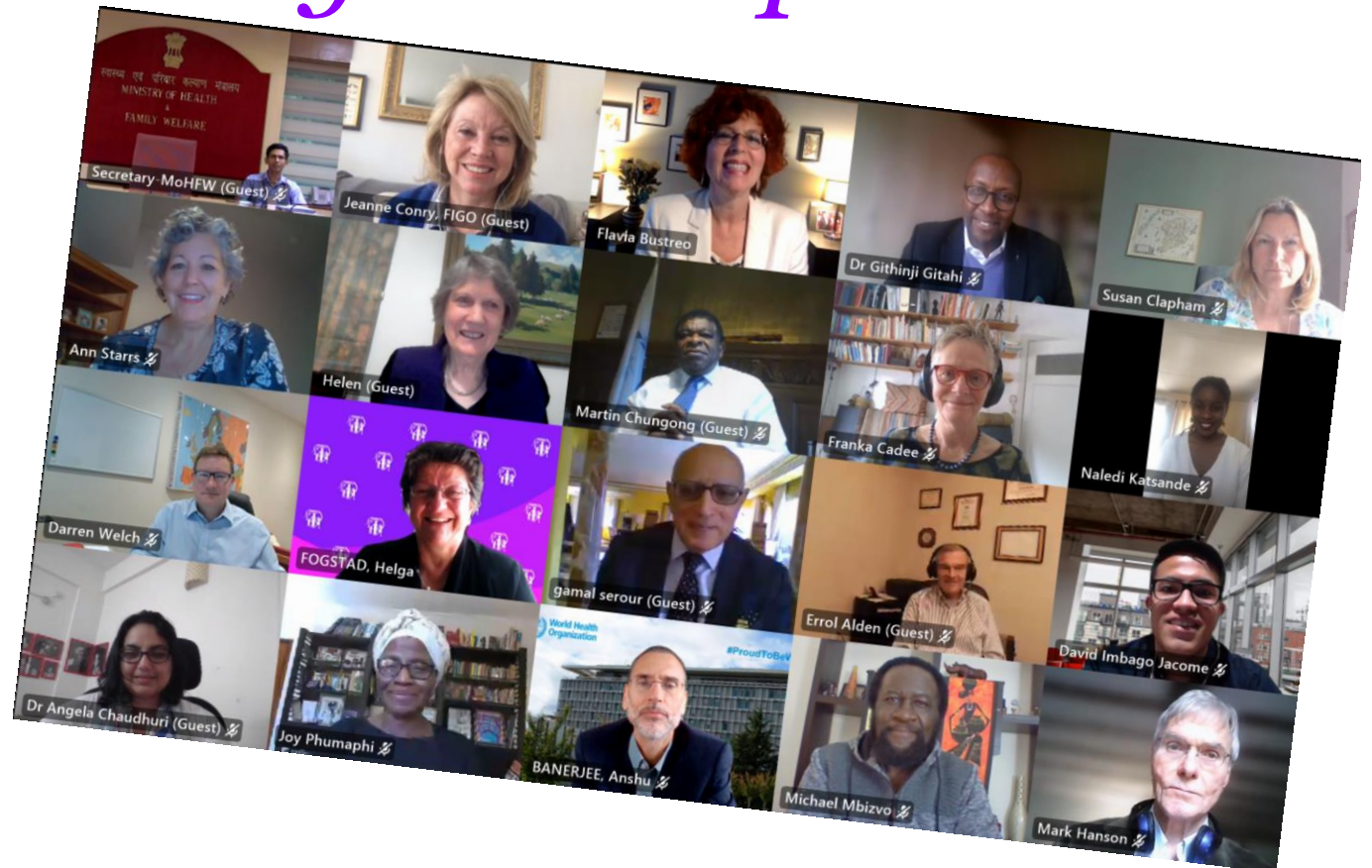


Delivering on PMNCH's 2021-2025 Strategy and Results Framework: Mid-2021 Progress Report

Helga Fogstad

Executive Director, PMNCH

14 July 2021



Outline

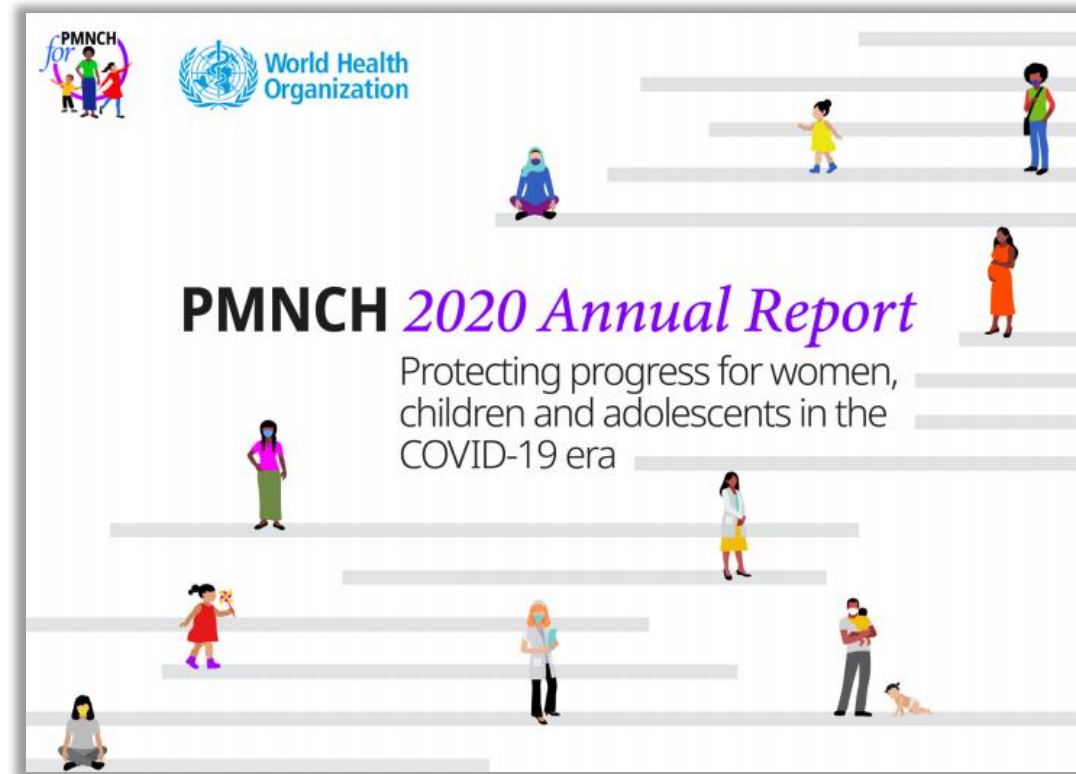
Part 1: Strong foundation for progress: Presenting the 2020 PMNCH annual and financial report 2020

