Delivering on PMNCH’s 2021-2025 Strategy and Results Framework

Helga Fogstad, Executive Director

July 2021
Outline

• History of PMNCH
• Annual and financial report 2020: Key achievements
• Overview of PMNCH’s 2021-2025 Strategy
• Looking ahead: PMNCH 2021-2025 Results Framework – a focus on 2021
• COVID-19 Call to Action
• 2021 Financial position and resource mobilization efforts
Part 1 – History of PMNCH
**PMNCH background and context**

- Launched September 2005 from a merger of 3 pre-existing partnerships working on maternal, newborn & child health – 50 organisations

- From the start focused on advancing the full sexual, reproductive, maternal, newborn, child and adolescents health (SRMNCAH) Continuum of Care approach

- Initial mandate to accelerate achievement of MDGs 4 (child) and 5 (maternal) health

- Facilitated the development of the *2010 Global Strategy for Women’s and Children’s Health*, and supported the resulting ‘Every Women Every Child’ (EWEC) advocacy movement, under the auspices of the UN Secretary General

- Led multi-stakeholder consultations, advocacy and accountability for the updated *2015 Global Strategy for Women’s, Children’s and Adolescents Health (2016-2030)*, aligning with the SDGs and now including ‘adolescents’

- In 2020, published its new *PMNCH 2021 to 2025 Strategy* and launched the PMNCH Call for Action on COVID-19 – positioning WCAH in the center of UHC, PHC and national COVID responses – over 1200 member organisations
PMNCH background and context

PMNCH is guided by the following principles:

• Being partnership-centric and achieving more together than alone, identifying deliverables of added value

• Focusing on convening by providing a platform for Partners to discuss and agree on ways to align their existing and new activities, and actively brokering knowledge, innovations, collaborations, among Partners

• Being driven by country demand and regional priorities

• Promoting the Continuum of Care and life course approach to improve women’s, children’s and adolescents’ health and well-being

PMNCH is the world’s largest alliance of governments and organizations focused on improving the health and well-being of women, children and adolescents. It is made up of over 1200 members across 192 countries.
Part 2 - Annual and financial report 2020: Key achievements
WHO’s positive review of PMNCH

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

• raising the concerns and meaningful participation of adolescents and young people;
• convening and synthesizing multi-stakeholder contributions; and
• improving strength and efficiencies in accountability.*

* 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.
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.

"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.
2020 in numbers

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 Ekisaurs, 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.
Putting WCAH at the center of COVID responses

Cross-cutting in 2020

1. Strategic and regional hubs – EWEC in NY, EWEC LAC, HHA and AU, BRICS.


3. Development of digital platform, including web revamp and Partner Zone, to drive PMNCH member planning, collaboration, knowledge-sharing, and joint advocacy. New brand and “look”, reflecting new Strategy.

Knowledge synthesis for global and country-led advocacy to protect the progress

1. Call to Action on COVID-19 with evidence supporting the seven asks needed to protect WCAH progress.

2. Web compendium of COVID-19 resources on WCAH, packaged into digital advocacy toolkits for country level action with more than 1,150 hits/month on average.


4. Socioeconomic analysis to inform advocacy asks on policy and financing –related to COVID-19 and beyond, including financing of essential interventions for SRMNCAH and preparedness plans.

Governance and Partner engagement and capacity building

1. Call to Action to protect WCAH during COVID-19.


3. High-level Champions: Recruiting, equipping and supporting high level advocates on messaging; everywhere and in COVID context.


5. Virtual Events: Lives in Balance 1 (Jul), Accountability Breakfast (Sep), with more than 8,000 viewers, Lives in Balance 2 (Dec) USD 20bn+ commitments announced.

Executing campaigns to protect the progress for WCAH through champions, CSOs, media and digital communications
Summary of 2020 outputs, by workstream

**Early Childhood Development**

- ECD advocacy toolkit, includes 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
- Dissemination of ECD country profiles

**Adolescent Health & Wellbeing**

- Resource hub & framework on AY, incl. COVID-19 resources
- 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

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
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

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.
**Resource availability in 2020**

Overall, PMNCH was able to use US$ 7.97 million during 2020 to spend on delivering further prioritized activities within the overall US$ 10 million Essential budget workplan, as set out in the Table below.

