. **Identify topline, concrete, trackable WCAH advocacy outcomes as the overarching framework for PMNCH**, encompassing PMNCH's thematic focus areas as integral components of WCAH: Maternal, Newborn and Child Health (MNCH), Sexual and Reproductive Health and Rights (SRHR), and Adolescent Well-Being (AWB). These advocacy outcomes must be actively supported and advanced by all PMNCH structures, initiatives, and activities. They must also be incorporated into a theory of change and results framework that will enable PMNCH to track progress toward the outcomes and assess how PMNCH is contributing to their achievement.
2. **Elevate accountability within PMNCH's mandate and work:** Stakeholders identified accountability as a critical but currently underdeveloped aspect of PMNCH's work, noting "there cannot be effective advocacy without accountability." PMNCH should consider and select from a set of options to strengthen the accountability component of its work, including i) adoption of a mutual accountability model to track and report on progress in PMNCH focus countries; ii) strengthening current national accountability and advocacy efforts by partnering with specialized organizations for capacity-building, tools development, and visibility; iii) collaborating with the Inter-Parliamentary Union or other parliamentary groups to establish a WCAH accountability mechanism; iv) partnering with an appropriate research organization to monitor WCAH progress by tracking key health coverage and outcome indicators; and v) revamping the PMNCH Accountability Breakfast at United Nations General Assembly (UNGA) and/or organizing regional events, to explicitly evaluate country progress, address gaps, and spotlight successes.
3. **Align PMNCH workstreams and initiatives, geographically and substantively:** Stakeholders raised concerns about siloed, vertical approaches within PMNCH's work, emphasizing the need for stronger linkages across thematic focus areas and constituencies. To address this, the report outlines possible approaches, including: i) achieving geographic alignment by focusing all major initiatives on priority countries, with potential expansion as resources allow; ii) ensuring that activities balance attention and funding across WCAH and its thematic areas, while avoiding overemphasis on one area that might alienate stakeholders or donors; iii) refraining from focusing on highly specific sub-topics within thematic areas, leaving such details to PMNCH members and amplifying their key messages; and iv) emphasizing PMNCH's role as a unifying "chapeau" for vertical partnerships that specific components of WCAH to mitigate perceptions of duplication or competition.
4. **Address key structural and governance challenges:** Although the strategic prioritization process did not focus on structure and governance, respondents shared insights and suggestions aimed at driving partner engagement and refining PMNCH's membership structure, with the aim of energizing PMNCH members and maximizing the potential of its membership base.

In addition, a number of potential short- and medium-term tactical priorities for PMNCH were suggested by participants and are shared at the end of this report.

Introduction

This report aims to guide PMNCH's deliberations about its future mission and work, offering recommendations for strategic priorities, foundational principles, and guiding parameters to consider as PMNCH develops its next strategic plan. The findings and recommendations are based on a review of selected documents and a series of stakeholder interviews and focus group discussions conducted September to November 2024. Participants consisted of 27 individuals representing 23 organizations and initiatives (see Annex A), including donors, multilateral organizations, non-governmental organizations (NGOs), the private sector, and others who are active in PMNCH's governance and leadership. In addition, input was received from the secretariat during an all-staff retreat in September, as well as during informal consultations throughout the review period. Finally, written feedback was provided by individual stakeholders and one funder who was not available to be interviewed. This strategic prioritization process was carried out concurrently with two other consultancies that are also generating input for the strategic planning process: an independent external evaluation and a review of PMNCH's structure and governance.

The questions used to guide the strategic prioritization interviews are provided in Annex B; in general, interviewees were asked about their:

- Perceptions of the global context for PMNCH's mission and mandate over the next five years
- Assessment of the shift in focus for PMNCH's work from generating *new* commitments to advocating for the implementation of *existing* commitments
- Views regarding PMNCH's thematic focus areas (MNCH, SRHR, and AWB) and suggestions for priority advocacy outcomes for each thematic area
- Opinions on PMNCH's unique added value in the global and national WCAH advocacy space
- Suggestions for how PMNCH could build on its unique value to strengthen its impact and achieve priority outcomes over the next 5 years in the lead up 2030.

