

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; 4a, Protecting the progress for women, children and adolescents in the COVID-19 Crisis: more and better financing for improved equity.

Summary: The paper developed, under the leadership of the PMNCH Strategy Committee with Gavi, the Vaccine Alliance, Global Financing Facility (GFF) and the World Bank Group as lead partners, aims to provide a high-level overview of pre-COVID-19 financing trends for WCAH and equity, and the emerging impacts of COVID-19. It also includes examples of initiatives being undertaken by PMNCH partners, such as Gavi, the World Bank Group and GFF, to respond to the needs of women, children and adolescents everywhere, through an equity lens. The final section describes the role PMNCH can play, under the umbrella of its 2021-2025 Strategy and the COVID-19 Call to Action, in driving the financing for equity agenda and supporting countries in moving towards universal health coverage (UHC), the Sustainable Development Goals (SDGs) and the “survive, thrive, transform” objectives of the Global Strategy for Women’s, Children’s and Adolescents’ Health without delay, despite the setbacks caused by COVID-19.

The paper concludes with a set of questions intended to guide the Board’s discussion of PMNCH’s strategic approach to advocating for more and better financing for vulnerable women, children and adolescents, leaving no one behind.

Actions Required: To review the paper for information and discuss the questions included at the end of the paper to agree on PMNCH’s strategic approach to advocating for more and better financing for health, taking forward the goals of our 2021-2025 Strategy on better policy, financing and service delivery to achieve improved equity for WCA everywhere.

PROTECTING THE PROGRESS FOR WOMEN, CHILDREN AND ADOLESCENTS IN THE COVID-19 CRISIS:

more and better financing
for improved equity



Introduction

This paper has been developed under the leadership of the PMNCH Strategy Committee, with the following lead partners: GAVI, the Vaccine Alliance, the World Bank Group (the World Bank), and the Global Financing Facility (GFF), as a background paper to the PMNCH Board's Agenda Item 4: *"Protecting the Progress: Securing more and better financing to ensure greater equity in protecting progress to date for women, children and adolescents in the context of the response to the COVID-19 pandemic"*. The objectives of the Board session are to:

- reflect on the need to protect the progress made to date on women's, children's and adolescents' health (WCAH) and emerging challenges, particularly in the context of our response to the COVID-19 pandemic and especially for the most vulnerable populations; and
- mobilize PMNCH constituencies to target financing to enhance equity and WCAH outcomes, in line with PMNCH's COVID-19 Call to Action.

In line with these objectives, this paper is divided into three sections. The first section provides a high-level overview of pre-COVID-19 financing trends for WCAH and equity, and the emerging impacts of COVID-19. The second section includes examples of initiatives being undertaken by PMNCH partners, such as Gavi, the World Bank and the GFF, to respond to the needs of women, children and adolescents everywhere, through an equity lens. The final section describes the role PMNCH can play, under the umbrella of its 2021-2025 Strategy and the COVID-19 Call to Action, in driving financing for the equity agenda and supporting countries in moving towards universal health coverage (UHC), the Sustainable Development Goals (SDGs) and the "survive, thrive, transform" objectives of the Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy) without delay, despite the setbacks caused by COVID-19. The paper concludes with a set of questions intended to guide the Board discussion of PMNCH's strategic approach to advocating for more and better financing for vulnerable women, children and adolescents, leaving no one behind.

Context

Recent evidence shows that the health and well-being of some populations, including women, children and adolescents, are being more affected than others by the socioeconomic consequences of COVID-19 for multiple and often intersecting factors. Such populations include those who: are marginalized and excluded; depend on the informal sector for income; live in areas prone to fragility; have insufficient access to social and health services; lack social protection; are denied access to health services due to discrimination; have low levels of political influence; have low incomes and limited opportunities to cope and adapt; and have limited or no access to technologies.¹ In light of the worsening consequences of COVID-19, there is an urgent need to **stimulate, coordinate and deliver financing strategies that are equity enhancing**, targeting the most vulnerable who have been hardest hit.

PMNCH's unique partnership platform can enable this through its advocacy function, aligning partners' objectives, strategies and resources with the SDGs' principle of leaving no one behind and the global effort to achieve UHC for all.

