

# *ITEM 1 - Progress Report to the Board*





Hosted by the World Health Organization

# *Building partnerships for impact*

*Executive Director | Progress Report*

*PMNCH Board Meeting  
May 2025*

# *Agenda*

1. Our new reality
2. Advocacy and accountability: From Grassroots to National Leadership
3. Driving impact

# *1. Our new reality*

# Reality of the worst-case scenario(s)

- Health and rights of women, children, and adolescents (WCA) are not only essential, but are fully within our grasp: when action is taken, positive change accelerates, even for those hardest to reach and in the toughest settings
- Yet even before the aid cuts in 2025, **4.5bn people were not covered by essential health services** in 2021, coupled with policy retreats and deliberate misinformation campaigns, **most evident in the anti-rights / SRHR pushback**
- At the dawn of 2025, the reality for WCA in LMICs, and partners who support them, has got desperately worse: Recent WHO pulse survey found **disruptions in access to services in 70% of countries**
- As governments cut aid budgets and domestic public spending on health per capita is decreasing in all country income groups in 2022, the fragile health systems WCA depend on are crumbling and as a result many who would and should have lived, will die
- WCA and their families face unimaginable choices, between food and healthcare, between lives of different family members, between education and today's survival: Of the 2 billion people facing financial hardship, **1.3 billion people were pushed into poverty due to out-of-pocket health costs**
- We are witnessing processes that we did not think were plausible only a few years or perhaps even a few months ago, and are needing to manage this new, tail-spin reality, with sobriety and determination



# *We are not meeting the targets for WCAH*

*The world is not on track to reach the targets for women's, children's and adolescent's health - progress has stalled or slowed down since 2015*

## **SDG 3.1**

### **MMR expected x2.5 above target**

If the current pace of progress of the Sustainable Development Goal (SDG) era continues, by 2030 the global maternal mortality ratio will be 2.5 times higher than the target of fewer than 70 maternal deaths per 100,000 live births.

## **SDG 3.2.2**

### **64 countries not on track**

**Preterm birth** accounts for more than **1 in 5 of all deaths** of children under five.

## **SDG 3.2.1**

### **59 countries not on Track**

**Sub-Saharan Africa** accounted for **57%** of global under-five deaths, while only accounting for **30%** of global live births.

## **GS on Stillbirths**

### **56 countries not on track**

Failure to protect **SRHR** results in:

- **164 million women** with unmet need for family planning
- Nearly **half of all pregnancies** are unintended each year
- Unsafe **abortions cause 13%** of all maternal deaths

