



Global Leaders Network (GLN) & Collaborative Advocacy Action Plan (CAAP) Convening

Thursday 19 March



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Time	Segment
8:30 – 9:00	Introductions - All delegates
09:00 – 09:15	Setting the scene <i>Rajat Khosla, Executive Director PMNCH</i>
09:15 – 09:30	Welcome remarks <i>Dr Issak Bashir, Head of Department of Family Health, Ministry of Health, Kenya</i>
09:30 – 10:45	Understanding the CAAP and GLN: Potential synergies & maximizing the unique value add An update from the Global Leaders Network - <i>Dr Lwazi Manzi, Head GLN Secretariat, South Africa Presidency</i> An update from the Collaborative Advocacy Action Plan initiative - <i>Hester Mkwinda Nyasulu, Country Director, Amref Malawi</i> <i>Plenary discussion</i>
10:45 – 11:15	Break
11:15 – 12:15	Approaches for countering misinformation, anti-rights narratives, with implications and advancement for national policy, in particular SRHR and AHWB - <i>Allan Maleche, Executive Director, Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN)</i> <i>Plenary discussion</i>
12:15 – 13:15	Approaches for engagement on domestic resource mobilization (DRM): connecting political commitments and country advocacy <i>Dr Landry Dongmo Tsague, Director, Center for Primary Health Care, Africa CDC</i> <i>Plenary discussion</i>
13:15 – 14:15	Lunch
14:15 – 15:15	Amplifying GLN leadership and leveraging CSO coalitions to support national priorities. Groups will identify 2–3 concrete opportunities for complementary advocacy in 2026, aligned with GLN priority areas at the global, regional, and national levels. <i>Group Work</i>
15:15 – 15:30	Break
15:30 – 16:30	Amplifying GLN leadership and leveraging CSO coalitions to support national priorities - 2026 advocacy priorities (global, regional, national) <i>Plenary discussion following group work</i>
16:30 – 17:00	Way forward and recap on key agreements <i>Rajat Khosla, Executive Director PMNCH</i>
18:00	Networking reception and dinner on the occasion of the Joint Global Leaders Network and Collaborative Advocacy Action Plan convening at the Pullman Nairobi Upper Hill





Introductions





Setting the scene: Accelerating joint multi-sectoral national advocacy for women, children, and adolescents amid overlapping crises - particularly in the context of financing

Rajat Khosla, Executive Director, PMNCH



PMNCH for women, children and adolescents

- The Partnership for Maternal, Newborn, and Child Health is the world's largest alliance for women's, children's and adolescents' health and rights. We are comprised of nearly 1,500 partner organizations around the world working together through 6 constituency groups:
 - Adolescents and Youth
 - Governments and Intergovernmental Organizations
 - Health-Care Professionals, Academic, and Research Institutions Constituency
 - Non-Governmental Organizations
 - Private Sector and Private Foundations
 - United Nations Agencies and Global Financing Mechanisms
- PMNCH is hosted by the World Health Organization, based in Geneva. Chaired by Rt Hon Helen Clark, former Prime Minister of New Zealand.
- Across the women's, children's and adolescents' health, we are focused on:
 - **Unmet Commitments:** Complete unfinished MNCH and stillbirths agenda
 - **Adolescent Health & Well-being (AHWB):** Elevate youth leadership, integrate health in education, tackle social barriers
 - **Sexual & Reproductive Health & Rights (SRHR):** Defend rights, counter misinformation, mobilize financing

There has been progress for women, children and adolescents

- Since 2000, global **under-five mortality** has fallen by over **half**, and **maternal mortality** has **dropped by 40%** worldwide
- Growing recognition that **adolescents** require dedicated policies and services.
- The proportion of women whose **family planning** needs are being met has increased.
 - Number of women in Africa using modern contraceptives has **risen by 60.8%** since 2015, representing an additional 31 million users.
- **Innovations** have improved health outcomes and service delivery efficiency.
- **Community health workers** are increasingly being integrated and financed in national health plans
- Many countries have enacted **laws to protect** women, children and adolescents from **violence and discrimination**
- More women are holding political office, influencing policy decisions and advocating for **gender-sensitive legislation**.

Greater acceleration required for the health and rights of WCAH

- **The world is not on track to reach the targets for women's, children's and adolescent's health – progress has stalled or slowed down since 2015**
 - SDG 3.2.1: Maternal Mortality – **60 countries** not on track
 - SDG 3.2.2 – Child Mortality – **65 countries** not on track
 - SDG 3.7.1 – **1.1 Billion women** have a need for family planning
- **Adolescent pregnancy** is the leading cause of death among girls aged 15–19 globally
- Africa alone accounted for approximately **70% of global maternal deaths in 2023**
- Globally, just **over half** (56.3%) of women aged 15-49 can make **autonomous decisions about their SRHR**.
 - Deep with regional disparities ranging from **36.8% of women in Africa** able able to make decisions about SRHR, to 87.2% in Europe.
- Africa has the **youngest population in the world**, in ESA 10 – 24 year old represent 32% of the population. However, their health needs remain consistently underfunded and under prioritized.
- Despite the Abuja Declaration target of 15% of national budgets to health, the African average has been **stagnant at about 7%** for two decades.

Amid unrelenting conflict, strained global solidarity and fractured and doubted multilateral system

New year, new challenges

Expanded Mexico City Policy:

- Extends abortion-related ban to US orgs working abroad, and to international orgs
- Prohibits US aid from supporting DIE or “gender ideology”
- Will impact add. **\$30 billion** in foreign aid
- Withdrawal from 65 international orgs including UNFPA – could result in **17 million unintended pregnancies** and **34,000 additional maternal deaths**

US bilateral health compacts with 15 sub-Saharan African countries:

- Likely to expand bans against SRH and services for women, children, adolescents
- Risk of “**over compliance**” given power dynamic and fear of losing US funding
- Big **ethical concerns** over data sharing, privacy
- **CSOs excluded** from secretive process, though inclusion of some faith-based orgs

UN80 Reform

- Proposed UNFPA-UNW Merger
- Threats to mandate
- Dismantling of architecture

Collaborative Advocacy Action Plans & the Global Leaders Network

In 2024, PMNCH and partners rolled out the Collaborative Advocacy Action Plan (CAAP) initiative – country-based and led