The report underscores PMNCH's unique role and added value in addressing WCAH in the context of emerging opportunities and challenges, including the accelerating impacts of climate change, the increasing prevalence of humanitarian and conflict-related crises, rising poverty, declining official development assistance (ODA) for health, and the growing influence of the anti-rights movement. Additionally, the rapid expansion of artificial intelligence and digital platforms presents both potential opportunities and risks for PMNCH's agenda. Finally, geopolitical shocks and ideological tensions are seen as eroding international cooperation and undermining the influence of global actors, including the United Nations.

In light of this challenging global context, most respondents expressed strong support for PMNCH's mandate, appreciation for its key achievements during the past few years (and earlier), and the belief that it plays a unique role. That said, there was also a clear recognition that in order to be relevant and effective (and attract donor support), PMNCH needs to undergo significant—perhaps transformational—change. Much of the specific feedback about the change that is desired centered around two areas: first, revamping PMNCH's structure and governance to increase efficiency and reduce operational and decision-making churn; and second, identifying a set of ambitious but measurable advocacy outcomes to drive PMNCH's activities and unite its members. Very few concerns were expressed about the mission, goals, and thematic focus areas of PMNCH's work. In sum, respondents are eager for PMNCH to fulfill its mandate—which it has not been doing as effectively as it could or should.

This document lays out a series of recommendations that aim to address the desire for change and support PMNCH in its efforts to advance the health and well-being of women, children, and adolescents, contribute to progress toward the Sustainable Development Goals (SDGs), and lay the groundwork for the post-2030 agenda.

PMNCH's Added Value

PMNCH stands out in the global health landscape due to its uniquely inclusive, **multi-constituency membership model**, which brings together diverse stakeholders across many sectors. Unlike partnerships that are limited to specific constituencies, such as UN agencies or governments, PMNCH's broad and large membership, in theory, creates an opportunity for it to advocate and act with boldness and ambition, fostering collaboration and alignment across a wide spectrum of partners on messaging and accountability. This ability to bring together a range of partners and constituencies to speak "with one voice" was the most frequently mentioned element of PMNCH's value.

Another distinguishing feature of PMNCH is its comprehensive focus on advocacy for the **life course and continuum of care (CoC) for women, children, and adolescents**. While many global health partnerships prioritize components of WCAH, such as maternal and newborn health (MNH), family planning (FP), or adolescent sexual and reproductive health, PMNCH addresses these areas holistically. This integrated approach positions PMNCH as a leader in advocating for intersectional and sustainable solutions to WCAH challenges.

PMNCH has demonstrated strong commitment to fostering **genuine and meaningful engagement of young people** through the Adolescents and Youth Constituency (AYC), ensuring their voices are well-represented across PMNCH's governance structures and decision-making processes. This commitment was evident in initiatives like the What Young People Want Campaign and the Global Forum for Adolescents in 2023, which showcased active participation by young people., interviewees noted that many of the issues highlighted in these discussions—such as job opportunities, vocational training, prevention of stigma and discrimination, and safe cyberspaces—extend beyond PMNCH's core agenda. This presents an opportunity to align youth-focused priorities more closely with PMNCH's strategic focus areas.

PMNCH's **convening power** further reinforces its value, providing access to high-level forums and the ability to engage heads of state, ministers, and heads of agencies. However, there is room to enhance the substance of these engagements, making discussions less performative and more politically impactful. By leveraging its unique strengths and access, PMNCH can drive transformative change in the global health ecosystem.

Finally, the fact that PMNCH is hosted by the World Health Organization, and that its membership includes leading UN agencies working on health as well as highly respected academic institutions, gives its advocacy messages and events **credibility and weight**, as it is seen as having unique access to rigorous, reliable data and evidence.

