

Advocating for women's, children's and adolescents' health through a campaign approach

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Outline



- MDGs to SDGs: Updating our advocacy approach
- PMNCH "A-s" enable joint advocacy success
- Regaining momentum through a campaign approach
- Sample "asks" in the SDG/UHC era
- Who could we target first and why?
- PMNCH approaches and tools for action
- Developing the Advocacy Working Group approach
- Questions for PMNCH Board discussion



MDGs to SDGs: Updating our advocacy approach

- MDG focus: Enormous success during 2000-2015 for highly focused advocacy based on MDG 4 & 5: high-level champions through EWEC, increasing \$ and technical consensus, new partnerships to address gaps (newborns, family planning, commodities), political attention to women/children/adolescents;
- **SDG breadth**: From 2015, SDGs pivoted attention from mortality to broader social/environmental drivers of development;
- "The false narrative of tremendous progress": We need laser-like advocacy focus on those left behind, especially in key regions/countries
- Opportunity for PMNCH: Develop advocacy strategies, messages and partnerships fit for purpose in the SDG/UHC era: UHC is <u>for</u> women, children, adolescents: Women, children and adolescents account for 67% of the world's population, and 80% in Africa. We cannot improve WCAH without UHC. And we cannot achieve UHC without realizing WCAH.



PMNCH "A-s" enable joint advocacy success



PMNCH is a unique platform for advocacy, powered by:

Analysis

- Joint analysis of gaps/needs guide advocacy goals
- Translation of evidence into campaign messaging/frames

Alignment

- Orchestration among constituencies, networks, issue-groups to achieve common goals/targets: Doing more together than alone
- Alignment with high-level champions to elevate "asks" and to mobilize
- Support and link individual PMNCH partner campaigns

Accountability

- Advocacy informed by country/regional/global data indicators
- Citizen-led accountability processes guide bottom-up action
- Partners delivering together



Regaining momentum through a campaign approach



- Rationale: Urgent need to evolve the narrative and marshal new support for women, children and adolescents to achieve 2030 goals
 - Widening gaps within and among countries/regions
 - Commitments Action
 - Silos still standing strong

Campaigns vary across context, but common success factors are:

- Sharp focus and time limits on campaign phases (e.g. 24 months)
- Aligned and robust messaging
- Concrete policy objectives that are context specific
- Quick wins that pave the way for sea change
- Various levels of partner engagement and contribution
- Not all things to all people
- Evolution with an end in sight
- Campaign approach can "jump start" a longer-term advocacy programme for PMNCH and can/will inform the PMNCH 2021-2025 Strategy



Sample "asks" for in the SDG/UHC era

- Campaign goal: To achieve measurable increases in UHC/PHC financing, policy, and delivery to prioritize women, children and adolescents
- Sample "asks" aligned with UHC 2030 and others:
 - More money for health: All countries to increase budget for Primary Health Care (PHC) by equivalent of 1% of national GDP
 - More value for money: Support increased efficiency of investments through SDG 3 Global Action Plan (GAP).
 - ► Increased domestic and global investments in UHC/PHC for:
 - (i) SRMNCAH packages of care
 - (ii) Human resources for health
 - (iii) **Improved coverage** of women, children and adolescents, including in humanitarian/fragile settings;
 - (iv) Effective citizen-led accountability mechanisms
 - (v) Quality improvements/efficiency gains through innovation



Who could we target first and why?

Key strategy: Reach beyond "the choir" + solidify/expand support through existing PMNCH networks/constituencies/committees + high level champions

- In first three months of campaign: Prioritize mapping and relationship-building with "semi-converted" and "unconverted" groups in countries in which PMNCH will invest in development of Multi-Stakeholder Platforms, including:
- Ministries and advisors that influence health budgets and policy implementation (e.g., Finance, Education, Water/Sanitation, Labour etc.);
- Private sector employers and industry/trade associations;
- Civil society leaders beyond "the choir" (e.g. disability rights NGOs, indigenous leaders, faith leaders, non-health networks and alliances)



PMNCH approach and tools for joint action



Refresh + refocus existing assets and tactics

<u>Champions</u>: Parliamentarians, media, UN SG, EWEC High Level Steering Group champions + PMNCH Women's Leaders' Network;

Messaging & strategies: Revise evidence-based campaign messages:

PMNCH structures for action: Advocacy Working Group to lead on coordinated campaign approaches among PMNCH constituencies, 6 thematic working groups, PMNCH board and committees

Refresh + refocus advocacy partnerships for country action

Beyond the health sector: PMNCH to prioritize joint advocacy with WASH, Nutrition, Education, Labour, Gender, Private Sector

PMNCH to drive consensus on aligning resources for greater advocacy power, including joint financing for CSOs.

Developing the Advocacy Working Group approach

- 1. November 2019: Board takes decision on umbrella campaign development
- 2. February 2020: Board retreat considers detailed campaign proposal
- 3. May 2020: Campaign launches at WHA, reflecting PMNCH Strategy
- 4. May 2022: PMNCH measures impact of initial phase after 18-24 months.

Advocacy Working Group (AWG) to develop campaign proposal, working closely with the Strategy Committee and under oversight of EC

- AWG Co-chairs: Norad and White Ribbon Alliance, supported by PMNCH Strategy Committee representation (Angela Chaudhuri);
- First AWG meeting at UNGA, September 2019, following mandate from July 2019 PMNCH Board;
- ToRs and membership development: Fully functional by February 2020; outreach to prospective members in line with campaign development timeline/needs, balanced representation across constituency groups, emphasis on skill contribution to campaign needs and links to MSPs at country level.



Questions for PMNCH Board discussion



- Feedback on an umbrella campaign approach on WCAH and UHC/PHC: What can PMNCH do uniquely & how can it add value?
- Are there other ways to re-energize and mobilize PMNCH members for joint advocacy?
- Should this be mainly a country-focused approach (e.g., working through the multi-stakeholder platforms in priority countries and pulling select global levers to advance change within these countries), or a broader focus, including impact on global norms and gaps?
- Feedback on sample campaign "asks" and target audiences?
- What other "unconverted" or "semi-converted" groups can be targeted?
- What other tactical opportunities/assets/levers might exist?