- CAAPs bring together partners from civil society, government, parliamentarians, private sector in one national platform
- Together, they review existing commitments and develop a CAAP – an advocacy plan to collectively advocate for priorities, monitor progress, and ensure accountability
- CAAPs are coordinated by CAAP Coordinating Partners in 10 countries: Ethiopia, Kenya, Liberia, Malawi, Nigeria, Senegal, Sierra Leone, South Africa, Tanzania, Zambia

In 2023, PMNCH supported the establishment of the Global Leaders Network for Women’s, Children’s, and Adolescents’ Health (GLN)

- GLN is the first and only Southern-led global health diplomacy initiative to support the attainment of the 2030 SDGs for WCAH
- Chaired by South African President Cyril Ramaphosa, GLN includes 11 heads of state and government operating through a tiered system of advocacy and diplomacy.
- Members include Denmark, Ethiopia, Kenya, Liberia, Malawi, Nigeria, Senegal, Sierra Leone, South Africa, Somalia and Tanzania.

GLN & CAAP complementary entry points - combining high-level political and diplomatic advocacy with multi-constituency, civil-society-led country advocacy.

CAAP

Collaborative Advocacy Action Plan

- Multi-consistency partnerships – CSO leadership
- Established advocacy mechanisms
- Grassroots legitimacy & country presence
- Sustained initiatives & institutionalized presence



**Accelerating
WCAH
Commitments**

Globally, regionally
and nationally

GLN

Global Leaders Network

- Highest level political & diplomatic advocacy
- Political access & regional leverage
- Influence in global platforms
- Strategic partnerships

Q: How can we deliver health and rights for women, children, and adolescents?

A: Through better policy and financing – and by countering misinformation

The focus of our convening this week:

- **Policy**
Policy environment, including domestic laws and policies, and navigating global and regional shifts
- **Financing**
Domestic resource mobilization (DRM) and “achieving more with less” in constrained fiscal contexts
- **Misinformation in the context of WCAH, including SRHR**
Countering misinformation and advancing **SRHR** in the face of anti-rights pushback.

From today's discussions, we want to achieve concrete recommendations to strengthen the complementarity between the GLN and CAAP

We want to achieve:

- A clarified framework and recommendations for:
 - How CAAP can support driving GLN's political leadership to advance women's, children's and adolescents' health
 - How GLN can be leveraged in the context of national advocacy
- Identified 2 – 3 concrete activities for CAAP and GLN to advance the financing, policy and address misinformation preventing access to health services



Welcome remarks

Dr Issak Bashir, Head of Department of Family Health,
Ministry of Health, Kenya



An update from the Global Leaders Network

Dr Lwazi Manzi, Head GLN Secretariat, South Africa
Presidency





Initiated in 2023, the GLN is the **first and only Southern-led global health diplomacy initiative** to support the attainment of the **2030 Sustainable Development Goals** related to women, children and adolescents.



REPUBLIC OF SOUTH AFRICA

H.E. President Cyril Ramaphosa

Republic of South Africa Host and Chair of the Global Leaders Network on 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 mobilise our peers and advance policies, programmes and financing initiatives for improved outcomes.

”



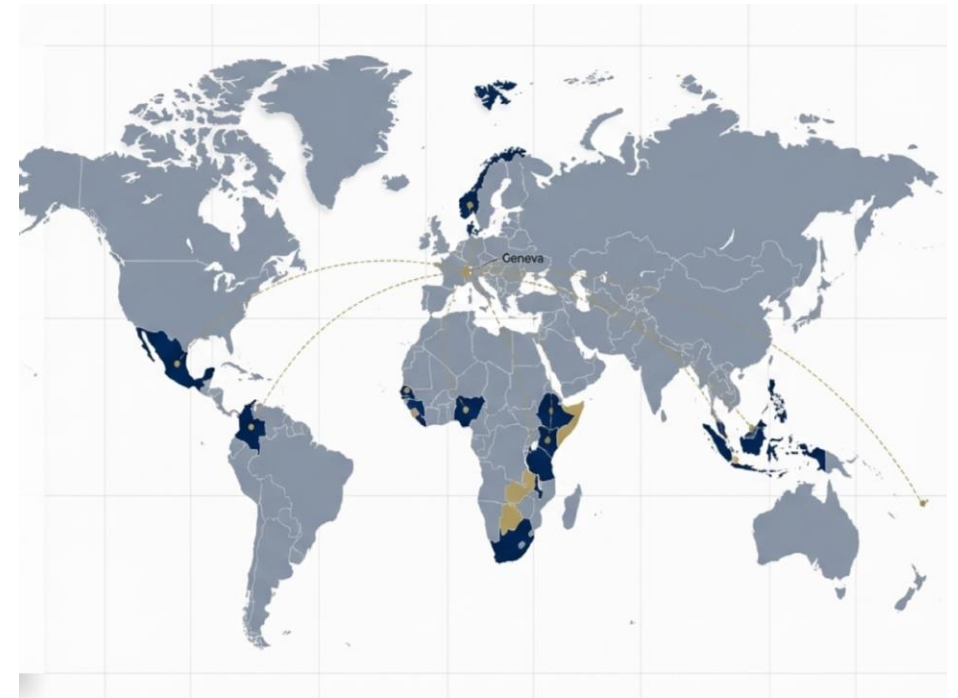
GLN Membership and approach



The GLN is a **network of Heads of State and Government**, initiated and **chaired by H.E. Cyril Ramaphosa, President of South Africa** and supported by PMNCH chaired by Rt Hon Helen Clark, former Prime Minister of New Zealand. *New members are welcome to join.*