Key Findings and Recommendations:

Recommendation 1: Identify topline, concrete, trackable WCAH advocacy outcomes

There was a broad consensus among stakeholders that PMNCH should define clear advocacy outcomes for WCAH and the three thematic focus areas (see options below), assuming PMNCH maintains this framing in the next strategic plan. These advocacy outcomes should drive all PMNCH activities, centering WCAH as the overarching framework, while positioning the three thematic focus areas as integral components of that framework. This approach would enable members with more focused missions to align with PMNCH's broader goals while ensuring a cohesive and unified message for external audiences.

A range of options for top-level, trackable advocacy outcomes for WCAH and for each thematic area are outlined below for consideration. PMNCH would not be solely responsible for the achievement of any of these outcomes; an updated theory of change and results framework will need to specify PMNCH's specific role, outputs, and expected outcomes. While the number of suggested outcomes reflect suggestions offered by interviewees, it is recommended that PMNCH prioritize no more than four or five in each 2-year workplan, recognizing that they are interrelated. Those recommended for prioritization are *italicized*.

A. ***WCAH/Life Course****[*]*:*

1. Fully integrate essential WCAH interventions within national, regional, and global universal healthcare (UHC)/primary healthcare (PHC) political statements, implementation plans, and budgets at global and regional levels, and nationally within PMNCH focus countries
2. *Increase domestic budget allocations for WCAH to xx% of health budget in PMNCH focus countries*
3. *Maintain ODA for WCAH and the three thematic areas; prioritize funding for pooled and innovative financing mechanisms, essential WCAH commodities, training/health workforce strengthening, and proven high-impact interventions*

B. ***Maternal, Newborn and Child Health (MNCH)****:*

1. *Articulate and adopt national plans aligned with WHA77 resolution on accelerating reduction of maternal, newborn and child mortality in PMNCH focus geographies, ensuring that plans are ambitious, measurable, and evidence-based*
2. Mobilize financing pledges from donors to support priority high-impact interventions and technologies for reduction of MNC mortality [to be quantified based on an assessment of the financing gap and funding modalities]

C. ***Sexual and Reproductive Health and Rights (SRHR)****:*

1. *Include SRHR essential interventions with proven links to reducing mortality and morbidity (e.g., family planning, safe abortion) as explicit components of the WCAH policy and financing advocacy outcomes outlined above (1.a-c)*
2. Establish and maintain a global advocacy platform in support of SRHR to counter anti-rights misinformation efforts and provide protected political space for SRHR advocacy partners

[*] Note that there is an additional option for a WCAH advocacy outcome in the **Specific Tactical Options** at the end of this report – the inclusion of WCAH goals and targets in the post-2030 global agenda.

D. ***Adolescent Well-Being (AWB)**:*

1. *Include adolescent health and well-being interventions as explicit components of the WCAH policy and financing advocacy outcomes outlined above (1.a-c)*
2. [In consultation with AYC, select an item or items from the ***Agenda for Action for Adolescents*** to prioritize for the 2026-2030 time frame; one option is to focus on the intersection between AWB, SRHR and MNCH, i.e., access to SRH care for the prevention and management of unintended pregnancies, HIV, and STIs among adolescents, and access to MNCH care for pregnant adolescents/first time mothers]

It is essential that the advocacy outcomes for WCAH and the three thematic areas be actively supported and advanced by **all** PMNCH structures—be they constituencies, committees, working groups, or at-large membership—and through initiatives such as the Global Leaders Network (GLN), Collaborative Advocacy Action Plans (CAAP), Digital Advocacy Hubs (DAHs), parliamentary partnerships, or any new efforts. Likewise, all activities, including events, campaigns, publications, and media efforts, should align with these outcomes.

