# Partnership for change

Promoting and protecting women's, children's and adolescents' health in a fragmented world







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Partnership for change: promoting and protecting women's, children's and adolescents' health in a fragmented world ISBN 978-92-4-011315-2 (electronic version) ISBN 978-92-4-011316-9 (print version)

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Cataloguing-in-Publication (CIP) data. CIP data are available at https://iris.who.int/.

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Cover photo: © WHO / Nitsebiho Asrat. A mother with her child just before they are discharged from the Nutrition Stabilization Centre of Mehoni Primary Hospital on 29 March 2024.

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### **Foreword**



Everywhere we look, we see multiple, cascading global crises. The global values, systems, and mechanisms founded on the ashes of World War II are under attack. Unprecedented cuts to foreign aid have devastated the provision of life-saving health and other services, particularly in the Global South. Scientific evidence, the bedrock of global health progress, is being undermined by politically motivated untruths and conspiracy theories. A relentless and coordinated assault on sexual and reproductive health and rights (SRHR) is not only denying millions of women and girls their fundamental rights to health and freedoms, but also is jeopardizing their futures and perpetuating cycles of inequality and injustice.

Lives are at stake. The adolescent girl who has lost access to contraception and her legal right to abortion; the woman left to bleed to death from a postpartum hemorrhage; the baby stillborn due to lack of quality care; the child who contracts a deadly illness having missed routine childhood immunization. Real people cannot wait for the dust from global upheaval to settle.

This time of crisis is a defining moment for the Partnership for Maternal, Newborn and Child Health (PMNCH). We must unapologetically reinforce, and not retract from, our commitments to the health and human rights of women, children, and adolescents (WCA). And we must transform ourselves to meet this moment. The status quo is not an option.

The Partnership for Maternal, Newborn and Child Health's (PMNCH's) 2026-2030 strategy sets out the critical role that PMNCH must play in the tumultuous years ahead. It reiterates our unwavering belief that multi-stakeholder partnerships and multisectoral coalitions are the backbone of effective advocacy to protect and promote the health and rights of WCA, including their SRHR. Amidst the chaos, the strategy presents a positive, forward-looking vision that promotes acceleration, amplifies advocacy, and strengthens accountability for women's, children's, and adolescents' health and well-being (WCAHW).

It also sets out how PMNCH is rapidly reinventing itself to meet this moment. With a simplified governance structure, a streamlined Secretariat, sharpened priorities, and clearer tactics, PMNCH is ready to deliver with partners on the ground. It is doubling down on its strengths: supporting and enabling grassroots partners and coalitions, while simultaneously engaging actors at the highest political levels to champion WCAHW; providing evidence and advocacy tools; and connecting the dots between global, regional and national advocacy for more powerful impact.

Now, more than ever, we need partnerships to provide impetus for collective action – to push back against the anti-rights and anti-multilateralism movements, and to push forward to turn promises into progress.

Rt. Hon. Helen Clark
PMNCH Board Chair
Former Prime Minister of New Zealand

# **Acknowledgements**

Over three hundred partners and individuals contributed to the development of this Strategy through online feedback; townhalls; constituency meetings and other discussions. The Partnership for Maternal, Newborn and Child Health (PMNCH) would like to thank each of them for their inputs.

In particular, PMNCH would like to acknowledge the members of the Strategy Working Group for their oversight and guidance. These include:

- Helen Clark PMNCH Board Chair; former Prime Minister of New Zealand
- Zulfiqar Bhutta Founding Director, Institute for Global Health and Development at Aga Khan University in Pakistan; Distinguished University Professor and Founding Director of the Centre of Excellence in Women and Child Health at Aga Khan University; and Co-Director of the SickKids Centre for Global Child Health in Canada
- Flavia Bustreo Chair, UNU-IIGH Advisory Board; Vice Chair, Fondation Botnar Board; Co-Chair, The Lancet Commission on Gender-Based Violence and Maltreatment of Young People
- Gareth Jones Board Member, Youth Coalition for Sexual and Reproductive Health
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- Bruce Aylward Assistant Director General, World Health Organization
- Naveen Thacker President, International Pediatric Association

# **Acronyms and abbreviations**

AAA Agenda for Action for Adolescents
AHWB Adolescent health and well-being

AI Artificial intelligence

CAAPs Collaborative Advocacy Action Plans
CSE Comprehensive sexuality education

G7 Group of 7 G20 Group of 20

GBV Gender-based violence

GFA Global Forum for Adolescents

GLN Global Leaders Network HIC High income countries

HoS Head of State

IPU Interparliamentary Union KPIs Key Performance Indicators

LGBTIQ+ Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, and other sexual

and gender minorities

LMIC Low- & middle-income country

MAYE Meaningful Adolescent and Youth Engagement

MCM Maternal and child mortality

MNCM Maternal, newborn and child mortality

MOOC Massive Open Online Course

PMNCH Partnership for Maternal, Newborn and Child Health

SDGs Sustainable Development Goals

SRHR Sexual and reproductive health and rights

SRMNAH Sexual, reproductive, maternal, newborn and adolescent health

ToA Theory of Action
ToC Theory of Change

UHC Universal Health Coverage

UN United Nations

WCA Women, children and adolescents

WCAH Women, children and adolescents' health

WCAHW Women's, children's and adolescents' health and well-being

WHA World Health Assembly
WHA77 77th World Health Assembly
WHO World Health Organization
WYPW What Young People Want

# **Executive summary**

#### The current crisis

Achieving the health and human rights of WCA is within reach. While progress has been uneven and at times stalled, the past decades have shown what is possible. Maternal and child mortality rates have plummeted, access to reproductive healthcare has expanded, and the health and well-being of adolescents began to win the attention they deserve.

Hard-won gains are now under threat. Global promises for WCAHW are not kept, with little or no accountability. The multilateral system and the global rules-based order are being undermined, while restrictive national laws limit access to essential health services such as contraceptives, vaccines and safe abortion.

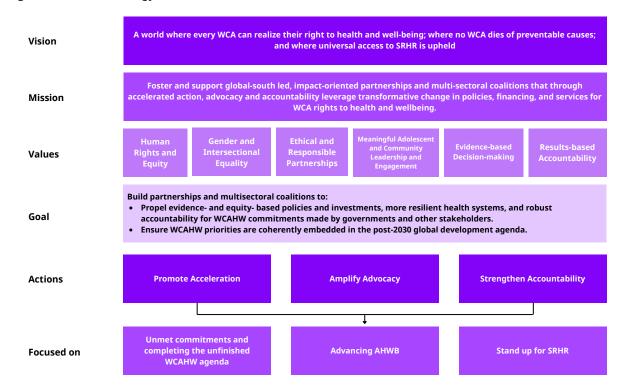
The global rise of anti-rights movements, authoritarian leadership, and shrinking civic space also reflects deep-rooted political, economic and social inequities that have gone unaddressed for far too long. Online proliferation of misinformation and disinformation is eroding trust in scientific evidence. Conflict, the climate crises and brutal cuts to global aid for health have catastrophic consequences for WCA. Persisting inequality and discrimination hamper response and hinder progress.

In a world of crises, partnerships and coalitions are more important than ever to drive collective action, protect progress and resist regression to WCAHW.

#### PMNCH 2026-20230 strategy for collaboration, creativity and courage

PMNCH, the world's largest alliance for WCAHW, has a unique role to play. With a broad and diverse partnership across all regions, PMNCH has more than two decades of experience of bringing champions for WCAHW together, from grassroots to high-level partners, to collectively drive innovation, delivery and accountability (Figure 1).

Figure 1. PMNCH strategy 2026-2030



Guided by the **power of communities**, **equity**, **and universal human rights**, the PMNCH 2026-2030 strategy is a blueprint to **promote acceleration**, **amplify advocacy and strengthen accountability** to advance WCAHW through to 2030, while also laying the groundwork for robust commitments in the post-2030 development agenda. Our aim is to ensure:

- Sustainable delivery of unmet **WCAHW policy, financing and service delivery commitments.**
- Improvements to the **health and well-being of adolescents** meaningfully engaging them as actors with rights to shape their own lives.
- Realization of SRHR.