<table>
<thead>
<tr>
<th>Item</th>
<th>2020 (US$, million)</th>
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<tbody>
<tr>
<td>Revenue recognized from new grant agreements signed in 2020, including multi-year agreements and agreements that do not align with the 2020 calendar year (See Annex 2)</td>
<td>5.76</td>
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<td>Deferred revenue from previously signed multi-year grant agreements, recognized in 2019 and brought into 2020 (see Table A.2 in Annex 1)</td>
<td>4.41</td>
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<td>Other revenues recognized in prior years but earmarked for 2020 through donor agreements and in ongoing discussions with grant managers</td>
<td>2.13</td>
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<tr>
<td>Revenue recognized from new grant agreements signed in 2020, but which is deferred to 2021 and beyond in accordance with the grant agreement requirements (see Table A.2 in Annex 1)</td>
<td>(4.33)</td>
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<td><strong>Total available resources for 2020</strong></td>
<td><strong>7.97</strong></td>
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Financial summary for 2020 (01 Jan to 31 Dec 2020)

Table below provides information on the total expenditures associated with the delivery of PMNCH’s 2020 workplan to 31 December 2020, together with allocations of revenues by category, set against the Essential Level budget of US$ 10 million.

**Budget, available resource, expenditure, and implementation rate (US$) for 2020**

<table>
<thead>
<tr>
<th>PMNCH 2020 workplan categories</th>
<th>Budget</th>
<th>Resources</th>
<th>Expenditure</th>
<th>Implementation against resources</th>
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<td>Workstream 1. Early Childhood Development</td>
<td>1,700,000</td>
<td>1,274,486</td>
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<td>Workstream 2. Adolescents’ Health and Well-Being</td>
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<td>Workstream 4. Sexual and Reproductive Health and Rights</td>
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<td>Workstream 5. Empowerment of Women, Girls and Communities</td>
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<td>Workstream 6. Humanitarian and Fragile Settings</td>
<td>1,620,000</td>
<td>1,513,452</td>
<td>1,490,620</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>10,000,000</strong></td>
<td><strong>7,965,535</strong></td>
<td><strong>7,845,370</strong></td>
<td><strong>98%</strong></td>
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Part 3 - Overview of 2021-2025 PMNCH Strategy
**Vision and Mission**

**Vision:** A world in which every woman, child and adolescent is able to realize their right to health and well-being, leaving no one behind.

**Mission:** To mobilize, align and amplify the voice of partners to advocate for women’s, children’s and adolescents’ health and well-being, particularly the most vulnerable.
Thematic areas

Maternal Newborn and Child Health

The unfinished agenda of the MDGs (preventable maternal and child mortality, including newborn deaths and stillbirths); particularly among the poorest and most marginalized and in humanitarian and fragile settings

Sexual, Reproductive Health and Rights

Morbidity and mortality relating to SRHR; politicization of SRHR and threats to rights

Adolescent Health and Well Being

Growing and largely unaddressed needs relating to adolescent health and well-being
Core function in the Strategy: ADVOCACY

- Better financing for WCAH
- Better policies for WCAH
- Better WCAH service delivery

Advocacy

- Campaigns and Outreach
  - Coordinating champions, communities, constituencies, media to reach common goals

- Partner Engagement and Governance
  - Building capacity of partners and constituencies for better coordinated action

- Knowledge Synthesis
  - Synthesizing and amplifying knowledge & evidence for action and accountability

Digital Communications
New PMNCH in action – strategic orchestration of our functions to do more together than individually

**Strategic Advocacy leading to Action and Results**

- **Knowledge synthesis**
  - Synthesizing evidence for advocacy – making the case, sharing lessons learnt, case studies, putting WCA voices at the centre

- **Digital communications**
  - Framing and amplifying evidence through effective digital means – social media and online media

- **Campaigns and Outreach**
  - Leading to action and results

- **Partner Engagement**
  - Multi-stakeholder platforms, regional hubs, champions, constituencies coming together

Outputs => interim outcomes => contributing to high-level outcomes and WCAH relevant SDG targets
Ten Constituencies – delivering more together than alone

- Academic, Research and Training Institutes
- Adolescents & Youth
- Donors and Foundations
- Global Financing Mechanisms
- Healthcare Professional Associations
- Inter-Governmental Organizations
- Non-Governmental Organizations
- Partner Governments
- Private Sector
- United Nations Agencies
Problem statement: Problems that PMNCH will address

Objectives: Objectives PMNCH will pursue

Function and outputs: How PMNCH will deliver the Strategy’s objectives

Intermediate outcomes: Intermediate outcomes from PMNCH’s function and outputs

High-level outcomes: The high-level outcomes to which PMNCH’s activities will contribute

Impact: Health outcomes

Women’s, children’s and adolescents’ health and well-being (WCAH)

Maternal, newborn and child health (MNCH): the unfinished agenda of the Millennium Development Goals (preventable maternal and child mortality, including newborn deaths and stillbirths); particular focus on equity and on humanitarian and fragile settings.