Dramatic reductions have been achieved in child and maternal mortality over the last 30 years, aided by increased access to essential health services.²

However, that **progress has not been achieved evenly across countries**. For instance, in 2019, the average under-5 mortality rate in the 36 countries classified as "fragile" according to the World Bank definition was almost three times higher than in "non-fragile" countries.² Similarly, estimates from 2017 indicate that the maternal mortality ratio in the lowest income countries is more than 40 times higher than in Europe.³

Inequities are also pronounced within countries, where progress is not reaching every woman, adolescent and child, especially those in population groups facing multiple deprivations, including systematic constraints on access to essential services.⁴ These population groups are often found in settings (e.g. remote rural, urban, conflict and mobile populations) that are bearing the disproportionate burden of death, and are being left furthest behind. For example, two thirds of zero-dose children (not having received a single dose of DTP-containing vaccine) live below the poverty line: although they account for only 13% of the population, they suffer nearly 50% of global deaths from vaccine-preventable diseases.⁵

The evidence clearly reveals the huge persisting inequities in socioeconomic status and other drivers of vulnerability, not least in humanitarian and fragile settings.⁶ Earlier gains in sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) were already frail, and **COVID-19 is not only exacerbating these pre-existing inequities but also creating new ones.** The World Bank has forecast a 5.2% contraction in global GDP in 2020: the deepest global recession in decades.⁷ Economic disruption resulting from COVID-19 may cause public financing for essential services to regress. Recent forecasts indicate that COVID-19 will push 71 million people back into extreme poverty in 2020, in what would be the first rise in global poverty since 1998.

As more families fall into extreme poverty, children in hard to reach and disadvantaged communities are at much greater risk of child labour, child marriage and child trafficking.⁸ All these factors point to the urgent need for policy and financing actions to cushion the consequences of the pandemic, protect vulnerable populations and support sustainable recovery by building more equitable and resilient health systems for the future.

PMNCH is strategically structured to enhance the health of women, children and adolescents. It plays a unique role as the largest convening platform for WCAH and adds value in terms of evidence-based advocacy, accountability and multisectoral action. As part of the [2021–2025 Strategy](#), PMNCH is working to ensure more and better financing for SRMNCAH, as part of the UHC agenda, to ensure:

- financial protection schemes for women, children and adolescents;
- increased domestic financing and development assistance;
- increased aligned private investment; and
- better use of existing resources for women, children and adolescents through reduction of waste and corruption.

Financing trends

Before the advent of COVID-19, financing trends demonstrated that, while absolute levels of financing for health and development assistance for SRMNCH increased over time, prioritization for SRMNCH had not kept pace, **combined funding levels were not equitable between countries,** and development assistance did not always go to countries with the greatest need. More importantly, there is a lack of evidence on how resources are distributed and expended at subnational levels in order to target the most vulnerable. Strengthening data generation in this specific area is important for monitoring financial trends and will help to build a stronger evidence base to support financing for equity.

Development assistance for SRMNCH increased by 42% between 2010 and 2017 and by 10% from 2016 to 2017. However, this growth trend was similar to increases in development assistance for the health sector, suggesting that prioritization of SRMNCH within the health sector has remained constant. Similarly, while the increase in development assistance is encouraging (US\$ 1.4 billion from 2016 to 2017) it is nowhere near the US\$ 33.3 billion annual funding gap identified in 2015 for the achievement of the WCAH targets in the Global Strategy and the SDGs.^{9,10} Furthermore, combined external and domestic government funding levels remain inequitable across low- and middle-income

countries (Figure 1). The result is that countries with the lowest income and highest mortality levels risk being left behind in global improvements, and by extension the most vulnerable women, children and adolescents within these countries risk being left even further behind.

