24th PMNCH Board Meeting 9-11 November 2019 Nairobi, Kenya

Executive Director's Reflections

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Outline

- 1. Update on workplan prioritization
- 2. Operationalizing the workplan
- 3. Preparing for new PMNCH 2021 2025 Strategy
- 4. Resources to deliver the workplan and future strategy
- 5. Secretariat update

Update on workplan prioritization

Workplan prioritization

- The Board reaffirmed support for our 2018-2020 Business Plan – recognizing the broad and rich set of deliverables
- However, Board decision taken to focus work on a few high impact priorities that cut across the thematic areas and crosscutting functions
- Furthermore, the Board also called for greater prioritize within the six focus areas
- Prioritization will not trade off one workstream against another, but focus on key deliverables, timing and sequencing

Sharpening our focus on:

Countries -Multi-Stakeholder Platforms

Universal Health Coverage for Women's, Children's and Adolescents Health







Country focus – strengthening multi-stakeholder platforms

- PMNCH support to strengthen national multi-stakeholder platforms in 14 countries – 12 in Africa and two in Asia through partner based mechanisms (H6)
- Aligning PMNCH constituency-based small grants to support platform development and enable constituent to play their part more effectively
- Goals of this work are:
 - Strengthen/Increase inclusion
 - Promote consensus, alignment and learning
 - Strengthen joint advocacy
 - Improve and make accountability more powerful













Primary Health Care (PHC) and Universal Health Coverage (UHC)

PMNCH brought new attention to PHC and UHC for Women's, Children's and Adolescents' Health

- Analysis and advocacy:
 Development of the UHC for WCAH advocacy brief
- Alignment and accountability: focused and made visible WCAH in PHC and UHC resolutions / declaration in 2019 - World Health Assembly, UN General Assembly, and Inter-Parliamentary Union Assembly

Operationalizing our workplan

Prioritizing deliverables for our six focus areas





Investments in adolescent health and well-being can transform the lives of young people and generate significant economic returns, yielding a triple dividend; health benefits for adolescents.

The Partnership

EARLY CHILDHOOD DEVELOPMENT (ECD)

Investing in the early years of life has a profound impact on brain development, affecting a child's learning, health, behaviour, and ultimately, income.

It is well recognized that targeted investments in ECD offer opportunities to address inequalities, break the cycle of poverty and improve outcomes later in life. Such investments also produce wider societal benefits, creating healthier, more prosperous and more resilient societies for generations to come. The way parents, other family members and caregivers nurture and support children in the first 1,000 days is one of the most important factors for healthy child development.

"Nurturing care" is an indivisible cluster of interventions related to health, nutrition, responsive caregiving, safety and security and early learning. It provides a vital foundation for ECD, enabling healthy brain development, which improves a child's capacity to learn, and later to earn. The Nurturing Care Framework (NCF) for ECD makes the case for investments in and consolidates guidance on practical approaches to support families. Launched during the World Health Assembly in May 2018, the NCF is designed to enable the health sector to deliver results while strengthening national multisectoral programming.

In recent years, evidence from successful ECD programmes has grown, especially from high-income countries. Strong political leadership, a shared vision, clear legal frameworks and budget allocation are key elements for such initiatives. However, much more needs to be done to ensure long-term integrated services providing nurturing care for young children in less well resourced settings

All relevant stakeholders need to work together proactively, aligning their actions, advocating for essential changes and holding each other accountable for commitments made. These joint efforts must focus on the efficient and effective delivery of a

comprehensive package of services, combining health, nutrition, early stimulation and social and child protection, to support families providing nurturing care

Success requires action in five areas: expanding political will and increasing investments; creating national policy environments; building partners' capacity; improving multisectoral strengthening national data



pment of the physical, cognitive, emotional, social and of adult and societal health and well-being. Although cohort, in reality far too many of today's 1.2 billion ns of millions suffer injuries and hundreds of millions

ith challenges that can impede the rights of adolescents to illions of adolescent girls are kept at the fringes of society, narriage, intimate partner violence and other human rights

lescent health and well-being continues to build at all levels ed societal and economic progress. They can drive positive al, regional and global levels by participating meaningfully in s and other decision-makers accountable for the delivery of ect their lives. However, they can only transform the world if

equires continued and sustained investments in delivering an All adolescents need access to comprehensive health employment opportunities, in an environment free of



ire equitable access to good-quality care throughout pregnancy, natal period and to ensure that all women, newborns, children and itive experience of care that respects and fulfils their rights.

r universal health coverage provides an opportunity to improve access to and required to meet the Sustainable Development Goal targets for ending wborn, child and adolescent deaths by 2030.

vels of preventable maternal and newborn mortality and morbidity and of to inequitable access to good-quality care during pregnancy and childbirth and treatment for small and sick newborns in the 28 days following birth. Goodecting the rights and dignity of all people, regardless of their age, ethnicity,

ines on the care required by all pregnant women and newborns, and services he main causes of maternal and newborn mortality and stillbirths, are well inv low-resource settings, where almost all preventable maternal and newborn

ement that QED is an urgent priority requiring collaborative action on several

sing that most maternal and newborn deaths and intrapartum stillbirths are

ommitments and dedicated financial resources to

D plans, programmes and interventions families, communities, health to engage in designing and olicies and programmes unity-based evidence ynthesized, collated

vin with humanitarian the specific s involving logistical



DRAFT FOR CONSULTATION: PMNCH WORKSTREAM PROFILES The Partnership

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Provision of a comprehensive package of services that addresses sexual and reproductive health needs and rights throughout the life course benefits women, adolescents, children and societies at large and is highly cost-effective.