Part 2: Mid-year report: Progress to date in 2021

Part 3: Financial position: Current status and resource mobilization efforts



Part 1 - Strong foundation for progress: Presenting the 2020 PMNCH annual and financial report 2020



PMNCH Action on COVID-19 for WCAH



- [PMNCH 7-point Call to Action](#) sets comprehensive agenda for change
- Unites partners through events, champions, toolkits, and digital platforms
- More than [USD \\$20 billion in national commitments from 15 countries](#) aligned with the Call to Action



“Lives in the Balance”: 1-2 July 2020 Covid-19 Summit for WCAH

“Lives in the Balance II”: 11 December 2020

“Lives in the Balance III”: 17 May 2021

Champion-led media advocacy:
Helen Clark, Michelle Bachelet, Graça Machel

Sharing country stories, best practices
and lived experiences

Capacity building through self-care videos,
infographics, toolkits, webinars

Inclusive multi-stakeholder platforms powered
by community engagement

Expanding PMNCH outreach and action in 2020



5 webinars

with an average of **150 participants** each.



3000+

average visits per month on **SharePoint** pages from PMNCH members, **800+ listserv** recipients between two PMNCH constituencies (Non-Governmental Organizations and Adolescents and Youth), with **60+ topics** discussed through 160 messages.



3500+ messages

on **WhatsApp**, **5** active groups and **50%** of interactions leading to subscription to our "PMNCH news and updates" channel.



3 e-summits

multipartner online events, receiving more than **5200 registrations** and viewed by more than 6500 people from 110+ countries.



36 videos

distributed through social media channels and live events, including tutorials, webinars, interviews and knowledge products. The top PMNCH video of 2020, an animated short film in **15 languages** encouraging breastfeeding during COVID-19, is produced by award-winning Mumbai studio Eeksaurus, and is co-sponsored by WHO and UNICEF. The video is viewed **90 million times** by the end of 2020.



10 PMNCH-authored op-eds and media campaigns

on WCAH issues disseminated through popular media outlets. Op-ed topics include: **investing in accountability and equity** (Daily Telegraph); **menstrual hygiene and WASH** (Guardian); **supporting community voice and engagement** (Thomson Reuters); and **gender inequity** related to COVID-19 (Thomson Reuters). The top PMNCH news story of 2020 ("**\$20.6 billion** to reach women, newborns, children and young adolescents" in December 2020) reaches an estimated **1.5 billion** consumers through global and regional newswires, including Associated Press, Press Trust of India and Xinhua, with extensive national media market reach in Africa, Europe and North America.



13 issues, 6500+

e-blast subscribers and high engagement rate (an average 25% of all recipients clicked to open the e-blast).



27 000 followers

on **Twitter** (1600 more than in 2019); an estimated reach of **10 million** people through hashtags and **17 000+** active engagements through our channels.



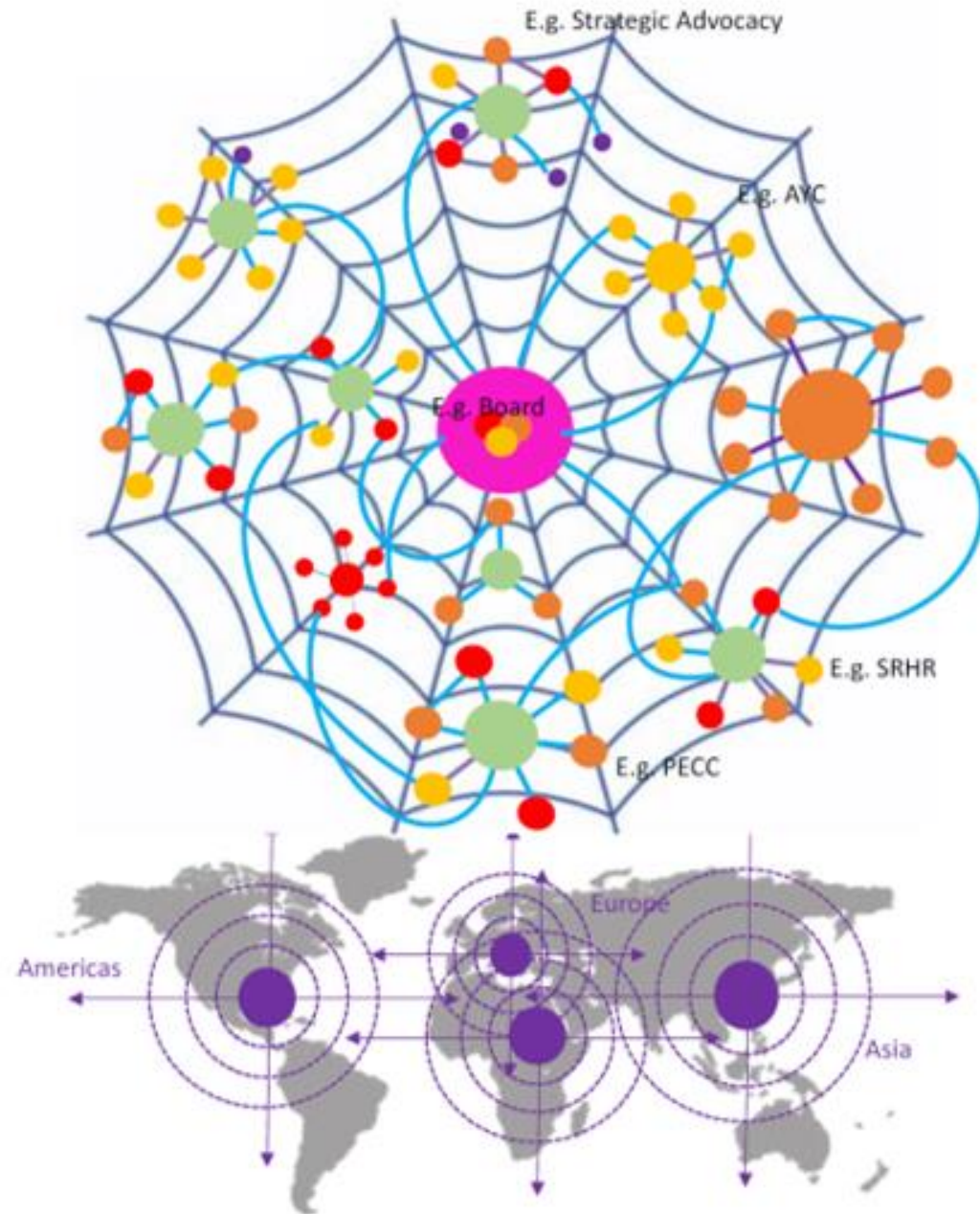
611 000 visitors

on the PMNCH website.



