

PMNCH 26th Board Meeting

14 December 2020, 12:00 – 15:00 CET

15 December 2020, 12:45 – 15:00 CET (12:00 – 15:00 CET Board Members only)

Document Title: PMNCH- B26-2020; 3a, Summary of 2018 to 2020 Progress (as of 31 Oct 2020)

Summary: This past year has been of crucial importance for the development of PMNCH, which marked its 15-year anniversary in September 2020. It was the final year of our [2018 to 2020 Business Plan](#) and [2016 to 2020 Strategic Plan](#). It was also the year in which PMNCH developed and launched its next [2021 to 2025 Strategy](#). It was also a year that saw the Partnership pivot in a nimble fashion to respond to the challenges of COVID-19, and deepening inequities for women, children and adolescents.

This paper summarises the Partnership's achievements during its 2018 to 2020 Business Plan, setting these out both in terms of cross-cutting areas of work as well as the six individual thematic focus areas.

More detailed information on the work undertaken in 2020 and progress as of 31 October 2020 is set out in the '[Traffic Light](#)' document, following Board's requested format of reporting on PMNCH activities.

Actions Required: Approve the 2020 workplan progress report, and the 2021 workplan framework.

DELIVERING FOR WOMEN, CHILDREN AND ADOLESCENTS IN 2018–2020

PMNCH's 1,000+ partners are together advocating urgent action for the health and well-being of women, children and adolescents, everywhere. Our collective action over the three years of our 2018–2020 Business Plan focused on ensuring that women, children and adolescents are prioritized in stronger primary health-care systems as a pathway to universal health coverage (UHC) and fostering the more equitable world envisaged by the Sustainable Development Goals (SDGs). In 2020, our attention turned to the devastating effects of COVID-19 on women's, children's and adolescents' health (WCAH) and on the societies and economies that support them. We must prevent the pandemic from becoming a lasting crisis.

Highlights of PMNCH's achievements in 2018–2020

2018 Partners' Forum: Heads of State, global champions, ministers of health and finance and parliamentarians were among the 1600 participants from 85 countries who attended the fourth Partners' Forum, co-hosted by the Government of India in New Delhi on 12–13 December 2018. The Forum also engaged a large online audience throughout the two days. Nineteen commitments were made during the Forum, led by Indian Prime Minister Narendra Modi, who announced a US\$ 100 billion investment in health for the people of India by 2025. [Twelve country case studies](#), published in The BMJ and launched at the Forum, showcase how diverse sectors are deliberately finding new ways of collaborating and devising unique strategies to achieve shared goals.

Putting women, children and adolescents at the centre of UHC and the SDGs: PMNCH made the case throughout 2019 that UHC can only be achieved if it meets the health needs of women, children and adolescents, especially the most vulnerable and marginalized. Our advocacy efforts — including an advocacy brief, a call to action, and a [widely cited op-ed](#) from PMNCH Board Chair Helen Clark and former Board Chairs Graça Machel and Michelle Bachelet — were successful: WCAH was cited in the UN High-Level Meeting Declaration on UHC, an Inter-Parliamentary Union (IPU) resolution, and the outcome document of the ICPD+25.

Enhancing parliamentary action for improved WCAH: In collaboration with the IPU, PMNCH are enabling parliamentarians to address the key barriers to improving WCAH. PMNCH and IPU produced a handbook to facilitate parliamentary action on WCAH. Workshops in 2019 in Rwanda and Uganda brought 80+ MPs into conversations with health policy-makers and civil society. The 2019 IPU Assembly in Qatar saw a three-hour debate by 85 parliamentarians on the challenges involved in implementing actions to improve WCAH. In 2020, a three-part webinar series, attended by over 120 parliamentary staff, covered WCAH trends and challenges, how to create a supportive legislative environment for WCAH, and budget setting and oversight for better health outcomes.

Supporting CSOs and young people: PMNCH has provided small grants to support youth-led organizations in 10 countries and civil society networks in nine countries to advocate for WCAH priorities, and to hold governments to account for commitments. PMNCH continued to host the GFF Civil Society Coordinating Group, engaging 300+ CSOs in GFF processes at global, regional and national levels. PMNCH has supported various analyses of civil society and youth engagement in GFF processes and conducted annual workshops where CSOs share experiences and align advocacy asks. The Group's advocacy has increased civil society and youth representation in GFF governance and added specific references to youth in many GFF policies.

Refining accountability mechanisms: Streamlining resulted in fewer reports by partners and greater coherence. PMNCH, Countdown to 2030 and partners collaborated on the *BMJ* series "[Leaving no woman, no child, and no adolescent behind](#)" which assesses the extent to which the world is on track to meet the 2030 SDG/Global Strategy targets for health. PMNCH also collaborated with partners to develop the [2020 Progress Report on the Global Strategy](#). PMNCH continued to lead in [tracking EWEC commitments](#), in close collaboration with the EWEC Secretariat and FP2020. Reflecting a shift in focus, PMNCH also supported publications on [social accountability for RMNCAH](#) and [professional accountability for WCAH](#).