**Sector partnerships and broader multi-sectoral coalitions** are our purpose, and they are at the heart of PMNCH's strategy with a focus on:

- Fostering stronger links between global, regional and national actors to align priorities and harmonize actions.
- Serving as a hub for knowledge and innovation, providing stakeholders with cutting-edge research, evidence-based advocacy tools, and resources for capacity-building.
- Enhancing public accountability for commitments made, amplifying voices of historically underrepresented groups, including adolescents and advocates from the Global South
- Collaborating with multilateral organizations to enhance policy coherence, ensure alignment of funding priorities, and facilitate coordinated action at all levels.

**To accelerate delivery and strengthen accountability**, PMNCH will focus sharply on delivery of the promises to WCAHW that countries around the world have already made. Working specifically in partnership with countries in the Global South to leverage their growing role in shaping global health policy, investments and decision-making, PMNCH will advance locally driven and contextually appropriate solutions. It will promote WCAHW-advancing innovations in digital health, medical science, and artificial intelligence (AI) which comes with risks, but also enormous potential for game-changing solutions.

**To amplify advocacy**, it will focus squarely on the power of social movements, specifically those championing gender equality and climate justice, and will promote the growing influence and leadership of young people.

In implementing its strategy, PMNCH will build on its successes, including the Global Leaders Network for Women's, Children's, and Adolescents' Health, the Global Forum for Adolescents and the implementation of Collaborative Advocacy Action Plans across regions. It will deploy evidence-based research and knowledge tools such as the Adolescent Well-being Investment Case.

Grounded in commitment to its own accountability and impact, the PMNCH strategy is accompanied by a Monitoring, Evaluation and Learning Framework, based on a Theory of Action (ToA). These will enable impartial tracking of progress in strategy implementation and learning and will guide decision-making by PMNCH and its partners. The strategy will also be accompanied by detailed biennium workplans, which will be developed based on inputs from different constituencies and approved by the Board, to ensure adaptability and responsiveness to emerging situations, in accordance with the framework outlined in this strategy.

With collaboration at its core, PMNCH will enable and amplify its global community of courageous champions for a world where every WCA can realize their right to health and well-being; where no woman, mother, newborn, child, or adolescent dies of preventable causes and where universal access to SRHR is upheld.

# 1. The challenge

Achieving the health and human rights of WCA is within reach. While progress has been uneven and at times stalled, the past decades have shown us what is possible. Maternal and child mortality (MCM) rates have plummeted (1), access to reproductive healthcare has expanded, and the health and well-being of adolescents began to win the attention they deserve (2).

But in a world now marked by ideological opposition, crisis and instability, hard-won gains in sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) are under threat<sup>1</sup>. The multilateral system and the global rules-based order, on which international commitments to the human rights of WCA rely, are being undermined<sup>2</sup> with little or no accountability.

Persistent inequalities and intersecting forms of discriminations continue to obstruct realization of rights, disproportionately affecting the poorest, most vulnerable, and marginalized populations, including adolescents, persons with disabilities, and communities affected by conflict or displacement. The aftermath of the COVID-19 pandemic, compounded by ongoing economic instability, has pushed millions even further behind.

Sudden and brutal cuts to global aid (3) – many motivated by increasing defense spending – are placing already fragile health systems at greater risk (4), driving up rates of preventable deaths, illnesses and injury among WCA (5). New global mechanisms for resource redistribution, alongside mobilization of domestic resources, are now in urgent need. The private sector must also be brought to the table for innovative, cross-sectoral financing, such as impact investment.

However, restrictive legal and policy frameworks further shrink access to essential health services such as contraceptives, vaccines and safe abortion (6). The spread of online misinformation and disinformation erodes trust in scientific evidence and fuel resistance to proven interventions. Digital technologies of the Fourth Industrial Revolution are rapidly and radically reshaping global and national landscapes, bringing new risks but also new opportunities.

In conflict zones, healthcare systems not only break down, but may be directly targeted. Today, a record number of WCA are trapped in conflict zones, with dire implications for their health and wellbeing (7). Maternal, newborn and child mortality (MNCM) rates rise sharply, while adolescents, particularly adolescent girls, face heightened risks of sexual and gender-based violence (GBV), child marriage, and human trafficking (8). Disrupted supply chains and damaged infrastructure contribute to increases in malnutrition and infectious diseases among newborns and young children. Despite the immense psychological toll, mental health services in these contexts are scarce.

<sup>1.</sup> At current rates, over 80% of countries are likely to miss their maternal mortality targets by 2030; 64 will miss neonatal targets, and 59 will miss the under-five mortality target. Urgent, focused, and coordinated country-led action is essential to course-correct and meet the SDGs for maternal, newborn, and child survival in these countries (https://apps.who.int/gb/ebwha/pdf\_files/WHA77/A77\_R5-en.pdf). See also https://www.who.int/news/item/09-05-2023-global-progress-in-tackling-maternal-and-newborn-deaths-stalls-since-2015--un

<sup>2.</sup> For example, Member State withdrawals from WHO.

The challenge

The climate crisis is a grave and disproportionate threat to the health of WCA. Extreme weather events, climate-induced food insecurity, and infectious diseases make women and children 14 times more likely than men to die in climate-related disasters (9). Four out of five people displaced by climate change are women and girls (10). Rising temperatures and shifting precipitation patterns increase the spread of vector-borne diseases, such as malaria and dengue, with serious consequences for pregnant women and young children. Droughts and floods reduce access to clean water, increasing rates of diarrheal diseases and childhood stunting. Air pollution, associated with pregnancy complications, premature births, and childhood respiratory diseases, places further strain on already fragile health systems.

The global rise of anti-rights movements, authoritarian leadership, and shrinking civic space, including in traditional donor countries, signal the deep roots of the political, economic and social challenges to be faced.

2. The opportunity

The opportunity

Through strategies and action plans, United Nations (UN) Member States have collectively committed to advance the global health agenda for women's, children's, and adolescents' health and well-being (WCAHW). The Sustainable Development Goals (SDGs), and Target 3.8 to Achieve Universal Health Coverage, are central pillars in this. Yet without scaling up WCAHW efforts, those promises will not be met.

The landmark World Health Assembly (WHA) resolution to Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2 (11) (WHA77 Resolution) provides a roadmap for accelerated action. Recognizing that the world is rapidly changing, it recommits Member States to a comprehensive, life-course approach to health. It highlights access to family planning services, urgent care for pregnant women, specialist units for small and sick newborns, and primary healthcare for children.

Evidence confirms that, even in the most challenging humanitarian settings, the health of WCA can be protected and advanced (12) provided action is guided by shared goals and universal values<sup>3</sup>; sustained financial investment<sup>4</sup>; focused national strategies and tailored local delivery; strengthened health systems and quality technical expertise<sup>5</sup>; evidence-based prioritization, monitoring and reporting<sup>6</sup>; and, crucially, inclusive, non-discriminatory approaches (13).

To achieve lasting, equitable impact, approaches must be sustainable, localized, comprehensive, and holistic. This takes breaking down the silos that isolate SRHR within the health sector, and separate health from other sectors such as education (14). Success demands coordinated, complementary, and financially viable actions across regional, national, provincial, district, and local levels.

Innovation in partnerships offers powerful opportunities (Figure 2):

- **Global south leadership:** Countries across the Global South are increasingly shaping global health informed by local realities and solutions. Leadership of the BRICS, the African Union, and from other regional structures, alongside active engagement of countries such as India, Brazil, Indonesia, and South Africa in global forums such as the G20, signals renewed potential to secure international commitments to investments in the health and well-being of WCA.
- Local health solutions and regional cooperation: Answers lie in sustainable, community-centred and led health solutions, scale-up of proven, cost-effective interventions, localized manufacturing of essential medicines and vaccines, and stronger regional health cooperation. Grassroots activism and advocacy by social movements focused on youth, gender equality, and climate justice are vital in driving accountability and policy reform in support of those solutions. Civil society, philanthropic organizations, and international institutions must be mobilized to jointly invest in long-term, resilience-focused strategies grounded in equity and empowerment. And when that involves the leadership and participation of women and adolescents, foundations for more inclusive, just, and resilient futures are also established.

5

<sup>3.</sup> For example, the MDGs; the ICPD Political Declaration; the Every Woman, Every Newborn, Everywhere; and Member State commitments as signatories to treaties on equality and non-discrimination (gender, race, disability, indigenous people etc.).

