PMNCH 2020 Annual Report
Protecting progress for women, children and adolescents in the COVID-19 era
Contents

Forewords 4
Acronyms and abbreviations 6
2020: Year in review 7
2020 in numbers 13

1. About PMNCH 14
2020: A year of transition 16
Spotlight 1: WHO’s positive review of PMNCH as a hosted partnership 17

2. COVID-19: Putting women, children and adolescents at the centre of the response 18
Call to Action on COVID-19 19
PMNCH’s 24-month advocacy campaign 21
Spotlight 2: Lives in the Balance summits 1 and 2 22

3. Knowledge products, campaigns and outreach, and partner engagement 23
Knowledge synthesis products for global and country-led advocacy 24
Campaigns and outreach 27
Partner engagement 29
Spotlight 3: Adolescent well-being framework 30

4. New approaches to harness the power of partnership 31
Governance reform 33
Partner engagement 35
PMNCH’s new digital platform and branding 36
Secretariat structure and operations 37
Spotlight 4: PMNCH named “high scorer” on gender equality in global health 38

5. Resource mobilization 39
Annex 1: Board members 42
Annex 2: PMNCH Secretariat 44
Annex 3: PMNCH’s 2021–2025 Strategy 45
When future generations look back, 2020 will be forever associated with COVID-19. While nobody has been left untouched, the pandemic has had a particularly devastating impact on many millions of women, children and adolescents who were already marginalized and insecure, living in fragile regions with little infrastructure and minimal access to social and health services, and dependent on the informal sector for the most basic income. Now, COVID-19 has made that burden even heavier, bringing into sharp focus and exacerbating gender bias and other inequities, in some cases, reversing progress made over the last decade.

Last year was also pivotal for PMNCH as we assessed and responded to all these challenges, notably through the launch of our new, ambitious and innovative five-year Strategy, and through a focused approach to country progress. The Strategy was guided by a robust, independent evaluation, and builds on the lessons learned in partnership over the past 15 years.

The new Strategy will guide PMNCH as we navigate the fierce headwinds now facing women, children and adolescents, while also enabling us to take advantage of new opportunities. For example, PMNCH will realize its growing strength, with more than a thousand partners, by harnessing digital technology to reach further and higher. As well, our deepening alliances with those working in sectors such as gender, education, nutrition and water, sanitation and hygiene will help leverage our commitment to a comprehensive agenda for change.

Our immediate task, of course, is responding to the direct and indirect impacts of COVID-19. To this end, PMNCH partners came together in 2020 and issued a seven-point Call to Action to protect progress made in the past, and to respond to the devastating impacts of the pandemic. This is an example of how we plan to bring together stakeholders across constituencies, communities and sectors to drive advocacy for women, children and adolescents, encouraging leaders to prioritize rights and health by strengthening political commitments, policies and financing.

The year ahead is crucial. PMNCH, guided by the new Strategy and the Call to Action, is equipped to address the many challenges facing women, children and adolescents, with a clear vision of where we must concentrate our efforts to achieve the Sustainable Development Goals and universal health coverage. When we support and enable women, adolescents and communities to set their own agendas for change, systems and structures inevitably shift too. We must therefore keep our ambitions high, not only to protect progress, but also to work with women, children and adolescents to uphold their health and well-being, and to place them where they belong and must stay – at the very centre of global and national agendas.

As ever, our partners are our biggest asset, and we are hugely grateful for your continuing support as we travel along the path of change and innovation. There is so much more we can achieve together. Using our multistakeholder, multisectoral approach, we will intensify our efforts to help build an equitable world where everyone enjoys the same fundamental right to good health and well-being.

That principle must continue to guide everything we do, helping us to ensure that the world’s women, children and adolescents have the best possible future. We must not and we will not fail them.

Helen Clark, Board Chair
In 2020, the COVID-19 pandemic drove PMNCH partners to regroup and adopt measures to prevent it from becoming a lasting crisis for women, children and adolescents, and to ensure that underserved and vulnerable groups receive greater investments, effective policies and improved services. Our aim is to not only survive the pandemic, but to ensure that women, children and adolescents thrive beyond these challenging times.

To achieve this, PMNCH has implemented a number of innovations to deliver on PMNCH’s core advocacy function to mitigate the effects of COVID-19 in three important ways.

First, we synthesized and disseminated knowledge in order to inform partners, combat misinformation about COVID-19 and promote evidence-based advocacy efforts. For example, early in the pandemic, we launched a partner survey through our constituency groups to learn about your needs for tools and resources on women’s, children’s and adolescents’ health (WCAH) and COVID-19. What we heard from you is that information is plentiful, but often scattered. Aiming to deliver high-quality information in easy-to-use ways, PMNCH introduced a series of digital toolkits on topics relevant to WCAH and COVID-19. These online toolkits collate different types of evidence-based information, including guidance documents, reliable advocacy multimedia materials and contextualized resources. These resource links are sourced from the PMNCH digital compendium on COVID-19, which itself is continually updated and reviewed for quality.

Second, we designed and implemented campaigns and outreach strategies, grounded in the above evidence. Our seven-point “Call to Action on COVID-19”, launched by PMNCH in July 2020, takes forward a cross-sectoral approach to protect and promote the health and well-being of all women, children and adolescents. It highlights the urgent need for investment in water, sanitation and hygiene, nutrition, violence prevention and gender equity, in addition to ensuring access to high-quality sexual, reproductive, maternal, newborn, child and adolescent health services during COVID-19. Our Call to Action campaign urges governments and donors to make resource, policy and service commitments for WCAH within national response plans, making visible and giving priority to the needs of women, children and adolescents during the pandemic. In December 2020, 10 countries (low-, middle- and high-income) and the Bill & Melinda Gates Foundation announced at the “Lives in the Balance” e-summit, co-hosted by PMNCH, UHC2030 and the CORE Group, more than US$ 20 billion in commitments made in 2020 to WCAH, which were aligned with the PMNCH Call to Action on COVID-19. These commitments were amplified by the global media, reaching more than 1.5 billion consumers through the BBC, Xinhua, Associated Press and other leading news platforms.

Third, we engaged partners in aligned action so that we could achieve more together than by acting alone. In 2020, we began the process of creating participatory (in July and December) digital platforms. Our first two “Lives in the Balance” e-summits (in July and December) proved a resounding success, attended by more than 4000 partners, and supported by social media, reaching more than 1.5 million people. Looking ahead to 2021, a rebranded and interactive PMNCH website, along with the creation of new PMNCH “Communities of Practice” sites, will enable partners to connect and share on a day-to-day basis, in addition to our regular e-summits.

PMNCH is maximizing and intensifying the use of digital media channels: in 2020, for example, we launched our first WhatsApp channel, resulting in 3500+ received messages, five active groups and 50% of interactions leading to subscription to our “PMNCH news and updates” channel.

I invite you to read this report to learn more about these innovations in 2020, as we increase our response for women, children and adolescents in the COVID-19 era.

Helga Fogstad, Executive Director
## Acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoPs</td>
<td>Communities of Practice</td>
</tr>
<tr>
<td>CSOs</td>
<td>Civil Society Organizations</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>EWEC</td>
<td>Every Woman Every Child</td>
</tr>
<tr>
<td>GFF</td>
<td>Global Financing Facility</td>
</tr>
<tr>
<td>Global Strategy</td>
<td>Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)</td>
</tr>
<tr>
<td>HFS</td>
<td>Humanitarian and Fragile Settings</td>
</tr>
<tr>
<td>IAP</td>
<td>Independent Accountability Panel for Every Woman, Every Child, Every Adolescent</td>
</tr>
<tr>
<td>IPU</td>
<td>Inter-Parliamentary Union</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernmental Organization</td>
</tr>
<tr>
<td>PMNCH</td>
<td>Partnership for Maternal, Newborn &amp; Child Health</td>
</tr>
<tr>
<td>QED</td>
<td>Quality, Equity and Dignity</td>
</tr>
<tr>
<td>SRMNC</td>
<td>Sexual Reproductive, Maternal, Newborn, Child and Adolescent Health</td>
</tr>
<tr>
<td>SBCE</td>
<td>Social, Behavioural and Community Engagement</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WCAH</td>
<td>Women's, Children's and Adolescents' Health</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
2020: Year in review

PMNCH and Countdown to 2030 spearhead a special series published by *The BMJ* on equity and accountability for women, children and adolescents: “Leaving no woman, no child, and no adolescent behind”. The collection, including contributions from the World Health Organization (WHO) and the Independent Accountability Panel (IAP) for Every Woman Every Child (EWEC), is a comprehensive report on progress made on women’s, children’s and adolescents’ health (WCAH) in the first five years of the Sustainable Development Goal (SDG) era.

PMNCH, with partners United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), WHO, United Nations (UN) Major Group for Children and Youth, Plan International and Child Health Initiative, develop a *Call to Action on Adolescent Well-being*, asking governments, donors and the international community to: (1) engage adolescents in all legal, policy and programme processes that affect them; (2) develop strong multisectoral policy approaches; and (3) strengthen political commitment and funding for adolescents. The Call is accompanied by a demand for a global summit on adolescents in 2023 to increase political and financial investments in adolescents’ health and well-being.

The Inter-Parliamentary Union (IPU) and PMNCH publish an action-oriented handbook to help parliamentarians decide how best to improve health outcomes for women, children and adolescents. It includes convenient pull-out sections setting out a decision-making road map and a short summary for each focus area, so that parliamentarians and their staff can adapt the proposed parliamentary action to their country contexts.