Although States have obligations to respect, protect and fulfil rights related to sexual and reproductive health, a growing international backlash has weakened political and financial support for SRHR. The SRHR agenda remains to be achieved, and the roll-back of rights is adversely affecting the health and lives of millions of women, men and young people.

The global momentum for universal health coverage (UHC) provides a unique opportunity to expand access to a full package of sexual and reproductive health interventions. At present, SRHR is not sufficiently prioritized in national health development plans and there are challenges to tracking and analysing data on resource flows for SRHR.

Comprehensive indicators related to SRHR are also lacking, as is follow-up when those indicators identify potential areas for investment and improvement. The lack of gender-, age- and incomedisaggregated data continues to hamper informed decision-making on policies and programmes to meet women's and adolescents' needs for SRHR.

The Global Strategy for Women's Children's and Adolescents' Health emphasizes that by strengthening national policies, laws, strategies and programmes to increase access to evidence-based SRHR interventions, countries can significantly reduce morbidity and mortality due to unintended pregnancies, sexually transmitted infections, including HIV, and unsafe abortion.

Ensuring universal access to good-quality, age-specific SRHR information, services and commodities will enable young women to complete their education decide whether and when to have children, and participate in the labour force - all key factors for the development of inclusive societies and sustainable growth

Stakeholders across sectors need to work together to address financial and programmatic gaps in the SRHR agenda so that the fundamental rights of every girl and woman are promoted, respected, protected and fulfilled.



DRAFT FOR CONSULTATION: PMNCH WORKSTREAM PROFILES

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EMPOWERMENT OF WOMEN, GIRLS AND COMMUNITIES

Laws, policies and social norms that advance gender equality and combat discrimination coercion and violence are crucial to ensuring that populations and communities survive, thrive and transform: wamen. children and adolescents must be agents of change in these processes.

en and girls can foster the changes needed to create ntly, a more sustainable and peaceful future for all, as inable Development. Evidence shows that investing in women s multiple benefits which extend to their families, communities

ed throughout the life course, including lack of official birth ity care and barriers to participation in education and harmful norms, discriminatory practices and violence persist nges and shifting politics are threatening the health and rights ig gender inequalities has been too slow, some gains are being reversed.1

lowering women, girls and communities is an urgent priority nts, including to:

nation and violence against women and girls: that enable women's social, economic and political participation women, girls and communities: munity engagement (SBCE) research, policies and programmes;



tings, including access to adequate

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oulation – live in countries affected by acute 50% of maternal deaths, 53% of under-five es.2 In 2018 there were 70.8 million internally more than in 2017.3 Universal health Goal targets can only be achieved if urgent dwide and to the health needs of women, se forcibly displaced

and agreements are in place, numerous nsiderable fragmentation within and between tainable action. Moreover, many initiatives ole, without linking them conceptually and

Health calls for coordinated, complementary d well-being of displaced women, children le settings. Success requires political or emergency mitigation, preparedness.



Operationalizing the workplan through a prioritized cross-cutting approach

- Advocacy Working Group to identify opportunities, mechanisms and messages for action
- Accountability Working Group to amplify evidence on progress and gaps, develop tools for actions and build consensus for strategies for strengthening accountability
- Knowledge and Evidence Working Group to synthesize and disseminate evidence and lessons learnt to guide policy and programs, and enables tracking of progress towards national and global goals
- Sub-Committees (Strategy, Governance and Nominations) contribute and are informed by the three cross-cutting working groups to strengthen strategic engagement and increased alignment







Bringing constituencies together to deliver as one

- Strengthening constituency based action and capacity building to engagement more powerfully at country level (through **small grants** PMNCH / GFF CSO grants; Youth Coalition grants; National Parliament grants, Health Care Professional Associations, UN Agencies / H6, etc.)
- Strengthening global platforms / structures to enhance increase alignment and joint action (e.g. PMNCH / GFF CSO Steering Group; SRHR alliance; Humanitarian and Fragile Setting Platform; ECD working groups, etc.)
- External assessments of constituency engagement (e.g. 1. Adolescent & Youth, 2. Private Sector, 3. Academic, Research and Teaching Institutions)
- Digital Transformation of PMNCH membership system and mapping of members and stakeholder networks- for increased alignment and strategic engagement
- Systematic pre-Board engagement and interaction through webinars and Board meeting app development!
- Further work on improving our **website** to make it more interactive.