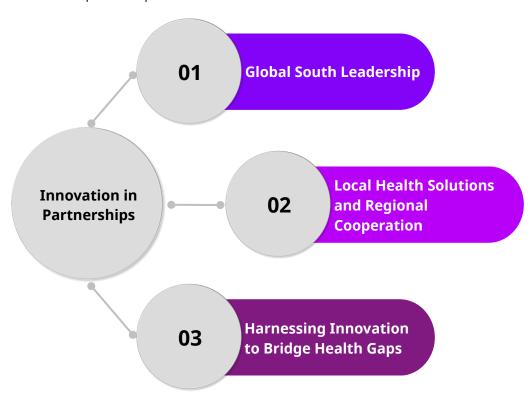
<sup>4.</sup> For example, the Global Financing Facility, FP (Family Planning) 2020.

<sup>5.</sup> For example, as provided by the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

<sup>6.</sup> For example, FP 2020 and subsequently FP 2030.

• Harnessing innovation to bridge health gaps: Advances in medical science, digital health and AI are transforming healthcare delivery, creating powerful opportunities to bring essential services closer to underserved populations. Telemedicine, mobile health applications, and AI-driven diagnostics can close longstanding gaps, particularly for remote and resource-limited communities. Digital platforms and AI-driven tools can strengthen maternal and child health monitoring, improve supply chain management for essential medicines, and enable real-time data collection for decision-making. They can provide communities most affected by health inequities with opportunities to shape interventions, influence policy design and hold authorities accountable. However, a global digital divide persists with gendered disparities in internet access and digital literacy. AI algorithmic biases risk deepening, rather than diminishing, health inequalities. However, social enterprise and public-private-philanthropic partnerships can harness digital and AI-driven innovations that truly benefit the most marginalized communities.

Figure 2. Innovation in partnerships



# 3. The power of partnerships and PMNCH contribution

To sustain progress and prevent backsliding in WCAHW, stronger partnerships and multisector coalitions are crucial. Effective collaboration, through aligned resources, unified advocacy, and coordinated action, is essential to drive transformative investment, innovation, and inclusion for WCAHW.

PMNCH, the world's largest alliance for women's, children's, and adolescent health and well-being, has been at the forefront of bringing partners together to advocate for and strengthen accountability for WCAHW. It supported the development of the first UN Secretary General's Global Strategy for Women's and Children's Health in 2010 and its 2015 update, which expanded its focus to include adolescents' health. PMNCH played a key role in the development and passing of the WHA77 Resolution (Table 1).

**Table 1. PMNCH** key achievements 2021-2025

INTERMEDIATE OUTCOMES		
Low- and Middle-Income Country (LMIC) Targets	Advocacy and Accountability	Global and Regional Commitments
<ul> <li>Generated 33 LMIC commitments by end of 2024. Target: 30 by end of 2025</li> <li>Additionally, 9 commitments from High Income Countries (HIC) and 15 from nongovernmental stakeholders.</li> </ul>	<ul> <li>Targets met early with 29         LMIC initiatives and 1 in a         HIC by end of 2024.Target:         30 by end of 2025</li> <li>Engagement highlights:         <ul> <li>9 Heads of State (HoS) in</li></ul></li></ul>	<ul> <li>Successfully advocated for the adoption of WHA 77 Resolution.</li> <li>7 global/regional commitments secured by end of 2024. Target: 5 by end of 2025</li> <li>Extensive engagement with influential groups, including G20 and G7, to address WCAHW.</li> </ul>
OUTPUTS		
Knowledge Synthesis	Partner Engagement	Campaigns and Outreach
<ul> <li>Over 520 evidence products developed by PMNCH members.</li> <li>Amplification of nearly 700 partner products via PMNCH's network.</li> </ul>	<ul> <li>Engaged 1.5 million stakeholders to drive WCAHW advocacy.</li> <li>Strengthened almost 50 coalitions to advocate for WCAHW and supported around 700 WCAHW advocacy champions.</li> </ul>	<ul> <li>Organized, supported, and disseminated information on more than 900 PMNCH and partner-led events.</li> <li>An estimated 19.4 billion potential touchpoints with people globally through earned and social media, along other digital channels.</li> </ul>

<sup>7.</sup> GHV, PMNCH External Evaluation (2024)

The power of partnerships and PMNCH contribution

Urgent action, underpinned by strong political will, is now needed to turn global health commitments, including the SDGs and WHA commitments, into realities for WCA<sup>8</sup>.

UN Member States must invest in resilient, inclusive health systems that deliver proven costeffective interventions, including in conflict-affected settings; integrate WCAHW in climate adaptation and vice versa; ensure legal protections for SRHR on- and off- line; unlock innovative financing to offset declining official development assistance (ODA); and ensure accountability.

To achieve this, the global community must adopt and invest in innovative, locally driven approaches and meaningfully involve adolescents – the generation most impacted by the legacies of past failures. A relentless focus on health equity, prioritizing the most vulnerable, is vital to prevent backsliding and tackle exclusion. These priorities must be central to both current commitments and the post-2030 global development agenda.

The **PMNCH strategy 2026-2030** commits PMNCH to forging and sustaining sector-wide partnerships and multi-sectoral coalitions that accelerate progress for WCAHW through 2030, and lay a foundation for strong post-2030 agenda commitments. Through actions detailed in biennium workplans, PMNCH will enable creative collaboration to promote acceleration of, amplify advocacy and strengthen accountability for WCAHW.

8. Women's, Children's, and Adolescents' Health and Wellbeing (WCAHW) include sexual, reproductive, maternal, newborn, and adolescent health.

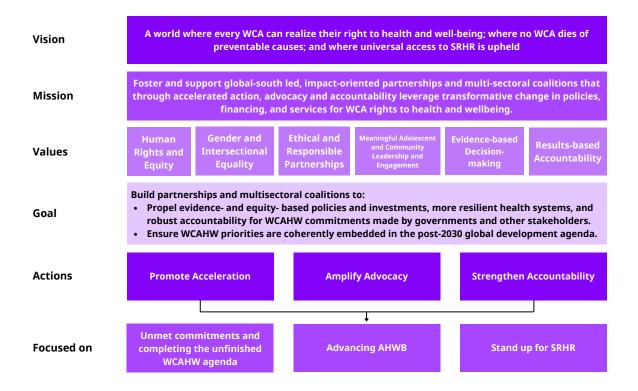
# 4. PMNCH strategy 2026-2030: a call to collaboration, creativity and courage

PMNCH strategy 2026-2030: a call to collaboration, creativity and courage

As the world's largest alliance for WCAHW, PMNCH is designed for multi-stakeholder collaboration that leverages greater and more inclusive health and wellbeing across all life stages. In a world facing overlapping, intersecting crises, the PMNCH strategy 2026-2030 (Figure 1) focuses us on strengthening local and global solidarity for action and impact.

The strategy prioritizes building and supporting regional and national partnerships, both across PMNCH constituencies<sup>9</sup> and by forming coalitions with partners in other sectors. Together, these efforts will accelerate progress, amplify advocacy, and strengthen accountability to deliver measurable improvements in the lives of WCA.

Figure 1. PMNCH strategy 2026-2030



The PMNCH strategy 2026-2030 is vision-led, mission-focused and rooted in our core values:

#### 4.1 Our vision

A world where every woman, child, and adolescent can realize their right to health and well-being; where no woman, child, or adolescent dies of preventable causes; and where universal access to sexual and reproductive health and rights is upheld.

#### 4.2 Our mission

Foster and support global-south led, impact-oriented partnerships and multi-sectoral coalitions that through accelerated action, advocacy and accountability leverage transformative change in policies, financing, and services for WCA rights to health and wellbeing.

<sup>9.</sup> PMNCH partners work through and across six constituency groups: 1. Adolescents; 2. Governments and Intergovernmental Organizations; 3. Health-Care Professionals, Academic, and Research Institutions; 4. Non-Governmental Organizations; 5. Private Sector and Private Foundations; 6. UN Agencies and Global Financing Mechanisms

#### 4.3 Our core values

In all that PMNCH does, it upholds:

- **Human rights and equity:** We believe equitable access, dignity, and justice underpin realization of the right to health, specifically for marginalized populations.
- **Gender and intersectional equality:** We believe in dismantling systemic and intersecting inequalities so that women, girls, adolescents, and gender-diverse persons have the autonomy and resources to make informed health decisions.
- **Ethical and responsible partnerships:** We believe in the power of partnerships. As partners, we have ethical obligations to each other to work together constructively and with integrity; to accomplish our shared tasks responsibly; and to bring the means, competencies, and capacity to working relationships to deliver on the agreements we make to each other.
- **Meaningful adolescent and community leadership and engagement:** We believe in adolescent and local community ownership of health solutions through opportunities to own, co-create and deliver health change that enhances their well-being and helps realize their rights.
- **Evidence-based decision-making:** To drive effective policies and interventions, we believe in promoting and supporting the collection, analysis, disaggregation and use of robust data; in prioritization of evidence-based research (including implementation research); in promoting promising and best practices; and in the robust gathering of community insights.
- **Results-based Accountability:** We believe in accountability for clear, measurable means and outcomes that also enable evidence-based tracking of approach, progress, and results.