Furthermore, the 2026-2030 strategy and workplans must be underpinned by a theory of change, results framework, and monitoring, learning, and evaluation (MLE) plan that clearly outline how PMNCH will contribute to, measure, and learn from progress toward the agreed advocacy outcomes (see recommendations in the external evaluation report). This shared purpose and coherence are vital, with alignment at global, regional, and national levels serving as a key expectation of PMNCH membership.

Recommendation 2: Situate accountability as central to effective advocacy

Stakeholders widely viewed accountability as a critical yet currently underdeveloped component of PMNCH's strategy and work. Without a mechanism or mechanisms to track country progress toward globally (or regionally) agreed targets and monitor the implementation of commitments and pledges, advocacy efforts lack a solid foundation and effective tools. However, it was also recognized that an "auditor-style" approach to accountability requires extensive resources for data collection and analysis, which would far exceed PMNCH's current capacity. Similarly, a "calling out" or "name-and-shame" approach risks creating tensions across constituencies and may raise questions about PMNCH's mandate and authority in this space.

To strengthen advocacy efforts and drive tangible progress, the following options focus on elevating accountability as a core component of PMNCH's overall strategy; it is not suggested that PMNCH adopt all of them, but select those that are most appropriate once the advocacy outcomes are defined and prioritized and the functional areas of PMNCH's work are defined/refined:

A. Adopt a **"mutual accountability" model**, similar to the approaches used by the African Leaders Malaria Alliance (ALMA) or the Ouagadougou Partnership, to track and support country progress against key WCAH targets and commitments in PMNCH focus countries. This could involve developing or adapting a specific scorecard or dashboard with agreed indicators, convening annual high-level meetings (e.g., Heads of State or Ministers of Health, potentially linked to the GLN) to review the scorecard and assess progress, and engaging donors, UN agencies, and civil society partners in recognizing achievements, sharing lessons, and fostering a spirit of "friendly competition" among national stakeholders. PMNCH's multi-constituency structure and engagement approach present an opportunity to leverage this model effectively.

B. Assess CAAP functionality and based on assessment, **invest in strengthening the work of CAAP lead partners on accountability and advocacy** across WCAH and the thematic areas through capacity-building, tools development, and promotion of successful approaches, supported by PMNCH efforts to ensure awareness of and visibility for commitments. Rather than managing the sub-granting and capacity-building work itself, which has been problematic given limited secretariat capacity and the need to use WHO's administrative and financing procedures, PMNCH could partner with and help mobilize resources for an established partner (or partners) that specializes in this role. Consider encouraging CAAP lead partners/coalitions to include a component on social accountability within national CAAP workplans, if not already included, focused on citizen monitoring of health sector performance as well as community participation in decision-making regarding health resource allocation.

C. Partner with Inter-Parliamentary Union (IPU) and/or other parliamentary groups to define an **accountability mechanism that provides parliamentarians with a platform for engagement** and voice regarding their governments' progress and actions on WCAH and the 3 thematic areas. PMNCH may also consider utilizing or partnering with other platforms, such as human rights monitoring mechanisms (e.g., Universal Periodic Review of the UN Human Rights Council), Generation Equality Forum annual accountability reporting, periodic review and monitoring of the African Union's 2016-2030 Africa Health Strategy, etc.)

D. Revisit and revitalize the prior PMNCH partnership with Countdown to 2030, or partner with another research and evidence organization, to **monitor and report on national progress in WCAH** and priority areas by tracking key health coverage and outcome indicators (immunization, skilled attendance at delivery, contraceptive use, etc.).

E. **Revamp the annual "PMNCH Accountability Breakfast"** at the United Nations General Assembly to align with one or more of the proposed accountability approaches outlined above, serving as a platform to evaluate progress, spotlight gaps, and share success stories. Another option would be to organize regional accountability events, for example linked to the Africa Health Agenda International Conference or other platforms.