Call to action to protect WCAH during COVID-19: PMNCH focused its 2020 advocacy campaigns on ensuring that women, children and adolescents are protected against the indirect impacts of COVID-19. A [seven-point PMNCH Call to Action on COVID-19 and WCAH](#) was launched by Board Chair Helen Clark on 1 July and led our advocacy messaging in 2020. After the launch, our current and former Board chairs (Helen Clark, Michelle Bachelet and Graça Machel) and other champions mobilized political support for increased attention to WCAH needs through media, as well as on social media and at events and bilateral meetings.

Online summits: In July 2020, in response to the outbreak of COVID-19, PMNCH organized its first ever online summit. *Lives in the Balance: A COVID-19 Summit* brought together 1700+ participants from over 90 countries in a conversation about how to protect progress towards improving WCAH. The Summit shared the latest evidence on the impact of COVID-19 on WCAH, provided a space to reflect on possible solutions, and launched a call for commitment to improve and invest more in health care and social protection for women, children and adolescents. In September 2020, PMNCH held its annual accountability breakfast virtually, building on the *Lives in the Balance* model, and obtaining over 2500 followers in 111 countries. *Lives in the Balance Summit II* will be held in December 2020.

Lived experiences: "Finding hope: the lived experiences of women and adolescents during the COVID-19 pandemic", draws on six PMNCH partners' documentation of the lived experiences of 30,000 women and adolescents in 43 countries. The report documents the adverse impact of the COVID-19 lockdown on their livelihoods, food security, mental health, safety and security, SRHR, and access to social services, including education, health and technology. The brief captures strategies and solutions adopted by governments, CSOs, youth groups and health-care workers to alleviate some of the disproportionate burden on these population groups, and includes a set of policy asks based on the findings of the analytical and programme work of our partners.

COVID-19 resources: PMNCH has developed a [repository of COVID-19 resources/toolkits on WCAH](#). This is a live digital compendium of up-to-date guidance and partners' resources, aligned with WHO recommendations. The resources include advocacy and communications materials, country lessons and field experiences, providing multimedia information packages that are action-oriented and user-friendly.

Digital action plan: A new digital action plan has been developed to drive partner interaction. It includes: 1) an updated, accessible and revitalized website; 2) a members' portal to serve as a virtual gathering place and repository of information to enhance partners' connectivity, building on the WhatsApp channel implemented in 2020 and including a digitized membership database and a shareable event calendars; and 3) "PMNCH Connect" to improve PMNCH staff's ability to connect with one another and to meet programme goals.

PMNCH 2021-2025 Strategy: Launched in September 2020, the [PMNCH 2021–2025 Strategy](#) was guided by the PMNCH Board, informed by independent external evaluations and developed in close consultation with our members. The Strategy marks three strategic shifts: 1) a tighter thematic focus (MNCH, SRHR and adolescents); 2) greater functional specialization, with advocacy as our core function, supported by knowledge synthesis, partner engagement, campaigns and outreach; and 3) greater efficiency and reach. We will deliver this Strategy with our partnership-centric approach and streamline our governance and Secretariat support functions to deliver more efficiently and to drive value-for-money and results. We will act with pace and urgency, and with an unswerving commitment to the health and well-being of women, children and adolescents worldwide.

EARLY CHILDHOOD DEVELOPMENT

Children's experiences in their earliest years have a profound impact on brain development, with lifelong consequences for their health, well-being, learning, behaviour and productivity. Investment in nurturing care for early childhood development (ECD) must be part of efforts to achieve universal health coverage and every country's response to COVID-19.

Why was early childhood development a focus area for 2018–2020?

It is well recognized that targeted investments in ECD offer opportunities to address inequalities, break the cycle of poverty and improve outcomes later in life. Beyond individuals, investments in ECD have numerous societal benefits, creating healthier, more prosperous and more resilient societies for generations to come. The way parents, other family members and caregivers nurture and support children in the first 1,000 days is among the most decisive factors for healthy child development.

“Nurturing care” – an indivisible cluster of interventions related to health, nutrition, responsive caregiving, safety and security and early learning – provides a critical foundation for ECD, enabling healthy brain development, which improves a child's capacity to learn and, later, to earn. The [Nurturing Care Framework](#) (NCF) for ECD makes the case for investments in and consolidates guidance on practical approaches to support families. Launched during the World Health Assembly in May 2018, the NCF is designed to enable the health sector to deliver results while strengthening national multisectoral programming.

What needs to be done?

All stakeholders need to work together proactively, aligning their actions, advocating for essential changes and holding each other accountable for commitments made. These joint efforts must focus on delivering a comprehensive package of integrated services, combining health, nutrition, opportunities for early learning, responsive care, and social and child protection efficiently and effectively to support families with providing their children nurturing care.

Priority should be given to reaching those in less well-resourced settings and other vulnerable children, their families and caregivers. Success will require action in five areas: expanding political will and increasing investments; creating national policy environments and clear legal frameworks; building partners' capacity; improving multisectoral management systems; and strengthening national data and evidence.

How is PMNCH making a difference?

PMNCH supports efforts to enhance coordination at all levels and across sectors to ensure increased consensus and more visible inclusion of nurturing care for ECD in national, regional and global policies and plans. To maximize the impact of our collective actions, we work with partners to build linkages between sectors, promote collaboration on related initiatives and agree on roles and responsibilities. We engage in high-level advocacy to secure political, financial and non-financial commitments to integrating ECD programmes across sectors in national health and development plans. In the area of accountability, we facilitate consensus for improved monitoring, review and alignment of resources and action, including improved tracking and reporting of commitments and progress relevant to ECD.