#### 4.4 Our goals to 2030

Build partnerships and multisectoral coalitions to:

- 1. Propel evidence- and equity- based policies and investments, more resilient health systems, and robust accountability for WCAHW commitments made by governments and other stakeholders.
- 2. Ensure WCAHW priorities are coherently embedded in the post-2030 global development agenda.

#### 4.5 Action for impact

To achieve our goals, PMNCH will strengthen partners' capabilities to **promote, foster and support partnerships and multi-sector coalitions**<sup>10</sup> to take effective action to **accelerate** implementation of commitments to WCAH, **advocate** for progress where stalled, and ensure **accountability** (Table 2).

<sup>10.</sup> We define partnership as medium- to longer-term organized, goal-oriented efforts between two or more stakeholders and coalitions as larger, more informal, and often time-limited groups of diverse actors from outside the health sector formed to advance shared interests.

 Table 2. PMNCH action for impact

Action Area	Illustrative Activities Across Our Strategy
Promote Acceleration	Build action-oriented, cross-sector partnerships and multi-sectoral coalitions at country and regional levels and support alignment across governments, civil society, the private sector, and multilaterals.
	<ul> <li>Enable meaningful adolescent and youth engagement (MAYE) as co-creators in advocacy, accountability, and decision-making where relevant through intergenerational partnerships.</li> </ul>
	<ul> <li>Empower grassroots movements by engaging civil society, including adolescent-led, organizations, and marginalized communities to drive demand for health equity, human rights, and accountability for commitments made.</li> </ul>
Amplify Advocacy	Mobilize decision-makers' political will and innovative financing for WCAHW, including SRHR, generating and sharing evidence.
	Amplify the voices, leadership and opportunities for co- creation of WCA to ensure their lived experiences shape policies and programs.
	Drive aligned advocacy and resources across sectors and regions leveraging global and regional platforms for greater impact.
Strengthen Accountability	Develop and use monitoring tools to track progress of global, regional, and national health commitments, including financing.
	Improve transparency and data use to support evidence- based advocacy to ensure governments and stakeholders meet obligations.
	Promote mutual accountability by empowering communities to hold policymakers, service providers, and ourselves accountable for progress in accessible, equitable, and effective healthcare for WCAHW.

# 5. Putting partnerships and coalitions at the center of PMNCH's strategy

Putting partnerships and coalitions at the center of PMNCH's strategy

To drive progress through 2030 and beyond, PMNCH will mobilize partnerships and multisector coalitions spanning global leaders, governments, parliamentarians, civil society, adolescent-led groups, academia, and the private sector (see Box 1 for an example). Focused on accelerating fulfillment of commitments made, advocating for improved policies and resources, and to enhance accountability, we will:

- Foster stronger links between global, regional, and national actors to align priorities, coordinate actions, and ensure coherent resource mobilization.
- Serve as a hub for knowledge and innovation, providing stakeholders with cutting-edge research, proven interventions, advocacy tools, and resources to strengthen capacity and drive catalytic action.
- Enhance public accountability for commitments made, amplify the voices of historically underrepresented groups, including adolescents, grassroots organizations and advocates from the Global South.
- Collaborate with multilateral organizations, such as the World Health Organization (WHO), other UN agencies, the World Bank, and regional institutions, to enhance policy coherence, ensure alignment of funding priorities, and facilitate coordinated global, regional and national actions.

#### Box 1. PMNCH Successes The Global Leaders Network for Women's, Children's, and Adolescents' Health

"If we secure the health of every woman, child and adolescent, we will fundamentally improve the health and well-being of all humanity... As Heads of State, we can provide leadership and inspire ambitious action. We have the convening power to mobilize our peers and advance policies, programmes and financing initiatives for improved outcomes."

H.E. President Ramaphosa of South Africa In response to the world falling behind on SDG targets for WCAHW, the Global Leaders Network for Women's, Children's, and Adolescents' Health (GLN) - the first and only Southern-led global health diplomacy initiative - was launched in 2022, following a meeting between PMNCH Board Chair Rt. Hon. Helen Clark and H.E. President Cyril Ramaphosa of South Africa.

The Network is leading efforts to generate sustained political attention to WCAHW at all levels, including by embedding WCAHW priorities within the African Union and G20 and driving consistent monitoring, financing, and long-term accountability.

Today, 10 Heads of Government and State from Denmark, Ethiopia, Kenya, Liberia, Malawi, Nigeria, Sierra Leone, Senegal, South Africa, and Tanzania are members.

Further details regarding the implementation process can be found in Table 3.

**Table 3.** Implementation process of putting partnerships and coalitions at the center of PMNCH's strategy

Purpose	Tactics	Impact
Strengthen multi- stakeholder action for accelerated impact	Establish and sustain <i>inclusive</i> partnerships and coalitions that unite     governments, civil society, adolescent-led     organizations, private sector, and     multilateral organizations to coordinate     efforts, align resources, and drive     collective action.	Improved policy coherence and shared investment in proven, cost-effective WCAHW interventions.
Align <b>advocacy</b> across sectors and regions	Foster <i>multi-sectoral collaboration</i> , including across education, finance, and social protection sectors, to integrate WCAHW in broader development frameworks.	Strengthened alignment of health advocacy with action on social determinants of health and gender equity goals.
Advance equitable, ethical partnerships and power-sharing for robust accountability	Promote meaningful leadership roles for <i>Global South partners</i> , especially adolescents, healthcare professionals, and affected communities.	Increased     representation of     historically     marginalized voices     in global health     governance and     decision-making.

# 6. Implementation of PMNCH strategy 2026-2030

With **partnerships and coalitions** at the center, strategy implementation will focus on:

- Delivering on unmet commitments and completing the unfinished WCAHW agenda
- Advancing AHWB
- Standing up for SRHR

# 6.1 Delivering on unmet commitments and completing the unfinished WCAHW agenda

To translate promises made into realities for WCA (see Box 2 for an example), PMNCH partners and coalitions will act for:

- Renewal of high-level political commitments to WCAHW: Through its GLN, partnership with the Inter-Parliamentary Union and other regional and national leaders, work to keep WCAHW at the heart of global, regional, and national agendas through 2030 and as part of the post-2030 development agenda, including by promoting high-level dialogue with governments, donors, and advocates.
- Implementation of global commitments: Support the coordinated implementation of governments' and other stakeholders' commitments to achieve the Every Woman, Every Newborn, Everywhere, Child Survival Action and its targets humanitarian other across and settings.

# Box 2. PMNCH Successes A Global Movement on Preterm Birth

Preterm birth is the largest cause of death for newborns and children under five.

In 2023, convening 75 organizations across 46 countries to develop the Born Too Soon: Decade of action on preterm birth, PMNCH sparked a global movement on preterm birth as a fundamental component of high-quality maternal and newborn health.

The report and subsequent campaign championed human rights and respectful, family-centered care, focusing on intersectoral factors, including in humanitarian settings.

Evidence-based advocacy helped shift national policy and prioritisation of preterm birth in regional and global commitments, including in the WHA77 Resolution on SDGs 3.1 and 3.2.

- Increased investment in frontline health workers: Advocate for increased investments in midwives, nurses, and community health workers, particularly in LMICs and as part of humanitarian response. This includes advancing education, employment, regulation, retention of the health workforces, and strategies to strengthen interprofessional collaboration.
- **Expanded access to inclusive digital technology:** Advocate for equitable access to digital tools, including AI and emerging technologies, to empower frontline health workers, particularly in rural and conflict-affected areas, to better serve the health and well-being of WCA hardest to reach.
- **Sustained multi-sectoral collaboration:** Partner with stakeholders across the climate, education, nutrition and humanitarian sectors to ensure an integrated response to health challenges that have been intensified by conflict, climate crisis and the digital revolution and to inform the post-2030 development agenda.