PMNCH Structure and Operations

- Members**
10 different constituencies (3 colors used for illustrative purposes)
- PMNCH Governance Architecture**
Members represent their constituencies in:
 - Board
 - Standing Committees
- Communities of Practice**
Members within and across constituencies with specific areas of interest, characteristics or expertise
 - Constituency Groups
 - Working Groups
- Secretariat**
PMNCH Secretariat is the connector and coach/facilitators in the partner-led management and development of meaningful and participatory CoPs.
- Digital Platforms**
One of the ways in which the Secretariat enables communication





GLOBAL CONSENSUS STATEMENT

MEANINGFUL ADOLESCENT & YOUTH ENGAGEMENT

We, the signatories of this Statement, experts and leaders in international development, affirm that young people have a fundamental right to actively and meaningfully engage in all matters that affect their lives. Through this Statement, we build on a growing body of evidence showing the importance of meaningful engagement of young people in development efforts and reaffirm our commitment to protect and promote the rights of all young people, and to ensure they are central in strategy setting as well as the development, implementation, monitoring, and evaluation of all policies, programmes, and initiatives that affect and protect them. We also acknowledge the importance of engaging early adolescents¹ and appreciate the additional precautions it may take to secure their meaningful engagement and ensure their safety.

This Statement seeks to galvanize local and global health and development communities around a common understanding of how we can ensure that young people are meaningfully engaged and participate in the development and implementation of all policies, programs, and processes that affect them. Meaningful engagement of young people is central to our common vision of achieving the outcomes and targets of the Sustainable Development Goals (SDG's), FP2020 goals, and the Global Strategy for Women's, Children's and Adolescents' Health among other internationally agreed upon targets for eliminating poverty and promoting health, rights, and wellbeing.

As a result, we are moving beyond the recognition and identification of young people solely as beneficiaries and towards engaging them as equal and valuable partners in projects, research, programmes and initiatives that are led, co-led, and centred around young people, whereby they are equal partners in decision making with other stakeholders, or young people are consulted and meaningfully engaged in the execution of initiatives led by other stakeholders.²

To this end: We commit to actively abide by the definition and principles of meaningful adolescent and youth engagement highlighted herein.

Meaningful adolescent and youth engagement is an inclusive, intentional, mutually-respectful partnership between adolescents, youth, and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills, and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms, and organizations that affect their lives and their communities, countries, and world.

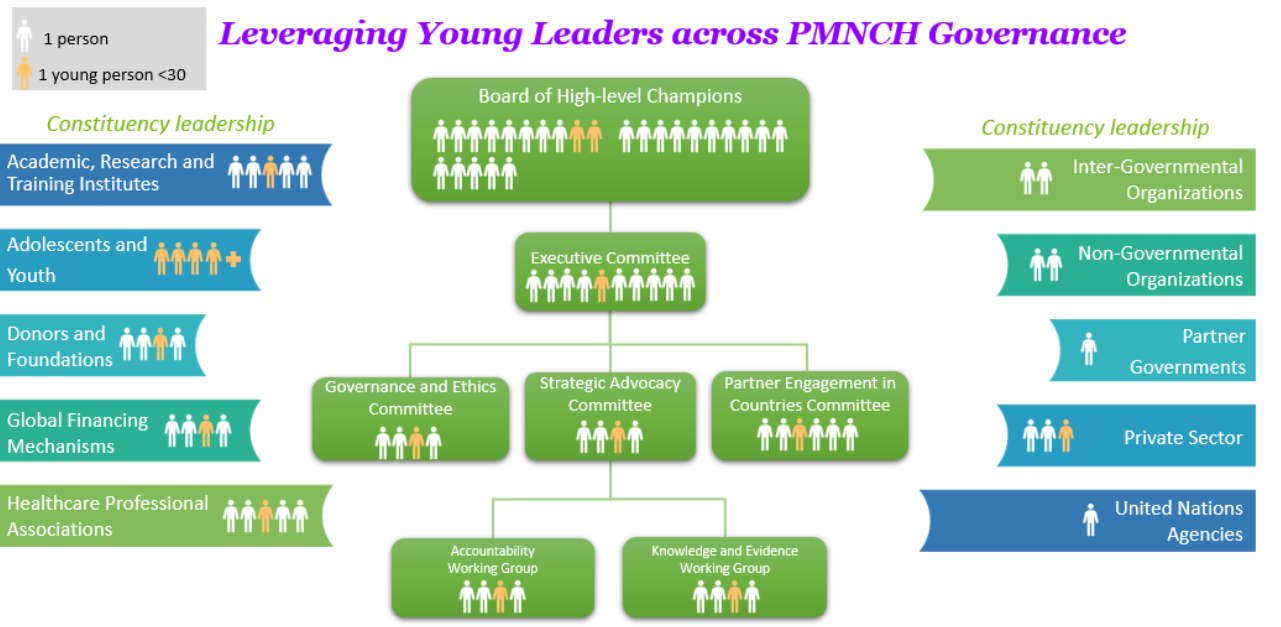
Meaningful adolescent and youth engagement recognizes and changes the power structures that prevent young people from being considered experts regarding their own needs and priorities, while also building their leadership capacities. Young people includes 'adolescents' ages 10-19 and 'youth' ages 15-24 (based on the WHO definition)³ regardless of socioeconomic status, ethnic identity, sexual orientation, gender identity and expression, sex characteristics, marital status, religion, disability, political affiliation, or physical location. - Adapted from Youth Power, USAID⁴

This definition of meaningful adolescent and youth engagement is framed by the following principles, which enable a young people-centred approach wherein an organisation main-streams engagement and systematically places young people at the centre, acknowledging their diversity as individuals and as autonomous rights-holders.⁵

1. Early adolescents refer to young people aged 10-14 years.
2. USAID, Youth Engagement in Development: Effective Approaches and Action-Oriented Recommendations for the Field.
3. For the purposes of this document, 'youth' refers to all people ages 15-24 years and 'young people' refer to all people ages 10-24 years. However, it is recognized that youth-led organizations work with those up to 29 years, as this broadens the scope of youth engagement.
4. Youth Power, Meaningful Youth Engagement.
5. IPPF (2015) The journey to youth-centered care.



Ensuring meaningful AY engagement in PMNCH



PMNCH named “high scorer” on gender equality in global health - Global Health 50/50

PMNCH was ranked in the top 15% of the sample overall, which includes UN organizations, governmental agencies, international NGOs, research organizations, private sector companies and others.