Recommendation 3: Align PMNCH workstreams and initiatives, geographically and functionally

Stakeholders expressed significant concern about siloed, vertical approaches to PMNCH's work, citing inadequate linkages across thematic focus areas and across constituencies. Possible approaches include:

A. **Ensure geographic alignment:** Ensure that whatever PMNCH initiatives are maintained or developed (GLN, CAAP, DAH, engagement with parliamentary groups, etc.) focus on the priority countries, with expansion to additional countries as funding and capacity allow.

B. **Aim for thematic alignment and balance:** Given the existential threats to WCAH as a whole and to the three thematic areas, it will be challenging to develop an approach that effectively balances effort, attention, and funding for PMNCH advocacy outcomes once they are finalized. It is recommended that any activity or product that focuses on WCAH also acknowledge and reference the three thematic areas, and vice versa. If a major campaign, event, or activity focuses on one thematic area (such as the 2023 focus on AWB), efforts should be made to ensure the other areas also receive attention, to prevent alienating stakeholders and donors and avoid creating gaps that might lead stakeholders to set up new networks or partnerships.

C. **Avoid focusing on sub-topics within thematic areas:** Within WCAH and each of the thematic areas, there are numerous potential sub-topics; these could be based on priority populations (e.g., newborns, very young adolescents, first-time mothers), specific interventions (e.g., managing postpartum hemorrhage, addressing self-harm among adolescents), or health system components (e.g., community health workers, quality of facility-based care). It is recommended that PMNCH avoid delving into this level of detail in its advocacy, leaving such granularity to its members. Instead, PMNCH could use its platform to share and amplify partners' key messages without adopting specific sub-topics as major PMNCH priorities. This approach would help prevent fragmentation and competition among members and working groups.

D. **Serve as a "chapeau" for vertical partnerships focused on sub-thematic areas** (FP2030, Every Woman Every Newborn Everywhere, Child Survival partnership/coalition, etc.): Perceived duplication or rivalry between PMNCH and coalitions/partnership that focus on one of the three thematic areas emerged several times in discussions with stakeholders. As noted above, part of PMNCH's uniqueness lies in its large membership and multiple constituencies, as well as its focus on WCAH holistically. PMNCH needs to approach narrower vertical coalitions as valued and vital members that can contribute to the overall work and outcomes; donors must support and facilitate an appropriate division of labor as well as a shared workplan. In addition, PMNCH can serve as a platform for engaging and collaborating with other advocacy issues and communities, including climate change, humanitarian/fragile settings, pandemic preparedness, nutrition, poverty reduction, and the growth of AI, highlighting the impact of these crises and challenges on the health and well-being of women, newborns, children, and adolescents.

Recommendation #4: Other key points with governance implications

While the strategic prioritization process did not focus on PMNCH structure and governance issues, respondents nevertheless shared various observations on these topics, with a view to optimizing partner engagement, streamlining membership, and aligning flagship initiatives in order to maximize impact and efficiency. The points outlined below are being shared with the consultant conducting the PMNCH governance review for consideration and are included here to ensure fidelity to the feedback received.

A. **Structure partner engagement around advocacy activities, not constituency groups:** Utilizing advocacy outcomes and activities, rather than constituency membership, to drive partner engagement was universally supported during interviews. As respondents noted, organizations typically join PMNCH to engage ***across*** constituencies and thematic areas; there are already platforms for members within specific constituencies (NGOs, UN agencies, donors) or topics (newborn health, family planning, abortion) to collaborate. This shift could help revitalize and energize PMNCH's membership.

B. **Reassess membership:** While the size of PMNCH's membership was highlighted as one of its strengths, respondents also recognized that many members are inactive or minimally engaged. There were various suggestions for enhancing and refining membership structures.