Sexual and reproductive health and rights (SRHR): morbidity and mortality relating to SRHR; politicization of SRHR and threats to rights.

Adolescents: growing and largely unaddressed needs relating to adolescent health and well-being.

PMNCH: 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.

Advocacy: advocating and amplifying the voices of women, children and adolescents (focusing on MNCH, including stillbirths, SRHR and adolescents), supported by the following outputs:

Knowledge synthesis: increased use of evidence and policy analysis by decision-makers and other actors.

Partner engagement: increased advocacy capacity and stronger coalitions built between PMNCH partners at country, regional and global levels, for a more effective voice.

Campaigns and outreach: champions’ work facilitated, political support increased and agendas influenced.

A. POLICY

Better policies and legislation for WCAH:
- essential WCAH interventions in national and subnational policies and plans
- supportive legislation
- upholding of rights relating to WCAH

B. FINANCING

More and better financing for WCAH:
- financial protection schemes for women, children and adolescents
- increased domestic financing and official development assistance for WCAH
- increased and aligned private sector investment
- better use of existing resources for women, children and adolescents (reduced waste and corruption)

C. SERVICES

Increased and more equitable coverage and uptake of high-quality services:
- increased effective coverage of high-quality WCAH interventions
- strengthened health systems (e.g. workforce, supply chains) for better service delivery
- increased recruitment, pay and working conditions of midwives and nurses
- improved demand for and uptake of services
PMNCH’s ambition by 2025...

- Contribute to:
  - driving down preventable maternal, newborn and child (MNC) morbidity and mortality, including stillbirths
  - upholding essential sexual, reproductive health and rights (SRHR) interventions
  - advancing the health and well-being of adolescents, as measured by SDG and Global Strategy indicators.

- Achieve its contribution by influencing:
  - Policy: Development of better policies and legislation
  - Finance: Greater and ‘smarter’ financial flows
  - Services: Increased and more equitable services

*PMNCH delivers its influence through advocacy campaigns – including PMNCH’s Call To Action on COVID-19 – as powered by synthesizing relevant knowledge and nurturing effective partnerships*
Part 4 - Looking ahead: PMNCH 2021-2025 Results Framework – a focus on 2021 workplan
## 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 around the Adolescent Well-Being Framework and related policies and actions through a global Call to Action for Adolescents.

## Targets by 2025

SDG 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

- **MNCH**
  - 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)

- **SRHR**
  - Current country health expenditure per capita (including specifically on sexual and reproductive health) financed from domestic sources (SDG 3.8.2)
  - Coverage of essential sexual and reproductive health services (SDG 3.8.1)

- **ADOLESCENTS**
  - 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)

## OUTCOME

By 2025:
- 30 low- and middle-income countries make policy, financing and services commitments aligned with PMNCH’s Call to Action and contributing towards MNCH, SRHR and Adolescents accordingly with focus on equity*
- 5 global political commitments towards MNCH, SRHR and Adolescents (e.g. UN Resolutions, Declarations at high-level political forum, Global Call for Actions, etc...)

## Outputs

### Milestones 2021

### Milestones 2022

### Milestones 2023

### Milestones 2024

### Target 2025
Flagship products in 2021 and standing Committees and Working Groups – some examples

It will be important to assign flagship products to individual groups and committees, however it will be equally important to look at integration across the structures by for example assigning one ‘lead’ structure and one support where appropriate.

- Campaigns to mobilize action during COVID and beyond:
  - **24-month COVID-19 Call to Action campaign (2021-2022)**
  - Leveraging financial and policy commitments from 15+ countries and 10+ global and regional institutions
  - Next round of commitments at Lives in the Balance 3 – WHA (August 2021)
  - Multi-pronged strategy to support advocacy and implementation (high level political mobilization, grassroots mobilization, constituency mobilization, media mobilization)

Guidance/oversight
Strategic Advocacy Committee (SAC)
supported by the Partner Engagement in Countries Committee (PECC)
Flagship products in 2021 and standing Committees and Working Groups – some examples

Advocacy and accountability for results through better collaboration and action among our partners at country, regional and global level

- 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;
- 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;
- Strengthen inclusive national multi-stakeholder platforms through shared efforts.