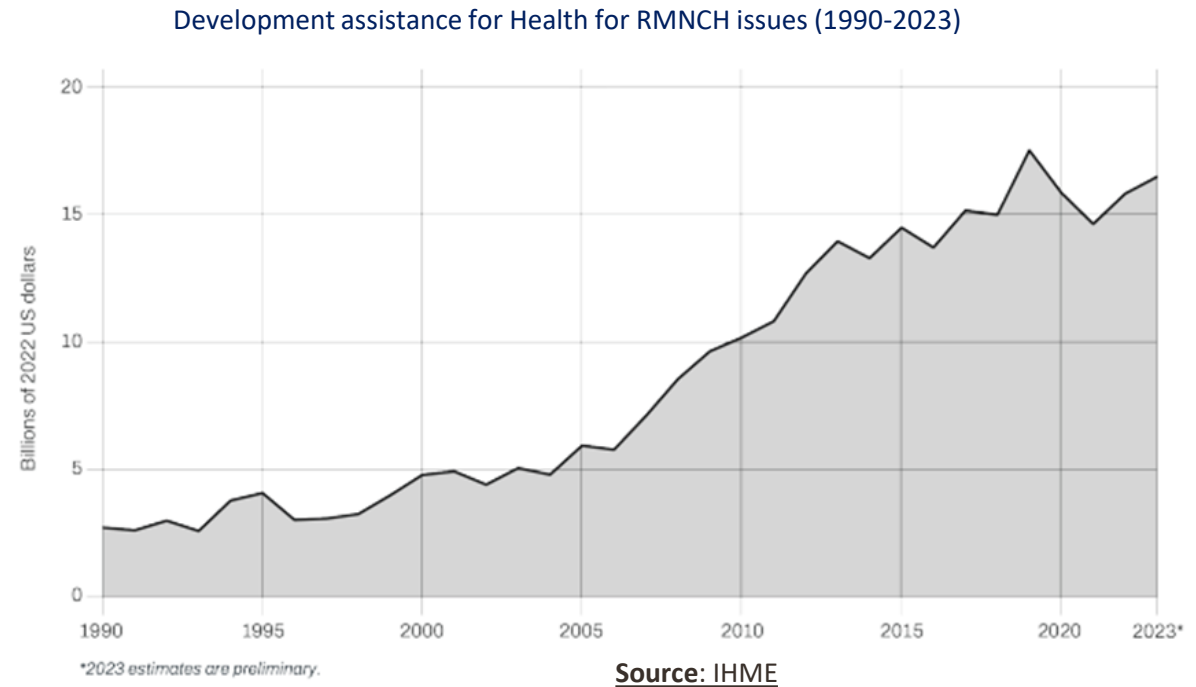
## **SDG 3.7.1**

### **Only 77% have needs met**

Complications from pregnancy and childbirth remain the **second leading cause** of death for **adolescent girls aged 15–19** worldwide.

# Trends in ODA to Women's Health: Passing of an Era

- ODA for RMH decreased from US\$[6.2 billion in 2019](#) to [\\$5.3 billion in 2021](#), a decline of 14 %
- ODA for FP specifically declined by 9% from 2021 to 2022, the [lowest level](#) of funding for family planning since 2016
- US administration first gag rule (2017-2021) affected approximately US\$[12 billion](#) of global health funding
- Emerging trend of simultaneous reductions in funding for global health (and within that lesser for SRMNCH) along with resurgence of regressive policies.



The countries that received the most funding for reproductive, maternal, newborn, and child health in 2022 were in sub-Saharan Africa and South Asia

## Sources:

- [Global investments in pandemic preparedness and COVID-19: development assistance and domestic spending on health between 1990 and 2026](#)
- [Donor Government Funding for Global Family Planning Declines to Lowest Level Since 2016](#)
- [Evidence for Ending the Global Gag Rule: A Multiyear Study in Two Countries](#)

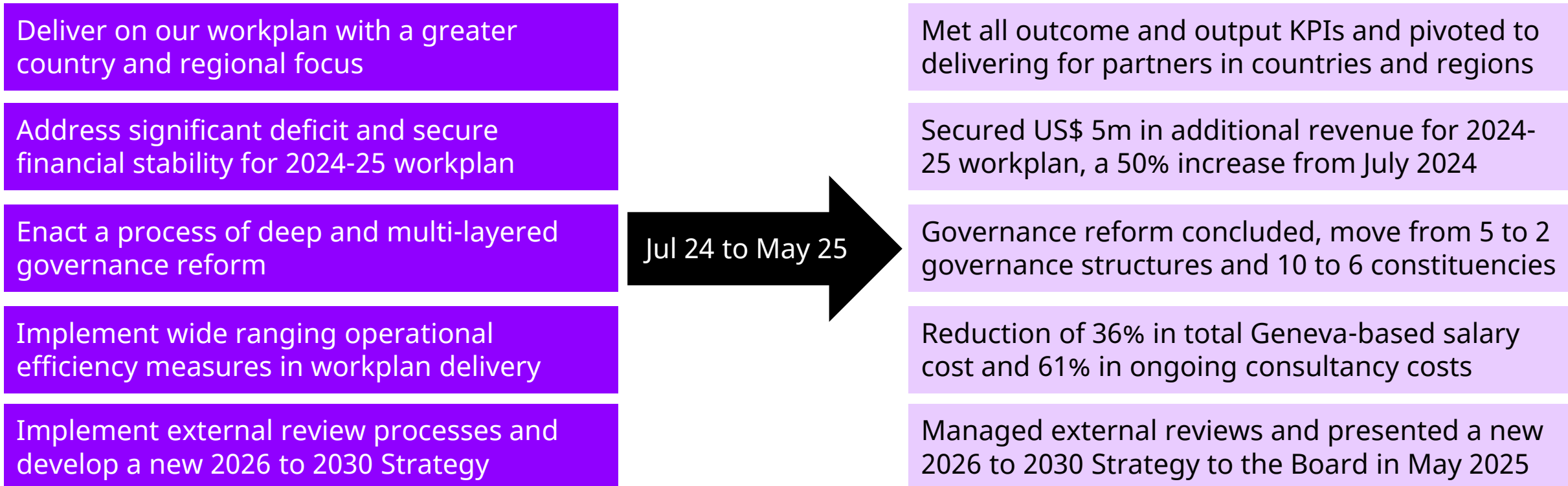
## *But partners stay and need to collaborate*