**HIGH SCORERS
ON GENDER EQUALITY**

**GH5050 2021 REPORT: FLYING BLIND IN A TIME OF CRISIS
#FLYINGBLIND #GH5050**

AbbVie	Health Action International	Reproductive Health Supplies Coalition
Abt Associates	Jhpiego	Sanofi Espoir Foundation
Africa Population and Health Research Centre (APHRC)	Joint United Nations Programme on HIV and AIDS (UNAIDS)	Sonke Gender Justice
CARE International	Medicines Patent Pool (MPP)	UNHCR
Dalberg	Mercy Corps	UNICEF
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	National Institutes of Health (NIH)	Unilever
Drugs for Neglected Diseases Initiative (DNDi)	Palladium Group	United Nations Office on Drugs and Crime (UNODC)
Food and Agricultural Organization of the United Nations (FAO)	Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)	United Nations Population Fund (UNFPA)
Foundation for Innovative New Diagnostics (FIND)	PATH	World Bank Group
Global Alliance for Improved Nutrition (GAIN)	Plan International	World Food Programme
Global Financing Facility (GFF)	Population Reference Bureau (PRB)	World Health Organization (WHO)

GLOBAL HEALTH 50/50
TO RAISE GENDER EQUALITY IN GLOBAL HEALTH

"By taking deliberate and transparent actions, PMNCH keeps the pressure on themselves and others in the sector to continue pushing for change, and provides much needed hope that we can achieve gender equality in our quest for health, dignity and social justice for all"

Professors Sarah Hawkes and Kent Buse, co-founders of Global Health 50/50, hosted by University College London's Centre for Gender and Global Health.



Ensuring good governance and management in PMNCH

- Board decision in June & Dec 2020: agreement **to assess policies, structures and practices** to reduce opportunities for bias, power imbalances and discrimination in a **systematic manner**.
- GEC established **good governance working group** in July to oversee work with aim to designing inclusive and value-based work environments in all of PMNCH's governance and operations.
- Working group was expanded to include more expertise, regional and gender representation.
- Commissioning of consultancy (MIND) was completed in February after extensive bidding and selection process
- Due to budget constrains work has been divided into smaller individual parts
- First phase will encompass:
 1. the design safe mechanisms for leading and acting, aligned with good governance,
 2. Developing KPIs for how to measure good governance, and
 3. Training leaders and teams in how to uphold inclusion and diversity in meetings through participation and value-based communication.



Summary of 2020 outputs, by workstream

Sexual & Reproductive Health and Rights

- Special issue of *Sexual and Reproductive Health Matters* (SRHM & BMJ) – SRHR in UHC and COVID – 30 papers, webinars, etc
- Roundtable, media commentary by champions
- Track SRHR commitments and progress



Adolescent Health & Wellbeing

- Adolescents Wellbeing Framework – first commentary with definition published, 300+ endorsements for the Call to action – Make Adolescent Wellbeing a priority
- 50 additional endorsements for the *Global Meaningful Adolescent and Youth Engagement Consensus Statement*
- Toolkit “Advocating for Change for Adolescents” scale up
- Collaboration with GFF& EWEC LAC on AY
- Tracking progress and dissemination of AYC country profiles



Summary of 2020 outputs, by workstream

Quality, Equity, Dignity

- Advocate for QED in the COVID-19 Call to Action
- Articles on QED aspects of RMNCH coverage and quality in BMJ series on leaving no one behind
- QED included in Multi-Stakeholder Platforms national proposals through the H6 partners



Early Childhood Development

- ECD advocacy toolkit, incl. COVID-19 effects on young children – incl. animated videos on self-care and care seeking behaviour
- Ensuring child security and reducing violence – highlighted in the PMNCH Call to Action on COVID-19
- ECD champion development through Michelle Bachelet's foundation in the LAC region
- Wide dissemination of ECD country profiles

Summary of 2020 outputs, by workstream

Empowerment of Women, Girls and Communities

- BMJ series on equity launched (Jan 2020) - empowerment
- Partnering on the review of costing and economic analysis of Social Behavioural Community Engagement (SBCE) strategies
- COVID-19 advocacy toolkit incl. briefs, videos, etc on girl / women empowerment – self care and care seeking behaviour (e.g.: the self-care breastfeeding video recorded 100m+ views through social media channels and has been translated into 10+ languages)



Humanitarian and Fragile Settings

- Digital toolkits and knowledge resource products (incl. Lancet Series on RMNCAH+N in Conflict Settings dev. by the BRANCH Consortium, and COVID-19 impact, etc.)
- Commence consultations on development of Global Action Plan for Every MCH in HFS, coordinated by WHO
- Conduct advocacy to influence and drive policy change re Continuum of Care approach for WCAH in HFS
- Compile and disseminated digital visualization tools re WCAH in HFS, knowledge-to-action briefs, etc.

WHO reviews PMNCH: "Convening power", "strength and efficiencies"

The WHO review at WHA takes stock of PMNCH achievements from 2015 to 2020, including:

- **convening power and synthesizing multi-stakeholder contributions on WCAH, especially in time of COVID;**
- **improving strength and efficiencies in accountability.***
- **raising the concerns and meaningful participation of adolescents and young people**

*



1. Burkina Faso, speaking on behalf of the WHO African Region's 47 nations, expressed strong support for the work of PMNCH on the important topic of WCAH;
2. Oman noted that PMNCH has brought countries together in support of women in fragile settings;
3. Madagascar highlighted PMNCH's support to partnership development around the world and its assistance to adolescent health and advocacy for primary health care.



Financial summary for 2020 (01 Jan to 31 Dec 2020)

PMNCH 2020 workplan categories	Budget – Essential level	Resources	Expenditure	Implementation against resources
Workstream 1. Early Childhood Development	1,700,000	1,274,486	1,255,259	
Workstream 2. Adolescents' Health and Well-Being	1,745,000	1,672,762	1,647,528	
Workstream 3. Quality, Equity and Dignity in Services	1,705,000	1,115,175	1,098,352	
Workstream 4. Sexual and Reproductive Health and Rights	1,690,000	1,354,141	1,333,713	
Workstream 5. Empowerment of Women, Girls and Communities	1,540,000	1,035,520	1,019,898	
Workstream 6. Humanitarian and Fragile Settings	1,620,000	1,513,452	1,490,620	
Total	10,000,000	7,965,535	7,845,370	98%



Part 2 – Mid-year report: Progress to date in 2021



PMNCH's draft Results Framework 2021-2025

PMNCH contribution	Impact	MNCH: To drive down preventable morbidity and mortality, including stillbirths, by advocating vigorously for the inclusion of essential MNCH services in costed country benefits packages.	SRHR: To uphold essential SRHR interventions and ensure continuous progress in financing and equitable access to comprehensive SRHR packages.	ADOLESCENTS: To advance the health and well-being of adolescents by engaging, aligning and capacitating partners on Adolescent Well-Being Framework and related policies and actions through a global Call to Action for Adolescents.
	Targets by 2030	SDGs Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all		
	Means of verification	<ul style="list-style-type: none"> Current country health expenditure per capita (including specifically on MNCH) financed from domestic sources (SDG 3.8.2) Coverage of essential MNCH services (SDG 3.8.1) 	<ul style="list-style-type: none"> Current country health expenditure per capita (including specifically on SRH) financed from domestic sources (SDG 3.8.2) Coverage of essential sexual and reproductive health services (SDG 3.8.1) 	<ul style="list-style-type: none"> Current country health expenditure per capita (including specifically on adolescent health) financed from domestic sources (SDG 3.8.2) Coverage of essential adolescent health services (SDG 3.8.1)

