



Deliverable 1.2 Resources to support embedding WCA health and well-being into UHC/PHC plans - Action Plan

PMNCH 2022-23 Workplan Deliverable:	1.2 Resources to support embedding WCA health and well-being into UHC/PHC plans (e.g., the adaptation of the WHO's UHC Compendium into user-friendly formats, etc.) and mitigating the impact of COVID-19 on WCA (e.g., gender-based violence, mental health, etc.)
Coordinating Structure	Knowledge & Evidence Working Group
Function and Output:	Knowledge synthesis

1. Rationale and added value

During its [2021-2025 Strategy](#), PMNCH aims to support its Partners to advocate for, secure and follow up on 30 national and five new global/regional policy, financing and/or service commitments to prioritize women's, children's, adolescents' (WCA) health and well-being, with a focus of leaving no one behind.

Universal Health Coverage (UHC) cannot be achieved without realizing the health and rights of the most vulnerable women, children and adolescents. Further investments, greater action and advocacy is therefore needed to ensure UHC and primary health care (PHC) schemes deliver essential interventions for all women, children, and adolescents (WCA), including in humanitarian and crisis settings. It has nearly been a decade since PMNCH put forward the landmark [global review](#) and [policy guide](#) on reproductive, maternal, newborn, and child health interventions. Since then, much has changed including the prioritization of UHC as a pathway to the SDGs, and the need for a holistic life-course approach to responding to the health and well-being needs of women, children and adolescents. Similarly, while significant progress has been made in reducing preventable maternal and child mortality over the past decades, it has not been achieved evenly and equitably across and within regions.

To support countries in the realization of UHC, WHO has launched a Compendium of more than 3,500 interventions, of which approximately 1,100 relate to sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH). There is a need to better understand what kind of knowledge management tools can enable PMNCH partners across constituencies to use the WHO UHC Compendium in their advocacy and planning efforts. There is also a need to amplify and equip partners with policy-relevant resources across the SRMNCAH continuum to drive evidence-based advocacy for the progressive inclusion of SRMNCAH interventions in UHC and PHC planning and processes, as well as emergency preparedness and response plans. These plans include those related to COVID-19, ensuring UHC efforts at the country level reach every woman, every child and every adolescent in all kinds of settings.

PMNCH's unique platform can enable the above by identifying contextualized needs of different constituencies, building consensus amongst various stakeholders, as well as equipping partners with relevant knowledge synthesis resources and tools to drive evidence-based advocacy for more responsive policy, financing and action for WCA.

2. Proposed work

PMNCH 2022 sub-deliverable	Task team ¹	Partners	Constituencies	Focal Point	Delivery	Contribution ²
1.2.1 Multi-stakeholder consultations and needs-based assessment undertaken to assess the priorities of PMNCH constituencies and partners in advancing WCAH in UHC, PHC and preparedness and response plans, with the aim of developing recommendations on: 1) resources required to facilitate the use by all PMNCH partners of the WHO UHC Compendium for advocacy and planning; and 2) knowledge synthesis resources required to enable advocacy on the prioritization and inclusion of integrated SRMNCAH services in PHC and emergency preparedness and response plans, including COVID-19.	<i>K&E MNCH, SRHR and Adolescent Health and Well-Being Workstreams; Partner Engagement in Countries Committee</i>	WHO (MCA, SRH, HGF, HIS, Special Programme on PHC), IAWG	All constituencies	TBD	2023	\$0
1.2.2 Knowledge synthesis for advocacy on cross-cutting issues prioritized by the PMNCH Board and impacting MNCH, SRHR and Adolescent Health and Well-Being, including knowledge summaries/ advocacy briefs on: (i) health workforce, including midwifery and respectful care; (ii) impact, mitigation and adaptation of climate change for WCA wellbeing; and (iii) WCAH in humanitarian and fragile settings, including during COVID-19.	<i>K&E MNCH, SRHR and AHWB Workstreams</i>	Burnet Institute, AUB, WHO, ICM, UNFPA, IAWG	HCPA, ART, UNA, NGO	TBD	Q4 2022	\$25k
Secretariat-led coordination and facilitation						\$187k
Sub-total (net of Programme Support Costs)						\$212k
WHO Programme Support Costs (13%)						\$27k

¹ See section 5 for the proposed role of Task Teams. Its members can be any PMNCH partners who are interested in engaging in the individual sub-deliverables.