Communicating to boost visibility

- Significant visibility for WCAH through PMNCH events IPU Assemblies (Qatar and Serbia), WHA, Women Deliver (Vancouver), UNGA, International Dialogue on SRHR in UHC (Berlin), ICPD@25, Board and related events
- Approx. up to 1/3 of the Secretariat's time is invested in planning and implementing these events
- Increasing investment in social media strategies and Champion led advocacy, e.g. Op-eds of three champions for ICPD





13.5K

Global Financing Facility	11.5K
Scaling up Nutrition (SUN)	22K
Stop TB	19.3K
UHC 2030	7.7K



Our Twitter followers have grown! 22.9.k in 2018 versus 24.9k in 2019

Versus

UNITAID

Preparing for new PMNCH 2021 – 2025 Strategy

Building on lessons learned to improve our results

In 2019, PMNCH underwent a number of evaluation processes

- Review of the Partners' Forum completed in 2019
- Review of Global Strategy reporting processes aligning for better accountability
- Assessments of the AYC, Private Sector and ART constituencies
- WHO External Audit of PMNCH
- External Evaluation of the Partnership as a whole
- IAP External Evaluation

Feeding into the 2021 to 2025 Strategy



Overview – Resource mobilization

- Again, we are on track for achieving our essential budget target of US\$ 10 million in 2019, through contributions from 15 different donors
- Again, our expected utilization rate against available resources will be very close to 100%
- We expect to enter 2020 with approximately US\$ 6 million in secured and pledged resources against a target of US\$ 10 million

PMNCH financial position - Nov 2019 (US	SD)							
Revenue allocations from grants (USD)	2016	2017	2018	2019	2020	2021	2022	Tota
Confirmed and pledged		_						
Bernard van Leer Foundation	-	-	108,000	487,670	-	-	-	595,670
Bill & Melinda Gates Foundation	2,430,800	2,000,000	2,100,000	1,000,000	1,250,000	1,250,000	1,250,000	11,280,800
Botnar Foundation	-	488,725	390,980	97,745	-	-	-	977,450
Government of Canada	787,591	1,127,294	465,063	760,000	760,000	-	-	3,899,948
Children's Investment Fund Foundation	200,010	421,490	328,510	-	-	-	-	950,010
Ford Foundation	-	-	35,000	-	-	-	-	35,000
Government of Germany	93,990	71,868	174,216	233,900	-	-	-	573,974
Global Financing Facility	-	-	150,000	150,000	-	-	-	300,000
Global Financing Facility	-	-	-	275,000	225,000	-	-	500,000
Government of India	1,000,000	500,000	498,154	1,200,000	1,000,000	1,000,000	1,000,000	6,198,154
MacArthur Foundation	500,000	250,000	-	-	-	-	-	750,000
Merck Sharp and Dohme Corp.,	-	-	100,000	-	-	-	-	100,000
Government of the Netherlands	800,000	250,000	1,250,000	250,000	250,000	-	-	2,800,000
Government of Norway	1,048,644	830,171	830,171	830,000	830,000	-	-	4,368,986
Government of Sweden - Sida	339,125	300,481	554,661	433,000	433,000	433,000	-	2,493,267
Government of Sweden - MFA	-	-	-	100,000	-	-	-	100,000
Government of Switzerland	-	-	59,202	767,250	904,345	174,433	-	1,905,230
Government of the UK	-	700,000	3,206,129	2,834,156	830,375	-	-	7,570,659
UNFPA	-	-	100,000	5,500	-	-	-	105,500
UNICEF	-	-	100,000	-	-	-	-	100,000
USAID	650,000	650,000	700,000	500,000	-	-	-	2,500,000
Anonymous donor	-	-	-	100,000	-	-	-	100,000
Balances brought forward	408,322	n/a	n/a	n/a	n/a	n/a	n/a	408,322
Total confirmed	8,258,482	7,590,029	11,150,086	7,959,220	4,667,720	2,857,433	2,250,000	48,017,300
Total pledged		-	-	2,065,000	1,815,000	-		
Total confirmed and pledged		7,590,029	11,150,086	10,024,220	6,482,720	2,857,433	2,250,000	
Annual essential budget		n/a	(10,000,000)	(10,000,000)	(10,000,000)	TBD	TBD	
Annual comprehensive budget		(13,397,550)	(15,000,000)	(15,000,000)	(15,000,000)	TBD	TBD	
Funding gap against comprehensive budget (assumes pledges convert into grants)		(5,807,521)	(3,849,914)	(4,975,780)	(8,517,280)			
	er discussions	Denotes pledged / u	nder discussion res	ources				

Overview – Staffing

- Secretariat made up of 15 full time staff positions and three IAP positions
- Supported by short term consultants for implementation of workplan activities
- Increase partner facilitation and support given the standing committees, work stream platforms and cross-cutting working groups are getting established and up-and-running
- Primary functions: Partner engagement, technical and administrative support for workstream implementation, resource mobilization, communications and event planning support, governance and membership support, HR and finance