A PMNCH-supported paper titled *Estimates of aid for reproductive, maternal, newborn, and child health: findings from application of the Muskoka2 method, 2002-17* is published in *The Lancet Global Health*. The analysis and latest estimates provide an important basis for holding donors accountable for their commitments and for assessing whether aid is sufficient, equitable and effective. The Muskoka2 method for tracking aid for RMNCH retains the advantages of Muskoka1, and incorporates eight innovations to improve precision, including humanitarian aid flows, an important source of funding.

PMNCH issues a message of solidarity on COVID-19 to all partners from Helen Clark, PMNCH Board Chair.
PMNCH launches a digital compendium of the latest guidance and resources about COVID-19 and its effects on WCAH, collated from a wide range of credible and trusted sources, including WHO and other UN agencies. The compendium, intended as a “living repository” with continual review and updating of evidence, includes subsections on: pregnancy and breastfeeding; children; adolescents; sexual and reproductive health and rights (SRHR); gender and empowerment; health in humanitarian and fragile settings (HFS); mental health and well-being; health workers; community engagement; immunization; school education; nutrition; health system preparedness and response; infection prevention and control; water, sanitation and hygiene (WASH); socioeconomic considerations; and human rights and equity.

PMNCH launches an animated video series on self-care during COVID-19, co-branded with WHO and UNICEF. The first film in the series (breastfeeding) is viewed by more than 90 million globally and translated into 15 languages: Arabic, Armenian, Azerbaijani, Bengali, Chinese, French, Kazakh, Portuguese, Russian, Spanish, Tagalog, Thai, Turkish, Uzbek and Vietnamese. Three additional animated videos on COVID-19 and responsive caregiving, adolescent mental health, and protection from violence are planned to follow in 2020.

PMNCH issues a global media commentary on inequities facing women, children and adolescents during the COVID-19 pandemic: “Women and children will pay for this pandemic unless we act”, co-authored by President of Estonia Kersti Kaljulaid, PMNCH Board Chair Helen Clark, Mexican Secretary of Health Jorge Alcocer Varela and Graca Machel, is distributed by Thomson Reuters global news wire, which reaches an estimated 1 billion people.

PMNCH, in collaboration with youth-led organizations and other partners, launches a series of live webinars on “Adolescent health and well-being in times of COVID-19” to address pressing information needs of adolescents during the pandemic. The first webinar covered school re-openings during the pandemic and featured experts from WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO) along with personal testimonies from a panel of young students. In the second instalment, experts shared guidance for young people to help manage mental health during the pandemic. The webinar series will continue in 2021.

The “EWEC Virtual High-Level Roundtable on Women’s Leadership in the COVID-19 Response” is co-chaired by PMNCH Board Chair Helen Clark and President of Estonia Kersti Kaljulaid. Women leaders from Canada, Costa Rica, Estonia, New Zealand, Senegal and others convene to take action to protect some of the most vulnerable communities around the world in the context of COVID-19, highlighting the unique role of women and adolescents in responding to the pandemic.
JUNE

PMNCH collaborates with the journal *Sexual and Reproductive Health Matters* to sponsor the launch of a **special issue dedicated to universal health coverage (UHC) and sexual and reproductive rights**. A global launch webinar, moderated by Gita Sen, includes a commentary from PMNCH Board Chair Helen Clark and Executive Director Helga Fogstad, alongside other authors, experts and champions.

**PMNCH issues a public statement** to mourn the death of George Floyd and to stand in solidarity with the Black Lives Matter movement to combat systemic racism. Discrimination and exclusion based on race, ethnicity, religion, gender, sexual orientation, gender identity or other grounds are often the underlying drivers of inequities faced by women, children and adolescents, infringing their rights and dignity and leading to vast disparities in health and well-being.

PMNCH issues a global media commentary to highlight the importance of investing in social accountability during COVID-19: **“Women’s voices must be heard in shaping their health care”** is led by PMNCH Board Chair Helen Clark with senior policy leaders from India, Kenya and Mexico. The op-ed is distributed by Thomson Reuters global news wire, reaching an estimated 1 billion people.

PMNCH, IPU, WHO, Countdown to 2030, the African Population and Health Research Center and Living Goods operate a three-part webinar series to strengthen the capacities of parliamentary staff in sub-Saharan Africa to engage with WCAH.
PMNCH and the CORE Group co-host “Lives in the Balance”, a two-day virtual summit exploring the impact of COVID-19 on WCAH. More than 1500 registered delegates from 100+ countries, including representatives of governments, civil society organizations (CSOs), private businesses, academic institutions, donor agencies, the UN and others, reflect on lessons learned during the pandemic and how to build back health systems with improved equity and access for women, children and adolescents.

PMNCH launches a seven-point agenda for action for women, children and adolescents in the context of COVID-19. The Call to Action, launched by PMNCH Board Chair Helen Clark, is endorsed by the PMNCH Board, and is framed by the emerging PMNCH Strategy 2021–2025. The Call to Action is accompanied by a comprehensive 24-month campaign plan, including the mobilization and amplification of financial and policy commitments from national governments, supported by stakeholders. The first phase of this process would see country and other stakeholders announce their commitments to WCAH in December 2020.

The IAP for EWEC (hosted by PMNCH) launches its 2020 report Caught in the COVID-19 storm: women’s, children’s and adolescents’ health in the context of UHC and the SDGs at an official side event during the High-level Political Forum, a core UN platform for follow-up and review of the 2030 Agenda for Sustainable Development. Cyril Ramaphosa, President of South Africa and Chairperson of the African Union, opened the event, Gillian Tett of the Financial Times moderated, and numerous high-level speakers took part. Media reach was 600 million across all six WHO regions. It was publicized by the BBC, Voice of America and the South African Broadcasting Corporation, among many others. The livestream and videos watched the day after the launch generated over 33.7 million total potential impressions and a potential reach of over 8 million.

PMNCH, WHO and other UN partners develop and publish a definition and consensus framework for defining, programming and measuring adolescent well-being. This framework is a part of a broader programme of work (see February). https://www.jahonline.org/action/show
Following an extensive seven-month consultation and development process, PMNCH launches its **2021–2025 Strategy**, setting out a comprehensive five-year plan for partner-centric action to: (1) reduce preventable maternal, newborn and child mortality and stillbirths; (2) strengthen SRHR; and (3) improve adolescents’ health and well-being. The new Strategy aligns partners and constituency groups in evidence-based advocacy for WCAH, enhancing progress towards the 2030 SDGs.

PMNCH supports EWEC, WHO, UNICEF, UNFPA, Countdown to 2030 and the Global Financing Facility (GFF) in launching **Protect the progress: rise, refocus and recover**, a report on progress made in implementing the UN Secretary-General’s *Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)* (Global Strategy). The report includes a chapter produced by PMNCH on the tracking and analysis of nearly 400 individual commitments pledged to the Global Strategy since 2015.

PMNCH produces the first-ever virtual edition of its annual **Accountability Breakfast**, held on the side of the UN General Assembly. Partnering with the White Ribbon Alliance and EWEC, as well as 12 additional global and regional partnerships, the interactive programme focuses on actions required to deepen and strengthen accountability for women, children and adolescents. Policy leaders, civic champions and artists participating in the event include Nobel laureate Ellen Sirleaf Johnson, Ethiopian President Sahle-Work Zewde, Estonia President Kersti Kaljulaid, cabinet ministers from India, Kenya, Mexico and Nigeria and award-winning performers Titolope Sonuga and musician-songwriter Nazeem of the Gambia. Moderated by BBC Africa’s Mercy Juma and Jane Rabothata of Channel Africa/South African Broadcasting Corporation, the digital event reaches more than 1.5 million in 100+ countries through online and social media.

PMNCH and partners co-author **Measures to strengthen primary health-care systems in low- and middle-income countries**, published in the *Bulletin of the World Health Organization*. The paper analyses primary health-care systems in 20 low- and middle-income countries, evaluating their performance in order to derive lessons for implementation, policy-making and system reforms.

PMNCH leads the Nurturing Care for Early Childhood Development (ECD) Advocacy Working Group in the development and launch of the **Nurturing care advocacy toolkit: improving early childhood development with and through the health sector**. The toolkit is a repository of practical tools and resources to support advocates in achieving increased attention and investment in ECD with, and through, health systems. Content includes guidance notes, knowledge briefs, country case stories, videos and advocacy and communications messages.

PMNCH and partners publish **Social accountability for reproductive, maternal, newborn, child and adolescent health: A review of reviews** in *PLoS ONE*. The paper summarizes current evidence on social accountability for reproductive, maternal, newborn, child and adolescent health and identifies future research and implementation priorities.
PMNCH, the CORE Group and UHC 2030 host the “Lives in the Balance 2” virtual summit, following the success of the first summit in July. Participants from more than 110 countries took part in a half-day event to take stock of how the COVID-19 pandemic is impacting progress towards UHC commitments, and to exchange perspectives on how global stakeholders can together do better by our populations – especially women, children and adolescents. The summit is held one day before Universal Health Coverage Day on 12 December, marking the anniversary of the first unanimous UN resolution calling for all nations to provide affordable, high-quality health care.

Ten country governments and the Bill & Melinda Gates Foundation announce a collective US$ 20.6 billion in financial commitments to WCAH, aligning with the “PMNCH Call to Action on COVID-19”. Of this amount, US$ 7.4 billion (36%) is committed by low- and middle-income countries, including Afghanistan, India, Kenya, Liberia and Nigeria. An additional US$ 13.2 billion (64%) is official development assistance and grants from Canada, Germany, Sweden, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the Bill & Melinda Gates Foundation. PMNCH will support country partners in taking forward these commitments through the 24-month Call to Action campaign, guided by PMNCH’s 2021–2025 Strategy.