- Aid budgets go, but partners stay: doctors stay, nurses stay, midwives stay, communities stay and they are all working together to confront the challenges facing them, with incredible determination and ingenuity
- In this reality, PMNCH listened and acted with urgency and pace to support its partners in:
  - driving high level political support for and investment in WCAH
  - supporting regional platforms and mechanisms to drive change on WCAH
  - disseminating resources to strengthen domestic spending on health and WCAH
  - promoting Global South led solutions and agendas, and south-south collaboration
  - building broad-based national advocacy and accountability movements
  - starting a communications movement to drive global attention on preventable mortality and morbidity
- PMNCH partners have stepped up and courageously faced the challenges, and have looked to PMNCH expectantly to lead, facilitate, and curate partnerships at national and regional levels to enable this response



# Partners delivering through a stronger PMNCH

- In July 2024, PMNCH Board had the foresight to issue a powerful call for PMNCH to embrace “*Business Unusual*” in anticipation of unprecedented changes that were expected in 2024 and into 2025
- Since then, our world has indeed radically changed and the reality for women, children and adolescents, and partners who are committed to supporting their health needs, has got desperately worse
- It is in this incredibly difficult context that the Board rightly mandated PMNCH to change the way it delivers its strategy and workplans, and to do so quickly and fundamentally – and we did it together, in 10 months ...



# *Delivering together: A new Strategy for a new Reality*

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- Following extensive consultations and valuable inputs, PMNCH's finalized 2026 to 2030 Strategy will be presented today to the Board for review and adoption
- Capturing the entire partnership's bold Vision and Mission, the PMNCH Strategy sets the direction for our combined efforts over the next five years
- How we deliver on that Strategy and what our workplans will look like, however, must respond to the new reality we face today – asking the questions about how do we:
  - prioritize WCAH politically within the context of broader geopolitical forces
  - advocate for and support global South leadership and domestic resource mobilization
  - incentivize and enable collaboration and streamlining over competition within the global health space
  - broaden and strengthen coalitions in countries and regionally
- This Board meeting is a unique opportunity to explore these issues and provide guidance