Member include

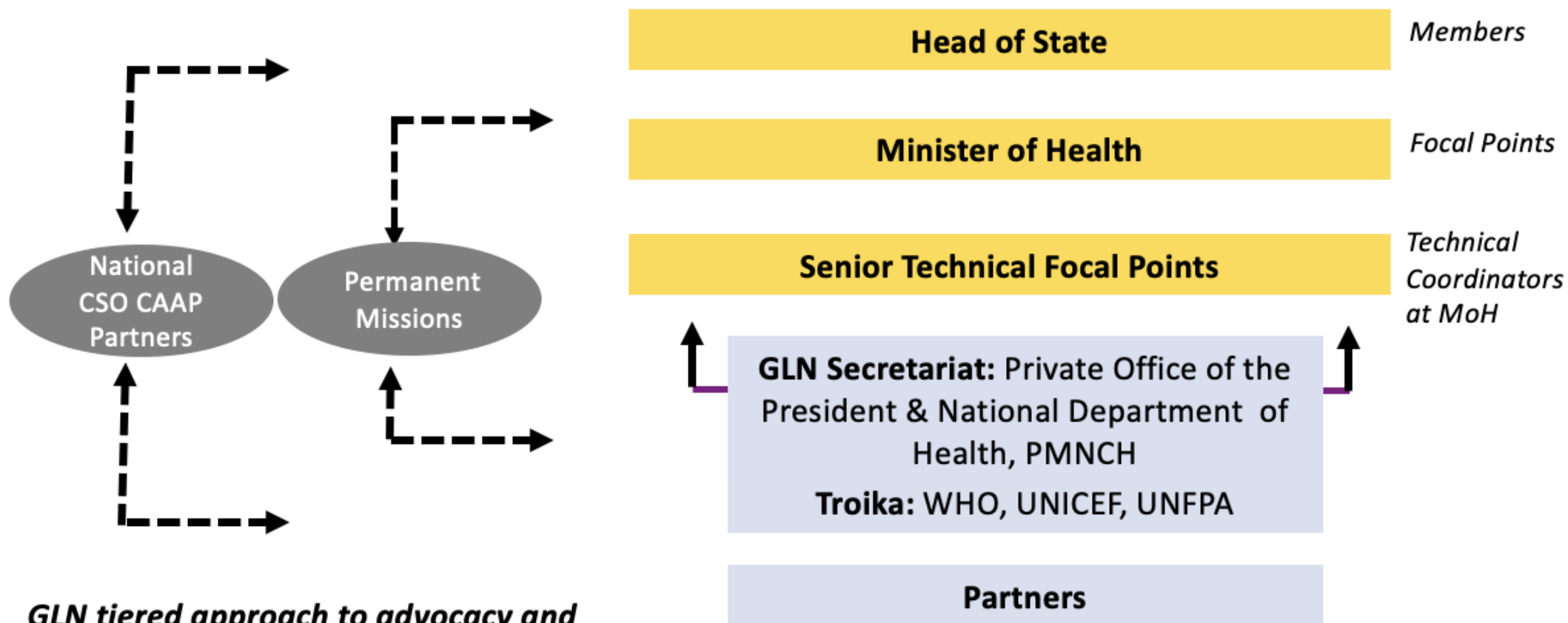
- H.E. President Cyril Ramaphosa, South Africa (Chair)
- H.E. Prime Minister Mette Frederiksen, Denmark
- H.E. Prime Minister Abiy Ahmed, Ethiopia
- H.E. President William Samoei Ruto, Kenya
- H.E. President Joseph Nyuma Boakai, Sr., Liberia
- H.E. President Bola Ahmed Tinubu, Nigeria
- H.E. President Julius Maada Wonie Bio, Sierra Leone
- H.E. President Bassirou Diomaye Faye, Senegal
- H.E. President Hassan Sheikh Mohamud of Somalia
- H.E. President Samia Suluhu Hassan, United Republic of Tanzania
- Government of Malawi



Prospective Outreach: Official signals of interest from Botswana

Global Expansion Pipeline includes engagement with Colombia, Fiji, Indonesia, Malaysia, Mexico, Norway, the Philippines, and Zambia.

Tiered approach to advocacy and diplomacy



GLN tiered approach to advocacy and diplomacy – leveraging layers of influence across national, regional, and global platforms

Priority areas



1. Prioritize women, children, and adolescents in the rollout of Universal Health Coverage (UHC)
2. Increase investments in women's, children's, and adolescents' health
3. Promote progressive lawmaking to uphold sexual and reproductive health
4. Sustain political will and commitment

Accelerating progress across the GLN priorities: Key achievements in 2025- February 2026



- Advocacy for investment in WCAH at the 2026 AU Summit
- Third annual UNGA event brings 4 HoS and global leaders together for WCAH
- Advocacy to G20 health working group, WHA, AFRO RC and TICAD
- Continued advocacy for WCAH as a standing agenda item at the AU
- HLPF side event to strengthen ac SDGs.



Prioritize women, children, and adolescents in the rollout of Universal Health Coverage (UHC)



Increase investments in women's, children's, and adolescents' health



Promote progressive lawmaking to uphold sexual and reproductive health



Sustain political will and commitment

- Liberia's post-abortion care partnership with Seed Global
- Cross country learning on SRHR advocacy between South Africa and Liberia
- Dynamic modelling (Liberia, Malawi & Sierra Leone)

- Endorsing the PPP Health Accelerator to address financing gaps
- Strengthening Capacity for DRM - 5 webinars
- Advocating for increased investment in locally produced WCAH commodities

- Recognition of WCAH and GLN in G20 Leaders Declaration
- GLN membership engagement and growth
- Strengthening the GLN Network functioning
- Deepening diplomatic networks to accelerate advocacy
- Raising visibility of WCAH in the media leveraging the voice of GLN Champions (Ethiopia, Liberia, Nigeria, Sierra Leone, South Africa, Tanzania)

G20 Leaders' Declaration Marks Breakthrough for Women's, Children's and Adolescents' Health



World leaders gathered in Africa for the first time in the history of the G20

In the G20 Leaders' Declaration, leaders affirmed

“the critical importance of investing in the health and well-being of all, including women, children and adolescents as a foundation for sustainable development”

Global Leaders' Network for Women's, Children's and Adolescents' Health recognized



G20 South Africa Summit: **LEADERS' DECLARATION**

1. We, Leaders of the G20, who gathered in Johannesburg, South Africa, for this historic first Summit on the African Continent under the South African G20 Presidency, on 22 and 23 November 2025, addressed major global challenges and discussed ways to promote solidarity, equality and sustainability as key pillars of inclusive growth.
2. For the first time, G20 Leaders have convened in Africa. In the spirit of Ubuntu, we recognise that individual nations cannot thrive in isolation. The African philosophy of Ubuntu, often translated as 'I am because we are', emphasises the interconnectedness of individuals within a broader communal, societal, economic, and environmental context. We understand our interconnectedness as a global community of nations and reaffirm our commitment to ensure that no one is left behind through multilateral cooperation, macro policy coordination, global partnerships for sustainable development and solidarity.