Highlights of PMNCH's achievements in 2018–2020

Nurturing Care Framework: PMNCH was instrumental in developing consensus around the Nurturing Care Framework for ECD, facilitating the consultations that shaped its content. Launched during the World Health Assembly in May 2018, the Framework makes the case for investments in, and consolidates guidance on practical approaches to, supporting families. It is designed to enable the health sector to deliver results while strengthening national multisectoral programming. Since the launch we have participated in meetings and working groups to take stock of progress and identify actions to take the ECD agenda forward, including documenting the implementation of policies and interventions at global, regional and national levels aligned with the Nurturing Care Framework.

Country support: To support country-level implementation of nurturing care for ECD policies and interventions, PMNCH developed the [Nurturing Care Toolkit](#); implemented a dedicated website: <https://nurturing-care.org>; and coordinated an advocacy working group on nurturing care for ECD. Dedicated ECD webinars and workshops in 2020 promoted integrated policy, programming and advocacy on ECD, working across sectors and constituency groups.

Knowledge products: Our analysis work in 2018–2020 included the development and wide dissemination of the [Countdown to 2030 ECD country profiles](#). We also [synthesized evidence on inequalities in ECD](#), led the development of two case studies ([Chile](#) and [Germany](#)) on the need for multisectoral collaboration to deliver ECD effectively, and provided technical support to develop an evidence [brief on ending violence in early childhood](#).

ECD and PMNCH's COVID-19 response: In 2020, PMNCH has focused on mitigating the direct and indirect harmful effects of COVID-19 on young children's health and development. For example, ensuring child security and reducing violence – a key part of the Nurturing Care Framework – is highlighted in the PMNCH Call to Action on COVID-19.

Digital tools: PMNCH has produced a comprehensive [digital advocacy toolkit](#) on ECD, a repository of practical tools and resources for anyone wishing to advocate for increased attention to and investment in ECD. The toolkit includes [key messages \(in English, French and Spanish\)](#), [country experiences](#), [country profiles](#), details on [what is meant by nurturing care](#) and [FAQs](#), [advocacy "how to"](#), [thematic briefs](#), [quotes from champions](#) and a [relevant resources](#) composite. Since the soft launch in July 2020, the toolkit has consistently been one of the top 5 pages viewed on the nurturing care website. To enable further dissemination of the toolkit, additional activities are planned, including: an animated explainer video to help users understand what is in the toolkit; coordinated promotion of the toolkit on partners' social media channels; and a dedicated webinar planned for early 2021.

ECD advocacy: ECD advocacy messages are amplified by all PMNCH champions, including Michelle Bachelet, former Board Chair and former President of Chile. PMNCH has entered into an 18-month Letter of Agreement with Dr Bachelet's personal foundation in Santiago, Chile, to enable advocacy and communications on ECD and related issues throughout Latin America and the Caribbean, as well as globally. These efforts are supported by PMNCH communication products, including a new animated video series disseminated by WHO and UNICEF to promote self-care and health service uptake by women and families during the COVID-19 pandemic and beyond. The first video in this series, encouraging [safe breastfeeding during COVID-19](#), has been viewed over 80 million times since its launch in May 2020. Other videos will focus on responsive caregiving and protecting children from violence.



ADOLESCENT HEALTH AND WELL-BEING

Investments in adolescent health and well-being can transform the lives of young people and generate significant economic returns, yielding a triple dividend: for adolescents, for the adults they will become, and for the next generation. These dividends will only be realized if action is taken to address the huge inequalities between adolescents that the COVID-19 pandemic has laid bare and to ensure that all adolescents can access essential services.

Why was adolescent health and well-being a focus area for 2018–2020?

Although adolescents are often seen as the healthiest cohort, the reality is that far too many of today's 1.2 billion adolescents are at risk not reaching their full potential. Each year, over one million adolescents die from preventable causes, tens of millions suffer injuries and hundreds of millions develop harmful behaviours with short- and long-term impacts. The second decade of life is often fraught with challenges that impede adolescents from becoming educated, healthy, informed, skilled and empowered as fully active citizens. Under the double burden of gender and age discrimination, millions of adolescent girls are kept at the fringes of society, suffering female genital mutilation, forced marriage, intimate partner violence and other human rights abuses.

What needs to be done?

It is imperative that the recent attention to adolescent health and well-being continues to build at all levels in the wake of the coronavirus pandemic. Meeting adolescents' needs and mitigating the negative effects of COVID-19, such as school closures and social isolation, require continued and sustained investments in delivering an integrated set of policies and programmes. All adolescents need access to comprehensive health services, quality education and gainful employment opportunities, in an environment free from violence and discrimination. Multistakeholder and multisectoral approaches are crucial: adolescent health and well-being depend on collaboration between those responsible for health, education, water and sanitation, transportation, social protection and criminal justice sectors, among many others. Young people have a right to participate on equal terms with other stakeholders on matters that affect their lives.

How is PMNCH making a difference?