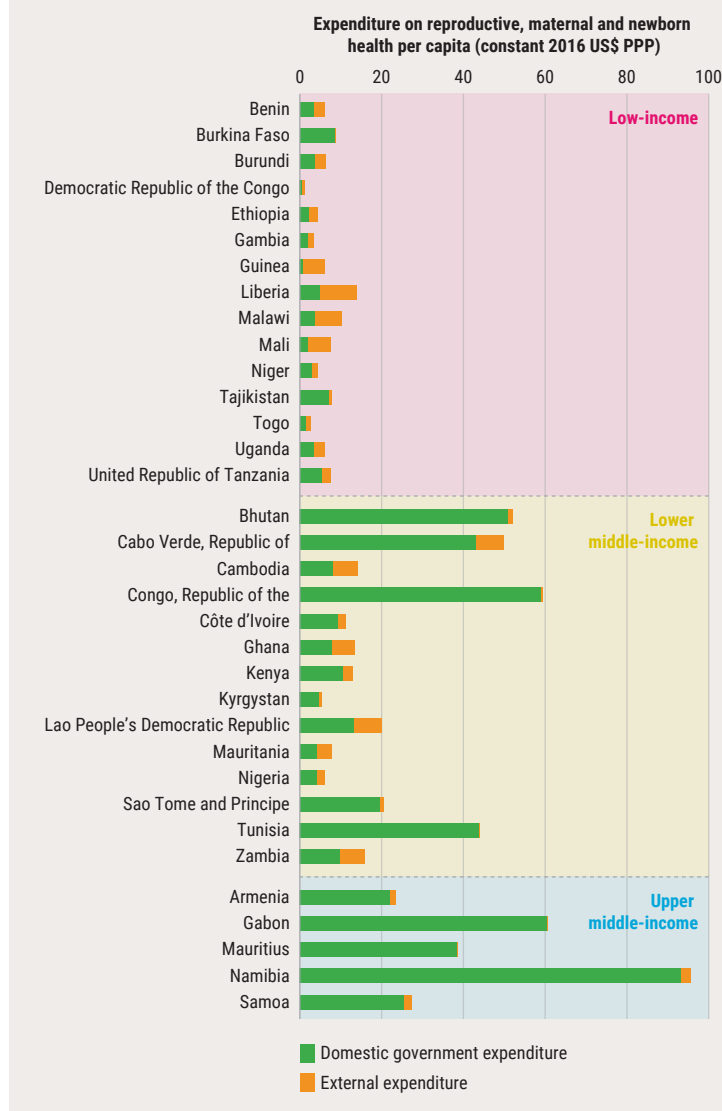
Before COVID-19, while absolute levels of health financing were rising (from US\$ 7.6 trillion in 2016 to US\$ 7.8 trillion in 2017, amounting to about 10% of global GDP and US\$ 1080 per capita) they were still too low in many countries to finance UHC.^{11,12} While expenditure per head in real terms roughly doubled between 2000 and 2016 in lower middle-income countries, the majority of those countries could not afford a comprehensive basic package of essential health interventions for their entire population.¹³ Similarly, total out-of-pocket spending more than doubled in low- and middle-income countries from 2000 to 2017, and increased by 46% in high-income countries, demonstrating widespread inequities.¹¹ These numbers are a stark reminder that **widespread global and within-country inequities are still very much a reality**, and remain an obstacle to the achievement of SDG 3: “Ensure healthy lives and promote well-being for all at all ages”.¹²

COVID-19 and equity

The impacts of COVID-19 are being felt in all areas, from health and the economy to security and social protection, and women and girls are disproportionately affected simply by virtue of their gender. COVID-19 is thus exacerbating inequities through both immediate and long-term economic and social impacts on women, children and adolescents, especially those living in extreme poverty and in humanitarian and fragile settings.¹⁴

The major disruptions caused by the COVID-19 pandemic to health services, including antenatal care, skilled assistance at childbirth, postnatal care and immunization, are unravelling progress made to date and exacerbating inequities.^{15,16} Vaccination is often the most disrupted SRMNCAH service in low- and middle-income countries: for example, disruptions due to COVID-19 resulted in a 35% drop in the number of children fully vaccinated in Liberia, 11% in Afghanistan and 13% in Nigeria.¹⁷

Figure 1.⁹ Domestic government and external expenditure on reproductive, maternal and newborn health per capita in 2016 (constant 2016 US\$ PPP), by country income group (World Bank 2017 groupings). Data from the Global Health Expenditure Database