PMNCH launches digital toolkits to provide partners with concise, policy-relevant information on key issues around COVID-19 and the health of women, children and adolescents for effective and timely advocacy. Toolkits contain key guidance resources, advocacy and communications messages, and multimedia resources. Three toolkits cover the following topics: (1) child health and development; (2) adolescent health and well-being; and (3) maternal and newborn health.

PMNCH, Gavi, the Vaccine Alliance, the GFF and the World Bank Group publish a white paper titled Protecting the progress for women, children and adolescents in the COVID-19 crisis: more and better financing for improved equity. The paper includes an overview of pre-COVID-19 financing trends for WCAH and equity, and the emerging impacts of COVID-19. It also describes the role PMNCH can play in driving financing for the equity agenda and supporting countries in moving towards UHC, the SDGs and the “survive, thrive, transform” objectives of the Global Strategy without delay, despite the setbacks caused by COVID-19.
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.

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.

3500+ messages
on WhatsApp, 5 active groups and 50% of interactions leading to subscription to our “PMNCH news and updates” channel.

30 000 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.

13 issues, 6500+ e-blast subscribers and high engagement rate (an average 25% of all recipients clicked to open the e-blast).

13 issues, 6500+ e-blast subscribers and high engagement rate (an average 25% of all recipients clicked to open the e-blast).

611 000 visitors
on the PMNCH website.
1. About PMNCH
The Partnership for Maternal, Newborn & Child Health (PMNCH) is the world’s largest alliance committed to protecting and promoting the health, well-being and rights of women, children and adolescents. No other partnership has PMNCH’s breadth, depth and diversity. We bring together 1000+ partners from 10 constituency groups (Figure 1) representing 192 countries. From governments to private sector businesses, from health-care professionals to grassroots activists: our work connects the smallest village to the United Nations General Assembly, while bringing people to the forefront of global efforts.

PMNCH’s vision is a world in which every woman, child and adolescent realizes their right to health and well-being, leaving no one behind. Our mission is to mobilize, align and amplify the voices of partners to advocate for the health, well-being and rights of women, children and adolescents, particularly the most vulnerable.

Figure 1. PMNCH’s 10 constituencies

PMNCH is governed by a Board (Annex 1) and administered by a small Secretariat (Annex 2) hosted by WHO in Geneva.

Helen Clark, former Prime Minister of New Zealand and first female United Nations Development Programme Administrator, has served as PMNCH Board Chair since July 2019.

PMNCH’s advocacy is powered by our partners and supported by digital tools that increase access to evidence, strengthen engagement and maximize impact. We mobilize and equip our partners to seek changes in policy, financing and delivery of services for women, children and adolescents, and we hold each other accountable for delivering on our promises. This work is carried out within the framework of the Global Strategy and in support of the SDGs, UHC and primary health care.

PMNCH focuses on areas where collective action can accelerate work already being done by partners at national, regional or global levels. PMNCH thereby enhances and amplifies the work of its members through consensus building and networking.

PMNCH applies the following five criteria when prioritizing activities.

- What are the needs for action, from an equity perspective?
- Where are the evidence-based gaps and opportunities for intervention?
- What are others doing that PMNCH could build on, rather than duplicate?
- What is PMNCH’s comparative advantage and explicit added value?
- What is the partner demand, both to generate and to use PMNCH products?

In line with our partnership-centric approach, partners take the lead in implementing our annual workplans, supported by the Secretariat. Together, we act with urgency, and with an unwavering commitment to the health and well-being of women, children and adolescents worldwide, as confirmed by the findings of a review of PMNCH (Spotlight 1) presented to the resumed Seventy-third World Health Assembly in November 2020.
2020: A year of transition

2020 was a year of milestones for PMNCH. We celebrated our 15-year anniversary in September and it was the final year of both our 2018–2020 Business Plan and our 2016–2020 Strategic Plan.

It was also a year of assessing and harnessing our power as partners. Informed by the results of the external evaluation published in January 2020, we reaffirmed that our unique contribution to WCAH is our advocacy. We agreed that our partners would be best supported by a leaner, more focused governance structure, a fit-for-purpose Secretariat and new digital tools to deliver greater efficiency, value for money and results.

When the COVID-19 pandemic struck, we responded nimbly to the challenges and to issues threatening to deepen inequities for women, children and adolescents. We capitalized on PMNCH’s added value by leveraging digital tools to collate and disseminate guidance and advocacy resources, focusing on COVID-19 and the continuum of care for women, children and adolescents. Importantly, we also integrated lessons learned from the pandemic into the development of our new strategy.

By August, we had captured these ideas in a consensus-based five-year Strategy, guided by the PMNCH Board and developed in close consultation with our members. Focusing on a clear set of goals and a framework for results, the Strategy marks three strategic shifts:

1. **a tighter thematic focus** on preventable maternal, newborn and child mortality and the reduction of stillbirths, SRHR, and adolescent health and well-being;

2. **greater functional specialization**, with our core function of advocacy being supported by knowledge synthesis, campaigns and outreach, and partner engagement; and

3. **greater efficiency and reach through the implementation of a dynamic and interactive digital platform.**

We launched our 2021–2025 Strategy (Annex 3) in September together with a consultation process on how to improve our governance and drive partner engagement in the digital era.

The rapid spread of COVID-19 exposed the need for strategic and effective advocacy to protect progress already made for women, children and adolescents, and to address inequities embedded in all areas of our societies and economies. In July 2020, we launched a COVID-19 Call to Action which set the direction for our advocacy efforts. We developed a two-year campaign action plan, guided by the goals of our new Strategy, which aims to drive the COVID-19 Call to Action through high-level political engagement, community mobilization, constituency mobilization and media mobilization.

While responding to the pandemic, we also took important steps to streamline our governance and Secretariat support functions and to embrace the digital innovations that will power our future work, in preparation for full-scale implementation of these reforms in 2021. Finally, concerted resource mobilization efforts throughout the year enabled us to deliver on our 2020 aims and objectives despite the very challenging and uncertain situation caused by the COVID-19 pandemic.
In the fall of 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus presented WHO Member States with a review of PMNCH as a hosted partnership. The WHO review, a routine undertaking for all hosted partnerships, takes stock of PMNCH achievements from 2015 to 2020, including: raising the concerns and meaningful participation of adolescents and young people; convening and synthesizing multistakeholder contributions; and improving strength and efficiencies in accountability. It also notes PMNCH's compliance with WHO's financial rules and financial regulations.

The report concludes positively. From WHO's perspective, PMNCH is an effective platform for disseminating and promulgating WHO's products and programmes. WHO benefits from its hosting arrangement with PMNCH to realize commitments relating to primary health care and UHC, including through the “Global action plan for healthy lives and well-being for all”.

WHO's review of PMNCH was met with supportive interventions from a wide range of Member States. For example, 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. Oman noted that PMNCH has brought countries together in support of women in fragile settings, and Madagascar highlighted PMNCH's support to partnership development around the world and its assistance to adolescent health and advocacy for primary health care.
2. COVID-19: Putting women, children and adolescents at the centre of the response
The COVID-19 pandemic has laid bare the inequities and unfairness of the societies we live in. Health systems, as well as social, economic and political structures in many countries, are under tremendous strain, unable to protect those most vulnerable to the virus and its secondary effects. Evidence shows that the health and well-being of vulnerable populations, including women, children and adolescents, are more affected than others by the socioeconomic consequences of COVID-19, due to multiple intersecting factors. The pandemic is not only exacerbating existing inequities but also creating new ones. COVID-19 is sounding a clarion call for urgent action to address inequities, leaving no one behind as we move beyond this pandemic.

Call to Action on COVID-19

Our COVID-19 Call to Action was issued in response to the devastating effects of the pandemic on the health and well-being of women, children and adolescents. Launched in July 2020 by Board Chair, Helen Clark, on behalf of all PMNCH’s 1000+ members, it sets the direction for our advocacy efforts in 2020–2022. Guided by the goals and digital approach of our new Strategy, the Call to Action aims to protect and promote the health, well-being and rights of women, children and adolescents by strengthening political commitment, policies, financing and service delivery for WCAH. The Call to Action focuses on seven advocacy “asks” relating to the COVID-19 response and recovery phases (Box 1).

Starting in late 2020, PMNCH partners began working together to advocate for greater prioritization and visibility for WCAH in the context of national finance and policy commitments to address the COVID-19 crisis. WCAH-related commitments were announced by 10 countries and the Bill & Melinda Gates Foundation, totalling more than US$ 20 billion (Box 2). These commitments were featured at the “Lives in the Balance” e-summit on 11 December, co-hosted by PMNCH, UHC2030 and the CORE Group. Further commitments will be announced at the next Lives in the Balance e-summit in May 2021.

Box 1: Seven advocacy asks

1. Protect access to SRMCAH services and supplies
2. Advance SRHR and gender equality
3. Improve quality of care and community engagement
4. Increase recruitment and improve conditions for front-line health workers
5. Ensure social protection for marginalized and vulnerable groups
6. Improve access to clean water, sanitation and hygiene
7. Prevent violence against women, children and adolescents
Box 2: Partner commitments aligned with PMNCH’s seven COVID-19 asks (US$)

**Afghanistan: $176.6 million**
in 2020–2023 to combat the challenges of COVID-19 and to improve the health and well-being of women, children and adolescents.

**India: $2 billion**
from 2020–2021 to strengthen all levels of care in response to the pandemic and to ensure essential public health functions with an enhanced focus on women, children, adolescents and the most vulnerable.