Led by its Adolescent and Youth Constituency, PMNCH serves as *the* global platform for meaningful youth engagement, mobilizing advocates at all levels to increase political commitment to and financing for multisectoral, rights-based national plans for adolescents. PMNCH synthesizes and disseminates available and emerging data and evidence relating to adolescent health and well-being. We also catalyse and empower social change by strengthening the accountability and advocacy capacities of young leaders and youth-led organizations, coalitions and networks. PMNCH is leading the worldwide [Call to Action for Adolescents](#) and galvanizing support for its three priority areas:

- 1) Engaging and empowering adolescents;
- 2) Going beyond the health sector, launching a powerful multisectoral response; and
- 3) Strengthening political commitment and funding through a global summit on adolescents.

Highlights of PMNCH's achievements in 2018–2020

PMNCH's adolescent well-being portfolio is driven by a multipronged approach of engagement, capacity building, evidence curation and political mobilization to support the Call to Action for Adolescents.

Meaningful adolescent and youth engagement: Putting young people at the centre of issues that affect and protect them is at the heart of the Global Consensus Statement on [Meaningful Adolescent and Youth Engagement \(MAYE\)](#) spearheaded by PMNCH and partners in 2018. In 2019, PMNCH continued to mobilize support for the Statement, garnering 220+ endorsements in 2019. In 2020, we undertook an assessment of actions taken by more than 100 signatory organizations on implementing MAYE. Based on feedback received, PMNCH is now developing detailed guidance on institutionalizing MAYE and setting up systems to track and report on MAYE to ensure mutual accountability among partners.

Capacity building of youth organizations: PMNCH issued grants and provided technical support to youth organizations in five countries to implement the [Advocating for Change for Adolescents! toolkit, published in 2017](#). An [advocacy brief](#) was published in 2019 to share highlights, challenges and lessons learned from the first two years of the project. Building capacity of youth organizations and networks in countries continued to be a major focus for PMNCH in 2020, with small grants to youth-led coalitions expanding to 11 countries across Africa, Asia and Latin America. As part of their deliverables, grantee organizations will develop advocacy campaign and mobilize in-country partners to support the Call to Action.

Knowledge hub: To promote knowledge sharing and joint action for adolescent health and well-being, PMNCH organized a [five-part webinar series in 2019](#), bringing together 800+ youth-led organizations and other stakeholders to share experiences and good practices. Based on gaps identified by young people during these webinars, PMNCH developed: 1) knowledge briefs synthesizing evidence and identifying opportunities for action on [adolescent mental health](#) and [empowerment and engagement](#); 2) a video on adolescent mental health to support self-care during COVID-19; and 3) an advocacy brief on adolescent-led action on climate change.

Adolescent Well-Being Framework: In May 2019, PMNCH and partners launched [Adolescent health: the missing population in universal health coverage \(UHC\)](#), making the case that meeting the needs of adolescents is vital to achieve UHC. Subsequently, PMNCH has anchored the development of an Adolescent Well-Being Framework, uniting cross-sectoral evidence for well-being-based programming for adolescents. A commentary co-authored and endorsed by wide group of partners, published in the *Journal of Adolescent Health* in September 2020, defines adolescent well-being and identifies five domains and 27 sub-domains that comprise adolescent well-being. A political comment by world leaders and heads of agencies in support of this work is expected to be published in *The BMJ* in December 2020. Work has started on a series of 12 papers, including an investment case, to further develop the Framework and drive policy shifts and programme redesign at the country level.

Global summit on adolescents: PMNCH continues to mobilize endorsements for the Call to Action and the global summit, including through the Member State Outreach Group, which has facilitated endorsements from 11 Member States and 100 other partners. The ambition is to increase this to 25 Member States by February 2021 in order to issue a joint statement on the Call to Action during the 59th Session of the Commission for Social Development at the UN in New York and a declaration in the UN Third Committee calling for a high-level global summit on adolescents at the UN General Assembly in 2023.



QUALITY, EQUITY AND DIGNITY

PMNCH's work in the area of quality, equity and dignity (QED) in essential services supports efforts to ensure that all women have access to good quality care throughout pregnancy, childbirth and the postnatal period and that all women, newborns, children and adolescents have a positive experience of care that respects and fulfils their rights. This applies also during crises such as the COVID-19 pandemic.

Why was QED a focus area for 2018–2020?

Improving access to and quality of care are necessary to meet the Sustainable Development Goal targets for ending preventable maternal, newborn, child and adolescent deaths by 2030. Provision of quality care includes respecting the rights and dignity of all people, regardless of their age, ethnicity, sex, gender, locality or socioeconomic status. The unacceptably high burden of preventable maternal and newborn mortality and morbidity and of stillbirths is largely due to inequitable access to high-quality care. The COVID-19 pandemic is likely to amplify these inequities unless urgent action is taken.

The standards and guidelines on the care required by all pregnant women and newborns, and services to prevent and manage the main causes of maternal and newborn mortality and morbidity, as well as stillbirths, are well established and supported by evidence. However, tailored strategies and resources are needed to ensure access to and quality of this care in many low-resource settings, where almost all the preventable maternal and newborn deaths and stillbirths occur.

What needs to be done?