PMNCH Attribution	Outcome by 2025	<ul style="list-style-type: none"> [30] low- and middle-income countries make policy, financing and services commitments that promote equity and are aligned with PMNCH's advocacy efforts to support MNCH, SRHR and Adolescents impact objectives. [5] global political commitments on protecting and promoting MNCH, SRHR and Adolescents impact objectives, ensuring a focus on equity and aligned with PMNCH advocacy efforts (e.g. UN Resolutions, Declarations at high-level political forum, Global Call for Actions, etc.) 				
	Outputs and (cumulative) milestones	Milestones 2021	Milestones 2022	Milestones 2023	Milestones 2024	Target 2025
	1. High level champions engaged in PMNCH advocacy efforts towards securing policy, financing and services commitments	[3 champions]	[6 champions]	[9 champions]	[12 champions]	[15 champions]
	2. Cohort of health leaders, policy makers and stakeholders (e.g. ministers, parliamentarians, practitioners, advocates, etc.) reached and engaged each year with latest WCAH knowledge information and tools to influence change	[5,000 stakeholders]	[5,000 stakeholders]	[5,000 stakeholders]	[5,000 stakeholders]	[5,000 stakeholders]
	3. General public reached with accessible information to influence public opinion on the importance of protecting and promoting WCAH	[1bn people]	[1.5bn people]	[2bn people]	[2.5bn people]	[3bn people]
	4. Youth, media and communities engaged, supported and capacitated in their efforts to promote commitments generation and accountability	[2,000 stakeholders]	[2,500 stakeholders]	[3,000 stakeholders]	[3,500 stakeholders]	[4,000 stakeholders]
	5. In-country and global partners engaged and consulted in commitment development and follow up (e.g. multi-stakeholder platforms, summits, Partners Forum, etc.)	[1,100 partners]	[1,200 partners]	[1,300 partners]	[1,400 partners]	[1,500 partners]
	6. Knowledge synthesis products developed, disseminated and accessed by partners to establish the evidence base for advocating on commitment generation and follow up	[300 products]	[400 products]	[500 products]	[600 products]	[700 products]
7. Partners meaningfully engaged in delivery of PMNCH's strategy through its institutional structures (e.g. Board, committees, working groups, etc.)	[100 partners]	[120 partners]	[130 partners]	[140 partners]	[150 partners]	

Highlights of progress to date – June 2021:



Campaign and outreach

-

Mobilizing high-level champions and influencers



- active engagement of high-level champions and leaders in PMNCH advocacy efforts;
- coordinating several high-profile and well attended e-Summits (with over 5,000 participants and 200 speakers) and far-reaching series of media products, including popular animated videos (with over 100 million viewers) and dissemination of our messages to over 1 billion+ media consumers;
- coordinating our partner-led PMNCH Call to Action on COVID-19 and amplifying government commitments of 20 billion USD which generated 900 articles in journals and newspapers with an estimated reach of over 1 billion, while media releases reached nearly 2 billion;
- conducting parliamentary hearings (reaching 3000 parliamentarians) and citizen hearings (reaching 100,000 people) on WCAH issues. Capacity building youth, media, parliamentarians through 15 workshops .

Cont. Highlights of progress to date – June 2021:



Knowledge synthesis: Translating and packaging evidence to highlight gaps in progress, support consensus building on advocacy asks, and equip partners with evidence for action and greater accountability

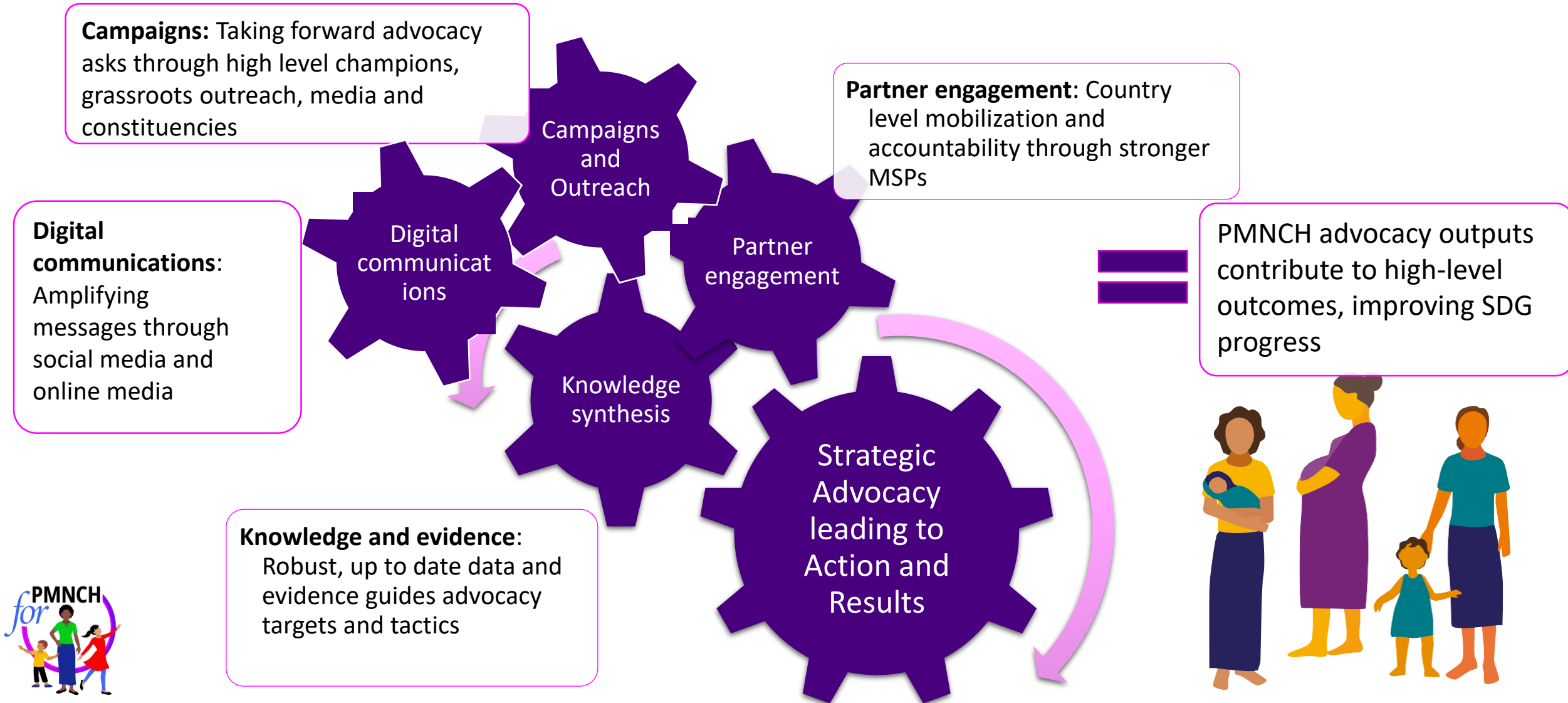
- 1) Econ analysis & investment cases;
- 2) WCAH COVID and UHC compendia;
- 3) Global, regional and country progress & accountability reports;
- 4) Knowledge synthesis and policy-relevant tools.