• Enhanced accountability of governments, donors, and partner organizations: Utilize initiatives such as the CAAPs (Box 3) and strengthened accountability mechanisms to track implementation of policy commitments, financing pledges, and service-delivery improvements – promoting greater transparency.

# Box 3. PMNCH Successes CAAPs

Coordinated by the PMNCH, the CAAP initiative aims to improve accountability for government commitments to WCAHW through collaborative efforts of partners from diverse constituencies.

CAAPs empower civil society-led advocacy coalitions to collaborate closely with governments and parliaments in advancing implementation of national priorities. This approach creates a synergistic partnership, leveraging the unique strengths of both civil society and government actors. The model ensures institutional commitments, the latest evidence, and lived experiences shape health responses. It also promotes mutual accountability through institutionalized mechanisms and regular feedback loops.

The initiative is currently implemented in 10 countries.

Further details regarding the implementation process can be found in Table 4.

**Table 4.** Implementation process for delivering on unmet commitments and completing the unfinished WCAHW agenda

Purpose	Tactics	Impact
Strengthen <i>multi-</i> <i>sectoral coalitions</i> for WCAHW	<ul> <li>Foster coalitions across health, education, finance, and social protection sectors to address the unfinished WCAHW agenda.</li> </ul>	<ul> <li>Improved health outcomes with reduced mortality, morbidity, stillbirths and WCAHW inequities through integrated, holistic approaches.</li> </ul>
Scale up <b>community-</b> <b>led</b> engagement and advocacy	<ul> <li>Empower grassroots organizations, adolescent and youth networks, and affected communities to demand quality health services and hold governments accountable.</li> </ul>	<ul> <li>Improved local ownership, co-creation and community action for WCAHW initiatives.</li> </ul>
Strengthen policy and legal frameworks to support accelerated implementation	<ul> <li>Advocate with governments for implemented and enforced WCAHW laws and policies.</li> </ul>	<ul> <li>Legal protection for WCAH and rights is improving access and quality of essential services.</li> </ul>
Mobilize <b>sustained financing</b> for commitments made	<ul> <li>Advocate with governments, donors and the private sector for global and national funding and innovative financing.</li> </ul>	<ul> <li>Increased sustainable financing and resource allocation for WCAHW.</li> </ul>

Enhance accountability for commitments made

- Develop and expand accountability tools, i.e. scorecards, independent progress reports, and multistakeholder engagement platforms.
- Support community-led accountability, i.e. citizen hearings and participatory budgeting.
- Enhanced transparency and responsiveness from public decisionmakers turn commitments into concrete action.

#### **6.2 Advancing AHWB**

The largest generation of youth in history - 1.8 billion people aged 10 to 24 - presents a unique opportunity and responsibility to build lasting foundations for community health and well-being for decades to come. With the vast majority of youth living in the Global South, investing in adolescent health alongside education is one of the most strategic paths to equitable development locally and globally. Yet, despite global commitments, adolescent health remains undervalued in national plans with minimal policy focus and funding.

Adolescents face multiple challenges, including malnutrition, GBV, inadequate sexual, reproductive, and health as well as mental services, restrictive laws, harmful norms, stigma, and limited opportunities for meaningful youth participation and leadership. Those with disabilities and in humanitarian settings endure even greater hardships. LGBTIQ+ adolescents still encounter discrimination, legal barriers, and social exclusion that restrict their access to healthcare, education, employment, and personal security.

The rapid expansion of AI and digital technologies offers opportunities for young people - such as mobile- / e-health and AI-enabled diagnostics - but also brings risks: cyberbullying, online harassment, the spread of misogyny, racism, misinformation, and deepening exclusion.

Adolescent health must be at the center of the global health and development agenda through 2030 and beyond. To this end, PMNCH will work to

- Amplify the voices of adolescents: Create safe spaces to realize the right of
  adolescents to meaningfully participate, co-create and lead in governance, policy
  dialogues and decision-making. Through the PMNCH Global Forum for Adolescents
  (GFA) (Box 4) and other initiatives, we will provide platforms for young advocates to
  share perspectives, build capacities, influence policies, including engagement in highlevel decision-making and formulation of the post-2030 development agenda, and drive
  accountability at all levels.
- Align global goals to national implementation: Through initiatives such as PMNCH CAAPs support alignment of global goals with national implementation through technical support to policymakers and other stakeholders in developing adolescent health policies, promote accountability, and facilitate multi-sectoral engagement across health, education, and social protection sectors.
- **Ensure access to data**: Support the generation and sharing of data on AHWB, including their SRHR and mental health, to help ground policies and interventions at different levels in evidence and good practices.

- **Ensure the rights of LGBTIQ+ adolescents:** Advocate for inclusive policies, support safe spaces, and work to dismantle legal and social barriers that restrict the access of LOBTIO+ adolescents to essential services.
- **Promote resilience**: Advocate for integration of climate and conflict resilience in adolescent health strategies and promote equitable access to digital health resources.
- **Raise awareness**: Engage media and digital platforms to raise awareness, counter misinformation, and nudge societal attitudes toward respect for adolescent rights and well-being.

### Box 4. PMNCH Successes Global Forum for Adolescents

The 2023 Global Forum for Adolescents (GFA), coordinated by PMNCH as part of the 1.8 Billion Young People for Change Campaign, was a landmark event for partners to share and discuss the latest global developments. The Forum took an integrated approach to adolescent health, addressing road safety, substance use, comprehensive sexuality education (CSE), mental health, and sexual orientation and gender diversity. The Adolescent Well-being Investment Case estimated the cost of inaction at US\$110 trillion between 2024 and 2050. Additionally, over 1.5 million responses to the "What Young People Want" (WYPW) survey, mobilized by PMNCH partners, shaped the Agenda for Action for Adolescents (AAA), an advocacy tool to shape the post-2030 development agenda among others.

Further details regarding the implementation process can be found in Table 5.

**Table 5.** Implementation process for advancing AHWB

Purpose	Tactics	Impact
Promote meaningful participation and leadership of adolescents and youth	Strengthen adolescents' and youth co-creation and ownership in public decision-making processes through leadership programs, advocacy training, and youth-led accountability initiatives, e.g. through Massive Open On-line Courses (MOOC) and personal development plans.	Improved integration of adolescents' demands in policy making, implementation and negotiations of the post-2030 development agenda.
Tackle <b>root causes and</b> <b>social and cultural</b> <b>barriers</b> to AHWB	<ul> <li>Work with community leaders, educators, and media to promote inclusion and challenge harmful social norms, stigma, and misinformation affecting adolescents.</li> </ul>	<ul> <li>Increased awareness and acceptance of adolescent rights with reduced barriers to health and education services.</li> </ul>
Strengthen policy and investment in adolescent health and well-being to accelerate progress	<ul> <li>Advocate for adolescent-centered national health and development policies with dedicated funding, including linked to climate change and digital technologies, using tools such as the Adolescent Well-being Investment Case (15).</li> </ul>	<ul> <li>Improved political commitment and resourced policies for adolescent health and well-being.</li> </ul>

Expand access to comprehensive adolescent health and well-being services

- Enhance accountability for adolescent health and well-being
- Support partners to scale up integrated adolescent-friendly health and well-being services, including mental health, SRHR, and nutrition programmes.
- Support the development of monitoring frameworks, scorecards and progress reports to track the implementation of 2030 and post-2030 commitments to adolescent health and well-being.
- Expanded access to quality, adolescentresponsive health and well-being services, reducing unmet health and well-being needs.
- Use of accountability mechanisms lead to improvements in the health and well-being of adolescents.

#### 6.3 Standing up for SRHR

Globally, SRHR is under threat. Setbacks in laws, policy and funding undermine access to essential services. The rise of conservative ideologies, religious fundamentalism, and misinformation reinforces harmful gender and social norms harmful to WCA. Growing restrictions on access to contraception, CSE, safe abortion, and attacks on LGBTIQ+ communities only increase preventable morbidity and mortality of WCA. Declining SRHR funding further disrupts services and supply chains.

In the face of this, PMNCH will not be silent (see Box 5 for an example). As illustrated in Figure 3, through partnerships and coalitions, we will:

- Courageously champion SRHR: Mobilize senior political and civil society leaders to champion SRHR through the and post-2030 development 2030 global, regional, agendas national levels. PMNCH will foster multi-sectoral coalitions to elevate SRHR in humanitarian and climate agendas working with strategic campaigns and policy advocacy. This includes uniting feminist movements, adolescent networks, grassroots organizations, communities and political leaders, including parliamentarians, to drive collective action.
- Share research, evidence, and data: Synthesize and disseminate research and data to equip legislators, policymakers, advocates, and program implementers with evidence and tools to counter misinformation, promote evidence-based policies, and challenge restrictive SRHR regulations (see Box 6 for an example).