It is widely agreed that QED is an urgent priority requiring collaborative action on several fronts. We need to foster understanding that most maternal and newborn deaths and intrapartum stillbirths are preventable if appropriate and timely care is available. Political commitment and dedicated financial resources are needed to support QED plans, programmes and interventions. Women, families, communities, health providers and others must participate in the design and implementation of key global QED processes, as well as national and subnational QED policies and programmes. Synthesizing and disseminating community-based evidence and knowledge will help to drive action, accountability and learning. Only by working in partnership with humanitarian actors can we overcome the distinct challenges present in settings involving logistical difficulties, inadequate supplies, limited staff and insecurity.

How is PMNCH making a difference?

PMNCH coordinates and aligns efforts across its 10 constituencies to accelerate progress towards ending preventable maternal and newborn deaths, morbidities and stillbirths and enabling all mothers and their newborns to thrive. PMNCH supports partners in integrating QED into national UHC plans, increasing equitable access to quality and respectful care, and increasing investments in nursing and midwifery. PMNCH promotes access to relevant knowledge and evidence, shares best practices on QED and plays a lead role in advocacy and social media communications, raising awareness about the burden and the need for action at all levels. At the country level, PMNCH is also supporting quality of care coalitions, citizen hearings and other efforts to increase demand for QED interventions and to involve parents and communities in the development, implementation and monitoring of key policies and programmes.

Highlights of PMNCH's achievements in 2018–2020

Platforms advocating for QED: At the PMNCH Accountability Breakfast in September 2019, representatives of national chapters of the White Ribbon Alliance shared powerful messages from the more than 1 million women who participated in the What Women Want campaign. PMNCH's social media channels amplified these messages globally. PMNCH continued to lead and co-chair with UNICEF the Advocacy and Communications Working Group for Transforming Care for Small and Sick Newborns. We also played an active advocacy role the Every Newborn Action Plan (ENAP), the Stillbirth Advocacy Working Group, the World Prematurity Day campaign and the Ending Preventable Maternal Mortality (EPMM) effort, which regained strength in 2020. PMNCH actively supported the development and launch of the aligned EPMM 2025 coverage targets and ENAP 2021–2025 milestones, with our Board Chair Helen Clark championing the 2025 EPMM targets.

Journal papers: PMNCH led two QED country case studies ([Cambodia](#) and [India](#)), as part of the series on multisectoral collaboration published in *The BMJ* in 2018. PMNCH also supported Countdown to 2030 in the development of two papers on equity gaps in coverage published in *The BMJ* in January 2020. "[Closing the inequality gaps in reproductive, maternal, newborn and child health \(RMNCH\) coverage: slow and fast progressors](#)" shows that coverage of RMNCH remains insufficient at the national level and across equity dimensions to achieve UHC by 2030. The [second paper](#) highlights large and persistent subnational inequalities in RMNCH intervention coverage in sub-Saharan Africa. Messages from both papers were amplified by PMNCH's social media channels.

QED and PMNCH's response to COVID-19: Improving quality of care, alongside a call to strengthen the recruitment, pay and working conditions for midwives and nurses, are two of the seven points highlighted in the [PMNCH Call to Action on COVID-19](#). PMNCH's [compendium of COVID-19 partner resources on WCAH](#) includes sections on equity, quality and human rights. These are also being packaged with evidence-based advocacy resources and digital toolkits for women's, children's and adolescents' health. The toolkits include multimedia and contextualized resources to help empower partners, individuals and communities to make informed decisions during the COVID-19 pandemic. Our knowledge-to-action briefs highlight how partners have adopted multisectoral strategies to mitigate the impact of COVID-19 and improve quality of care and equity. A video series on self-care during COVID-19, developed in collaboration with WHO and UNICEF, promotes quality and dignified care. The video on breastfeeding, released in May 2020, has reached over 80 million viewers in 33 countries and is now available in 10 languages.

Country-level advocacy: PMNCH advocated for QED through a small grants mechanism, support for multistakeholder platforms that led to the prioritization of quality, equity and dignity in seven countries plans, and through the dissemination and endorsement by national champions and political leaders of our COVID-19 Call to Action.

The importance of midwives: PMNCH, UNFPA, WHO and the International Confederation of Midwives are undertaking an evidence synthesis of midwifery in humanitarian and fragile settings due for publication in 2021 alongside the 2021 State of the World's Midwifery Report 2021. PMNCH is also engaged with these partners on advocacy and communications for a Lancet Global Health paper on the impact of midwifery to be published in December 2020 and for the 2021 State of the World's Midwifery Report.



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Provision of a comprehensive package of services that addresses sexual and reproductive health needs and rights throughout the life course benefits women, adolescents, children and societies at large and is highly cost-effective. However, political challenges to sexual and reproductive health and rights (SRHR) coupled with the impact of the COVID-19 pandemic on health services are eroding the SRHR of millions of women and adolescents, especially the most vulnerable and marginalized.

Why was SRHR a focus area for 2018–2020?

Although states have obligations to respect, protect and fulfil rights related to sexual and reproductive health, a growing international backlash has weakened political and financial support for SRHR. The SRHR agenda remains unfinished, and the roll-back of rights is impacting the health and lives of millions of women, children and adolescents. Even before the COVID-19 pandemic, SRHR was not sufficiently prioritized in many countries' national health and development plans. As a result of COVID-19, some partners are estimating a dramatic decline of SRHR services in some settings. The Guttmacher Institute estimates that even a 10% decline in the use of short- and long-acting reversible contraceptive methods would result in an additional 49 million women with unmet need for modern contraceptives and an additional 15 million unintended pregnancies over just one year.