Digital Platform and Media / social media reach:

- PMNCH Digital Platform = effective and vibrant means for members to communicate with peers. The website and Partner Zone have an average of 15,000 visits per month, the e-blasts is received by more than 7,000 people around the world, and the PMNCH WhatsApp channel and SharePoint have increased their reach by more than 30%. Interactive features, such as the [PMNCH Events Hub](#), have amplified more than 300 events from partners on WCAH during 2021.
- Total estimated reach: 10 million people. Twitter has reached more than 500,000 impressions in a single month and more than 25,000 profile visits. LinkedIn has grown by 100% in the last 6 months, and Instagram has had a consistent growth rate of 20%

PMNCH 2021-2025 Strategy: Orchestrating joint impact



Problem statement

Adolescent Well-Being (AW) problems that PMNCH will address

Even before covid-19, **adolescents** faced multiple and intersecting challenges to their wellbeing: social injustice and inequalities, gender identity, and inclusion, insufficient social protection, inadequate mental health, poor sexual and reproductive health, and an inability to exercise their rights. Insufficient attention to the multidimensional and intersectional nature of adolescent wellbeing and are at the risk of losing the demographic dividends which fuels economic growth, return on investments and safe societies. The lack of progress has mainly been due to:

Lack of political will and financial investments for action on adolescent well-being (AW)

Lack of policies and legislations that promote AW action at national and international level (in national policies and programmes; as well as UN resolutions and declarations that recognize the benefits of sustained investment in Adolescents

Lack of AW knowledge and evidence leading to fragmented and inadequate efforts to drive change

Lack of coordinated efforts among key stakeholders and partners, on effective AW interventions and strategies, including meaningful engagement of Adolescents and Youth (AY) themselves

Untapped potential to reach cohort of adolescents with poor self care/ care seeking behaviour to improve AW

PMNCH Objective

What objective PMNCH will pursue for **Adolescent Well-being (AW)**

To advance the **well-being of adolescents** by engaging, aligning and capacitating partners (including AY) around the Call to Action for Adolescents (CtA) and driving change in policies and actions for enhanced financing, increase in service coverage, self-care and care seeking behaviour for improved health, well-being, social and economic outcomes for adolescents.

PMNCH Strategies

How PMNCH will deliver the on the **AW** objective

1. Consensus building through provision of **tailored knowledge synthesis to facilitate targeted evidence-based advocacy by PMNCH champions, communities, constituencies and media, in line with CtA to influence policy, financing, service delivery outcomes for Adolescents using digital means.**

2. **Mobilizing high-level champions and influencers to generate commitments and action on recommendation from the CtA. Support champions by mapping global and regional events and bilateral opportunities; aligning champion efforts across networks to maximize efforts; and equipping champions with tailored evidence-based messages and tools using digital channels**

3. **Strengthening capacity and engagement of partners and stakeholders to mobilize for commitments to CtA and implementation its recommendation (including meaningful engagement and capacity building of AY through digital CoP).**

PMNCH Outputs

The strategies and outputs PMNCH will prioritise to obtain **AW** objective leveraging digital technologies

1. Consensus building through tailored knowledge synthesis leveraging digital channels and platforms:

a. Synthesize and develop at least 5 major user-friendly AWB related knowledge products / packages and disseminate widely using digital channels (ie. AW-Framework; AW BMJ-series; AW investment case, etc.).
b. Capacity build 100+ partners including adolescents and youth, in the use of evidence-based knowledge products/tools, advocacy toolkit, digital tools, etc, which will be simultaneously disseminated to reach 10,000 AY in all LMIC and 500,000 partners to use in their own advocacy work.

2. Mobilize high-level champions and influencers to generate commitments and action on the Call to Action for Adolescents (CtA)

a. Mobilize and engage 50 member states to endorse the UN Resolution supporting AW and calling for a Global Summit on Adolescents in 2023
b. Mobilize 20 high-level champions to advocate widely for the CtA
c. Mobilize and engage 50 national government to endorse the CtA
d. Mobilize 10 parliaments and 100+ parliamentarians, including the IPU Youth forum to mobilize government support and endorse the CtA
e. Engage >5,000 global health stakeholders in advocacy for CtA through a minimum of 4 global eSummits or events, including a Global Summit on Adolescents in 2023, which will be a key event to mobilize consensus on implementation of AW Framework, digital solutions and market-place innovation.

3. Strengthen capacity and engagement of partners and stakeholders using digital tools, Cops and platform

a. Strengthen and engage with **10** country-specific multi-stakeholder platforms consisting of more than 120 policy influencers, policy makers for AW
b. Commission 11 AY grants to support CtA commitment mobilization and accountability
c. Engage 1,000 AY across 100 countries and 80 partner organisations across various sectors on CtA. In addition, reach 10 million AY through PMNCH social media to advocate for CtA.
d. Engage and consult +700 stakeholders from at least 100 partner organizations across 100 countries in 8 regions on policy and programme implication for implementation of AW Framework.
e. Train and capacity build minimum 200 media experts and journalists on CtA topics and asks.