**Nigeria: $2.3 billion**
in 2020–2028 for strategic interventions to improve reproductive, maternal, newborn, child, adolescent and elderly health and nutrition through increased access to family planning services and immunization and nutrition programmes.

**United States of America: $1.3 billion**
in 2020 for the global fight against COVID-19 to improve public health education, protect health-care facilities and increase laboratory, surveillance and rapid-response capacities in more than 100 countries.

**Canada: $2.89 billion**
in 2019–2024, placing gender equality and empowerment of women and girls at the centre of the global response to COVID-19.

**Kenya: $2.2 billion**
in 2021–2022 for the provision of UHC to guarantee high-quality and affordable health care, with additional funding committed under the post COVID-19 Economic Recovery Strategy for inequality, social cohesion and social protection.

**Sweden: $165.67 million**

**Bill & Melinda Gates Foundation: $1.75 billion**
in 2020–2021 to support global COVID-19 response efforts to accelerate the search for effective coronavirus vaccines and treatments.

**Germany: $5.3 billion**
bi- and multilateral contributions in 2020–2022, including $120 million to ensure fair, equitable and transparent global access to COVID-19 vaccines; and $210 million to protect the health and rights of women, children and adolescents.

**Liberia: $10.65 million**
in 2021 to improve the health and well-being of women, children and adolescents, by supporting and building the capacity of health-service providers, providing safe and accessible drinking water, sanitation and hygiene as part of the COVID-19 incidence management system, and guaranteeing availability of critical life-saving equipment and medicines to ensure women’s, children's and adolescents’ access to high-quality health care.

**United Kingdom of Great Britain and Northern Ireland: Up to $1.7 billion**
of new funding to tackle the health, humanitarian and socioeconomic impacts of COVID-19, including up to $665 million for COVAX, in support of equitable access to COVID-19 vaccines during 2020-2021.
In December 2020, the PMNCH Board approved a 24-month campaign (2021–2022) to mobilize and align partners behind the seven main asks of the PMNCH Call to Action on COVID-19.

The plan comprises four integrated, mutually reinforcing strategies to support advocacy and implementation. First, high-level political engagement to mobilize and engage leaders, politicians and decision-makers to strengthen political commitment, policies, financing and service delivery (e.g. targeted outreach to at least 25 Member States to support a UN resolution on youth and adolescent well-being in 2021). Second, community mobilization to engage the public to strategically advance the Call to Action (e.g. twice-yearly virtual “citizen hearings” in commitment-making countries in 2021 and 2022 to create demand for action). Third, PMNCH constituency mobilization to engage 1000+ members to work together in a strategic and coordinated way for greatest impact (e.g. supporting PMNCH constituencies in developing or refining strategic commitments addressing relevant issue areas). Finally, media mobilization to strengthen national, regional and global media capacity to inform and advocate effectively, focusing on the Call to Action’s seven asks (e.g. national e-summits with the media and partners to build mutual knowledge and capacity).

This campaign aims to unite, amplify and build on the advocacy work of individual organizations: PMNCH partners at country and regional levels will agree on locally relevant advocacy targets, opportunities and leadership for leveraging concrete government commitments. The plan’s success will depend on effective collaboration by partner-led working groups, enabled by digital technology. Implementation will be monitored through SMART indicators aligned with the wider results framework of our 2021–2025 Strategy. Planning, monitoring and evaluation will be undertaken with the guidance of the PMNCH Strategic Advocacy Committee, the PMNCH Partner Engagement in Country Committee, the PMNCH Knowledge and Evidence Working Group and the PMNCH Accountability Working Group.

Within the overarching framework of the Call to Action, PMNCH will continue to drive collective advocacy globally and in countries by giving access through different platforms to a range of knowledge synthesis products, equipping partners for advocacy efforts, convening large online gatherings of PMNCH members, champions, experts and others, and through other outreach and partner engagement activities. The use of media and social media channels will continue to be leveraged to amplify the Call to Action’s influence, which in 2020, for instance, had an estimated reach of 375 000 people through its hashtag #covidcalltoaction.
Spotlight 2: Lives in the Balance 1 and 2

**LIVES IN THE BALANCE**
A COVID-19 SUMMIT

- **500+** social media mentions
- **3400+** social media interactions
- **1 billion+** estimated social media reach
- **900** media stories
- **1670** registrants
- **108** countries

**OPENING REMARKS**

**Agenda**

- **SR06** Opening Plenary: Where are we now?
  - The consequences of COVID-19 for UHC and progress for women’s, children’s and adolescents’ health
  - Panelists:
    - Lillian Mhone, WHO Programme Manager, HIV/AIDS
    - Mutfar Bati, Senior Clinical Officer, UNICEF
    - Girma Getachew, Head of Communication, UNICEF 2020

- **SR11** Leadership Dialogue: Panel Session
3. **Knowledge products, campaigns and outreach, and partner engagement**
In line with its new Strategy, all of PMNCH’s work in 2020 fell within one of the three areas supporting its advocacy function: (1) knowledge synthesis and dissemination, (2) campaigns and outreach, and (3) partner engagement. Much of our work across these areas related to COVID-19, including work in the six thematic focus areas of our 2018–2020 Business Plan: ECD, adolescent health and well-being, quality, equity and dignity (QED), SRHR, empowerment of women, children and communities, and HFS. For example, all these areas are covered in the seven asks of the Call to Action on COVID-19 and PMNCH’s compendium of COVID-19 resources includes a section on each focus area.

Knowledge synthesis products for global and country-led advocacy

Guided by a common narrative on COVID-19, developed with EWEC throughout 2020, PMNCH produced and distributed a range of evidenced-based communication materials illustrating key data and points for policy advocacy, linking to subject-specific information and asks. The aim was to facilitate knowledge uptake in order to enhance partner engagement and response. The following examples of knowledge-based efforts were produced or initiated by PMNCH during 2020 through partner-based efforts. Additional products are described in the January–December 2020 timeline at the beginning of this report. Box 3 below summarizes the IAP’s work in 2020.

**Knowledge-to-action briefs**

PMNCH developed evidence briefs on each of the seven asks in our Call to Action on COVID-19, summarizing the evidence about what needs to be done to protect progress in WCAH. The briefs focus on the critical impact of COVID-19 on the health of women, children and adolescents, applying an equity lens to assess the situation for vulnerable populations, including communities living in HFS. The briefs summarize effective policies, interventions and strategies to mitigate these impacts and identify priority knowledge gaps.

**Early childhood development**

PMNCH continued to promote use of the Nurturing Care Toolkit and regularly updated the dedicated website: [https://nurturing-care.org](https://nurturing-care.org). Webinars and workshops in 2020 promoted integrated policy, programming and advocacy for ECD, as well as intersectoral collaboration to mitigate the direct and indirect harmful effects of COVID-19 on young children’s health and development. PMNCH produced a comprehensive digital advocacy toolkit on ECD, a repository of practical tools and resources for anyone wishing to advocate for increased attention to and investment in ECD, including key messages (in English, French and Spanish), country experiences, thematic briefs, a list of relevant resources etc. Since its soft launch in July 2020, the toolkit has consistently been one of the five most frequently viewed pages on the Nurturing Care website.
Empowerment of women, girls and communities

In 2020, PMNCH, WHO, Duke University, Heidelberg University and the University of Southampton initiated a cost–benefit analysis of social, behavioural and community engagement (SBCE) strategies to inform responses in the COVID-19 recovery phase. This aims to identify how specific SBCE interventions (interpersonal communication, community mobilization, mass media) can lead to increased uptake of antenatal care, skilled birth assistance at delivery, postnatal care and immunization. Evidence will highlight the benefits of investing in SBCE interventions, with a focus on high-mortality countries (Democratic Republic of Congo, Ethiopia, India, Nigeria and Pakistan). This knowledge will be essential for advocacy efforts to enhance SBCE interventions supporting self-care and empowerment by women, girls and communities. In relation to COVID-19, PMNCH supported partners from CSOs and UN partners in Latin America, the Caribbean, Africa and Asia to document the experiences of more than 30,000 women and adolescents in 43 countries during the first phase of the pandemic, to assess how best to strengthen decision-making and accountability. The project, “Finding hope: experiences of women and adolescents during the COVID-19 pandemic in their own words”, documents the adverse impacts of COVID-19 on livelihoods, food security, mental health, safety and security, SRHR and access to social services, including education, health and technology. The project findings will be packaged and shared in 2021 as community-based evidence in support of the seven advocacy asks of the PMNCH Call to Action on COVID-19.

Adolescent health and well-being

Based on gaps identified by young people during webinars in 2019, PMNCH developed knowledge briefs synthesizing evidence and identifying opportunities for action on adolescent mental health and empowerment and engagement, and an advocacy brief on adolescent-led action on climate change. PMNCH is leading the development of an Adolescent Well-Being Framework, uniting cross-sectoral evidence for well-being-based programming for adolescents (Spotlight 3). In support of this effort, the PMNCH Adolescent and Youth Constituency Board leadership issued a commentary on the Framework and the impact of COVID-19 on adolescent well-being.