   1. *Reduce the number of constituencies*: The existence of 10 constituencies that must be represented in governance structures creates significant work for the secretariat, as well as duplication of effort (e.g., academic members may review materials in dual capacities, representing both their Academic Research and Training (ART) constituency and membership in a working group). Options include:

- Combine UN agencies, global financing mechanisms (GFMs), and inter-governmental organizations (IGOs) into one constituency
- Combine nongovernmental organizations (NGOs), health care professional associations (HCPAs) and academic, research and training institutes (ARTs) into one civil society constituency (or combine just HCPAs and ARTs, leaving NGOs separate given its size)

2. *Remove inactive members:* While PMNCH's 1,500+ members were often cited as part of its added value, having fewer members, but being able to engage them more fully, was seen by many stakeholders as an essential step for PMNCH's credibility and impact.
3. *Define membership categories by level of activity/engagement:* It is widely acknowledged that PMNCH members are already differentiated by their level of engagement and access[†]. Some respondents proposed defining membership categories based on engagement levels, recognizing that organizations may move between categories over time. Outlining these options and opportunities could incentivize organizations to join PMNCH and actively pursue engagement opportunities.

Spotlight: PMNCH's Membership

PMNCH's broad membership and diverse constituencies are often regarded as a key strength, providing the partnership with a unique ability to convene stakeholders across sectors. However, there are significant challenges in ensuring meaningful engagement. A majority of PMNCH members remain inactive or disengaged, which limits the potential for collective impact. Structuring engagement primarily around constituency membership rather than thematic or content-driven activities has also been identified as a barrier to more dynamic collaboration and action. This highlights the need for PMNCH to adopt a more strategic approach to engagement, centered on shared goals and content alignment.

One of PMNCH's critical roles is to mobilize partners across constituencies to work toward agreed advocacy outcomes, ensuring alignment in positioning and messaging at both global and national levels. To achieve this "one voice" approach, there must be greater clarity about the expectations and benefits of membership. Many members feel the relationship with PMNCH is not reciprocal, with little value gained beyond what could be accessed through publicly available resources. Members join PMNCH because of its convening power and the opportunity to collaborate across sectors and geographies. However, more must be done to actively link members working in similar thematic or geographic areas, to highlight partners' efforts, and to create spaces for cross-constituency and cross-country learning; potential options and recommendations are outlined in Recommendation 3.

To maximize its value proposition, PMNCH should focus on what it uniquely offers to members and define clear success metrics. This includes fostering cross-constituency collaboration on thematic priorities, facilitating knowledge-sharing across countries, and creating actionable outcomes that cannot be achieved by any other organization. Members want to see greater emphasis on strategic alignment and measurable progress on the issues PMNCH is uniquely positioned to address. Defining and delivering on these priorities will ensure that PMNCH remains relevant and impactful, while fostering deeper member engagement and collaboration.

4. Once membership categories and benefits are defined, *invite new members to join:* PMNCH may want to target specific organizations that have never been members, or whose membership has lapsed, to join and engage; or it may want to strengthen representation from organizations with a specific thematic focus (i.e., SRHR), depending on the current

[†] For example: participation in governance structures (committees, working groups, constituency leadership); direct engagement in PMNCH events (UNGA, World Health Assembly, etc.); involvement in managing PMNCH initiatives (CAAP, DAH); or contributing to PMNCH publications.

balance. It may also want to encourage membership from other advocacy communities, such as climate change, human rights, or humanitarian/conflict settings.

C. **Consider rebranding for thematic inclusivity:** There was mild interest in renaming and rebranding PMNCH to encompass (or at least not to implicitly exclude) the SRHR and AWB thematic areas. While rebranding could be used as an opportunity for outreach and visibility, most respondents felt that as long as SRHR and AWB are included in the mandate and fully reflected in the work, the name itself is secondary.

Specific Tactical Options

During stakeholder interviews and focus group discussions, several suggestions were shared by respondents that align with the broader recommendations outlined above, but were either shorter-term or more tactical, so did not rise to the level of strategic recommendations. These suggestions, all of which reflect elements of PMNCH's added value, are summarized below for consideration by PMNCH leadership.

While it is critical, as noted above, for PMNCH to define a set of advocacy outcomes it is driving to achieve and a workplan to move them forward, it must also maintain some level of flexibility in order to respond to unexpected challenges or unanticipated opportunities as the global, regional and national landscape for WCAH evolves.