Disruptions in essential services are now translating into real-world evidence (beyond modelled estimates) of decreasing SRMNCAH outcomes, for instance in Nepal, where reductions in institutional childbirths during the COVID-19 lockdown led to increased rates of stillbirth and newborn mortality.¹⁸ Similarly, an estimated 6.7 million additional children could suffer from wasting in 2020, compared with projections for 2020 without COVID-19, due to abrupt decreases in household incomes, disruptions to the supply of affordable, nutritious foods, and interruptions to health, nutrition and social protection services.¹⁹

The health and well-being of women, children and adolescents are at great risk, with inequities now compounded by resources being diverted away from essential health interventions to respond to the COVID-19 pandemic.

Socioeconomically, women's employment is at greater risk than men's, particularly because of the impact of the downturn on the informal and service sectors, where women are the majority of workers. At the same time, women account for a large proportion of workers in front-line occupations, especially in the health and social care sectors. Moreover, the increased burden of unpaid care imposed by the crisis affects women more than men because women perform more unpaid work at home. Thus, the current crisis threatens to reverse progress on gender equality, including women's equal participation in the labour force, and exacerbate the feminization of poverty and vulnerability to violence.²⁰

The COVID-19 pandemic has therefore further highlighted the need to devise and adapt mitigation strategies, such as financing for equity, including for SRMNCAH-specific health care innovations, that put **equity at the centre of the response to the current crisis and of efforts to build back better.**

Financing for equity

Recent analysis show that pre-COVID development assistance was not always invested in countries of greatest need.²¹ As countries respond to the current crisis, and think about recovery, it is evident that development partners, governments and other stakeholders will need to **adapt, extend and scale up innovative and equity enhancing financing strategies** that consider the differentiated reaches and impacts on vulnerable groups and populations, including women, children and adolescents in humanitarian and fragile settings.

Over the next few years, more than a dozen middle-income countries will become ineligible for assistance from some funders, and many of these countries are vulnerable to disease resurgence.²² The transition from official development assistance (ODA) to domestic funding is an emerging challenge for the sustainability of SRMNCAH spending, especially in middle-income countries. In 2019, it was already becoming apparent that the positive trend in ODA for health and research financing for neglected diseases could be threatened by a looming global economic recession¹², which has become a reality with the wide spread of COVID-19 and its secondary impacts.

To respond to the current crisis, the global community will need to apply an equity-sensitive approach that combines, not only domestic financing, external support and innovative approaches, but also a commitment to making better use of existing resources. Pre-COVID-19 evidence suggests that at least **one fifth of health spending is inefficient**, and an estimated 20–40% of health expenditure has been wasted globally due to inefficiencies and corruption – findings which have recurred over the past 10 years.^{23,21} Such waste is a result of systemic issues, including under-investment in evidence-based approaches, and of corruption, substandard development assistance, and failure to reach those in greatest need. Thus, in the current global climate, increased **funding for equity could be achieved by more efficient spending.** To that end, health financing institutions will need to systematically leverage their respective investments in a coordinated and transparent manner to identify the most vulnerable missed communities and to reach them with a package of essential services and high-quality primary health care.

PMNCH partner initiatives

It is clear that economic responses and social protection measures will need to target women, children and adolescents to mitigate the socioeconomic impacts of the ongoing crisis. In addition, a gender lens must be applied in the design of fiscal stimulus packages and social assistance programmes to achieve greater equality and

opportunities for women and girls. PMNCH has a key role to play here by using its partnership power to work with other existing initiatives, such as the Global Action Plan for Healthy Lives and Well-being for All (GAP), to **unify and align stakeholders for increased and better use of financing** to address the needs of the most vulnerable.

A number of efforts are underway that show how PMNCH members are responding to the current needs of women, children and adolescents, with a view of identifying opportunities for collective advocacy and action by the Partnership for the PMNCH Board's consideration.