“The recent G20 Leaders' Declaration stands as a beacon of hope in an otherwise difficult and turbulent global moment and a testament to the impact of GLN advocacy...”

Domestic Resource Mobilization (DRM) Webinar Series Officially Launched



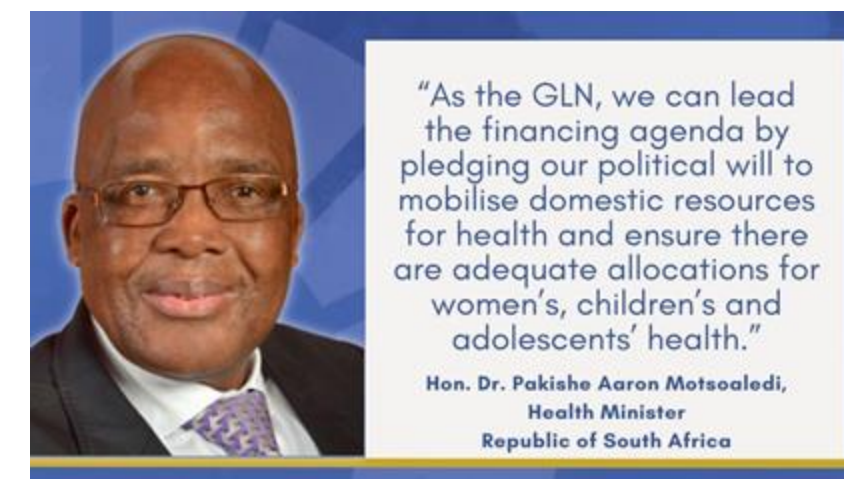
Since the September launch of the series, held five successful webinars to date:

- **Domestic Resource Mobilization in Action**
- **Understanding the Catalytic Effects of the G20's Policy Outcomes on Domestic Resource Mobilization'**
- **Demystifying Blended Financing**
- **Social Impact Bonds**
- **SRHR at the Heart of UHC**

Panelists have included GLN member countries, including Ministries of Health and Finance, academic institutions, development partners, civil society organizations, and other stakeholders.

Over 1500 registrants

Bringing together GLN member countries and prospective membership



Increasing visibility of WCAH in the media



Amplifying advocacy through televised interviews



Hon Minister Dr Pakishe Aaron Motsoaledi, Minister of Health



Dr. Anshu Banerjee is the Director for MNCAH, WHO

Engaging Senior Technical Coordinators through Op-ed publications and media products



Sierra Leone: From Political Will to Commitment - Sierra Leone's Vision for Transforming Women's, Children's, and Adolescents' Health



OPINION

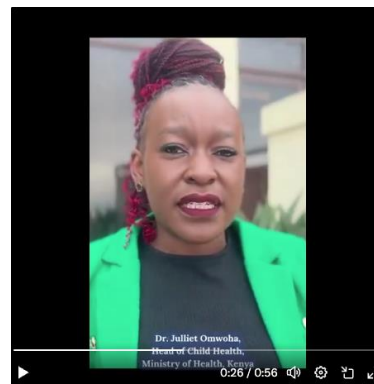
By Dr. Lynda Farma

Investing in the health of women improves productivity, reduced healthcare costs, and improved economic growth. In sub-Saharan Africa, approximately 5 million children die annually. A woman dies every 100 seconds in sub-Saharan Africa. More than 1,000 women die every day, with disproportionate reproductive healthcare remain

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

Dr. Lynda Farma, GLN Senior Technical Coordinator Sierra Leone

Dr Julliet Omwoha, Head of Child Health, Kenya



Leveraging radio



Amplifying country progress and reform

Global Leaders Network @GLN_Community · 22h
Nigeria has launched six new national strategies to end preventable maternal and newborn deaths, including a Safe Motherhood Strategy through 2028.

Read more on how Nigeria is investing in women's health.

health.gov.ng/Bpg_info/258/P... @PMNCH @Fmohigeria @muhammadpate #GLN #SDG2030



From health.gov.ng

ACTIONS TO BE TAKEN FOR KEY PRIORITIES

1. Strengthen SRH Advocacy and Global Diplomacy

- Elevate Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) priorities in global health agendas.
- Influence G20, AU, and multilateral discussions to secure explicit commitments for WCAH protection in policy and funding frameworks.

2. Advance Financial Diplomacy for Members

- Implement a Financial Diplomacy Series to equip GLN members with strategic tools for engaging donors, governments, and partners.
- Align member actions with resource mobilization goals to ensure sustainable financing for SRH programs.

3. Shape Global Health Reform Policies

- Secure precise language in global health reform initiatives to safeguard WCAH investments and program continuity.
- Advocate for actionable inclusion of SRH indicators in health systems and pandemic preparedness frameworks.
- 4. Accelerate Public–Private Partnerships

4. Deliver the PPP Health Accelerator to catalyze innovative collaborations between governments, private sector, and development partners.

- Promote scalable SRH innovations with measurable impact on access, quality, and equity.

5. Strengthen Leadership Continuity and Representation

- Recruit HOSG (Heads of State/ Government) champions beyond Africa and ensure retention during electoral transitions.
- Endorse revised GLN Terms of Reference and elect the next rotating chair to maintain governance effectiveness.

FINANCIAL DIPLOMACY SERIES



GLN countries advance from dialogue to practical policy onboarding



Proposed Partnership with Centre for Global Health Development and the Women's Health Empowerment Network



Connect Ministers of Finance with financing institutions (banks and philanthropies) alongside blended finance specialists and women's health technical experts



The GLN countries will participate as respective "case studies," with a targeted priority that is nationally defined.