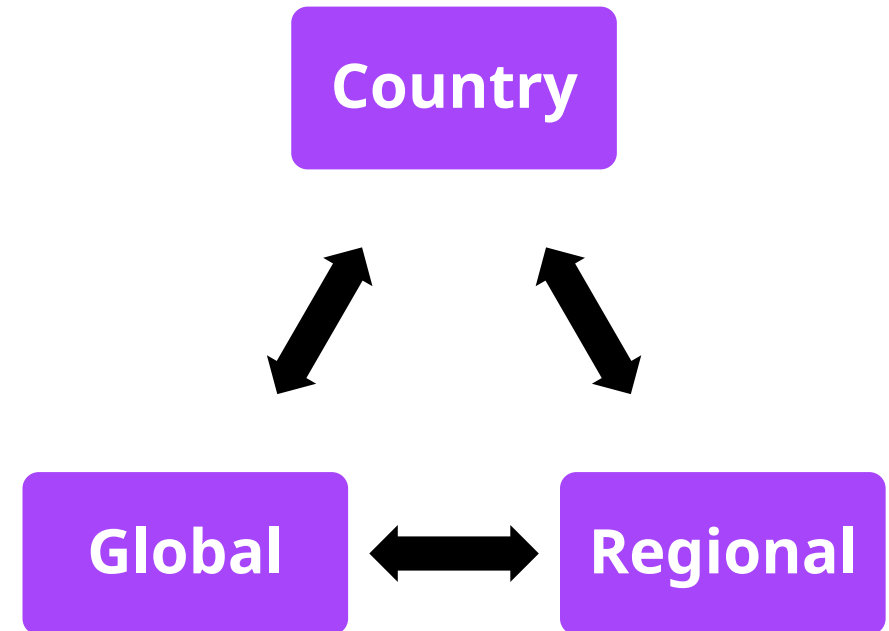
## *2. Advocacy and accountability:*

### *From Grassroots to National Leadership*

# PMNCH is pivoting to countries and regions

We have pivoted towards supporting partners operating primarily in countries and regionally to drive impact in the three thematic areas underpinning our 2024 – 2025 Workplan: MNCH, SRHR, AWB

- CAAP implementation and cross-country learning
- Global Leaders Network – health diplomacy and advocacy
- Parliamentary engagement
- Communications anchored in voices, opinions, promising practices, innovations
- Supporting national accountability efforts



*Levy Mkandawire, Programme Manager, Amref Health Africa Zambia and CAAP coordinating partner in Zambia:*

*“True progress in health and development comes when all voices, especially those of women, children and adolescents are heard, valued and included in decision-making. PMNCH champions this inclusive approach, ensuring no one is left behind.”*

# Grassroot advocacy: Collaborative Advocacy Action Plans

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**From commitments to action and progress:** to advance commitment implementation through joint advocacy and strengthened accountability coordinated by national partners in 10 countries: Ethiopia, Kenya, Liberia, Malawi, Nigeria, Senegal, Sierra Leone, South Africa, Tanzania and Zambia

## Coalition strengthening via multi-stakeholder platforms and increased partner engagement

- Existing platforms strengthened (Nigeria, Kenya, Sierra Leone) and new platforms initiated (Zambia, Malawi, Ethiopia) with more inclusive membership (youth groups, marginalized groups)
- Leveraging digital platforms (DAHs), virtual engagements with sub-regional partners (Kenya)



Participants at the CAAP validation meeting in Ethiopia, April 2025

## Political leadership and institutionalization of monitoring and feedback loop

- Link to GLN work with Ministries of Health engaged, expanding to other ministries
- Parliamentary engagements and on-going hearings planned (Malawi, Nigeria, Zambia)
- Links with national processes (health sector reforms, mid-term health sector review)

## Shared advocacy goals/activities to drive action on key national priorities

- SRHR protection and promotion (teenage pregnancies)
- Maternal mortality reduction
- Adolescent health and wellbeing (including establishing dedicated budget lines)
- Increased budget appropriation and timely disbursement

## Tools to strengthen accountability

- MSP Evaluation Checklist – to strengthen multi-stakeholder platforms
- Commitment Scoping and Assessment guide – bringing evidence together
- Digital Advocacy Hubs: including searchable 'commitment dashboard' and CAAP live updates



Dr. Kalila: Chairperson of Parliamentary committee on Health, Launch of CAAP Initiative in Zambia, March 2025



*Dr. Aminu Garba, CEO, Africa Health Budget Network and CAAP coordinating partner in Nigeria:*

“The CAAPs enable the development and implementation of holistic solutions that tackle the multifaceted nature of these health issues. By coordinating efforts across different sectors, the CAAPs can address the underlying determinants of health and provide a platform for effective advocacy, raising awareness and mobilizing support for policy changes and resource allocation.”