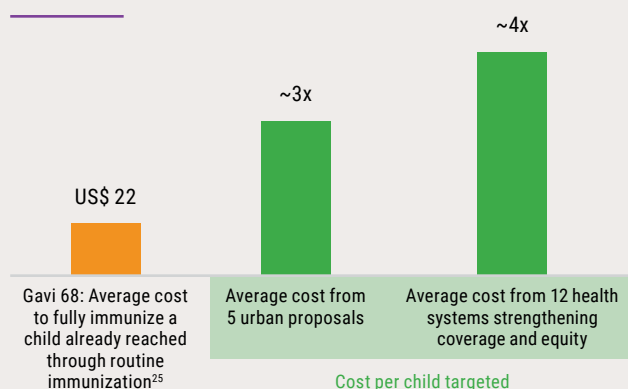
GAVI, The Vaccine Alliance

Gavi has dramatically improved access to life-saving vaccines and reduced the time lag between the availability of vaccines in rich and poor countries. Coverage of *Haemophilus influenzae* type B (Hib), pneumococcal and rotavirus vaccines in Gavi-implementing countries is now higher than in the rest of the world. As the centrepiece of its next [strategy 2021–2025](#), and to further the financing for equity agenda, Gavi is spearheading the concept of the “zero-dose child”: one not receiving any dose of DTP-containing vaccine. Gavi views this concept as a gateway to communities currently missing out on SRMNAH and primary health-care services. Given that immunization is the most widely available health intervention, zero-dose children and their mothers are unlikely to be receiving any other essential health intervention, such as skilled birth attendance, sexual and reproductive health services, nutrition supplements, deworming or malaria prevention and health promotion. Research from Gavi shows that 50% of zero-dose children live in urban areas, remote rural settings or conflict and fragile settings. In some countries, these children are clustered in marginalized communities that are underserved either because they live beyond the reach of existing health services or because they are systematically excluded from government service provision.²⁴

While data on the cost of reaching zero-dose children are currently lacking, it is evident that equitable financing is needed to shine a spotlight on the missed communities that house these clusters of zero-dose children. Additionally, tailored strategies are needed to reach them with the support required, paving the way for sustained and equitable primary health care (Figure 2). For this purpose, Gavi is planning to create a number of learning hubs to supplement routine monitoring with deeper measurement, analysis and understanding of factors influencing the performance of approaches to reach zero-dose children and missed communities. In addition, a request has been made to the Gavi Board for additional equity funding dedicated to accelerating progress on reaching zero-dose children and missed communities, scaling up work at subnational level and aiming to overcome gender-related barriers.

Gavi has been working closely with the GFF, the World Bank and WHO through the GAP's Sustainable Financing for Health Accelerator to foster a common vision of equity and to jointly prioritize and align efforts to reach underserved communities. For example, in Republic of Cote d'Ivoire, Gavi will co-finance, with the GFF, the World Bank Advisory Services & Analytics project, aiming to contribute to better service quality, enhanced resource mobilization and equitable and effective use of domestic and external financial resources for health. At Gavi's suggestion, the World Bank is also considering the inclusion of a zero-dose indicator in the Results Framework for this project to measure the equity and quality of health service delivery.

Figure 2.²⁴ Reaching zero-dose children will require new and different strategies, with higher costs and complexity



New approaches needed include:

- identifying zero-dose children, especially at subnational level;
- more tailored and differentiated strategies;
- strategies and partners in humanitarian and fragile settings;
- scaling up new demand approaches, strengthened focus on gender and CSO engagement; and
- augmented monitoring approaches, including learning hubs.

The Global Financing Facility

As part of its COVID-19 response and its new strategy, the GFF will redouble its support for building more resilient, equitable and sustainable health financing systems by prioritizing greater efficiency and driving more equitable health expenditures. To achieve this goal, the GFF will leverage its financing instruments and tools to support country prioritization and implementation of health financing reforms. Country investment cases, including Resource Mapping and Expenditure Tracking (RMET), will improve equity as well as the allocative and technical efficiency of health expenditures. RMET data and institutionalization of financial incentives, such as performance-based financing, will allow greater precision in countries' targeting of the front lines and the poorest women, children and adolescents, as well as vulnerable and marginalized populations, including rural populations, refugees and those displaced or affected by conflict or climate change. GFF trust fund grants and World Bank IDA/IBRD (International Development Association/International Bank for Reconstruction and Development) loans will be linked indicators measuring the implementation of health financing reforms.