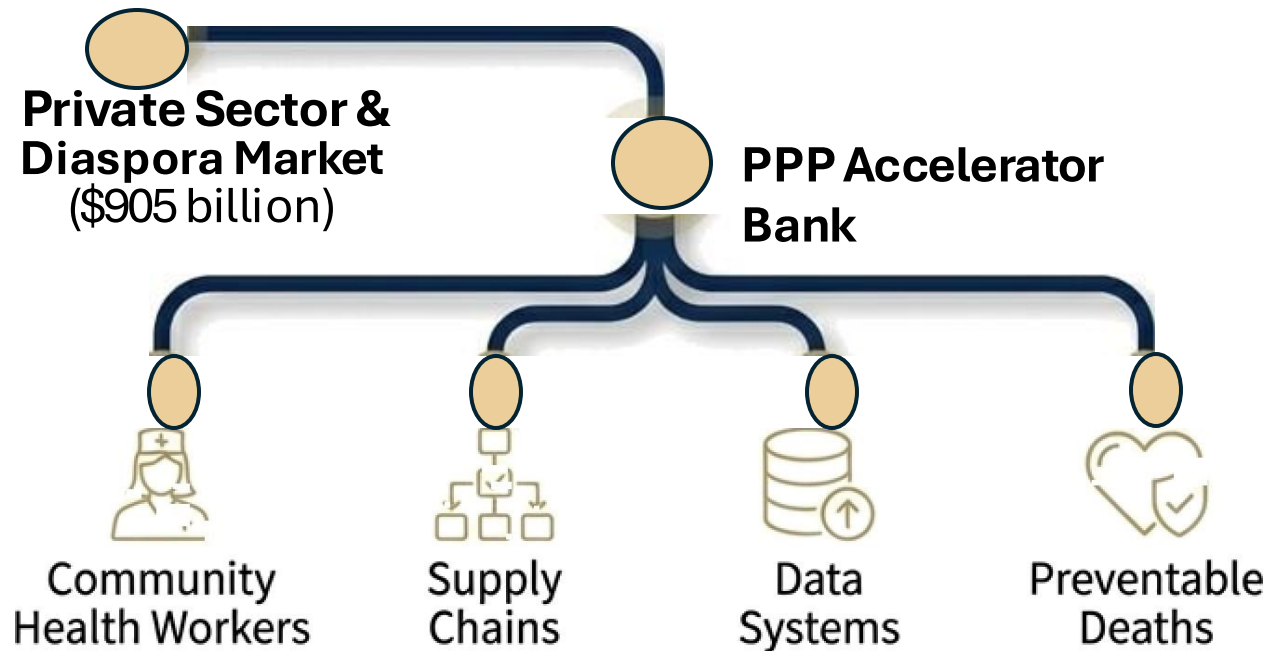
Translate each country's priority into a structured financing problem with a clear solution pathway (operational playbook)



First Engagement on the margins of the WB-IMF Spring Meetings

Mobilizing Domestic and Innovative Capital Addresses the \$66 Billion Cap

Initiative 1: The PPP Health Accelerator



Supported by Botswana and spearheaded by Dr. Joy Phumaphi. Targets the \$905 billion global diaspora remittance market. Focus areas: Scaling community health workers, digitizing supply chains, strengthening data, and reducing preventable deaths.

Initiative 2: Domestic Resource Mobilization (DRM)

Launching a six-part member-led webinar series in September 2025. Focuses on health taxes, governance, leveraging the Pandemic Fund, and integrating SRHR into national health insurance.

Initiative 3: Local Procurement

Advocating for the African Pooled Procurement Mechanism (APPM) to scale locally produced WCAH commodities.

Advocacy Roadmap 2026



39th Ordinary Session of the AU HoS with STBF

14 – 15 February, Addis

Regional World Health Summit
27 – 29 April, Nairobi

WHA UK/ SA Development Summit
18 - 23 May, Geneva

BRICS July
(India Chair)

UNGA
9 – 23 Sept, New York

World Bank
13-18 April

Africa Forward Summit (France/Kenya)
11 - 12 May, Nairobi

G7
15 - 17 June
Évian-les-Bains, Haute-Savoie, France

SADC HoS Summit - August
(Aug - TBC)
SA
Presidency

AU STC on Health
(Timing/ Local - TBC)

Additional opportunities GLN is monitoring

- UK Future of Development Summit (March and May)
- Public Health World Conference (July)
- World AIDS conference (July)

Key priorities include leveraging HoS Economic Forums to advance SRHR

Light fill indicates opportunities for heightened SRHR focus

Questions for discussion:



Is this approach sufficiently targeted and fit for purpose for the current landscape – what is missing or included but ineffective?



How do we strengthen linkages with civil society to advance this strategy?



An update on the Collaborative Advocacy Action Plan (CAAP) initiative

Hester Mkwinda Nyasulu, Country Director, Amref Malawi



Collaborative Advocacy Action Plan (CAAP)

The aim of the CAAP initiative is to support **action** and **accountability** for **national commitments** to WCAH.

Partners join to accelerate **evidence-based, coordinated advocacy**

The CAAP initiative is coordinated by national CAAP coordinating partners in 10 countries.

Ethiopia - Clinton Health Access Initiative (CHAI)

Kenya - Health NGOs Network (Aga Khan University – scoping)

Liberia - Public Health Initiative Liberia

Malawi – Amref Health, Malawi

Nigeria - Africa Health Budget Network

Senegal - Amref Health, Senegal

Sierra Leone – CHAI

South Africa – CHAI, SA

Tanzania – Amref Health Africa, Tanzania building on development phase coordinated by CHAI

Zambia – Amref Health, Zambia



Quarterly CAAP Coordinating Partner peer exchanges

Advances across five key actions



Mobilize financing



Multisectoral Alliances



Progressive Laws and

Policies



Capacity Strengthening



Foster accountability



Malawi budget review with Parliament



Ethiopia media training

7th CAAP Cross-Country Peer Learning Convening

Reviewing status, tactics and recommendations to accelerate action for WCAH

Focused reflections and recommendations on:

- **Policy environment**
- **Domestic resource mobilisation**
- **Countering misinformation**

Advancing women's, children's and adolescents' health, including SRHR across countries