What needs to be done?

By strengthening national policies, laws, strategies and programmes to increase access to evidence-based SRHR interventions, countries can significantly reduce morbidity and mortality due to unintended pregnancies, sexually transmitted infections including HIV and unsafe abortion. Ensuring universal access to good quality, age-specific SRHR information, services and commodities will enable adolescent girls to complete education, to decide if and when to have children, and to participate in the labour force, which is key for the development of inclusive societies and sustainable growth. Stakeholders across sectors need to work together to address financial and programmatic gaps in the SRHR agenda and to improve the tracking and analysis of resource flows for SRHR. Comprehensive indicators related to SRHR are needed, as is follow-up when those indicators identify areas needing investment and improvement. Gender-, age- and income-disaggregated data are vital to inform decision-making for policies and programmes to meet the SRHR needs of women and adolescents.

How is PMNCH making a difference?

PMNCH is working with partners and countries towards three main SRHR objectives: ensuring SRHR forms part of the UHC agenda and the response to COVID-19; accelerating progress towards universal access to SRHR services including comprehensive sexuality education; and integrating SRHR interventions into costed national plans, programmes and strategies, including health financing strategies. PMNCH supports efforts to enhance coordination at all levels, building consensus around partners' roles and fostering multisectoral collaboration on SRHR-related initiatives. PMNCH synthesizes and disseminates evidence on effective SRHR interventions and successful programme implementation and engages in high-level advocacy to secure political, financial and non-financial commitments to SRHR. PMNCH also facilitates efforts to strengthen accountability processes for SRHR and works with partners to improve the way in which SRHR commitments and progress are monitored, evaluated and reported.

Highlights of PMNCH's achievements in 2018–2020

Advocacy for SRHR in UHC: From 2018 through 2020, PMNCH was resolute in its efforts to advance SRHR in UHC. We supported partners by launching a [Call to Action](#) for the inclusion of SRHR in national UHC packages. We lobbied successfully for SRHR language to be explicitly included in the World Health Assembly and [Inter-Parliamentary Union UHC resolutions](#), as well as in the [United Nations General Assembly Declaration on UHC](#) in September 2019. We deployed our formidable champions, including current PMNCH Board Chair Helen Clark and former Board Chairs Michelle Bachelet and Graça Machel, to spearhead a call for other leaders to commit to fully financed national health plans to ensure universal access to SRHR. This [call](#), published in conjunction with the ICPD+25 conference in November 2019, was the centrepiece of our media advocacy during ICPD+25.

Domestic and external funding for SRHR: In 2019, PMNCH co-produced a report on official development assistance for SRHR with several partners: "[Funding for sexual and reproductive health and rights in low- and middle-income countries: threats, outlook and opportunities](#)." PMNCH also supported a Sida-commissioned report, developed with technical assistance from the Clinton Health Access Initiative, analysing SRHR in country health benefits packages for UHC. We supported civil society organizations in countries carrying out focused advocacy, calling for the inclusion of SRHR in national UHC action plans and budgets in several countries. Working with civil society and supporting national civil society coalitions, PMNCH promoted the inclusion of SRHR in five national UHC and Global Financing Facility Investment Cases.

Equity matters: PMNCH supported the development of papers on "[Structural determinants of gender inequality: why they matter for adolescent girls' sexual and reproductive health](#)" and "[Adolescent sexual and reproductive health in sub-Saharan Africa](#)", as part of the *BMJ* series on equity published in January 2020.

SRHR and PMNCH's COVID-19 response: SRHR features prominently in our activities relating to COVID-19. For example, our [COVID-19 live digital compendium](#) of up-to-date guidance and partners' resources has a section devoted to SRHR. PMNCH also continued to position SRHR prominently in global statements, such as those made by women leaders during the May 2020 [roundtable on WCAH and COVID-19](#), co-convened by PMNCH Board Chair Helen Clark with the President of Estonia, and the in an [editorial co-authored by Helen Clark, Graça Machel and other global champions](#).

Evidence to inform rights-based advocacy: In 2020, the PMNCH-supported special issue of [Sexual and Reproductive Health Matters was launched in a webinar with nearly 1,000 participants](#). This series, which has become one of SRHM's largest special issues of all time with nearly 30 papers, focuses on SRHR in UHC from a rights perspective. The series, which includes numerous country case studies, provides critical evidence of what has worked and remaining gaps in fully incorporating SRHR in the UHC agenda, a topic that is more urgent than ever in the context of COVID-19. The special issue includes a commentary from Helen Clark on the need to strengthen SRHR in UHC as countries build back from COVID-19. To date, the series has had over 15,000 individual views. The final 12 papers in the series will be released before the end of December 2020, and key messages will be shared at the Lives in the Balance 2 Summit.



EMPOWERMENT OF WOMEN, GIRLS AND COMMUNITIES

The COVID-19 pandemic is exposing and exacerbating systematic and structural racial, ethnic and gender inequities everywhere. Laws, policies and social norms that advance gender equality and combat discrimination, coercion and violence are crucial to ensure that populations and communities survive, thrive and transform; women, children and adolescents must be agents of change in these processes.

Why was empowerment of women, girls and communities a focus area for 2018–2020?