Through its support for country-led, multistakeholder platforms, the GFF will help to deliver the GAP's sustainable financing goals. This will include development by partners of a common framework to improve shared accountability for health financing and to support countries in building stronger and more equitable health financing systems. Alignment of and joint approaches by global partners is essential as countries confront growing fiscal pressures and competing budget priorities in their COVID-19 response and recovery efforts. The GFF will also step up joint advocacy with PMNCH and other partners for the protection of domestic resources for health, and will develop strategies for partner countries to mobilize more resources, as their macro-fiscal situation allows, including ramping up civil society engagement and advocacy for bold reform initiatives.

Additionally, the GFF will seek to cultivate scalable global innovative financing opportunities, such as Sustainable Development Bonds and blended finance, that can increase the pool of available investment capital to expand access to high-quality WCAH services. It will also mobilize demand for WCAH services by co-financing operations in social protection and education.

The World Bank Group

RMNCAH is a key priority for the World Bank's support for UHC that is highlighted in its policy and thematic focus areas. Both IDA 18 and IDA 19 policies specifically address RMNCAH (Box 1).

Box 1. IDA Policy Commitments

IDA 18: "All IDA18 financing operations for maternal and reproductive health will target the improvement of the availability and affordability of reproductive health services, including for survivors of gender-based violence."

IDA 19: "IDA19 financing operations will support women's empowerment, including through increased access to quality reproductive, adolescent, and primary health care in at least 15 of the 30 countries with the lowest Human Capital Index (HCI)."

During the implementation of IDA18, the Bank invested over US\$ 2.6 billion in RMNCAH, focusing mainly on regions with the highest burden - Africa and South Asia. In recognition of the role of women and children's health and wellbeing for human capital formation – pivotal for economic development – the Bank has been focusing on enhancing RMNCAH through cross-cutting interventions that aim to empower women and girls and improve their access to RMNCAH services.

The World Bank has also committed to taking rapid action to help low- and middle-income countries strengthen their pandemic response, increase disease surveillance, maintain essential health services, and help the private sector continue to operate and sustain jobs. Over 15 months, the World Bank is making available up to US\$ 160 billion in financing, tailored to the health, economic and social shocks countries are facing, including US\$ 50 billion of IDA for the lowest income countries. The World Bank is also seeking supplemental contributions to IDA from members to increase this amount. Within IDA investments, fragile and conflict-affected countries and gender are prioritized; and within country investment, equity-enhancing investments are emphasized in line with the Bank's mission.²⁶

More specifically, the World Bank also takes a multi-sectoral approach to its COVID-19 response that is cognizant of the importance of focusing on women's access to healthcare, and on women as frontline workers, with a view of reducing gender gaps. This includes mitigating risk of sexual exploitation and harassment, and domestic abuse; psychosocial and financial support for women caregivers and frontline workers, ensuring continuity of RMNCAH services, and stronger engagement of women in decision-making bodies. Box 2 highlights an example of how the COVID-19 Multiphase Programmatic Approach (MPA) projects are incorporating these key issues into its response:

Box 2. The Egypt COVID-19 Emergency Response—USD 50 million

In Egypt, the WBG's COVID-19 project highlights the differential impact of the pandemic. To provide women with the support they need, the project addresses routine health care, mental health, women's representation in decision-making, and includes gender-sensitive indicators. The initiative goes beyond social risks and uses public communication tools to incorporate messages on GBV, stress management, and conflict resolution. While focusing on the pandemic, the project will ensure continued health care services are available particularly for those who have conditions that make them more vulnerable i.e. people with compromised immunity, and people living in urban slums.

A "corona incentive pay" will be extended to health sector workers, as well as messaging with parenting advice through communication activities in recognition of the increased burden, especially for women. It also supports financial incentives to mental health counselors, health care workers, and hotline operators. In addition, the project seeks to ensure women's representation at two levels: policy making and implementation of public health measures, as well as community mobilization through engaging women's groups. Finally, the project's results framework includes sex-disaggregated data collection and monitoring.

i. Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, UN Women, World Bank, Unitaid, WFP and WHO.

ii. Republic of Côte D'Ivoire, Republic of Ghana, Republic of Kenya, Lao People's Democratic Republic, Republic of the Union of Myanmar, Republic of the Niger, Islamic Republic of Pakistan, Republic of Tajikistan, Republic of Zimbabwe.