# Box 5. PMNCH Successes Parliamentarians Accelerating WCAHW

Parliaments and parliamentarians are uniquely positioned to drive WCAHW progress by using their constitutional powers of lawmaking, budgeting, oversight, and representation.

Collaborating with the Inter-Parliamentary Union (IPU) and with parliamentary WCAHW champions, PMNCH has worked to:

- 1. Enhance knowledge among parliamentarians and parliamentary staff.
- 2. Accelerate implementation of, and accountability for, national policy, financing, and service delivery.
- 3. Strengthen engagement and visibility of parliamentarians on WCAHW in their constituencies.

Collaboration between parliamentarians and WCAHW stakeholders, most recently in Zambia and Malawi, is also strengthening ties with civil society and parliamentarians in countries such as Sierra Leone and Kenya. These networks can play a vital role in defending SRHR as demonstrated in The Gambia with the successful defense of the ban on female genital mutilation in 2015.

- Work to strengthen accountability: Through the Countdown to 2030, CAAPs and other initiatives strengthen national, regional and international accountability mechanisms to enhance transparency, track commitments, and hold governments and other key actors accountable for their SRHR obligations through to 2030.
- **Promote SRHR in climate policy**: Promote climate-smart policies and investments in disaster-resilient healthcare infrastructure to ensure SRHR services remains accessible even in the toughest settings.
- Advocate for inclusive digital technology: Advocate for responsible development and use of digital health tools for SRHR, addressing the risks of algorithmic bias, data privacy concerns, and digital divides.
- **Mobilize financing**: Advocate for mechanisms to better redistribute investment in global health, including increased ODA, domestic financing and equitable budget allocations to improve sustainable financing for SRHR programs. By using financial tracking tools to monitor spending and identify gaps, work to ensure that SRHR services are adequately resourced to meet demand, including for the most vulnerable.

# Box 6. PMNCH Successes Generating WCAHW Knowledge & Evidence

PMNCH plays a critical role in synthesizing, translating, and contextualizing evidence to drive WCAHW advocacy and accountability. By drawing on national data, community experiences, and context-specific knowledge, PMNCH develops evidence-based tools that ensure solutions are grounded in research and implementation insights—addressing the needs of the most vulnerable.

Robust data, good practices, and evidence-based solutions are, for example, used to shape advocacy asks to be used by its constituencies during critical policy fora, including the WHA and the UN General Assembly.

PMNCH also develops knowledge tools, such as the Adolescent Well-being Investment Case, and supports cross-constituency collaboration anchored in robust evidence. The Advocacy Brief Series, including briefs on SRHR in Universal Health Coverage (UHC), climate, and WCAHW financing, summaries evidence to support policy, advocacy, and practice.

Further details regarding the implementation process can be found in Table 6.

**Table 6.** Implementation process for standing up for SRHR

Purpose	Tactics	Impact
Strengthen meaningful grassroots and youth- led advocacy	<ul> <li>Partner with civil society, feminist and adolescent networks, and community-based organizations to strengthen capacity to engage in SRHR advocacy and accountability.</li> </ul>	<ul> <li>Grassroots mobilization for comprehensive SRHR and related services gain momentum.</li> </ul>
Advance SRHR policy and legal protections to accelerate implementation	<ul> <li>Advocate with governments for the removal of restrictive laws and policies that limit access to contraception, safe abortion, and SRHR education.</li> </ul>	<ul> <li>In more jurisdictions across regions, laws and policies uphold SRHR as a fundamental human right.</li> </ul>

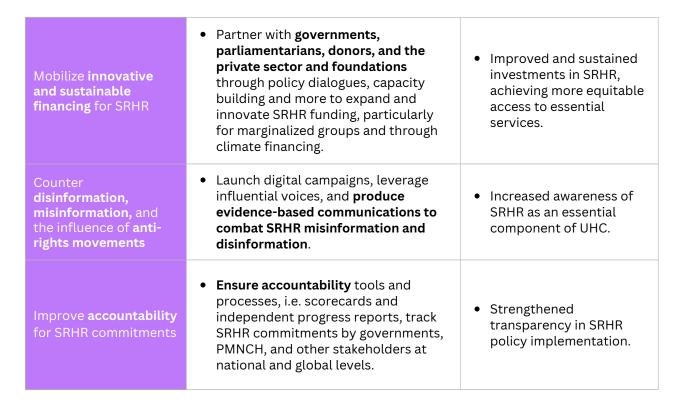
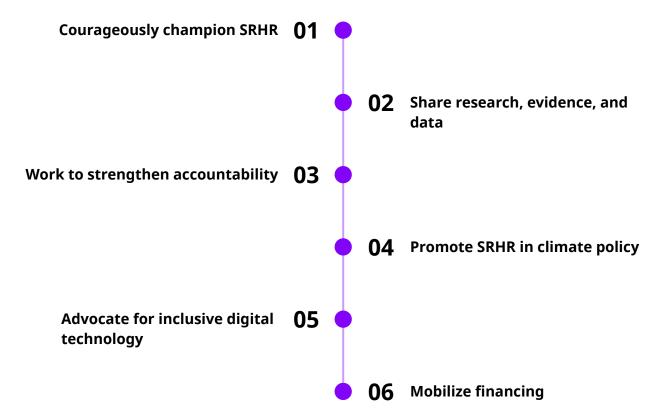


Figure 3. Standing up for SRHR



7. Risk mitigation

PMNCH will monitor and mitigate risks that would impede successful implementation of the strategy:

- Inadequate financing: Whether from domestic sources, ODA, or channeled through PMNCH or partner organizations, the lack of funding for WCAHW will significantly hinder progress.
- **Resistance to SRHR**: Increased political and social resistance to rights-based policies and programs, including SRHR, weakening both government commitments and public support for relevant laws, policies, and services.
- **Distortion of facts**: Widespread misinformation and disinformation coupled with the lack of evidence-based information distort facts and undermine trust.
- Global crisis: Political and economic instability and humanitarian, climate, and health crises shift priorities and drain resources, while also challenging policy development and service delivery on the ground.
- **Competing priorities**: Overall competing government or partner priorities risk diluting collective efforts.
- Lack of collaboration: Reduced appetite for collaboration among partners, driven by increased competition for funding and siloed approaches, weaken the cohesion necessary for sustained and impactful strategy execution.

While many of the risks are external and beyond PMNCH's control, the Partnership will take **mitigating action** by advocating for diversified funding sources and building strong relationships with governments, civil society, communities, and other stakeholders staying flexible to adapt its approach during various crises. Our broad partnership of organizations across sectors, mitigates risks by enabling work with partners whose expertise, presence, or influence are relevant to specific contexts and challenges.

8. Learning framework

# 8.1 Background

The strategy 2026-2030 Learning Framework is a forward-looking approach in support of effective implementation. Drawing from the world's largest network of partners and grounded in PMNCH's commitment to accountability and impact, the Framework outlines PMNCH's approach to tracking progress towards strategy implementation and learning to guide decision-making. It is flexible and adaptable to respond to new insights gained through implementation and remain relevant to evolving political, economic and environmental contexts and conflict-related shifts that influence the strategy's execution.

The Learning Framework, based on a ToA, commits PMNCH to regular monitoring, reporting, evaluation, and knowledge synthesis.

# 8.2 Theory of Action (ToA)

Based on the PMNCH strategy, the ToA outlines the relationship between PMNCH's actions and its desired impact.

PMNCH envisions a world where every WCA can realize their right to health and well-being; where no woman, mother, child, or adolescent dies of preventable causes; and where universal access to SRHR is upheld.

Realizing this vision requires strengthened policies, improved financing, and quality health service coverage as levers to fulfill unmet commitments for WCAHW, SRHR, and AHWB.

To strengthen policies, financing, and services, PMNCH will work with governments to implement WCAHW commitments; strengthen impact-oriented partnerships and coalitions across sectors to catalyze government action; and maintain a resolute focus among partners on combatting anti-rights movements, by providing required tools, knowledge, and support for effective action.