Outcomes

High level outcomes which PMNCH's outputs will contribute to

i. POLICY
Better policies & legislation for AWB
- **Adolescent well-being** comprehensively and holistically packaged into one framework that is adopted by countries in policies and legislation, and informed by evidence

ii. FINANCING
More financing for AWB
- increased domestic financing to **Adolescent well-being**
- increased ODA for AWB programmes
- increased & aligned private investments to support AWB

iii. SERVICES
Increased coverage of quality information and services
- increased coverage of essential interventions for **Adolescents in PHC & UHC/** national programmes to support cross sectoral AWB

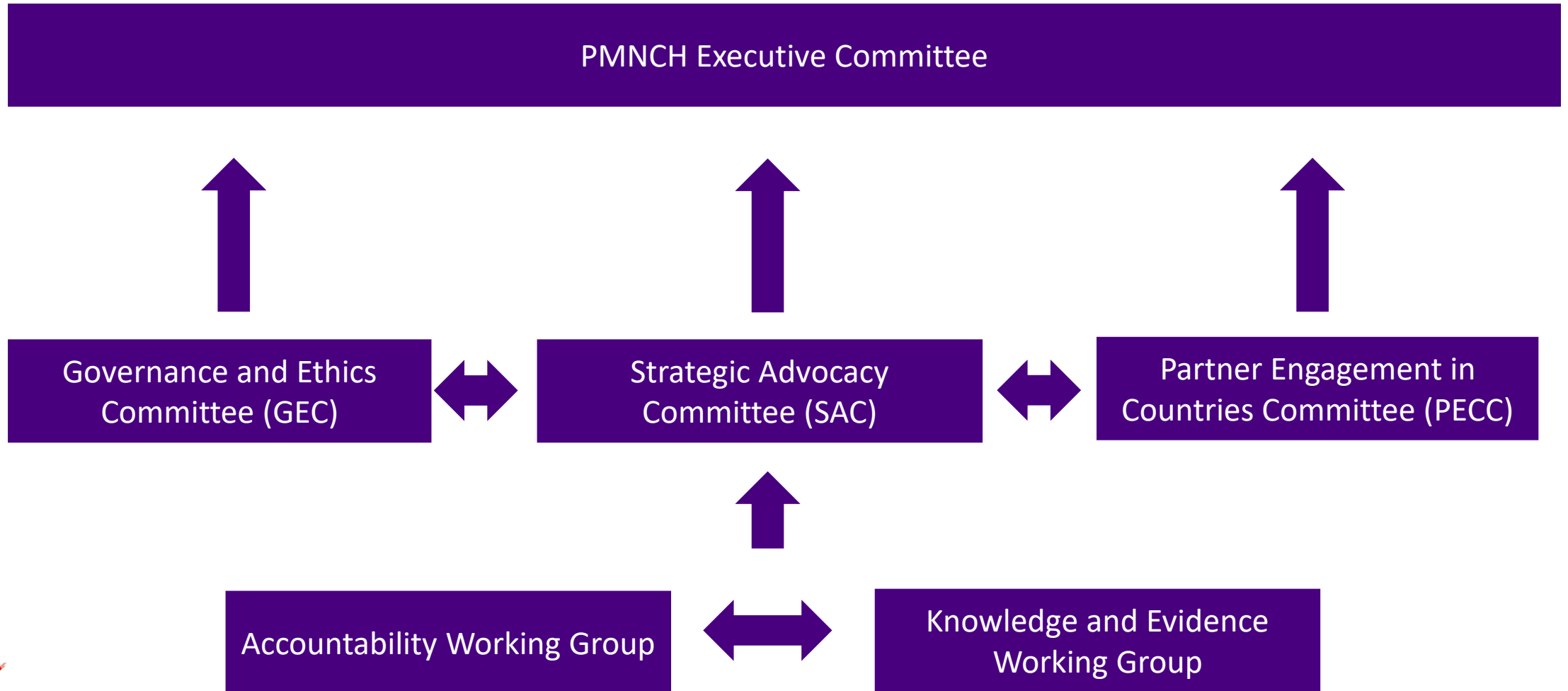
Impact

Adolescent well-being impact

Adolescent well-being outcomes contribute to adolescent-related SDG targets

ASSUMPTIONS / RISKS: (i) PMNCH is able to define, negotiate and communicate a unique **value proposition** in the global health architecture, (ii) PMNCH has the **convening power** to attract, retain and support the mobilisation of partners (partner-centric model), (iii) PMNCH has a model of **country engagement** (working through partners + country grants) that is effective and sustainable, (iv) PMNCH will have adequate **financial resources** to execute activities, (v) PMNCH Board & Secretariat **support** the proposed deliverables with alignment to the PMNCH 2021-2025 Strategy (focusing on actions critical for the SDGs related to adolescent well-being, and not done by others), (vi) Member States will champion and endorse a UN Summit for Adolescent Well-being in 2023, otherwise PMNCH has proposed alternative advocacy strategy (ie. Global Action Plan for Adolescent Well-being).

Secretariat support and facilitation of the new partner-lead committees and working groups



Partners working together: *Governance and Ethics Committee (GEC)*

Purpose: To ensure that the PMNCH Governance structure is fit for purpose to deliver on the 2021 – 2025 Strategy. This is achieved by improving governance effectiveness, ensuring inclusive, value-based and positive collaboration, overseeing the nominations process, and addressing governance questions that may arise.

Major responsibilities:

- Evaluate the governance practices and structures of PMNCH and the implementation of PMNCH's policies on unconscious bias, ethics and conflict of interest policies, and the development and maintenance of a culture of ethics
- Review the composition and evaluates the performance of the Board, Executive Committee and Standing Committees to ensure that they reflect the appropriate balance of independence, sound judgment, specialization, technical skills, diversity, fundraising and development ability, geographic representation, and other desired qualities.



Coordinating with the Strategic Advocacy Committee (SAC) and the Partner Engagement in Country Committee (PECC)



Partners working together: *Partner Engagement in Country Committee (PECC)*

Purpose: To provide guidance on how to build stronger coalitions among PMNCH constituencies and partners in countries for greater WCAH action and impact.

Major responsibilities:

- **Provide guidance on how to enhance current partner engagement at country level and with regional mechanisms** (Small grants (>USD25k each) in COVID-19 commitment-making countries (14) to support civil society, parliamentarian, youth, media partners in aligning advocacy and accountability efforts. MSPs, etc)
- **Support the development and wide dissemination** of advocacy, accountability and knowledge global good and resources for all partners to use at global, regional and country level (build and strengthen youth and civil society coalitions to share knowledge, coordinate, advocate and hold duty-bearers to account for commitments; engage and inform partners to encourage policy/budget response, and amplify citizen experiences/needs)



**Coordinating
with the Strategic
Advocacy
Committee (SAC)
and getting intel
from K&EWG and
AccWG**



Partners working together: *Knowledge and Evidence Working Group*

Purpose: To advise on WCAH knowledge and evidence for advocacy that needs to be synthesized, translated and made accessible, with a particular focus on high-impact interventions and innovations to drive WCAH outcomes.