Sexual and reproductive health and rights

In 2020, the PMNCH-supported special issue of Sexual and Reproductive Health Matters was launched at a webinar with nearly 1000 participants. This series, one of the journal’s largest ever special issues with nearly 30 papers, focuses on SRHR in UHC from a rights perspective. Numerous country case studies highlight what has worked and what still needs doing to fully incorporate SRHR into the UHC agenda: a topic now more urgent than ever in the context of COVID-19. The series has had over 15,000 individual views. The final 12 papers were released in December 2020, and key messages were shared at the Lives in the Balance 2 e-summit.
Health in humanitarian and fragile settings

As part of our advocacy efforts in 2020, PMNCH, WHO and UNICEF initiated the development of a Global Roadmap for Every Woman, Child and Adolescents in Humanitarian and Fragile Settings, to be launched at the World Health Assembly in 2022. This work is a continuation of the existing Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020–2025 and will provide a comprehensive global framework that looks holistically at the integration of high-quality care for women, children and adolescents in HFS across sectors. In 2020, work commenced with partner consultations and a situational analysis that will synthesize guidance on women, children and adolescent health and well-being, to inform the development of the roadmap in 2021. PMNCH also started work on integrating a focus on HFS in the State of the World Midwifery 2021 report and on two knowledge synthesis papers on midwifery in HFS to be launched as part of advocacy efforts in 2021. Additionally, PMNCH was involved with the BRANCH Consortium and The Lancet in planning the launch of the Lancet Series on Women’s and Children’s Health in Conflict Settings, as well as developing knowledge and policy briefs on the key findings from the series.

Box 3: Independent Accountability Panel

The IAP’s 2020 report, Caught in the COVID-19 storm: women’s, children’s and adolescents’ health in the context of UHC and the SDGs, draws on evidence from the pandemic and the implications for the health and rights of women, children and adolescents. It includes country scorecards on progress and factors for success, country case studies, an accountability framework and recommendations. The report was released at an official UN High-Level Political Forum side event in July 2020, co-hosted by the Governments of Georgia, Japan and South Africa, and co-organized by EWEC, PMNCH and UHC2030. High-level dignitaries participated in the event, including His Excellency Mr Cyril Ramaphosa, President of South Africa and Chairperson of the African Union, and PMNCH Board Chair Helen Clark. The report received global attention, reaching 600 million people across all six WHO regions. In addition, a two-minute video on Accountability for Action was released.

The IAP, hosted by PMNCH, released the following 2020 publications:

- commentary on health equity in The BMJ series “Leaving no one behind”;
- commentary on UHC provisions for women, children and adolescents in the Bulletin of the World Health Organization’s special issue on UHC;
- commentary on HPV vaccine access and comprehensive guidelines in The Lancet;
- comment in The Lancet on the crisis of accountability for WCAH;
- op-ed in Devex on why the SDGs’ defining decade must focus on accountability for those left behind;
- op-ed in The BMJ on how a COVID-19 vaccine will be a test of global accountability and equity;
- correspondence on independent accountability for women, children, and adolescents in The Lancet;
- commissioned evidence synthesis and targeted review of accountability mechanisms and the implications of COVID-19 for the health and rights of women, children and adolescents; and
- consultation on IAP’s Accountability Framework: practical recommendations and lessons learned.

Other updates are available at iapewec.org
Guided by a campaign action plan, PMNCH worked with national governments and foundations to support the aggregation and amplification of their financial and policy commitments made to WCAH, which align with PMNCH’s COVID-19 Call to Action.

High-level champion advocacy

Led by Board Chair Helen Clark and supported by the PMNCH Advocacy Working Group, PMNCH mapped political engagement opportunities to identify how and where PMNCH champions can push forward WCAH messaging and evidence to influence national policy and investments, and global and regional resolutions and agreements. These opportunities are mapped against a global and regional events calendar for 2021, feeding into a comprehensive strategy to support the seven advocacy asks of the PMNCH Call to Action. These efforts are supported by formal agreements between PMNCH and the personal foundations of former PMNCH Board chairs Graça Machel and Michelle Bachelet.

In 2020, these champions lent support to a wide range of public events, media commentaries and bilateral engagements. These include the 2020 launch of “In Conversation with Helen”, a political dialogue series anchored by Helen Clark, broadcast live to 6500+ viewers during three PMNCH e-summits in 2020. A wide range of champions for WCAH appeared on Helen’s “virtual sofa” in 2020, including President Sahle-Work Zewde of Ethiopia, President Kersti Kaljulaid of Estonia, former presidents Ellen Johnson Sirleaf of Liberia and Gro Harlem Brundtland of Norway, youth leaders, academics and private-sector thought leaders, among others (Lives in the Balance 1 and Lives in the Balance 2). Helen Clark herself undertook an energetic range of appearances and commentaries on behalf of PMNCH and WCAH issues in 2020, including video statements on newborn health and the prevention of stillbirths (e.g. launch of the Every Newborn Action Plan’s 2025 coverage targets and milestones); webinar participation on SRHR issues (e.g. launch of Sexual and Reproductive Health Matters special issue on UHC); and numerous commentaries on COVID-19 and WCAH issues (including in relation to prioritizing women’s voices and experiences, and supporting the What Women Want campaign through an op-ed distributed by Thomson Reuters).

Helen Clark’s highly visible commitment encouraged other WCAH champions in 2020, evidenced by the broad participation of more than 20 women leaders during the May 2020 roundtable on WCAH and COVID-19, co-chaired by our Chair with the President of Estonia. Also, PMNCH entered into an 18-month Letter of Agreement with Fundación Horizonte Ciudadano, launched by former PMNCH Board Chair Michelle Bachelet to undertake advocacy and communications on ECD and other WCAH-related issues throughout Latin America and the Caribbean, as well as globally.

High-level political engagement and mobilization for adolescents continued throughout 2020. For example, Member States and other stakeholders were urged to endorse our Call to Action to Make Adolescent Well-being a Priority, which includes a call for the first-ever Global Summit on Adolescents, ahead of the 2023 UN General Assembly.

PMNCH champion advocacy in 2020 also contributed to encouraging the Africa Centres for Disease Control and Prevention to include a focus on essential service retention in its “Joint Continental Strategy for the COVID-19 outbreak and Health in Africa”, making advocacy for continuity of essential services a common priority for participating institutions.

Constituency mobilization

PMNCH constituencies, coordinated through the Executive Committee, undertook dedicated efforts to mobilize national financial and policy commitments to the COVID-19 Call to Action. These
efforts, steered by the Advocacy Working Group, resulted in 10 government and 1 private foundation commitments aligned with the Call to Action. Two further rounds of commitments will be launched in 2021 during the 24-month campaign, supported by dedicated follow-up at the country level by PMNCH constituency members, linking to national multi-stakeholder dialogue platforms.

**Community mobilization**

PMNCH supported grassroots civil society and youth-led organizations in undertaking targeted advocacy for WCAH. PMNCH undertook a number of workshops and webinars aimed at capacitating civil society on health financing and budget advocacy. Late in 2020, PMNCH, UHC2030, the GFF, Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria launched a joint learning initiative aimed at strengthening the capacity of CSOs to engage in health financing advocacy. PMNCH and the GFF also supported in-country advocacy in Burkina Faso, Cambodia, Cameroon, Kenya, Malawi, Nigeria, Mozambique, Rwanda and Uganda through grants to CSOs (see partner engagement section below). PMNCH continued to host and support the GFF Civil Society Coordinating Group in 2020, engaging 350+ CSOs, including youth-led organizations, in GFF processes at global, regional and national levels. This group supports information exchanges among country-based CSOs and builds their capacity to engage and advocate.

**Media advocacy**

PMNCH expanded its investments in earned media and social media in 2020, harnessing digital technology to connect and support members in their WCAH advocacy efforts, especially during the pandemic when few face-to-face meetings have been possible. Resulting products include evidence-based infographics and messages driving the seven asks of the PMNCH Call to Action (e.g. investing in midwifery and the health workforce, protecting gender equity, sustaining access to SRMNCAH services, prevention of and protection from violence). These resources have been packaged as digital toolkits in English, French and Spanish to support partner engagement in relevant events on the global calendar. Anchored by the hashtag #ForEveryWomanChildAdolescent, the COVID-19 effort reached almost 3 million people on social media. (See “2020 in numbers” above for more information on 2020 digital reach.)

Recognizing the need for reliable information and data at the onset of the pandemic, PMNCH dedicated its monthly e-blast to collating and sharing tools, latest guidance, resources and commentaries concerning COVID-19 and its effects on WCAH. PMNCH also supported and contributed to the weekly EWEC COVID-19 newsletter. To keep partners abreast of the latest events and activities, PMNCH launched a live calendar compiling events, international days, resource launches and webinars focused on WCAH. PMNCH also launched a COVID-19 WhatsApp info alert channel, providing partners and the general public with easy and mobile-friendly access to reliable information and resources. The different channels allow users to link up with other members, receive updates, get answers to frequently asked questions about COVID-19, download toolkits and other materials, and engage in discussions about WCAH.
Partner engagement

Most of PMNCH’s partner engagement efforts in 2020 related to the major governance reforms and the new digital platform described in Chapter 4. A few additional partner engagement activities are described below.

Adolescent and youth engagement

Led by its Adolescent and Youth Constituency, PMNCH provides a global platform for meaningful youth engagement, mobilizing advocates at all levels to increase political commitment to and financing for multisectoral, rights-based national plans for adolescents. Putting young people at the centre of issues that affect and protect them is at the heart of the Global Consensus Statement on Meaningful Adolescent and Youth Engagement (MAYE), spearheaded by PMNCH and partners in 2018. Building on the 220+ endorsements received in 2019, 50 additional endorsements were made in 2020. PMNCH also assessed actions taken by 100+ signatory organizations towards implementing MAYE. Based on the feedback received, PMNCH is now developing detailed guidance on institutionalizing MAYE and setting up systems to track and report on MAYE to ensure mutual accountability between partners.