1. **Speak out on SRHR and counter the anti-rights movement:** PMNCH lacks the staff/capacity to serve as a coordinating platform for all the actors working to counter the anti-rights movement; however, a key role that would add value would be for PMNCH to articulate and publicize a bold position on SRHR as a whole. Doing so would provide "cover" for local/national organizations to speak out on SRHR issues by enabling them to reference PMNCH's position and its multi-constituency support for SRHR (this has already taken place in Kenya). Such a move would also respond to the calls for PMNCH to be "bold, challenging, and provocative". If PMNCH decides to maintain the DAHs, it should explore with PMNCH's SRHR-focused members the potential demand for an SRHR-focused DAH, which (if confidentiality and security could be ensured) could serve as a platform for sharing information among members on the tactics and messages being used by the anti-rights movement.
2. **Convene partners to agree on an aligned WCAH position and action plan in light of the US election results:** The WCAH community must make a decision about whether to try to find common ground with the incoming US Administration (e.g., by focusing on maternal, newborn and child mortality, which might be palatable to conservatives in the US and elsewhere), or stake out a strong position in support of rights-based approaches across the life course. PMNCH is uniquely placed to convene partners to articulate a common platform in light of the US election results and expanding political conservatism around the world.
3. **Support the Government of South Africa in forging a G20 Call to Action on WCAH:** GoSA is considering the idea of proposing a Call to Action on WCAH at the next G20 meeting that would commit G20 members to eliminating preventable maternal and child deaths in their countries, while also supporting progressive political/policy positions. The framing of this effort is still under discussion; while G20 countries are not high mortality/high need geographies, getting WCAH on the annual agenda of the G20 would help with visibility and awareness. PMNCH is already engaged in this effort through its support for the Global Leaders Network.

4. **Lead in defining WCAH goals and targets for post-2030 global agenda:** At some point during the next 5-year strategic plan, the global community will begin work to articulate the post-SDG global agenda. Convening and leading the WCAH community in articulating goals specific goals and targets for WCAH and the 3 thematic areas in a coordinated and aligned fashion would build on PMNCH's unique strengths and positioning.

Conclusion

PMNCH is facing a critical point in its history: 2025 will mark the 20th anniversary of its establishment, and a 5-year timeline to the target date for achieving the SDGs. The global context is perhaps more challenging than it has ever been since PMNCH was founded. There is agreement among key stakeholders—including its donors—that PMNCH has a vital and unique role to play in advancing the agenda of women's, children's and adolescents' health; addressing the concerns that emerged from this strategic prioritization process, and implementing the recommendations outlined in this and the complementary reports from the evaluation and governance review, will enable it to fulfill its potential and contribute to advancing the WCAH agenda.

ANNEX A: List of Interviewees

Board Leadership: Chair—Rt. Helen Clark*, Vice Chairs*—Chris Carter, Foreign, Commonwealth & Development Office (FCDO); Aditi Sivakumar, My Empowerment Platform

Constituency Leadership:

- Academic, Research & Training Institutes: Marleen Temmerman, Aga Khan University (AKU)
- Adolescents and Youth: Hafsah Muheed, Youth Advocacy Network, Sri Lanka; Gareth Jones, UNAIDS; David Imbago, Yield Hub
- Donors and Foundations: Meena Ghandi, FCDO; Hareya Fassil, United States Agency for International Development (USAID)
- Global Financing Mechanisms: Luc Laviolette, Global Financing Facility
- Governments: Lwazi Manzi, Government of South Africa (Government of India was not available)
- Inter-Governmental Organizations: Aleksandra Blagojevic, Inter-Parliamentary Union (IPU); Phill Chigiya, African Leaders Malaria Alliance
- NGOs: Maria Antonieta Alcalde Castro, Ipas
- Private Sector: Charlotte Ersbøll, Ferring Pharmaceuticals
- UN Agencies: Bruce Aylward, World Health Organization (WHO); Mikaela Hildebrand, United Nations Population Fund (UNFPA)
- Health Care Professional Associations: Not available to participate in focus group