The Global Action Plan for Healthy Lives and Well-being for All

The GAP brings together 12 multilateral health, development and humanitarian agenciesⁱ under an umbrella framework to better support countries to accelerate progress towards the health-related SDGs. Equity and leaving no one behind are at the heart of the GAP. The seven GAP accelerator areas, particularly the Sustainable Financing for Health Accelerator (SFHA), co-led by Gavi, the Global Fund and the World Bank, are essential to drive forward the financing for equity agenda.

The SFHA aims to strengthen collaboration between five agencies (Gavi, the Global Fund, the World Bank, the GFF and WHO) on topics of health financing, such as advancing domestic resource mobilization, ensuring better value for money, and harmonizing and aligning on financing through efficient development cooperation, in nine focus countries.ⁱⁱ For example, the SFHA has been leveraged by participating institutions in Côte d'Ivoire (Box 3) to include equity in financing discussions.²⁷

Box 3. Increasing support for more equitable and efficient health expenditure in Côte d'Ivoire

Before COVID-19, Côte d'Ivoire's economic growth was among the highest in the world, but wide inequities have left 28% of the population in poverty. At around 5% of the national budget, health financing is insufficient and responses to some health challenges have depended heavily on external funding. Recognizing that increased and more sustainable and equitable health financing was required, an investment case, prepared with support from the GFF and input from a wide variety of stakeholders, led to a commitment from the Government to increase the health budget by 15% every year, and to improve the efficiency and equity of public health expenditure. Additionally, to better coordinate and align both domestic and external resources for health, a national platform was established, under the leadership of the Prime Minister's office, to coordinate health financing.

Remaining challenges include: maintaining momentum during the recently concluded election and campaigning; implementing a functioning system for tracking and monitoring health expenditure; continuing support for implementation of the platform; and designing joint modalities for implementation support.

PMNCH advocacy for financing to improve equity

Given the **overarching focus on equity in PMNCH's 2021–2025 Strategy**, the December 2020 Board meeting is an opportune time for Board members to discuss how PMNCH can leverage its position as the world's largest alliance on WCAH to align partners around effective advocacy for financing to improve equity. PMNCH is well positioned to drive evidence-based advocacy to protect the progress made to date and to support countries in advancing towards the SDG and Global Strategy targets, despite the setbacks due to COVID-19.

PMNCH is involved in the following key equity-enhancing initiatives to target and power advocacy asks for more and better financing.

1. Evidence-based advocacy to leverage commitments to the Call to Action on COVID-19

The [PMNCH COVID-19 Call to Action](#) urges governments to protect and promote the health and rights of women, children and adolescents through strengthened political commitment, policies and domestic resource mobilization and financing for equity. The 24-month Advocacy Campaign Plan moves the PMNCH 2021–2025 Strategy into action through four main strategies that can be used to advocate for more and better financing for equity. The four strategies are: high-level political mobilization; mobilizing PMNCH constituencies and facilitating cross-constituency dialogue; media mobilization; and community mobilization.

This campaign acts as an umbrella for the work of all PMNCH members, promoting a common agenda for action to be amplified by all, and creating a digital hub to share data and evidence, best practices, joint creation of localized advocacy tools, and joint strategic planning within and between countries and regions and at the global level, including through communities of practice. It also provides an opportunity for PMNCH to mobilize commitments from governments and key partners to advance the financing for equity agenda, especially by mobilizing domestic resources and ODA-supported financing. By acting together strategically, PMNCH members work together to influence policy agendas, mobilize measurable commitments and promote accountability for those commitments.

2. Synthesize knowledge to enable evidence-based advocacy on the PMNCH Call to Action focusing on financing for equity

The Global Investment Framework for Women's, Children's and Adolescents' Health

Robust and up-to-date economic evidence is a vital tool for advocacy. Context-specific evidence, packaged into persuasive messages, can support partners in framing UHC, not as a cost, but as an economic and social investment in preparedness, response and recovery. In an uncertain world, such investments yield important returns, promoting community resilience and gender equity.