Grants to support youth engagement at country level

Building capacity of youth organizations and networks in countries continued to be a major focus for PMNCH in 2020, with small grants and technical support to youth-led coalitions expanding from five to 11 countries in Africa, Asia and Latin America. This grant programme began in 2018 to support implementation of the Advocating for Change for Adolescents! toolkit, published by PMNCH and Women Deliver in 2017. The 2020–2021 grants are being used to develop advocacy campaigns and to mobilize in-country partners to support the Call to Action. More than 10 000 young people from over 500 networks at national and subnational levels are engaged in national health policy dialogues and planning processes. Advocacy priorities include: comprehensive sexuality education in Cameroon; youth-friendly service provision in Malawi; adolescent SRH policy implementation in Kenya; implementation of the RSKS adolescent health programme in India; and facilitating meaningful adolescent and youth engagement and increased funding for adolescents in the Basic Health Care Provision Fund in Nigeria. The six countries in the 2020 scale-up are: Ghana, Liberia, Mexico, Sierra Leone, Zambia and Zimbabwe.

Grants to support civil society engagement in multistakeholder platforms

Through a small grants mechanism, PMNCH supported multistakeholder platforms that supported the prioritization of QED in seven countries’ plans. We supported CSOs in countries carrying out focused advocacy, calling for the inclusion of SRHR in national UHC action plans and budgets in several countries. Working with CSOs and supporting national civil society coalitions, PMNCH promoted the inclusion of SRHR in five national UHC and GFF Investment Cases.

Regional engagement

PMNCH’s regional partner engagement activities in 2020 were conducted together with the EWEC Latin America and the Caribbean Secretariat. PMNCH and EWEC developed two papers on Guatemala: a scoping review of bottlenecks and barriers to effective coverage of early childhood health and development interventions, published in the PAHO Journal; and a case study on accountability for WCAH, included in the IAP’s 2020 report. We also continue to promote meaningful and sustainable partnerships with young people. In Honduras, efforts have resulted in an intersectoral and multidisciplinary review of the National Adolescent Pregnancy Prevention Program, using an equity, human rights-based and gender-sensitive approach. Honduras has also developed a multisectoral adolescent health strategy. Our collaboration with EWEC also includes the development of National Health Equity Profiles by the Federal University of Pelotas for Barbados, Belize, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Mexico, Panama, Peru and Uruguay.

Looking forward, the six focus areas of our 2012–2020 Business Plan are now embedded in work towards the three main goals of our 2021–2025 Strategy. These themes will be strongly interconnected under our new overarching advocacy focus, bringing together partner-led actions through the advocacy of high-level champions, community mobilization, constituency engagement and media communications. We are currently taking a campaign approach, in the context of COVID-19, to achieve financial and policy commitments that benefit women, children and adolescents everywhere.
A commentary co-authored and endorsed by wide range of partners, published in the Journal of Adolescent Health in September 2020, defines adolescent well-being and identifies its five domains and 27 sub-domains. To further develop the Framework and to drive policy shifts and programme redesign at the country level, PMNCH commenced work on a series of 15 papers, including an investment case. These papers will be packaged and launched as a special issue of The BMJ in 2021.

Definition of adolescent well-being: All adolescents having support, confidence and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights.

Conceptual framework: 5 domains and 27 sub-domains

<table>
<thead>
<tr>
<th>Good health and optimum nutrition</th>
<th>Safety and supportive environment</th>
<th>Learning, competence, education, skills, employability</th>
<th>Connectedness, positive values, contribution to society</th>
<th>Agency and resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physical health</td>
<td>• Safety</td>
<td>• Learning</td>
<td>• Connectedness</td>
<td>• Agency</td>
</tr>
<tr>
<td>• Mental health</td>
<td>• Material conditions</td>
<td>• Education</td>
<td>• Values</td>
<td>• Identity</td>
</tr>
<tr>
<td>• Adequate, but not excessive nutritional status related to both macro- and micro-nutrients</td>
<td>• Equality</td>
<td>• Resources, life skills and competencies</td>
<td>• Attitudes</td>
<td>• Purpose</td>
</tr>
<tr>
<td></td>
<td>• Equity</td>
<td>• Skills</td>
<td>• Interpersonal skills</td>
<td>• Resilience</td>
</tr>
<tr>
<td></td>
<td>• Non-discrimination</td>
<td>• Employability</td>
<td>• Activity</td>
<td>• Fulfilment</td>
</tr>
<tr>
<td></td>
<td>• Privacy</td>
<td>• Confidence</td>
<td>• Change and development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Responsive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. New approaches to harness the power of partnership
PMNCH embarked on exciting new changes in 2020, designed to meet the ambitious objectives of the PMNCH 2021–2025 Strategy. As noted by the Board Chair, "Achieving the goals of this Strategy is our collective duty, a health and economic imperative, and the fullest expression of our humanity at this most testing time". Over the past 15 years, the Partnership has consistently demonstrated its power to achieve exceptional results. However, with 10 years remaining to achieve the SDGs, and a global pandemic impeding progress, old ways of working will be insufficient. This chapter outlines PMNCH's bold undertaking to refine its governance, partner engagement and operational processes to create a cutting-edge and sophisticated approach through the use of digital technologies, maximizing the collective ability of its partners to meet our greatest challenge: securing the health and well-being of women, children and adolescents.

These changes address the findings of the PMNCH's independent external evaluation, published in January 2020 (Box 4), and are informed by extensive consultations with PMNCH partners and constituencies.

Box 4. Findings from the external evaluation of PMNCH, January 2020

**Governance reform:** The current governance structure has become “unwieldy”. Over time, shifts in the global health and development agenda have directed the expansion of PMNCH concerns, and thus governance architecture, producing multiple thematic and geographic directions. PMNCH should reduce the complexity of its governance structure and its Board meetings to increase its efficiency and effectiveness.

**Good governance and management:** While the Board's inclusivity is a strength for national-level stakeholders on the Board, a certain degree of power imbalance among constituencies was recognized, inhibiting participatory and equitable decision-making.

**Partner engagement:** Steady growth over time in the PMNCH partnership base has presented both opportunities and challenges. To realize its potential, PMNCH must clarify and communicate its value proposition to motivate partner engagement, and to focus on improving the quality of partner engagement, rather than the quantity of partners.

**Digital approaches:** Develop digital approaches to strengthen alignment, knowledge-sharing and action among partners, and to advocate and communicate for impact.

**Secretariat structure and operations:** Operations should be more partner-led and partnership-centric, with the Secretariat playing more of a facilitating and supporting role. Operations should be streamlined, digitalized and more focused on fewer big-ticket deliverables. The Secretariat should undertake a skills assessment to evaluate whether the current profile and structure of the Secretariat is “fit for future-purpose” in line with the new Strategy.
Guided by findings of its independent evaluation, PMNCH embarked in 2020 on the most comprehensive governance reform in its 15-year history. The aim of this reform process – to enable a streamlined and effective approach to partner engagement – involved extensive research and consultations on the scope, structure and membership of PMNCH’s Board and Committees. Under the aegis of the PMNCH Governance and Nominations Committee, papers for consultation were circulated widely during 2020, including “PMNCH Options for Governance Models Discussion Paper”, presented to the PMNCH Board in June to address the specific goals of:

- maximizing the reach of PMNCH partners to achieve meaningful progress and impact;
- meaningfully engaging all partners, with a clearly articulated two-way value proposition;
- strengthening political engagement and action, with Board membership representing key geographies highlighted in the PMNCH Strategy; and
- maximizing accessible digital and virtual platforms for efficiency, engagement, responsiveness and collaboration.

In December 2020, the Board agreed a new governance structure, reflecting four key changes. First, a smaller and high-level PMNCH Board, highly focused on strategic advocacy and decision-making, will be reduced from 62 to 25 participants. On this Board, partner governments, UN agencies, nongovernmental organizations (NGOs), donors and foundations, health-care professional associations, and academic, research and training institutions will each have three seats; adolescent and youth-led organizations and the private sector will each have two seats; and global financing mechanisms and inter-governmental organizations will each have one seat.

Second, the PMNCH Executive Committee will become the operational hub of PMNCH, overseeing three Standing Committees: Governance and Ethics, Strategic Advocacy, and Partner Engagement in Countries. Two Working Groups will report to the Strategic Advocacy Committee: Accountability and Knowledge and Evidence. Figure 2 summarizes the key changes. Roles and responsibilities are set out here.

Third, Board terms will be extended from two years to three years. “Alternates” will be replaced by “delegates”, meaning a representative from the same constituency as the Board Member who is appointed to attend and participate fully in a Board meeting if the Board Member is unable to attend.

The fourth key change is a new category of “Observers” for virtual meetings, enabling silent participation by interested constituency members or colleagues of Board members. In-person Board meetings will continue to offer in-person observer seats to specific invited guests, as per current PMNCH practice.

