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and adolescents.

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Forewords



Rt Hon Helen Clark, PMNCH Board Chair

After much groundwork – convening, collaborating and coalescing in support of an agenda to ensure that the needs of women, children and adolescent remain central in universal health coverage (UHC) - we made important headway in 2019. Resolutions at the World Health Assembly and the United Nations General Assembly, and decisive steps taken by the Inter-Parliamentary Union to ensure measures to achieve UHC, especially for women, children and adolescents, were significant milestones on the path to the ambitious target of UHC. It also reinforced our view that when we unite with one strong voice, we are heard!

Achieving UHC involves investing in primary health care to tackle health inequities and deliver services at the community level. In so many places, women, children and adolescents are being left behind. A growing evidence base suggests that integrating maternal, newborn, child and adolescent services into primary health care — often delivered by community health workers — is a highly effective strategy to reduce maternal and newborn deaths.

PMNCH's raison d'être is advocacy to prevent women, children and adolescents from being left behind in the unfinished agendas of achieving UHC and ending preventable maternal and newborn deaths.

Addressing these unfinished agendas requires holistic approaches which extend beyond the health sector.

PMNCH's unique value proposition is that its 1,000+ partners together exert global reach. It is a network of networks, perfectly positioned to lead an advocacy agenda for women, children and adolescents. By harnessing the reach, expertise, influence and sheer soft power wielded by such a joined-up community, we can be much greater than the sum of our parts.

We all want a better world for women, children and adolescents. As we develop our new 2021-2025 Strategy and decide where we want to position PMNCH for the next five years, my vice-chairs and I encourage you to be bold and innovative in reimagining how we can best advance the global agenda for women, children and adolescents and, in so doing, advance the Sustainable Development Goals and the vision of UHC.

It is an immense privilege for me to work closely with this diverse group of passionate partners, and I thank each and every one of you for your unwavering commitment.

Let's lift our ambition to achieve greater focus, greater results and even greater impact!



Helga Fogstad, Executive Director

In 2019, we embarked on the penultimate year of our 2016-2020 Strategic Plan and Business Plan. It was a remarkable year for PMNCH, in which we welcomed Helen Clark, former Prime Minister of New Zealand, as our Board Chair. We made important strides in implementing our current Business Plan, while laying the groundwork for our common future as PMNCH partners. The many evaluations and consultations we undertook in 2019 will guide our future trajectory.

Women, children and adolescents will always be our priority at PMNCH. We made this resoundingly clear in 2019 by amplifying calls for action to address their needs. For example, we brought our convening power and collective voice to bear on ensuring that primary health care and universal health coverage (UHC) address the needs of women, children and adolescents. Due to these efforts, global resolutions on UHC, agreed at the World Health Assembly, the United Nations (UN) General Assembly and the fall 2019 meeting of the Inter-Parliamentary Union, placed stronger focus on the needs of women, children and adolescents.

We were also resolute in our efforts to advance sexual and reproductive health and rights (SRHR) in UHC. We supported partners by launching a Call to Action for the inclusion of SRHR in national UHC packages.

We deployed our formidable champions, current PMNCH Board Chair Helen Clark and former Board Chairs Michelle Bachelet and Graça Machel, to spearhead the call for other leaders to commit to fully financed national health plans to ensure universal access to SRHR. And we made robust investments in advocacy and communication, rekindling the flame of the SRHR movement and reinvigorating action.

PMNCH also played a central role in strengthening global accountability mechanisms for women's, children's and adolescents' health. This included our leadership in streamlining global reporting on the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), which resulted in fewer reports by partners and greater coherence. We did this, for instance, by bringing together the UN H6 partners, the Independent Accountability Panel and Countdown to 2030 to develop a common package of peer-reviewed papers, published by *The BMJ* in the series: "Leaving no women, no child, no adolescent behind". This highly successful first-ever effort will be repeated in future.

At the country level, our partner engagement work broke new ground in 2019. Through the H6, PMNCH allocated grants to support government-led and partner-supported initiatives in

14 countries to strengthen existing multistakeholder platforms and networks focusing on improving women's, children's and adolescents' health.