Advocacy and Partner Engagement (APEC) Committee Leadership: Githinji Gitahi, Amref Health Africa; 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; Merette Khalil, International Confederation of Midwives; and Sophie Arsenault, Fos Feminista

Other partners: Esther Nasikye, PATH and Every Woman Every Newborn Everywhere; Helga Fogstad, UNICEF

Current Funders: Sanjana Bhardwaj, Gates Foundation; Ursula Jasper, Fondation Botnar

ANNEX B: Interview Guide for PMNCH Strategic Prioritization Process

The following questions were used to guide interviews with the stakeholders listed in Annex A. In general, not all questions were asked, or were not asked as written, since responses to earlier questions often addressed topics that were addressed later in the guide.

1. How would you describe the global context for PMNCH's mission and work in its next strategic plan (2026-2030)? What key challenges and opportunities do you see as most significant?
    a. What are the key global trends (e.g., health, climate, socio-political, economic) that could impact PMNCH's work over the next five years?
    b. Do you think these global trends/challenges merit a shift in PMNCH's mission and focus areas? If so, in what way? If not, what implications do you think these challenges have for PMNCH's work?
2. In 2023, the PMNCH Board approved a shift in focus for its advocacy work from focusing primarily on generating new commitments for WCAH to advocating for the implementation of existing commitments. In your view, would it be strategic – now or at some point in the next few years – for PMNCH to bring the focus back to generating commitments from key stakeholders (governments, donors, private sector, other constituencies)?
3. As you know, PMNCH's current strategic plan focuses on advocacy for 3 thematic areas, MNCH, SRHR and AWB, within the framework of WCAH. Do you think those three focus areas should continue to be PMNCH's priorities? If not, would you reduce/consolidate them, or add new ones? Which ones and why?
    a. How much focus should PMNCH place on the overarching WCAH framework as compared to the three thematic focus areas? Do you think the three focus areas should be given equal (or close to it) focus each year?
    b. As you may be aware, the SRHR global advocacy roadmap for 2024-25 identified 3 priority advocacy outcomes: integration of SRHR into UHC/PHC, increased funding for SRHR from domestic and donor sources, and countering the anti-rights movement. Do you think those are the right SRHR outcomes for the next 3-5 years? Do you have suggestions for multi-year advocacy outcomes for the MNCH and AWB thematic areas?
    c. Assuming PMNCH continues its focus on the three thematic areas, do you think renaming or rebranding the partnership to more directly reflect the SRHR and AWB elements of the agenda would be beneficial? Why or why not?
4. PMNCH's large and diverse membership (over 1,500 members across 10 constituencies) is often identified as a key element of its added value; do you agree or disagree with this perspective? Why or why not? Do you see concrete options for how PMNCH could use its membership and the constituency structure more effectively?
5. Other components of PMNCH's added value identified by stakeholders have included:
    a. The credibility of its advocacy voice, given its multi-constituency structure and its relationship with UN agencies and with academic institutions
    b. Its access to high-level forums such as UNGA, WHA, and WEF/Davos
    c. Its ability to coordinate high-level advocacy (i.e., GLN, access to heads of UN agencies) with grassroots activism by NGO, AY, HCPA, and ART constituencies

Do you agree with these elements, and do you see all of them as valuable for achieving PMNCH's mandate moving forward? Why or why not?

6. PMNCH has struggled at times to link its global advocacy work and messages to the regional, national and local levels. Looking forward, do you think PMNCH should put more, less or the same amount of effort into supporting national/local advocacy? What would this look like?

7. Looking ahead, what do you think the advocacy landscape for WCAH would look like if PMNCH did not exist? Could any other entities fully take on its current roles and functions?