Good governance and management
Recognizing the overarching importance of equitable inclusion and active anti-discrimination in the PMNCH mission, all partners and the Secretariat will take concrete steps to assess policies, structures and practices to reduce opportunities for bias, power imbalances and discrimination. The “Good Governance” ad hoc working group, established by the Governance and Nominations Committee in July 2020, will deliver its recommendations in 2021. These will include a proposal of how to ensure meaningful adolescent and youth representation in all PMNCH structures and decision-making processes.
Figure 2: Structural changes resulting from PMNCH’s governance reform

Before

Up to 62 Board meeting participants

4 cross-cutting working groups

1. Advocacy Working Group
2. Accountability Working Group
3. Knowledge and Evidence Working Group
4. Country Engagement Working Group

6 thematic workstream

1. Health in Humanitarian and Fragile Settings
2. Sexual and Reproductive Health and Rights
3. Early Childhood Development
4. Adolescent Health and Well-Being
5. Quality, Equity and Dignity
6. Empowerment of Women, Girls and Communities

After

Up to 25 Board meeting participants

EXECUTIVE COMMITTEE

Governance and Nominations Committee
Strategy Committee

EXECUTIVE COMMITTEE

Accountability Working Group
Knowledge and Evidence Working Group

EXECUTIVE COMMITTEE

Goverance and Ethics Committee
Strategic Advocacy Committee
Partner Engagement in Countries Committee

NEW APPROACHES TO HARNESS THE POWER OF PARTNERSHIP
Partner engagement

The use of digital platforms will reshape our partnership-centric approach and the dynamic between PMNCH and its constituencies. This innovative approach will place PMNCH partners at the helm, enabling them to communicate, plan, work and monitor progress collectively through a Communities of Practice (CoPs) model. The Secretariat will: provide technical support for the creation of these partner-led virtual platforms; encourage participation and connections between these nodes; link partners to relevant resources and tools for their work; and identify gaps and opportunities for greater activation of these digital platforms.

In order to lay the foundation for a meaningful partner-led and partnership-centric model, partners will be requested to choose the level of engagement they want with PMNCH. Resources, information and opportunities can then be customized for each partner through online outreach mechanisms. The Partner Zone on our new website (described below) will support this work.

Constituencies will remain the core organizing structure of PMNCH. Constituencies bring together partners with similar interests, skills, backgrounds and experiences who are committed to PMNCH's vision and mission.

To increase partner engagement opportunities and support equity goals, each constituency will be asked to review its internal structure and consider how to create and distribute leadership roles to ensure diverse and meaningful constituency representation, both within the constituency and on the Board, committees and in working groups. It is recommended that all working groups establish a third co-chair nominated from the Adolescent and Youth Constituency, and that terms of reference for meaningful youth engagement are specified and put in place.
To realize the vision of the 2021–2025 Strategy, PMNCH will invest in the development of an integrated set of digital tools and resources to leverage the power of partnership and drive advocacy. These tools will facilitate connections between PMNCH partners, spreading communication further and faster, and enabling broader participation in our network. For many, this will create important new opportunities to join platforms to which they may previously have had little access. However, it is also important to find practical strategies to mitigate the digital divide, especially in relation to partners in locations where internet and mobile data access are unreliable or limited. PMNCH will prioritize partner-based research, design and participatory feedback processes that recognize local communication practices and solutions and scale up support for them.

Consultations in 2019 and 2020 produced a clear set of recommendations for the PMNCH digital platform. The new platform, launching in 2021, will: foster interactions and alignment among partners; strengthen partner capacity through access to resources and tools for advocacy; enable measurement of reach and impact; and promote efficient operations.

PMNCH’s new brand

In 2020, research and consultation on the PMNCH brand identity moved in step with the digital platform’s development: the first-ever rebranding of PMNCH was undertaken by the award-winning Lopez Design of New Delhi, a longstanding collaborator, responsible for numerous PMNCH Partner Forum brand identity projects. The new PMNCH logo and identity, approved by the PMNCH Board in December, reflects the colourful, people-centric identity of our partnership, and will be unveiled with the relaunch of the PMNCH website in 2021. The identity evolved from the colourful Pipi folk art branding of the 2018 PMNCH Partners’ Forum in India, and emphasizes advocacy as our core function, supporting and affirming the rights of women, children and adolescents through the unifying element of partnership.

Website

The core component of the new PMNCH digital platform is a revamped, updated, accessible website, facilitating easier sharing of information, tools and resources through interactive features, such as event calendars.

Partner Zone

An important, new, password-protected feature of the PMNCH website is our Partner Zone. This zone will provide a comprehensive set of tools and information for effective joint advocacy, including interactive maps of partner activity, visuals and detailed data on partner-based projects. An automated, partner-updated database of essential information about PMNCH members and their work will enable partners to search better, understand better, deliver better and coordinate better. The Partner Zone will also facilitate the creation of partner-led CoPs, in which PMNCH members can communicate with each other on specific topics/themes/strategies, including in specific national and regional languages. CoPs will be supported by the Secretariat, and linked to curated resources. They will be promoted on social media and other platforms to encourage engagement.

Social media

In the digital era, real-time exchange of information and knowledge is vital. PMNCH’s social media channels will be linked to our digital platform, amplifying the outputs and outcomes of our partner-led work and by drawing new members and partners into our work through interactions, engaging activities and discussions. Current PMNCH communication channels include Twitter, WhatsApp, Instagram, Facebook and LinkedIn, each continually assessed for partner engagement and performance in serving members, fostering partnership, and supporting PMNCH evidence-based advocacy objectives.
The PMNCH Secretariat is adapting its working structures to enable more effective support to our partners and constituencies. Connecting within and across five new function-based teams, Secretariat members will support partner-led deliverables and results, with increased digital capacity and focus to our work. These teams are: Campaigns and Outreach; Knowledge Synthesis; Partner Engagement/Governance; Digital Communications; and Operations.

Other innovations are forthcoming in 2021, including Secretariat support for digital Communities of Practice (CoPs), and potential regional hubs in line with WHO's evolving practice of and policy on remote working. For example, building from its Geneva base, the PMNCH Secretariat is considering the establishment of regional hubs in New York and sub-Saharan Africa (e.g. Addis Ababa) to advance PMNCH's advocacy remit and political engagement. The development of a more virtual Secretariat will allow PMNCH Secretariat members to engage more efficiently and effectively with PMNCH members around the globe, including in local and regional languages.

Another shift involves building the Secretariat's capacity to act as effective “connectors” of partner-led CoPs, offering a more immediate, tailored and flexible model for partner-led participation than traditional PMNCH working groups. Partners, not the Secretariat, create their own groups: specific to need, and forming and dissolving as circumstances dictate. The Secretariat's role is to build the technical platform for CoPs, to inform and motivate partners to engage in CoPs and to connect CoPs to digital tools to power their work.
Spotlight 4: PMNCH named “high scorer” on gender equality in global health

In addition to dedicated efforts on good governance and addressing bias and discrimination, PMNCH continues to strive for greater gender equity in all domains of its operations, policy and programmes. Positive results can be seen in the designation of PMNCH as a “high-scoring” organization in the latest report of Global Health 50/50, *Gender equality: blindness in times of crisis*. The authors reviewed 201 organizations to assess how gender equality is advancing in organizations and health programmes, taking an in-depth look at gender in health-related COVID-19 responses.

PMNCH was ranked in the top 20% of the sample overall, which includes UN organizations, governmental agencies, international NGOs, research organizations, private sector companies and others. Assessed against 14 variables across four dimensions using a traffic light system, PMNCH scored “green” across most of the areas assessed, including organizational public commitment to gender equality; workplace gender equality; diversity and inclusion policies; gender parity in senior management and governing bodies; and gender of organizational head.

"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," said 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.

"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."
5. **Resource mobilization**
PMNCH's work in 2020 continued to be funded through a broad donor base. Grants were secured from eight governments: Canada, India, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom and the United States; two private foundations: Bill & Melinda Gates Foundation and Fondation Botnar; and one multilateral initiative: the GFF. Grants from these 11 donors totalled approximately US$ 7.5 million. While this was less than the US$ 10 million originally aimed for, it reflected the unprecedented global COVID-19 situation and the final year of PMNCH’s 2016–2020 strategy. PMNCH met all its reporting requirements in 2020, interacting with its donors in around 50 reporting instances.

PMNCH demonstrated significant adaptability in 2020, repurposing a substantive portion of its annual budget for activities supporting WCAH within a COVID-19 context. All stakeholders, including the Partnership’s Secretariat, Board, Executive Committee, the membership at large and the Donors and Foundations Constituency, worked closely to ensure that available resources were used with the utmost effectiveness for PMNCH to deliver its aims and objectives in a new environment. Despite the uncertain situation, this collective effort resulted in a strong funding base for PMNCH, enabling it to achieve all its main deliverables for the year. These were reviewed to identify the implications of the pandemic and the need for reframing, and new deliverables were identified, dedicated to COVID-19 campaigns, digital communications and partner engagement.

More details about the Partnership’s financial position are presented in its financial reports, available on the PMNCH website. In addition to financial support from donors, the partnership-centric model of operations led to ongoing contributions of time and effort from many PMNCH members, without which the many achievements of 2020 would not have been possible.