Guidance/oversight

Partners Engagement in Country Committee (PECC)

supported by the Strategic Advocacy Committee (SAC)
Global Investment Framework on WCAH

- Evidence for more and better financing of WCAH – powers PMNCH global, regional and country advocacy in 2022-2023 (e.g. G7/G20);
- Identifies costs of WCAH investments and socio-economic returns on investment in sexual, reproductive, maternal, newborn, child and adolescent health and multi-sectoral interventions;
- Includes a focus on preparedness and response for WCAH;
- Builds on Venice Meeting agreement (March 2021);
- Partnership with Venice network partners; GFF, World Bank, WHO, The London School of Hygiene & Tropical Medicine, others

Guidance/oversight
Knowledge & Evidence WG

supporting the SAC and PECC
Part 4 - COVID-19 Call to Action
**PMNCH Action on COVID-19 for WCAH**

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

**“Lives in the Balance II”: 11 December**

**“Lives in the Balance III”: 17 May**

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

**Sharing of country stories, best practices and lived experiences**

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

**Inclusive multi-stakeholder platforms powered by community engagement**

• Call to Action operationalized through: national multi stakeholder platforms, PMNCH champions, partners, constituency groups, media, and collaboration with campaign platforms from other sectors (WASH, gender, education, anti-violence, etc)
The seven “asks” of the PMNCH Call to Action

1. Sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services, supplies, and information and demand generation including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention, and mental health

2. Advancing sexual and reproductive rights and gender equality

3. Quality care, including respectful and dignified care, and effective community engagement and redress mechanisms

4. Recruitment, training, equal and fair pay, and safe working conditions, including protective personal equipment, for frontline health workers, notably midwives and nurses

5. Social protections, including food and nutrition security, for marginalized and vulnerable groups and enhanced data to better understand and address disparities experienced by adolescents, refugees, the internally displaced, migrants, indigenous communities, persons living with disabilities, among others

6. Functional, safe, and clean toilet and hand washing facilities and quality potable drinking water, with a particular focus on healthcare centers, schools, and centers for refugees and internally displaced persons

7. Prevention of violence against women, children and adolescents through education and protection programs
### Pledges in 2020 and 2021

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### Target Countries in September 2021

**Africa:**
- Burkina Faso, Burundi, Cameroon, Ghana, Mali, Rwanda, Uganda, Zimbabwe

**Asia:**
- Bangladesh, Indonesia, Nepal, Pakistan, Philippines, Qatar

**Latin America and Caribbean:**
- Argentina, Bolivia, Costa Rica, Cuba, Dominican Republic, Uruguay

**Europe:**
- Estonia, Finland, France, Italy, Netherlands, Norway, Spain
Part 5 – 2021 Financial position and resource mobilization efforts
Financial position in 2021 – as at June 2021

• PMNCH annual budgets for 2021 to 2025 remain at US$ 10 million for the delivery of ‘Essential’ activities and US$ 15 million for delivering a more ‘Comprehensive’ plan of work

• As at June 2021, PMNCH has been able to secure around US$ 5 million in funding for its 2021 workplan, with around US$ 2.6 million pledged or under consideration

• There is gap of between US$ 2.4 million to US$ 5 million in 2021 to reach PMNCH’s Essential budget

• These gaps are, as expected, greater in 2022 onwards
## Revenue overview: 2021 to 2025, as at June 2021

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

- COVID-19 has affected our ability to secure resources – in 2020, PMNCH secured US$ 8 million of needed US$ 10 million, with similar funding gap in 2021

- Continued to be agile and innovative in resource mobilization:
  - 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:
  
  o identify funding opportunities, make introductions, broker relationships with donors;
  
  o offer staff secondments or staff time on projects;
  
  o hire experts directly for work included in the PMNCH Strategy;
  
  o develop joint projects and joint-funding applications;
  
  o co-host pledging conference(s) to draw in new donor commitments; etc.
Part 7 – 2021 Calendar of PMNCH governance events
Thank you!