# National Leadership diplomacy: Global Leaders Network

GLN is the **first and only Southern-led global health diplomacy initiative** to support the attainment of the **SDGs related to women's, children's, and adolescents' health**

- **Expanded high-level commitment to ensure prioritization of WCAH - 10 confirmed** Heads of State and Government aligning largely with the **CAAP countries, others consider to join**
- **Gaining consensus on GLN priority focus areas & strengthening country partnerships** – held on the margins of **G20 Health Working Group**, the successful Durban Senior Technical Meeting gathered over 20 Senior Technical country representatives and partners to gain consensus on the key priorities for the GLN – **UHC, SRHR, financing, and delivering political commitments for WCAH**
- **Aligned influence for global discussions and decisions in Geneva** – the first **Ambassadorial Forum** hosted by H.E. Mr. Mxolisi Nkosi, Ambassador and Permanent Representative of South Africa in Geneva, introducing the network, and opportunities for **advancing advocacy through diplomacy**
- **Securing country-led solutions** – socializing the GLN amongst key partners, and strategize how to lead with **country-led solutions** to address the funding and political crises facing WCA at **AU Assembly**
- **Increasing visibility of WCAH in the media** – increased media engagement, resulting in TV, radio, op-ed, and publications, **amplifying country leadership** and **successful practices, and calling for commitment**



February 2025 – Addis Ababa, Ethiopia, GLN Roundtable on margins of the Africa Union Summit



24 March 2025 - Durban, South Africa | GLN Senior Technical Meeting Delegates



Ambassadorial Forum in Geneva, 2 April 2025

*"It is why, under the leadership of His Excellency President Julius Maada Bio and with strong support from the Ministry of Health, Sierra Leone has made maternal and child health a priority, and has declared maternal and child mortality a national emergency.."*

Dr. Lynda Farma, GLN Senior Technical Coordinator, Sierra Leone



# Catalysing New Partnerships: PPPP

## Purpose of the Roundtables

- Advance collaborative action on **Women's, Children's, and Adolescents' Health** with a strong focus on **reducing preventable maternal, newborn, and child mortality**.
- Create a trusted platform for **high-level, multi-sectoral engagement**, with participation from CEOs, ministers, global health leaders, and multilateral agencies
- Explore scalable innovations, inclusive governance, and sustainable financing models

## PPPP Roundtables organize by PMNCH in 2025:

- Davos 2025 – World Economic Forum
- Delhi 2025 – WHS Regional Meeting (South Asia Focus)
- Upcoming: Geneva 2025: WHA78





Women's,  
Children's and  
Adolescents'  
Health

Hosted by the World Health Organization

### 3. *Driving impact*



# Accelerating Action

- [WHA77 Resolution to accelerate progress on MNCH](#)

PMNCH supports the implementation of Member State commitments through targeted advocacy and accountability efforts, including civil society engagement, progress tracking, and promoting inclusive dialogues to ensure sustained political and financial commitments.

- **READY, SET IMPLEMENT – a high-impact dialogue series to accelerate action to reduce MNC mortality**
  - Series supporting cross-constituency mobilisation for the implementation of WHA77 Resolution
  - To-date: 4 policy dialogues, the latest in February 2025 on addressing the impact of climate change on MNCH
- Engagement with Human Rights Council and OHCHR on a rights-based approach to maternal mortality
  - Input into the updated HRC technical guidance on maternal mortality
  - Co-hosted online *Consultation on Human Rights-Based Approaches to Eliminating Preventable Maternal Mortality and Morbidity* (April 2025)



Ministry of Health Malawi, Opening Remark at the PMNCH Policy Dialogue on Climate Change

# Countries at the center

Across the 10 CAAP-supported countries, significant progress has been made to strengthen coalitions and drive forward the WCAH agenda, with a strong focus on political engagement, youth participation, and institutional collaboration:

## Political commitment and legislative engagement:

- Ministries of Health are taking the lead in shaping and co-leading SRHR campaigns, policy discussions, and evidence-based advocacy efforts, often linked with GLN and SDG3 Acceleration Plans (Ethiopia, Liberia, and Malawi)
- Actively integrating SRHR into political frameworks, including election manifestos, new RMNCH legislation, and national targets (Malawi, Kenya, Zambia, and Tanzania).
- Parliamentary caucuses and official training programs are being leveraged to institutionalize SRHR commitments.