² Each sub-deliverable should be funded through a combination of PMNCH's Partner and Secretariat contributions, either as financial or human resources. Planned Contribution (as per table) indicates PMNCH Secretariat's anticipated contribution to the sub-deliverable, from its overall US\$ 10 million annual budget, which is yet to be fully funded – mobilizing resources is ongoing.

PMNCH 2022 sub-deliverable	Task team ¹	Partners	Constituencies	Focal Point	Delivery	Contribution ²
Total						\$239k

3. Aligning with PMNCH Board's 2022-23 advocacy priorities

Within the overall umbrella of the five-year [PMNCH's 2021 to 2025 Strategy](#), PMNCH Board agreed four advocacy priorities for the 2022-23 work-planning period.

Advocacy priorities for 2022-23 work planning period - Board decisions	Responding to the advocacy priorities
Focus on the seven asks of PMNCH COVID-19 Call to Action , with attention to 1, 2, 3, 4 and 7	Products developed as part of both deliverables will equip partners with the knowledge to drive evidence-based advocacy and mobilize commitments in support of the COVID-19 Call to Action
WCA in Universal Health Coverage (UHC) processes	1.2.1 and 1.2.2 will help ensure that partners have access to resources aimed at strengthening their capacity to advocate for the progressive inclusion and prioritization of WCAH and wellbeing in UHC/PHC planning, processes and policies, as well as humanitarian preparedness and response plans
Adolescent health & well-being, including its relationship to SRHR, mental health, climate change	1.2.1 and 1.2.2 aims to amplify guidance across the WCAH and well-being spectrum, including health and multi-sectoral interventions specific to adolescent health and well-being to enable partners to advocate for the progressive inclusion and prioritization of integrated WCAH in UHC/PHC planning, processes and policies, as well as preparedness and response plans
Reducing preventable maternal, newborn and child (MNC) deaths, including stillbirths	1.2.1 and 1.2.2 aims to amplify guidance across the WCAH and well-being spectrum, including interventions specific to maternal, newborn and child health to enable partners to advocate for the progressive inclusion and prioritization of integrated WCAH in UHC/PHC planning, processes and policies, as well as preparedness and response plans

4. Linkages to other [PMNCH 2022-23 Workplan Deliverables](#)



5. Role of the Task Teams

Under the coordination of the Knowledge & Evidence Working Group, the sub-deliverable Task Team(s) will be responsible for organizing and implementing the work associated with the noted sub-deliverables. This will involve:

- (i) bringing relevant partners together and building on existing work;
- (ii) implementing the agreed sub-deliverables, including division of roles and responsibilities; and
- (iii) monitoring, measuring and reporting on sub-deliverables' progress through indicator setting and tracking.

6. Monitoring and measuring progress

This deliverable's contribution to the success of the knowledge synthesis output will be measured through four key indicators: (i) number of PMNCH Knowledge products coordinated and developed (# of knowledge synthesis/briefs); (ii) number of partner products amplified and disseminated through PMNCH-managed digital resources; (iii) number of people reached through earned and social media, as well as other digital channels; and (iv) number of partners engaged in PMNCH advocacy efforts - other than events - around WCAH (# of partners engaged in knowledge product development, including consultations).

7. Secretariat contribution

The PMNCH Secretariat supports the Coordinating Structures, its Task Teams and Partner Focal Points in facilitating the engagement of the broader partnership through the constituency structures, ensuring access to resources, and orchestration with the work of other deliverables so that the work leads to the agreed overall aims and objectives of [PMNCH's 2021 to 2025 Strategy](#). This includes supporting partners in their use of Digital Advocacy Hubs.

PMNCH Secretariat focal points for this deliverable are Etienne Langlois (langloise@who.int) and Enico Iaia (iaiad@who.int).