It has been nearly a decade since the Lancet Commission on Investing in Health (2012) put forward its case for reproductive, maternal, newborn and child health. The Lancet evidence, highlighting the benefits of investing in evidence-based packages of care, offered advocates important new tools in support of their arguments for accelerated progress to achieve the Millennium Development Goals and to protect and promote the right to health.

Since then, economic evidence, intervention science and the global situation have evolved in important ways. An updated investment case is required to power our joint advocacy efforts. We need robust and updated evidence and arguments to prevent inequities from being worsened by the effects of COVID-19.

PMNCH, GFF, the World Bank and WHO stand ready to support this effort in proposing a Global Investment Framework for Women, Children and Adolescents. This case will offer:

- clear evidence on the costs and return on investment of high-impact SRMNCAH and multisectoral interventions for all low- and middle-income countries, building on the GFF's costing work for the 50 eligible GFF countries; and
- evidence on the estimated costs of effective strategies and interventions to strengthen health preparedness and response for improving WCAH, as well as the social and economic returns on these investments.

This work will build on PMNCH's previous contribution to the development of [the Global Investment Framework for Sexual, Reproductive, Maternal, Newborn and Child Health](#) in 2014.²⁸ In addition to informing PMNCH and partner advocacy efforts about financing for equity, the findings from the new Global Investment Framework will also be used to support work led by WHO on Financing Common Goods for Health, embedding a component on greater equity for vulnerable women, children and adolescents.²⁹

Global Roadmap on Women's, Children's and Adolescents' Health in Humanitarian and Fragile Settings

To enhance advocacy efforts to prioritize the health and well-being of women, children and adolescents in humanitarian and fragile settings, PMNCH, WHO and partners are developing a Global Roadmap to Accelerate Progress on Women's, Children's and Adolescents' Health and Well-Being in Humanitarian and Fragile Settings. This Roadmap will complement the *Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020–2025*,³⁰ providing a comprehensive framework that integrates essential care for women, children and adolescents.

The Roadmap will provide evidence for focused and prioritized investments, building on recent data on financing for equity in humanitarian and fragile settings, and the BRANCH Consortium's work on RMNCH+N in Conflict Settings.^{31,32}

Joint Learning Agenda on Health Financing, Budget Advocacy and Accountability for Universal Health Coverage

Another forthcoming tool for advocacy is a user-friendly toolkit on health budget advocacy and accountability. The objective of this work, developed by PMNCH with UHC2030 and other partners, is to strengthen the capacities of national civil society organizations, the media and parliaments to undertake effective health budget advocacy, holding governments to account for the level and use of funding allocated to health. Additionally, PMNCH, in collaboration with the Global Fund, UHC2030, the GFF, the World Bank and Gavi, has launched a joint learning agenda programme on civil society engagement in health financing, accountability and advocacy in the context of COVID-19. The objective of this training project is to strengthen the capacity of civil society organizations on budget advocacy and accountability in favour of health financing and UHC.

Guiding questions for the Board's discussion

In light of current trends in financing for equity, the impact of COVID-19, evidence for advocacy initiatives already underway, and our current financing asks with the PMNCH Call to Action campaign on COVID-19, the PMNCH Board is kindly requested to discuss the following questions.

1. Taking account of the PMNCH Call to Action on COVID-19, and its asks for more and better investment in service quality, access, social protections and data, are there additional financing asks that should be considered to help drive these goals forward?
2. How can PMNCH's constituencies mobilize their members to advocate for equity enhancing strategies to drive better policy, financing and service delivery targeting the most vulnerable, in line with PMNCH's COVID-19 Call to Action?
3. How can PMNCH work with the GFF, the World Bank, WHO and Gavi through the GAP, and with other stakeholders, to promote multisectoral action to identify and support the hardest to reach women, children and adolescents, under the umbrella of PMNCH's 2021–2025 Strategy and the PMNCH COVID-19 Call to Action?

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