Policy: Policy environment, including domestic laws and policies, and navigating global and regional shifts

Emerging CAAP priorities in 2026

- **Facilitate peer learning across countries:** Package cross-country lessons on legislative and **policy progress**
- Map the **accountability mechanisms** to be used to support the implementation of RMNCAH in laws and budgets
- Establish an ongoing and regular **review of budget and policy implementation**, with the MoH, building on the best practices and partner mapping on who is doing what, where

Opportunities for greater GLN support

- **Issue coordinated presidential statements:** GLN should facilitate consistent, unified statements from Heads of State on SRHR, abortion, and MNCH — providing political cover for country-level action
- **Support civil society inclusion in G2G processes:** GLN should use its political relationships to advocate for CSO participation in G2G health agreement negotiations, from which they are currently excluded.
- **Facilitate collective bargaining:** Support African governments and CSOs to negotiate collectively against harmful conditionalities in the US Global Health Agreements
- **Strengthen regional mechanisms:** linkages to regional platforms such as ECOWAAS to prioritize SRHR
- **Support stalled bills** to get across the finish line – (Sierra Leone Safe Motherhood Bill, Kenya MNCH Bill, Tanzania)

Health financing & domestic resource mobilization

Emerging CAAP priorities in 2026

- **Strengthening financing capacity:** Partner with experts in health financing and budget advocacy as well as with parliaments and engage across the full budget cycle, not just at one stage
- Establish a shared **CAAP accountability scorecard to track spending** commitments and call out gaps
- Secure dedicated **SRHR/MNCH budget lines** first and then push for increased health spending ceilings.
- **Strengthen funding efficiency:** Shift focus from competing over limited funds to refine/ improving allocation for WCAH within the existing context.

Opportunities for greater GLN support

- **Convene Ministers of Finance to align on SRMNCAH allocations**, using expert input and economic, fiscal **language** that compels and drives prioritisation.
- Define a coordinated, politically sensitive **GLN response to the Global Health Architecture** co-financing pressures on domestic health budgets
- **Explore what collective bargaining mechanisms** can be used given the current exclusion of civil society from these processes.

Countering misinformation and ensuring evidence-based decision-making






Emerging CAAP priorities in 2026

- **Strengthen social and traditional media** and leverage existing platforms to share information (WhatsApp Communities, Radio, Television, Twitter Storms, Twitter)
- **Invest in diverse communications tactics** (film, poetry, storytelling) to shift minds where arguments alone cannot, especially with young people
- **Work through trusted voices:** allied religious leaders, trained influencers and community figures and HCWs who carry credibility where we cannot

Opportunities for greater GLN support

- **Ensure consistent advocacy messages**, data, and key asks, especially on sensitive issues (e.g. teenage pregnancy, abortion)
- Advocate for **greater government communications budgets** to support improved awareness of evidence, rights and counter misinformation
- Support regional "**Counter-Misinformation Hub**" characterized by centralised monitoring and rapid response, coordinating messaging across countries

In the current climate, country-led, coordinated advocacy for women, children and adolescents' is no longer optional — it is a must

-  Aligning partners around national priorities
-  Strengthening collective advocacy
-  Amplifying multistakeholder and community voices
-  Supporting commitment implementation
-  Strengthening mutual accountability for WCAH

*Scan to learn
more*



Plenary discussion: identifying opportunities for complementary advocacy to advance country goals

Guiding discussion questions

- Where and how can GLN leadership be leveraged to advance national advocacy goals? Where and how can community/stakeholder pressure support the implementation of government commitments?
- What regional and global advocacy most effectively drives national impact?

Break



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Approaches for countering misinformation, anti-rights narratives, amid shifts in global policy with implications and advancement for national policy, in particular SRHR and Adolescent Health and Well Being (AHWB)

Allan Maleche, Executive Director, Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN)



POLICY SPACE UNDER PRESSURE

Countering misinformation &
anti-rights narratives



Protecting SRHR progress &
adolescent wellbeing



Allan Maleche & Wangui Gitahi
KELIN

The Reality: Progress is Becoming More Contested



FISCAL TIGHTENING
ACROSS HEALTH
SYSTEMS



GEOPOLITICAL SHIFTS
AFFECTING HEALTH
COOPERATION



ORGANISED
ANTI-RIGHTS
MOBILISATION



MISINFORMATION
SHAPING POLITICAL
INCENTIVES

Policy Regression is Rarely Dramatic

01

Policies are not
always
repealed

02

They are
slowed,
underfunded or
made uncertain

03

Implementation
hesitancy
becomes
widespread

04

Service access
becomes
uneven

Case Example: Kenya – Uncertainty as a Policy Tool



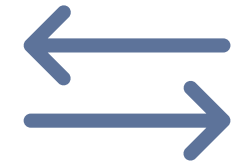
Ongoing legal
contestation
creates provider
hesitation



Public
controversy
shapes
administrative
caution



Misinformation
influences
perception of
legality



Result: policy
exists, but
access weakens

The Policy Squeeze

Narrative Pressure

- Misinformation
- Moral framing
- Media amplification

SHRINKING POLICY SPACE

Fiscal Pressure

- Budget limits
- Donor shifts
- Under-financed policy

Institutional Pressure

- Faster policy cycles
- Reduced consultation
- Fragmented coordination

The New Battlefield is Financing

Budget ceilings
determine real
policy
outcomes

SRHR lines
quietly
reduced or
merged

Commodity
procurement
delays affect
services

Engagement
with finance
actors now
essential

**Misinformation
Now Shapes
Policy
Feasibility**

Influences public opinion

Shapes parliamentary debate

Influences development of law

Creates implementer hesitation

Travels faster than evidence

Opposition is Coordinated Across Borders

- Shared narratives and legislative strategies
- Digital mobilisation influences national debates
- Advocacy responses remain largely national
- Need for stronger regional alignment