Following the approval of the PMNCH 2021–2025 Strategy by the Board, PMNCH has embarked on implementing its new and updated resource mobilization plan. Entering 2021, our ambition is to make substantial strides towards securing the required funding to deliver the Strategy, starting with resource requirements in 2021.
Annexes
Annex 1. Board members

As of October 2020

Board leadership

Board Chair, Helen Clark, Former Prime Minister of New Zealand

Board Vice Chair, Rajesh Bhushan, Secretary, Health and Family Welfare, Ministry of Health and Family Welfare, Government of India

Board Vice Chair, Darren Welch, Director of Policy, Department for International Development, Foreign, Commonwealth and Development Office, Government of the United Kingdom of Great Britain and Northern Ireland

Strategy Committee Interim Chair, Anuradha Gupta, Deputy Chief Executive Officer, Gavi, the Vaccine Alliance

Governance and Nominations Committee Chair, Flavia Bustreo, Vice President, Fondation Botnar

Academic, Research and Training Institutes

Catherine Kyobutungi, Executive Director, African Population and Health Research Centre [M]

Helia Molina, Dean, Medical Sciences University of Santiago de Chile [M]

Marleen Temmerman, Director, Centre of Excellence in Women and Child Health, Aga Khan University [A]

Anurag Agrawal, Director, CSIR Institute of Genomics & Integrative Biology [A]

Manuel Carballo, Executive Director, International Centre for Migration, Health and Development [A]

Adolescents and Youth

David Imbago Jácome, Member, International Youth Health Organization [M]

Gogontlejang Phaladi, Director, Pillar of Hope Organization [M]

Enes Efendioglu, Founder, Civil Life Society [A]

Souzana Humsi, International Coordinator, Y-PEER Network [A]

Donors and Foundations

Kate Somers, Deputy Director, Maternal, Newborn and Child Health, Bill & Melinda Gates Foundation [M]

Mylene Paradis, Deputy Director, Health and Nutrition Strategy and Partnerships Division, Global Affairs Canada [M]

Annette Abelsen, Director, Section for Health, Education and Inclusion, Norwegian Ministry of Foreign Affairs, Government of Norway [M]

Darren Welch, Director of Policy, Department for International Development, Foreign, Commonwealth and Development Office, Government of the United Kingdom of Great Britain and Northern Ireland [M]

Andrea Torres, Executive Director, Bernard van Leer Foundation [M]

Linda Weisert, Manager for Strategic Engagement & Communications, Children’s Investment Fund Foundation [A]

Flavia Bustreo, Board Member, Vice President, Fondation Botnar [A]

Health-Care Professional Associations

Franka Cadee, President, International Confederation of Midwives [M]

Carlos Fuchtnor Soruco, President, International Federation of Gynecology and Obstetrics [M]

Zulfiquar Bhutta, International Pediatric Association [M]

Howard Catton, Chief Executive Officer, International Council of Nurses [A]

Eglė Janušonytė, Liaison Officer for SRHR issues including HIV/AIDS, International Federation of Medical Students Association [A]

Karen Walker, President, Council of International Neonatal Nurses [A]

Global Financing Mechanisms

Anuradha Gupta, Deputy Chief Executive Officer, Gavi, the Vaccine Alliance [M]

Muhammad Pate, Director, The Global Financing Facility Secretariat [A]
Inter-Governmental Organizations

Martin Chungong, Secretary General, Inter-Parliamentary Union [M]

Jagan Chapagain, Director of the Office of the Secretary General, and Special Advisor for Health, Secretary General, International Federation of Red Cross and Red Crescent Societies [A]

Non-Governmental Organizations

Lisa Hilmi, Executive Director, CORE Group [M]

Victor Lansana Koroma, Executive Director Health Alert-Sierra Leone [M]

Chris Dendys, Executive Director, RESULTS Canada [M]

Angela Chaudhuri, Director, Swasti Health Resource Centre [M]

Aminu Magashi Garba, Coordinator, Africa Health Budget Network [A]

Chris Armstrong, Executive Director, Plan Canada [A]

Priyanka Sreenath, Deputy Director, RMNCH+A, MAMTA-Health Institute for Mother and Child, White Ribbon Alliance for Safe Motherhood [A]

Katja Iversen, Chief Executive Officer, Women Deliver [A]

Partner Governments

Government of Afghanistan
- Ahmad Jawad Osmani, Minister of Public Health, Ministry of Public Health [M]
- Saber Perdes, Special Advisor, Ministry of Public Health [A]

Government of India
- Rajesh Bhushan, Secretary, Ministry Health and Family Welfare [M]
- Vandana Gurnani, Joint Secretary, Ministry of Health and Family Welfare [A]

Government of Mexico
- Jorge Alcocer Varela, Secretary for Health, Secretariat of Health [M]
- Hugo López-Gatell, Under-Secretary for Health, Secretariat of Health [A]

Government of Nigeria
- Osagie Emmanuel Ehanire, Minister of Health, Federal Ministry of Health [M]
- Salma Anas-Kolo, Director/Head, Family Health Department, Federal Ministry of Health [A]

Private Sector

Caroline Quijada, Principal Associate, Abt Associates [M]

Mary-Ann Etiebet, Executive Director, Merck for Mothers [M]

Emma Clark, Director for Maternal, Newborn and Child Health Technical Director, Chemonics [A]

one vacant seat [A]

United Nations Agencies

United Nations Children Fund
- Omar Abdi, Deputy Executive Director [M]
- Sanjay Wijesekera, Unit Chief, Global Maternal, Newborn and Adolescent Health Program [A]

United Nations Population Fund
- Natalia Kanem, Executive Director [M]
- Anneka Knutsson, Chief, Sexual and Reproductive Health Branch [A]

The World Bank
- Muhammad Pate, Director, The Global Financing Facility Secretariat [M]

World Health Organization
- Zsuzsanna Jakab, Deputy Director-General [M]
- Anshu Banerjee, Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing [A]
# Annex 2. PMNCH Secretariat

## Leadership

**Helga Fogstad**  
Executive Director, Head of Secretariat

**Lori McDougall**  
Coordinator

## Digital communications

**Mijail Santos**  
Team Lead – digital communications

**Veronic Verlyck**  
Communications officer – social media

**Kieran O'Dowd**  
Communications officer – events

**Murat Gungor**  
Communications officer – website

## Knowledge synthesis

**Etienne Langlois**  
Team Lead – knowledge synthesis

**Vanessa Brizuela**  
Technical officer

**Supporting consultants:**  
Sheila Manji, Yajna Moloo, Mehr Shah

## Campaigns and outreach

**Kadi Toure**  
Team Lead – campaigns & outreach

**Thahira Mustafa**  
Technical officer

**Tammy Farrell**  
Events officer

**Supporting consultants:**  
Anna Gruending, Irum Taqi

## Governance and partner engagement

**Anshu Mohan**  
Team Lead – governance & partner engagement

**Rosalia Framil**  
Governance officer

**Ola Wazwaz**  
Partner engagement officer

**Mimi Melles**  
Technical officer

**Narissia Mawad**  
Technical officer

**Supporting consultants:**  
Giulia Gasparri, Dina El Husseiny

## Operations

**Nebojsa Novcic**  
Team Lead – work planning and resource mobilization

**Mara Frigo**  
Project officer

**Javier Arina-Iraeta**  
Team Lead – administration

**Susanna Volk**  
Administration officer

**Laura Angelescu**  
Administration assistant

**Supporting consultant:**  
Merlin Ince
## Annex 3. PMNCH’s 2021–2025 Strategy

<table>
<thead>
<tr>
<th>Objectives/ thematic focus</th>
<th>To advocate vigorously for the inclusion of essential services for MNCH in costed country benefits packages that drive down preventable morbidity and mortality, including stillbirths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To uphold essential SRHR interventions and ensure continuous progress on financing and equitable access to comprehensive SRHR packages</td>
</tr>
<tr>
<td></td>
<td>To advance the health and well-being of adolescents by engaging, aligning and capacitating partners around the Adolescent Health and Well-Being Framework and related policy and action</td>
</tr>
<tr>
<td>Core function</td>
<td>Advocacy, supported by knowledge synthesis, partner engagement, and powered by campaigns and outreach mechanisms</td>
</tr>
<tr>
<td></td>
<td>Mobilize and resource our partners to seek changes in policy, financing and services for women, children and adolescents</td>
</tr>
<tr>
<td></td>
<td>Include cross-sectoral approaches with major determinants of health outcomes (e.g. education, WASH, nutrition, economic development)</td>
</tr>
<tr>
<td></td>
<td>Accountability for inputs and results cuts across all domains of our work</td>
</tr>
<tr>
<td>Ways of working</td>
<td>Partnership-centric</td>
</tr>
<tr>
<td></td>
<td>Digital-led strategy of partner engagement</td>
</tr>
<tr>
<td></td>
<td>Streamlined governance and Secretariat support functions for more efficiency, value for money and results</td>
</tr>
</tbody>
</table>
What our partners say about PMNCH

“The 2021–2025 PMNCH Strategy, with its concentration on advocacy as the core function, supported by knowledge synthesis, partner engagement, and campaigns and outreach, is a comprehensive, integrated plan that builds on PMNCH’s unique role and many strengths, while providing a clear focus for its work and structure.”

— Ann Starrs, Bill & Melinda Gates Foundation

“In the current challenging times, the PMNCH leadership team, with proven ability to strengthen trust and confidence, can build consensus and convince the world of the value of investing in women’s and girls’ health and rights as a cornerstone of population health, poverty reduction and environmental protection.”

— Marleen Temmerman, Aga Khan University

“As a young leader who has grown up in one of the most marginalized communities of my country where health care was only a wish for the poor and a luxury for the rich, I find myself deeply connected to PMNCH’s core objectives and its powerful advocacy work to improve the health and well-being of thousands of marginalized youth and women.”

— Nojus Saad, Youth for Women

“PMNCH is the ultimate partnership for the key partners involved in sexual and reproductive health care and rights for women, newborns, adolescents and communities. I am a midwife and working in partnership is at the heart of the midwifery philosophy. The strategic shift that PMNCH has made towards high-level advocacy makes working in partnership even more crucial.”

— Franka Cadée, International Confederation of Midwives

“In 2010 and 2015, PMNCH was instrumental in shaping the Every Woman Every Child movement and developing the two global strategies for women’s, children’s and adolescents’ health. Going forward, in the SDG Decade of Action, PMNCH is well-positioned for joint policy development, ownership and consensus building for advocacy, knowledge dissemination and greater action and implementation.”

— Lars Grønseth, Norwegian Agency for Development Cooperation

“The diversity that PMNCH embodies helps us build bridges between parliaments, their members and other local stakeholders for more responsive parliamentary action at the national level.”

— Martin Chungong, Inter-Parliamentary Union