## Stronger civil society coalitions:

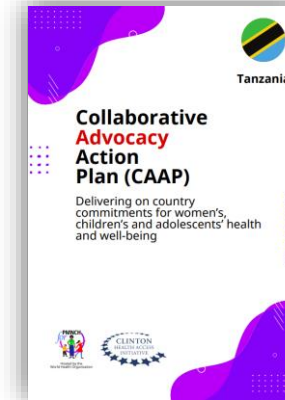
- CSO networks have been strengthened at the national-level (Sierra Leone, South Africa, and Nigeria) creating more unified platforms to advocate for SRHR.

## Adolescent and youth focus:

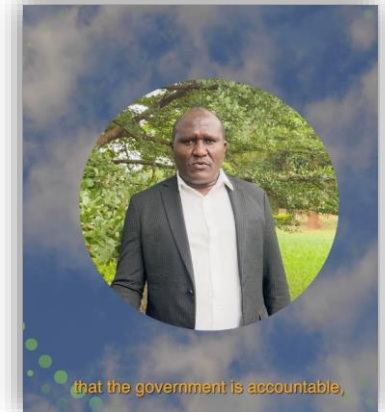
- Specific attention is being given to adolescent SRHR needs, including advocacy for adolescent-friendly services (Tanzania), budget lines for youth-focused family planning (Nigeria), and engagement of youth-led organizations like Big Sisters in Liberia.

## Evidence-based advocacy:

- Countries are producing policy briefs, campaign materials, and leveraging recent studies to inform strategies and influence decision-makers.



*Tanzania CAAP*



*Hester Nyasulu, Amref  
Country Director, Malawi  
sharing experiences during  
HRP PCC*



*Multi-stakeholder meeting in Zambia*

# *Harnessing Capacity*

**Strengthening Professional Capacity to Promote Adolescent Health and Well-being (AHWB) through technical products/tools**

## **Massive Open Online Course (MOOC)**

- Being developed in partnership with the WHO Academy to equip professionals with essential knowledge about AHWB.

## **Professional Development Program**

- Being developed in partnership with University of Zimbabwe and London School of Hygiene & Tropical Medicine.
- Provides practical experience and targeted training to support national-level AHWB implementation.
- Designed to be scaled to 10 countries — including India, South Africa and Colombia

**Rolling out the flagship adolescent and youth grants to youth-led and youth-serving organizations to:**

- Build allyship with young people to advocate for adolescent health and well-being
- Advance national AHWB agendas, particularly in CAAP countries such as Nigeria, Malawi, Sierra Leone, and Liberia
- Develop national products and tools for national level uptake



***YouVaani event by the YP Foundation (AY Grantee)  
in Delhi, India (March 2025)***

# Regional leadership

## **38th Assembly of the African Union Heads of State and Government**

- The issues related to women's, children's and adolescents' agenda were highlighted in official Head of State interventions at various opportunities, either in the plenary or at side events.
- A round-table event entitled "*Definitive Action for Women, Children and Adolescents*" was organized for GLN countries and partners at Ministerial and Senior Technical Level to discuss how the GLN can most effectively support the advancement of the broader WCA agenda.
- Heads of State from Liberia, Tanzania and Senegal highlighted the urgent need to address maternal and child health crises.
  - Each country called for stronger global partnerships to accelerate progress toward WCAH goals.
  - In Malawi, Sierra Leone, and Ethiopia, leaders underscored innovative national strategies to combat high maternal mortality and adolescent pregnancy rates.
  - Whilst in Kenya, Nigeria, and Zambia, the focus is on health system reforms and primary health care expansion.
- These countries emphasized the Global Leaders Network's role in mobilizing resources, supporting policy implementation, and driving sustainable maternal health solutions across Africa, within the broader SRHR context.

# Building coalitions

## SRHR Advocacy Coalition

PMNCH initiated and institutionalized a coalition of 40+ partners to unify voices and accelerate progress on SRHR and SDG targets 3.7 and 5.6. The coalition serves as a platform to fulfill ICPD commitments and advance gender equality.