Where We Still Have Leverage



Legal & regulatory engagement



Budget advocacy & accountability



Narrative leadership

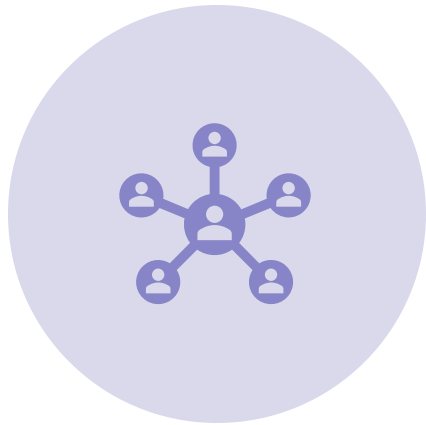


Coalition alignment



Regional & global platforms

When Advocacy and Diplomacy Align



**CAAP: GRASSROOTS
LEGITIMACY &
IMPLEMENTATION
PRESSURE**



**GLN: POLITICAL
VISIBILITY &
DIPLOMATIC LEVERAGE**

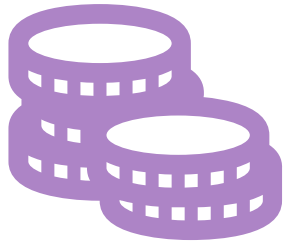


**TOGETHER: STRONGER
POLICY INFLUENCE**

What Coordination Can Achieve

- Evidence from coalitions
- Political amplification at regional/global level
- Reinforced national commitments
- Accelerated reform momentum

Strategic Entry Points for 2026



National and
subnational budget
cycles



UHC benefit package &
financing reforms



Regional advocacy moments
(AU, WHA, Ministerials
meetings)

Final Reflection

Countering
misinformation is
not only about
facts

It is about
protecting
democratic policy
space

This requires
coordinated legal,
political and social
action

Thank
you

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Plenary discussion: Opportunities for complementary activities on countering misinformation, protecting and promoting SRHR

- How are global policy shifts and anti-rights movements currently influencing legal and policy environments, and where are the biggest risks/greatest need, and opportunities for coordinated response?
- Where are the 2026 entry points to protect and advance national policy response?



Approaches for engagement on domestic resource mobilization (DRM): connecting political commitments and country advocacy

Dr Landry Dongmo Tsague, Director, Center for Primary Health Care, Africa CDC



Plenary discussion: Opportunities for complementary activities on DRM and optimizing use of funds

- How can GLN leverage finance ministries and decision makers?
- How can CSOs support the diplomatic and political positioning to advance health financing?
- Where are the 2026 entry points, and what are the greatest opportunities for complementary advocacy?

Lunch



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Small Group discussions –Amplifying GLN leadership and leveraging CSO coalitions to support national priorities.

Opened by Sarah Bald, PMNCH



Recalling GLN Priority Areas



Prioritize women, children, and adolescents in the rollout of Universal Health Coverage (UHC)



Promote progressive lawmaking to uphold sexual and reproductive health



Increase investments in women's, children's, and adolescents' health



Sustain political will and commitment

Small Group discussions – Amplifying GLN leadership and leveraging CSO coalitions to support national priorities. Groups will identify 2–3 concrete opportunities for complementary advocacy in 2026, aligned with GLN priority areas at the global, regional, and national levels.

- **Group 1: Prioritize WCAH in UHC** (national, regional, global) *Facilitated by Hans Katengeza, Ministry of Health Malawi (Self nominated Rapporteur & Presenter)*
- **Group 2: Increased financing for WCAH** (national, regional, global) - *Kadi Toure (Self nominated Rapporteur & Global, regional and National Presenter)*
- **Group 3: Promote progressive law-making to uphold SRHR** (national, regional, global) - *Facilitated by Allan Maleche (Self nominated Rapporteur, Presenter)*

Each group completes the following table for their priority area:

	Specific Complementary Advocacy Activities
Global	
Regional	
National	

Break



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Plenary discussion following group work: Amplifying GLN leadership and leveraging CSO coalitions to support national priorities – recommendations for global, regional and national advocacy



Identifying complementary advocacy activities at a global, regional and national level according to GLN priority areas

- **Group 1: Prioritize WCAH in UHC** (national, regional, global)
- **Group 2: Increased financing for WCAH** (national, regional, global)
- **Group 3: Promote progressive law-making to uphold SRHR** (national, regional, global) -

Each group completes the following table for their priority area:

	Specific Complementary Advocacy Activities
Global	
Regional	
National	

Promoting Progressive laws

Group 3: Promoting Progressive laws

- **Adolescents Health Policies:**

- **Age of consent:** Provision of health services to adolescents i.e. contraceptives, HIV (Uganda and Zambia, Liberia -18yrs)
- Adolescents not being able to access services
- Tanzania has national guidelines from 10 years and above, HIV is from 15 years without parental consent
- Other countries have lowered the age of consent such as Rwanda

- **Access to Safe Abortion Services**

- When the life of mother is at risk

- **Expanded Global Gag rule**

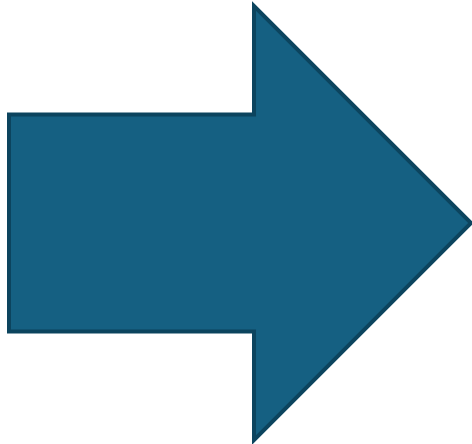
- **Marriage Act of 1971 – the girls age of marriage is lower about 14/15 years (Tanzania)**

- Barriers to up lifting the marriage act: Religious and culture issue (Preventing
- Child marriage is criminalized (In seara leon and Zambia)
- Customary laws acts as a barrier

- **Gender based violence Acts: Protecting gender against violence and exploitation**

Group 3: Promoting Progressive laws....