Major responsibilities:

- **Advise on priorities and gaps for PMNCH knowledge synthesis and translation** to support PMNCH's core advocacy function, in line with the PMNCH 2021-2025 Strategy;
- **Guide the development of effective and meaningful knowledge syntheses and tools** to support advocacy and advance PMNCH's strategic outcomes on better policies, financing and service delivery for women, children and adolescents, including through the development of a digital approach to knowledge sharing within PMNCH and beyond (Global Investment Framework on WCAH)



Coordinating with the Accountability Working Group, the Strategic Advocacy Committee (SAC) and the Partner Engagement in Country Committee (PECC)



Partners working together: *Accountability Working Group*

Purpose: To strengthen and harmonize collaborative accountability efforts cutting across WCAH in order to support and strengthen PMNCH's workstreams and advocacy function for more effective, aligned and concrete actions through SRMNCH multisectoral action and platforms.

Major responsibilities:

- **Provide strategic guidance and priority-setting for accountability activities**, including monitoring the implementation of financial and policy commitments linked to PMNCH Call to Actions, while promoting alignment and cross-agency collaboration
- **Identify gaps and opportunities to advocate for accountability investments and policy** through PMNCH partners at the national level and promotes robust national multi-stakeholder platforms based on the meaningful inclusion of all constituencies (The Protect the Progress: Rise, Respond, Recover: Equity in the Era of COVID-19 and the SDGs: Improving Accountability for the Health and Rights of Vulnerable Women, Children and Adolescents)



Coordinating with the Knowledge and Evidence Working Group, the Strategic Advocacy Committee (SAC) and the Partner Engagement in Country Committee (PECC), as well as with KEWG and GEC

Partners working together: *Strategic Advocacy Committee*

Purpose: **Guides PMNCH Executive Committee and Board on strategic opportunities and gaps at global, national and country levels to advance political commitment and action.**

Major responsibilities

- **Designs and guides global campaigns** to mobilize action during COVID and beyond, e.g.: 24-month COVID-19 Call to Action campaign (2021-2022)
- **Guides development of multi-pronged strategy** to support advocacy and implementation, including:
 - high level champion engagement
 - grassroots mobilization
 - constituency mobilization
 - media mobilization



**Coordinating with all the s
Committees and WGs**



Part 3 – Financial position: Current status and resource mobilization efforts



Financial position as of July 2021

- PMNCH's annual budget (2021 to 2025) remains **US\$ 10m per year** for delivery of 'Essential' activities. Achieving **US\$ 15m** will allow a 'Comprehensive' plan of work.
- **As of July 2021:** PMNCH has secured **US\$ 5m for 2021**; an additional **US\$ 2.6m** is pledged or under consideration. There is a **gap** of between **US\$ 2.4m to US\$ 5m** in 2021 to reach PMNCH's Essential budget.
- **2022:** PMNCH has US\$ 1.9m in confirmed income, with an additional **US\$ 5m** pledged or where proposals are actively under discussion
- Overall, PMNCH has in the first 6 months of 2021 been in detailed and ongoing engagement with more than **20 potential donors**, including numerous meetings, iterative proposal development processes, sharing of documentation, etc. Among others, these include interactions with the governments of Australia, Canada, France, Germany, India, Norway, New Zealand, Spain, Sweden, UK, USA; private foundations (e.g., FIA, Fondation Botnar, BMGF, CIFF, MSD, etc.), and other multilateral partners, such as GAVI, GFF, UNICEF, etc.



Revenue overview: 2021 to 2025, as at July 2021

Revenue allocations from grants (USD)	2020	2021	2022	2023	2024	2025
Confirmed and pledged						
Bill & Melinda Gates Foundation	1,250,000	2,500,000	-	-	-	-
Botnar Foundation (existing grant)	1,000,000	1,000,000	900,000	100,000	-	-
Botnar Foundation (new grant proposal)	-	-	1,000,000	1,000,000	1,000,000	-
Government of Canada	948,663	-	-	-	-	-
GAVI, the Vaccine Alliance	-	120,000	120,000	120,000	-	-
Government of Germany (existing grant)	-	180,675	-	-	-	-
Government of Germany (new grant proposal)	-	-	150,000	150,000	-	-
Global Financing Facility	600,000	-	-	-	-	-
Government of India (existing grant)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Government of India (new grant proposal)	-	-	1,000,000	1,000,000	1,000,000	1,000,000
Government of the Netherlands	250,000	-	-	-	-	-
Government of Norway (2021 grant)	762,943	840,000	-	-	-	-
Government of Norway (2022-23 grant proposal)	-	-	1,200,000	1,200,000	-	-
Government of Spain	-	180,000	-	-	-	-
Government of Sweden - Sida	410,088	410,088	-	-	-	-
Government of Sweden - MFA	109,120	-	-	-	-	-
Government of Switzerland	904,345	-	-	-	-	-
Government of the UK	330,375	1,500,000	1,500,000	1,500,000	1,500,000	-
USAID	150,000	-	-	-	-	-
Balances brought forward	250,000	-	-	-	-	-
<i>Total confirmed</i>	7,965,535	5,090,763	1,900,000	1,100,000	1,000,000	1,000,000
<i>Total pledged / under consideration</i>		2,640,000	4,970,000	4,970,000	3,500,000	1,000,000
Total confirmed and pledged / under consideration	7,965,535	7,730,763	6,870,000	6,070,000	4,500,000	2,000,000
<i>Annual Essential budget</i>	(10,000,000)	(10,000,000)	(10,000,000)	(10,000,000)	(10,000,000)	(10,000,000)
<i>Funding gap, Essential budget (confirmed resources)</i>	(2,034,465)	(4,909,237)	(8,100,000)	(8,900,000)	(9,000,000)	(9,000,000)

Note: Drawing down on reserves would be additional to the amounts shown above.



Resource mobilization approaches

- Over the last 15 years of its existence, PMNCH's work has been funded by almost 25 different donors – good diversity and depth, but high reporting burden (50+ reports per year generated in 2020)
- COVID-19 has negatively affected PMNCH resourcing efforts -- in 2020, PMNCH secured US\$ 8 million of US\$ 10 million Essential Budget, with similar -- or greater -- funding gap expected in 2021

Extensive efforts are ongoing, with focus on outreach and cost-efficiency

- ✓ Securing new grants - Ongoing engagement with more than 20 donors in 2021
- ✓ Cost-sharing deliverables – Co-hosting events, sharing Secretariat positions
- ✓ Partner in-kind contributions – Staff and consultants time from Partners
- ✓ Budget cost reductions – Elimination of travel, lower cost expenditure options



Seeking Partner engagement and support

Efforts are bearing results, but more work is needed to achieve the Strategy

Seeking input and support from partners to:

- ✓ identify funding opportunities, make introductions, broker relationships with donors;
- ✓ offer staff secondments or staff time on projects;
- ✓ hire experts directly for work included in the PMNCH Strategy;
- ✓ develop joint projects and joint-funding applications;
- ✓ co-host pledging conference(s) to draw in new donor commitments; etc.



Thank you!