## CPD58 Leadership

- Led [high-level SRHR dialogues](#) during CPD58, in collaboration with Governments of Brazil, Colombia, South Africa, Netherlands and Norway; and UN partners.

## Political leadership

- Led the workshop for parliamentarians on beliefs and social norms, and its impact on women's health at the 150th IPU Assembly in partnership with WHO and IPU
- PMNCH has ensured that SRHR is a central pillar, alongside UHC, financing, and South-led collaboration in efforts led by the Global Leaders Network for Women's, Children's and Adolescents' Health (GLN) - e.g., supporting Liberia with the implementation of their post-abortion care recommendations.

## Insights for impact

- Issued a [global statement](#) opposing the reinstatement and expansion of Global Gag Rule, highlighting its threat to women's health and rights.
- PMNCH emphasized [resilience and advocacy](#) for gender equality and SRHR at CSW, reinforcing its commitment to multilateral influence.
- Published an official [CPD58 Statement](#), reinforcing SRHR as essential to health, equity, and development.
- PMNCH and Brazil's National Commission on Population and Development (CNPd) issued a joint [call to action](#) ahead of CPD58, urging governments to center SRHR in UHC and health agendas, ensure youth participation, expand funding for integrated SRH services, and protect rights defenders.



PMNCH at CPD58 Government of The Netherlands, Norway, WHO and UNFPA

# Knowledge Hub

**Adolescent Well-being Measurement Guidance:** PMNCH, in partnership with WHO has worked on a standardized yet flexible **measurement framework** to support countries in:

- Strengthening national evidence systems
- Identifying gaps in data
- Translating data into actionable strategies to improve adolescent well-being

## Evidence-based advocacy asks for PMNCH constituencies in key policy fora

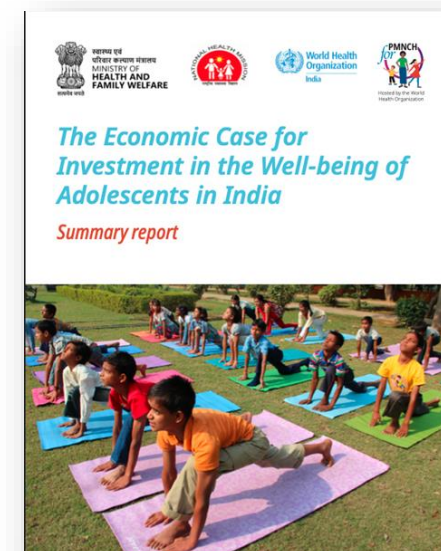
- Advocacy brief for the WHA78 Report on The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)
- WHA78 Advocacy asks on protecting essential services amidst the financial crisis
- Advocacy asks for WHO's Key messages for policymakers on maternal and newborn health for World Health Day 2025

**National Investment Cases in South Africa and Colombia:** Following the global investment case launch in **May 2024**, PMNCH is:

- Developing national investment cases in partnership with Ministries of Health in South Africa and Colombia, with a panel of national experts (national investment case for India launched in July 2024) to develop national investment cases
- Identifying evidence-based interventions that deliver high returns for increased returns in these national investment cases
- **Partner alignment for evidence-based advocacy**
  - Journal Supplement: Born Too Soon: Progress, priorities and pivots for preterm birth. 7 Supplement papers and 4 comments in BMC Reproductive Health, to be published in June 2025
  - PMNCH participation in the EWENE Management Team and Advocacy and Accountability Working Group, CSA Advocacy Group, and Stillbirth Advocacy Working Group



*Global investment case, launched May 2024*



*National Investment case, India, launched July 2024*

## *We have just begun...*

- 20 Years of Catalyzing action
- The world's largest alliance for women's, children's and adolescents' health
- Our work is not yet done, status quo is not an option
- A Partnership needed today more than ever
- Rooted in the spirit of solidarity and the belief that together we can change the reality for women, children and adolescents everywhere



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