Healthy, educated and empowered women and girls can foster the changes needed to create empowered communities and, consequently, a more sustainable and peaceful future for all, as envisioned by the 2030 Agenda for Sustainable Development. Evidence shows that investing in women and girls creates a ripple effect that yields multiple benefits, not only for them, but also for their families, communities and countries. However, as highlighted in the Global Strategy for Women's, Children's and Adolescents' Health [2018 monitoring report](#), progress in addressing gender inequalities has been too slow, some gains are being lost, and in some areas progress is even being reversed. Complex development challenges and shifting politics are threatening the health and rights of women and girls. Gender-, race- and ethnicity-based inequities, harmful norms, discriminatory practices and violence persist worldwide and are being exacerbated by COVID-19. Pandemics expose the lack of equity and fairness in our societies. Yet times of crisis also provide a chance to address imbalances and to build stronger and more resilient communities.

What needs to be done?

There is widespread agreement that empowering women, girls and communities is an urgent priority requiring action on several fronts. Harmful practices, discrimination and violence against women and girls need to be eliminated. Laws, policies and social norms that enable women's social, economic and political participation and provide equal opportunities for women, girls and communities must be adopted. Investment is needed in social, behavioural and community engagement (SBCE) research, policies and programmes. More collaboration across sectors is required. Much more needs to be done to ensure that health policies and programmes: are gender responsive; recognize intersectionalities and the interfaces of gender, ethnicity, race, age and sexual orientation; and are rights-based, prioritizing those most in need. Allocations for gender equality and women's empowerment should be tracked and made public.

How is PMNCH making a difference?

PMNCH aims to achieve a greater degree of coordinated and aligned actions, policies and resources in the context of empowering women, girls and communities. PMNCH's work in this area focuses on supporting women, children and adolescents as agents of change and fostering their engagement in promoting gender equality and laws, policies and social norms that advance their health and rights. PMNCH also supports knowledge synthesis and dissemination to support empowerment and promote the health and well-being of vulnerable populations. PMNCH advocates for increased investment in SBCE interventions to drive better health outcomes for women, children and adolescents. We play a lead role in advocacy and social media communications for the inclusion of SBCE interventions in rights-based policies and programmes for women's, children's and adolescents' health and well-being.

Highlights of PMNCH's achievements in 2018–2020

Journal publications: PMNCH prioritized synthesizing evidence relating to critical issues around empowering women, children and communities. For example, two case studies on multisectoral collaboration ([Guatemala](#) and [South Africa](#)) were published in *The BMJ* and launched during the Partners' Forum in 2018. Another *BMJ* series, "[Leaving no woman, no child, and no adolescent behind](#)", sponsored by PMNCH, WHO, Countdown to 2030 and the Independent Accountability Panel, was published in January 2020. It highlighted the need to empower women and adolescents to mitigate persistent inequalities and included papers on [structural drivers of gender inequality and intimate partner violence](#).

Cost-benefit analysis: In 2020, PMNCH and partners initiated a cost-benefit and economic analysis of SBCE strategies to inform responses in the recovery phase of the COVID-19 pandemic. This work aims to identify how specific SBCE interventions (interpersonal communication, community mobilization, and mass media) can lead to increased uptake of antenatal care, skilled birth assistance at delivery, postnatal care and immunization. Evidence will highlight the anticipated benefits of investing in SBCE interventions, with a focus on high mortality burden countries (India, Nigeria, Pakistan, Ethiopia, and Democratic Republic of Congo). This knowledge will be critical for advocacy efforts to enhance SBCE interventions supporting self-care and empowerment of women, girls and communities.

Advocacy events: Empowering women, girls and communities is a key theme in all of PMNCH's advocacy relating to COVID-19. For example, in July 2020 the "Lives in the Balance: A COVID-19 Summit" paid explicit attention to the voices of women, including through videos developed with the What Women Want campaign. The accountability breakfast organized in September 2020 discussed how we can be accountable to women, children and adolescents in the COVID-19 context and also put a focus on communities, including hearings during which community representatives were able to demand action from their leaders.

Lived experiences: PMNCH worked with partners in Latin America, the Caribbean, Africa and Asia to document experiences of more than 30,000 women and adolescents in 43 countries during the first few months of the COVID-19 pandemic to strengthen decision-making and accountability. In the Lived Experiences report, we are urging all COVID-19 response taskforces within national multistakeholder platforms to be gender-balanced and to include community-based representatives, adolescents and young people.

Knowledge hub: PMNCH's [compendium of COVID-19 resources](#) (up-to-date guidance from WHO and UN agencies) includes sections on gender, community engagement, and human rights and equity. This information is also being packaged with evidence-based advocacy resources from partners to provide digital toolkits for women's, children's, and adolescents' health and well-being, including multimedia and contextualized resources to help empower individuals and communities to make informed decisions during the COVID-19 pandemic.

Animated videos: PMNCH is producing a series of multilingual animated videos on self-care and behavioural change, in collaboration with WHO and UNICEF. The first video, on [breastfeeding during COVID-19](#), released in May 2020, has reached over 80 million viewers in 33 countries and is available in 10 languages. The next three videos will cover adolescent mental health, responsive caregiving, and preventing violence against women and children during COVID-19.



WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH AND WELL-BEING IN HUMANITARIAN AND FRAGILE SETTINGS

Humanitarian and development sectors must coordinate their programmes and responses to COVID-19 to ensure that the needs of women, children and adolescents are met in humanitarian and fragile settings (HFS), including access to high-quality services and interventions across the life course and the continuum of care.

Why was humanitarian and fragile settings a focus area for 2018–2020?

Universal health coverage, like many Sustainable Development Goal targets, can only be achieved by paying urgent attention to the health needs of women, children and adolescents caught up in or fleeing from humanitarian crises and fragile settings. More than 80% of the countries with the highest maternal and child mortality rates at the end of 2015 had suffered a recent conflict, recurring natural disasters or both, according to [a UNICEF report](#). A [UNFPA report](#) estimates that 500 women and girls in HFS die from complications of pregnancy and childbirth every day. In 2018, children aged 0-18 years constituted about half of the refugee population, up from 41% in 2009. In addition, women, children and adolescents living in extreme poverty or displaced in HFS are among the most vulnerable to the negative impacts of the COVID-19 crisis.

Despite several coordination efforts, coverage of essential services for women, children and adolescents remains poor, and there is still considerable fragmentation within and between the humanitarian and development sectors, which hinders sustainable action. Moreover, many initiatives focus on one part of the life course and one group, without linking them conceptually and programmatically.

What needs to be done?

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) calls for coordinated, complementary and concrete actions within the humanitarian and development sectors to achieve meaningful and sustainable progress in promoting and protecting the health and well-being of displaced women, children and adolescents and those living in HFS. This requires political commitment, increased sustainable and innovative and flexible financing for emergency mitigation, preparedness, response and recovery and the building of resilient health systems better equipped to meet the health needs of women, children and adolescents.

How is PMNCH making a difference?

PMNCH provides a multistakeholder platform for all actors from the humanitarian and development spheres, including affected communities, to share knowledge, experiences and good practices and to align around new ideas and the most effective approaches to better meet the health and well-being needs of displaced women, children and adolescents and those in HFS. PMNCH supports knowledge synthesis, translation and dissemination to inform policies, programmes and interventions. Its advocacy work focuses on communicating and amplifying evidence-based findings and recommendations and on increasing political, financial and non-financial commitments. In the area of accountability, PMNCH facilitates consensus on how to improve and align monitoring and review processes in the development and humanitarian spheres. It also supports efforts to improve the tracking and reporting of Every Woman Every Child commitments that are pertinent to HFS.

Highlights of PMNCH's achievements in 2018–2020

Between 2018–2020, PMNCH focused its efforts on three inter-related priorities: undertaking evidence-based advocacy concerning women's, children's and adolescents' health issues in HFS; developing knowledge synthesis products, including on COVID-19; and developing global public goods to accelerate action on the continuum of care in HFS.

Coordination and alignment: Building on efforts made in 2018 to map and review gaps in coordination and alignment around women's, children's and adolescents' health in HFS, in 2019 and 2020, PMNCH has focused its efforts on three inter-related priorities: undertaking evidence-based advocacy concerning women's, children's and adolescents' health issues in HFS; developing knowledge synthesis products, including on COVID-19; and developing global public goods to accelerate action on the continuum of care in HFS.

High-level advocacy: PMNCH's advocacy included: supporting an official side event at the UN General Assembly in September 2019; leading a cross-constituency working group meeting on the side of the PMNCH Board meeting in Nairobi in November 2019; and contributing to the development of the [Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings](#), coordinated by Save the Children. As part of our advocacy efforts in 2020, PMNCH and CORE Group organized a session on women, children and adolescents in HFS as part of the [Lives in the Balance Summit](#). PMNCH and WHO have initiated the process to develop a global action plan to accelerate progress for every child and mother in HFS, to be launched in 2022.

Migrants and refugees: PMNCH produced two knowledge briefs in 2019 focusing on the health and well-being of displaced women, children and adolescents and on digital opportunities for displaced women, children and adolescents.

Maternal, newborn and child health services in HFS: PMNCH and partners have highlighted the need for increased attention to high-quality and integrated maternal, newborn and child health services in HFS, especially important considering the increased vulnerability resulting from the COVID-19 pandemic. In order to provide PMNCH partners with an evidence base to support their advocacy efforts, PMNCH is developing two knowledge synthesis papers on midwifery in HFS. Both papers will inform the *2021 State of the World's Midwifery Report*.

Conflict settings: PMNCH is supporting the development, launch and dissemination of the BRANCH Consortium-led series on sexual, reproductive, maternal, newborn, child and adolescent health and nutrition in conflict settings. A research [paper](#) "Women, children and adolescents in conflict countries: an assessment of inequalities in intervention coverage and survival" was developed with Countdown to 2030, as part of the "Leaving no one behind" series published in *BMJ Global Health* in January 2020.

Digital tools: PMNCH is developing a digital toolkit on women's, children's and adolescents' health in HFS during COVID-19. Knowledge-to-action briefs about the seven PMNCH COVID-19 Call to Action asks include a focus on equity and on women, children and adolescents in HFS. Work is also underway to develop a case studies hub on women's, children's and adolescents' health in HFS as part of our new digital platform to be launched at the end of 2020. We aim to amplify our partners' advocacy efforts and resources by facilitating access to contextualized evidence around HFS.