#### PMNCH will:

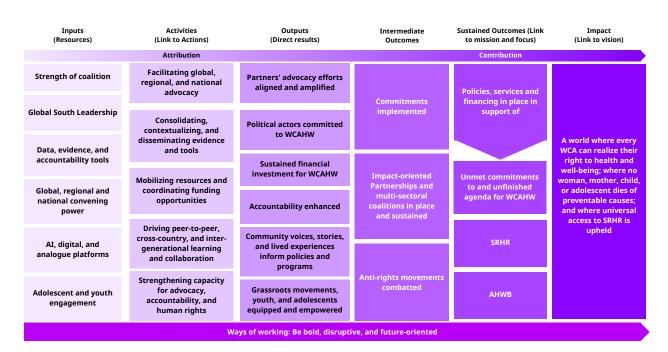
- Align and amplify partners' advocacy efforts: Moving from fragmented, and sometimes conflicting, advocacy to coordinated advocacy that reinforces common messages through a strong partnership platform where coherence, visibility, and impact are enhanced.
- **Generate political will**: Commitments stall due to low prioritization by public decision-makers. Generating political will that foster cross-country engagement, including through the GLN and the IPU, catalyze implementation of WCAHW commitments.
- **Sustain financial investment**: Without proper investment, progress towards WCAHW stagnates. Built on a case for investment and rights, advocacy for sustained domestic financing and ODA, tracking of expenditure, and identification of gaps, contributes to long-term investment in WCAHW.
- **Strengthen accountability**: Accountability is needed to ensure that governments, donors, and partners keep their promises. PMNCH-led initiatives such as CAAPs help strengthen accountability mechanisms that track policy, financing and service-delivery improvements at the country level.

Learning framework

- **Listen to and amplify community voices:** Grounding policies, programs and other interventions in local realities and lived experiences make them more responsive, equitable, and sustainable. Amplifying the voices of communities, including adolescents, through meaningful participation, co-creation, and leadership leads to better decisions.
- **Support locally-led and globally connected action:** Global action alone is not enough to drive change or accountability. When supported with knowledge, skills, and resources, grassroots and adolescent networks are crucial to mobilize public demand, sustain advocacy over time, and hold leaders accountable for delivering commitments.

While activities and associated outputs are mostly within PMNCH's control (attribution), the progress toward outcomes and impact depends on external factors, including other stakeholders and government investment and ownership (contribution). The ToA is intended to be adaptable and aims to encapsulate 70-80% of what PMNCH does in all contexts, including in climate-related and humanitarian crises (Figure 4).

Figure 4. PMNCH Theory of Action<sup>11</sup>



PMNCH's ToA presents causal linkages between inputs, activities, outputs, outcomes, and impact:

• **Inputs** include the material and immaterial resources required to carry out the activities.

Strength of coalition: Membership from grassroots to Heads of State, including governments, civil society organizations, adolescent leaders, UN entities, international non-governmental organizations, professional associations, media, and private sector.

<sup>11.</sup> The terms in the Theory of Action are defined as follows:

Global South leadership: Local priorities, knowledge, and ownership drive policymaking and agenda-setting. Capacity strengthening: Developing training and facilitating peer support to enhance advocacy and accountability skills. Financial investment: Domestic financing, ODA, and funding for PMNCH and partners' programs and operations. Lived experience: Personal knowledge and understanding gained through direct experience, emphasizing an individual's subjective perspective over theoretical or second-hand accounts.

- Activities are the primary actions that PMNCH conducts to bring about intended results.
- **Outputs** are the direct products of PMNCH's activities (attribution).
- **Intermediate outcomes** are early key results that pave the way to sustained outcomes, which reflect deeper, more lasting change (contribution).
- **Impact** is the broader transformation aligned with the SDGs (contribution).

The causal linkages within the ToA are not linear, and the elements in each pillar influence several others in the subsequent pillars. An associated results framework is described in the monitoring section below.

## 8.3 Monitoring

Linked to the ToA, PMNCH monitors progress toward its 2026-2030 strategy by tracking key performance indicators (KPIs) at output, outcome, and impact levels. The results framework with associated KPIs is included in the Annex.

Output indicators focus on measuring how PMNCH, as a partnership, works on WCAHW through various initiatives. As the ToA progresses from outputs to outcomes, indicators increasingly draw on standard global health data, reflecting the shift from attribution to contribution. Impact indicators are directly tied to SDG targets relevant to the PMNCH strategy. Where possible, the KPIs rely on existing indicators. Output indicators are measured annually, and outcomes and impact based on the availability of data (annually, every 2-3 years, or 4-5 years).

The KPIs consist of both quantitative and qualitative data. Where feasible, the quantitative indicators rely on percentages, making it easier to compare data even as PMNCH's reach change over time. The Framework's qualitative indicators seek to capture the lived experiences and perspectives of WCA, youth, and underrepresented communities through methods like storytelling and interviews with PMNCH partners expected to support data collection efforts. PMNCH, supported by partners, will collect and report the data annually. These metrics will inform PMNCH's annual work plans and form the basis for the annual report and donor reporting.

In addition to KPIs, PMNCH tracks social media and website statistics through an internal dashboard. The Secretariat uses engagement metrics such as likes, shares, and views of PMNCH's posts or articles on their social media channels or website. It also counts the number of events listed in a shared calendar hosted at the Secretariat.

# 8.4 Reporting

PMNCH facilitates organizational transparency, accountability, and strategic oversight through regular reporting. The PMNCH Secretariat is primarily responsible for reporting on the implementation of the strategy 2026-2030, with the Board reviewing progress annually<sup>12</sup>. These reports and an accompanying annual financial statement are also used to inform the public, donors, and WHO's Executive Board. Some donors may also require bespoke reporting, based on their own narrative and financial templates.

#### 8.5 Evaluation

PMNCH will commission a light-touch mid-term review by an external organization independent of the Partnership to assess the implementation of the strategy and to inform the development of the subsequent strategy. This review will take stock of achievements and review the relevance of the ToA, enabling course correction, if needed, for the remaining strategic period. It will also draw lessons from implementation and identify priorities to guide influencing of the post-2030 development agenda.

#### 8.6 Learning

PMNCH aspires to be a learning organization to improve how it works, share what works well (and what does not), and course-correct its approaches in real-time for greater impact. To this end, it has structures and processes in place enabling partners and staff to systematically engage in reflective practices, share knowledge, and apply new insights to improve performance and achieve strategic goals.

#### **Means of Learning**

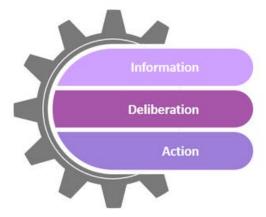
As illustrated in Figure 5, PMNCH learns through three interconnected domains: information, deliberation, and action.

#### Learning through Information

As a data and evidence-driven organization, and in addition to monitoring, reporting, and evaluation, PMNCH will consolidate, publish, and disseminate a range of knowledge products, including:

- Knowledge summaries, policy briefs, and evidence syntheses that inform policy and practice.
- Tools that provide practical, evidence-informed resources to support partners and stakeholders in their advocacy, accountability, and programming.

**Figure 5.** PMNCH's means of learning



- Thematic reports with in-depth analyses to improve WCAHW.
- Multimedia products, such as podcasts, videos, and other digital content, to engage broad audiences and disseminate PMNCH's initiatives and campaigns.

Commitments: Plans and pledges made by governments to allocate resources, implement policies, or take other concrete actions to improve WCAHW.

<sup>12.</sup> See examples of intermediate and annual reports.

Knowledge products are published on the PMNCH website as well as in its internal repository. PMNCH also shares learning through its digital advocacy hubs, webinars, social media channels, and in-person events.

#### Learning through Deliberation

As a partnership, PMNCH fosters collective learning and knowledge exchange across contexts and sectors, uniting partners from grassroots movements to HoS. These interactions help PMNCH contextualize challenges and solutions and develop a shared understanding of priorities to better align and strengthen WCAHW efforts. Learning takes place through a range of in-person and online platforms, including stakeholder consultations, advocacy events, research collaborations, training courses, and conferences.

## Learning through Action

PMNCH learns through practice - drawing insights from its collaborations, projects, and campaigns. By facilitating and funding these initiatives and gathering feedback through partner reports and shared reflections, PMNCH identifies what works, what doesn't, and why. Learning that informs all aspects of our work.