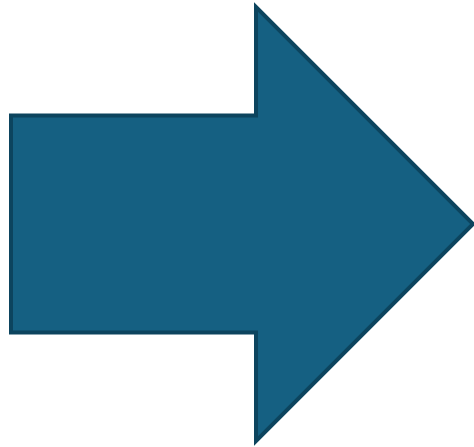
Are there laws that are being challenged:



- Comprehensive Sexuality Educations (ESA Commitment) Tanzania and Zambia
- Age of consent push back
- Abortion laws
- RMNCH Framework –
 - Access to family planning, this is more external due to shift in funding (Liberia)
 - Condoms procurement challenges, access to family planning
 - There is need of integrated programmes instead of vertical programing
 - Global health diplomacy: National Interest Vs G2G, promoting bilateral relations over multilateral, data sharing
 - There is need to renegotiate -
 - There is need for regional coordination's when there are agreements being made
 - Develop sustainability plans in an event of declining funding

Group 3: Promoting Progressive laws....

Are there policies and guidelines that needs to be broken down to stakeholders?



- Male engagement guidelines (Tanzania)
 - Barriers: Historical cultural practices
- RMNCH needs to be disseminated to the communities
- Termination of pregnancy Acts
- Safe motherhood bill – Sera leone since 2015 (religious)

Regional e.g. ECOWAS

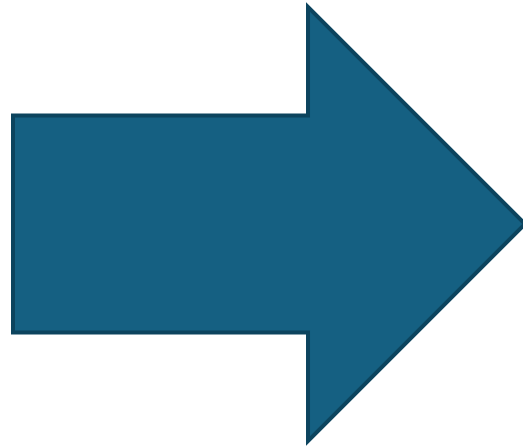
- Development of legal frameworks
- Popularizing of agreements
- Capacity building and advocacy

Continental:

- Africa CDC support (Integrating into the Africa CDC broader initiatives including capacity building)

Group 3: Promoting Progressive laws....

Are there communities that are missing out on the SRHR Spectrum.

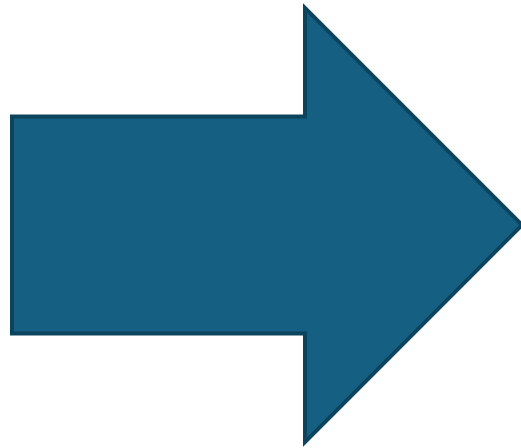


- Male and boys
- Women and adolescent Girls
- Persons living with disabilities
- Key population, less fortunate youth population
 - Barriers include Legal frameworks

Group 3: Promoting Progressive laws....

What partnerships, are there upcoming regional opportunities

How can GLN support



- **Partnerships/Opportunities:**

- International Maternal and Newborn Conference,
 - Work together as countries (Common agenda)
- Commission on Population and Developments(Common Agenda: Leverage on research and technology)
- World Health Assembly

- **GLN:**

- Advocacy around adolescent health
- Multi sectoral collaborations
- Evidence based interventions (Data driven) by Africa (GLN to identify agenda to push)

Increase financing for WCAH

Increase financing for WCAH: National

- **Prioritise debt relief** and ensure legal support in negotiations
- **Engage MoF early and consistently** — secure buy-in, identify focal points, and build sustained partnerships beyond crises
- **Strengthen political leadership** to drive whole-of-government coordination (e.g. lessons from polio response)
- **Reframe health as an investment** — use *clear* ROI messaging, including short-term (1–3 year) for gains (ECD) and human impact stories
- **Deepen DRM efforts** through stronger MoF–health collaboration
- **Scale innovative financing** — WHO Best Buys, sin taxes, remittances, community-based funds
- **Keep communities at the centre** — prioritise PHC and locally grounded approaches - social determinants of health
- **Efficiency and donor alignment** -
 - End vertical reporting - support advocacy to donors to end vertical systems - support TWGs
- **Engagement of private sector**

Increase financing for WCAH: Regional

- **Leverage *existing* technical guidance** - Africa CDC Greenbook - ensure MoF awareness,
 - IGAD, ECOWAS
- Regional meetings must prioritize WCAH
- Consolidate regional best practices on SRHR
- Support regional procurement, local manufacturing
- Ensure inclusion of local CSOs, not just NGOs, at AU and regional forums and platforms
- Scale best practices for scorecards (national, regional)

Increase financing for WCAH: Global

- **Champions:** Leverage influencers, athletes to champion WCAH, debt relief, health
- Consider **global resolutions** and support follow up
 - Prioritize Director General technical briefings at World Health Assembly
 - PMNCH/ GLN provide support to MS negotiations, coordination on resolution negotiations
- PMNCH/ GLN advocate for **pooled funding mechanisms** (esp for donors)
- **Leverage G7, G20 advocacy** - major intergovernmental processes to prioritize health financing - and WCAH

Way forward and recap on key agreements

Rajat Khosla, Executive Director, PMNCH



Thank you!

GLOBAL LEADERS NETWORK & COLLABORATIVE ADVOCACY ACTION PLAN JOINT CONVENING

A joint convening of Global Leaders Network (GLN) Senior Technical Focal Points and Collaborative Advocacy Action Plan (CAAP) Coordinating Partners

18 - 20 March 2026 | Hybrid: Nairobi & Virtual

Partnership for change
Joining together to accelerate advocacy for women's, children's and adolescents' health

Day 1 – CAAP Partners
Day 2 – Joint GLN & CAAP
Day 3 – GLN Focal Points

Hosted by the World Health Organization
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