#### **Application of Learning**

Different parts of PMNCH engage with and apply learning in various ways:

- *The Board* uses learning to inform strategy, policy, and oversight. It draws on evidence consolidated by the Secretariat to review progress and guide decision-making to ensure that PMNCH remains focused, relevant, and accountable to its goals.
- *The Secretariat* uses learning to strengthen coordination, guide programs and initiatives, and adapt internal processes. It directly contributes to learning by consolidating, contextualizing, and disseminating evidence and tools, facilitating peerto-peer, cross-country, and intergenerational learning, and by bringing together global, regional, and national actors to share insights and knowledge.
- **Partners** use learning to inform advocacy, programming, and collaborations. By identifying priorities, gaps, and key messages, partners align advocacy, scale effective practices, and channel funding in a coordinated way. They use PMNCH as a platform to share knowledge and evidence they generate independent of PMNCH activities.
- **Country stakeholders**, including policymakers, service providers, and champions, benefit from PMNCH-generated learning for law- and policymaking, financing, program design, and service delivery. Peer learning from various contexts helps identify, adopt, and adapt effective strategies to country needs.
- Adolescents and grassroots movements use learning to influence decision-making and
  advocate for more responsive and inclusive policies, while holding governments and
  other stakeholders accountable. Elevating the voices and lived experiences of affected
  communities helps make the efforts of PMNCH and others responsive to expectations
  and needs on the ground.

#### **Overview of Learning**

PMNCH learning activities are summarized below (Table 7), outlining the responsible lead(s) for each activity, the primary users (learners), and how insights are intended to be used.

 Table 7. PMNCH learning activities

Learning through Information					
Monitoring	Secretariat	Secretariat	Inform planning and reporting.		
Reporting	Secretariat	Board, Secretariat, the public, WHO and donors	<ul> <li>Inform the Board's strategic oversight.</li> <li>Help the Secretariat refine implementation and mobilize resources.</li> <li>Communicate the Partnership's work to the public.</li> <li>Inform donors on implementation progress and the WHO, as the host, of the PMNCH's work and organizational alignment.</li> </ul>		
Evaluation	Board, externally commissioned	Board, Secretariat, partners	<ul> <li>A light-touch mid-term review to:</li> <li>Inform strategic course correction and subsequent strategy development.</li> <li>Provide partners, including peer networks, with evidence on effective implementation of strategies and practices.</li> </ul>		
Knowledge synthesis	Secretariat, partners	Partners	<ul> <li>Inform advocacy, including to generate commitments, combat anti-rights movements, and strengthen accountability.</li> <li>Provide country stakeholders with evidence to enhance WCAHW policies, financing, and services.</li> </ul>		
Learning through Deliberation					
Convening (in-person and online)	Secretariat, partners	Partners	<ul> <li>Share knowledge, contextualize problems and solutions, and develop a collective understanding of priorities to align and strengthen WCAHW efforts.</li> <li>Enable peer-to-peer, cross-country, and intergenerational exchange of perspectives, knowledge, and ideas.</li> </ul>		
Consultations	Secretariat, partners	Secretariat, partners	<ul> <li>Inform PMNCH's research, evidence generation, and advocacy by soliciting feedback and views on a specific topic.</li> </ul>		
Learning through Action					
Training (onsite, webinars)	Secretariat, partners	Partners	Strengthen advocacy and accountability capacities of individuals and organizations and enhance understanding of WCAHW and human rights.		
Implementation reports	Implementing partners	Secretariat	<ul> <li>Improve implementation of PMNCH- funded activities and generate lessons from the field.</li> </ul>		

# 8.7 Operationalization

The PMNCH Board, Secretariat and partners will collectively operationalize this Learning Framework. PMNCH will continue to evolve its ways of working, adapting how it prioritizes, generates, communicates, and uses data and evidence to inform its decision-making, investments, and efforts in advocacy, capacity building, and accountability.

In Q1 2026, the Secretariat will facilitate the development of the Partnership's learning agenda<sup>13</sup> for Board input and approval.

Given that priorities, needs, and context may change over time, the Board will periodically review and update the learning questions as necessary.

13. A learning agenda includes a small set of questions (i.e. critical gaps in knowledge or practice) related to the PMNCH's strategic focus, intended impact, and modus operandi to help the PMNCH deliver the strategy effectively and inform decision-making. The agenda will also define learning activities and required resources to answer the questions. See for example, Gavi learning agenda (p. 24 in Learning System Strategy, 2021) and for further guidance, USAID *Establishing a* 

learning agenda (2017).

# 9. Conclusion: moving from promise to progress

The PMNCH strategy 2026–2030 is both a call to and a blueprint for urgent action. Grounded in the power of sector partnerships and multi-sector coalitions, and guided by an unwavering commitment to equity, human rights, and to communities' own resilience, this strategy positions PMNCH to drive lasting, measurable improvements in the health and well-being of WCA.

strategy implementation is to be focused, purposeful, and unapologetically bold. It will prioritize fulfillment of Member States' and other stakeholders' long-standing commitments to WCAHW. It will center on adolescents as key actors who have the right to shape their own lives today and in the future. PMNCH will not compromise on the full realization of SRHR. Through coordinated, cross-sectoral coalitions, investment in locally-led solutions, and enhanced accountability mechanisms, PMNCH will help transform promises into progress.

This, therefore, is a strategy for all PMNCH partners – a plan to drive change together by reaching out to governments, multilateral organizations, private actors, parliamentarians, and local communities themselves. Together we can and we must unlock new financing streams, confront and dismantle social and policy barriers, and sustain and deepen political will, including in the face of adversity and outright opposition.

Then, looking ahead to the post-2030 development agenda, PMNCH will work in solidarity with those who will bear the worst consequences of any inaction, especially with adolescents, to ensure that their voices are strongly amplified. We will champion priority attention to their rights and will enable their leadership in the shaping and implementation of that future agenda. In collaboration and through these shared efforts, PMNCH will drive delivery of current commitments while laying the foundation for forward looking investments in a healthier, more just and inclusive future for mothers, children, and adolescents.

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# **Annex: Proposed PMNCH key performance indicators 2026-2030**

These proposed key performance indicators are linked to the Theory of Action, detailed in section 8 of the main document.

Level	Indicator	PMNCH Accountability		
Outputs				
Partners' advocacy aligned and amplified	<ul><li>% of CAAPs implemented as intended</li><li># of GLN countries</li></ul>			
Political actors committed to WCAHW	Sustained engagement of Heads of States and/or their delegates in the GLN	Attribution		
Sustained financial investment for WCAHW	% of CAAP and GLN countries with case for financing and rights			
Accountability enhanced	% of CAAP and GLN countries with a functioning WCAHW commitment tracking mechanism			
Community voices, stories, and lived experiences inform policies and programs	• Community voices and lived experiences, including those of adolescents, positively shape			
Grassroots movements and adolescents empowered	<ul> <li>Adolescent and grassroots movement representatives positively engage in CAAP and GLN processes (qualitative)</li> </ul>			
Intermediate Outcomes				
WCAHW commitments implemented	<ul> <li>Health expenditures on the under five-year-olds, reproductive health, and maternal conditions, as % of current health expenditure (GHO)</li> </ul>			
Impact-oriented partnerships and multi-sectoral coalitions in place and sustained	rtnerships and countries) that is responsible for developing, implementing, or overseeing any SRMNCAH strategy, policy or plan			
Anti-rights movements combatted	ovements % of countries (CAAP and GLN) without anti-			

Annex: Proposed PMNCH Key Performance Indicators 2026-2030 (linked to Theory of Action)

Policies, ser		
Unmet commitments to and unfinished agenda for WCAHW	Improved coverage of reproductive, maternal, newborn, and child health in CAAP and GLN countries (as measured by UHC Service Coverage subindex)	
SRHR	% of countries (CAAP and GLN) with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive healthcare, information, and education (SDG 5.6.2)	
AHWB	% of countries (CAAP and GLN) with strategic plans for AHWB (SRMNCAH)	Contribution
A world where every WCA can realize their right to health and well-being; where no woman, mother, child, or adolescent dies of preventable causes; and where universal access to SRHR is upheld	<ul> <li>Maternal mortality ratio (SDG 3.1.1)</li> <li>Under-five mortality rate (SDG 3.2.1)</li> <li>Adolescent mortality rate (GHO)</li> <li>Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive healthcare</li> <li>(SDG 5.6.1)</li> <li># of countries reporting progress in multistakeholder development effectiveness monitoring frameworks that support the achievement of the SDGs (SDG 17.16.1)</li> </ul>	



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