These are just a few of the highlights of our work. I thank each and every one of our partners for their contribution to our common efforts. PMNCH is a fusion of all of us, a fusion that has always emphasized commitment and collaboration. Our 2019 achievements are a distinguished nod to that.

As we develop our 2021-2025
Strategy, it is prudent to look back, but also to look forward to reframe, remaster and reimagine our future direction. In this rapidly changing world we must continually adapt to remain influential in addressing inequalities and shaping a better future for women, children and adolescents. Undoubtedly, much work remains to be done: with guidance from our new strategy and with our strong alliance of partners, I believe PMNCH will deliver better and more powerfully together.

Acronyms and abbreviations

APHRC African Population and Health Research Center

AYC Adolescent and Youth Constituency

CSCG Civil Society Coordinating Group for the GFF

CSOs civil society organizations

ECD early childhood development

EWEC Every Woman Every Child

EWEC LAC Every Woman Every Child - Latin America and the Caribbean

FP2020 Family Planning 2020

GFF Global Financing Facility

Global Strategy Global Strategy for Women's, Children's and

Adolescents' Health

H6 UNAIDS, UNFPA, UNICEF, UN Women, WHO and the

World Bank Group

HFS Humanitarian and fragile settings

IAP Independent Accountability Panel for Every Woman,

Every Child, Every Adolescent

ICPD+25 International Conference on Population and Development

after 25 years



IPU Inter-Parliamentary Union

IYAFP International Youth Alliance for Family Planning

LAC Latin America and the Caribbean region

NGO nongovernmental organization

PHC primary health care

PMNCH/Partnership Partnership for Maternal, Newborn & Child Health

SRMNCAH+N sexual, reproductive, maternal, newborn, child and adolescent health and nutrition

SDGs Sustainable Development Goals

SRHR sexual and reproductive health and rights

UHC universal health coverage

UN United Nations

UNAIDS Joint United Nations Programme on HIV/AIDS

UNIFPA United Nations Population Fund
UNICEF United Nations Children's Fund

UN Women United Nations Entity for Gender Equality and the Empowerment of Women

WCAH women's, children's and adolescents' health

WHO World Health Organization



2019: Year in review

January

PMNCH conducts an external review of global accountability reporting, finding extensive duplication and overlap. PMNCH brokers agreement among key partners to reduce the number of independent reports covering similar content relating to women's, children's and adolescents' health (WCAH). Partners agree to develop a joint set of articles, to be published by *The BMJ* in January 2020. "Leaving no woman, no child and no adolescent behind" includes 11 articles and four commentaries.

PMNCH publishes a report of a social accountability workshop held in New Delhi before the December 2018 Partners' Forum.

February

PMNCH and partners launch a global call to action on sexual and reproductive health and rights (SRHR) demanding that SRHR be recognized as an essential element of universal health coverage (UHC). The call to action seeks to influence the content of a forthcoming political declaration on UHC, to be launched at the United Nations (UN) General Assembly in September 2019.

PMNCH and the Global Financing Facility (GFF) announce a new Small Grants Mechanism managed by US-based global nongovernmental organization Management Sciences for Health to improve WCAH by strengthening civil society engagement in national processes and platforms, including GFF national investment cases.

The PMNCH Adolescent and Youth Constituency (AYC) co-organize a three-day "hackathon" in London on developing innovative blockchain solutions that could potentially transform the lives of women, children and adolescents, attracting 190 participants.



March

PMNCH reviews Every Woman Every Child (EWEC) commitments to WCAH in humanitarian and fragile settings and tests a tool ("Motion Tracker") to validate EWEC commitments in four countries (Nigeria, Tanzania, Uganda and Zambia) through the Samasha Medical Foundation of Uganda.

The Lancet publishes a piece by the Independent Accountability Panel for EWEC (IAP) on why accountability matters for UHC and the SDGs.



April

At the 14oth Inter-Parliamentary Union (IPU) Assembly in Doha, Qatar, PMNCH and the IPU Advisory Group on Health co-organize a workshop for parliamentarians: "Act now for women's, children's and adolescents' health: lessons on health financing, legislation and partnerships", to ensure the IPU's resolution on UHC delivers for WCAH.



May

WORLD HEALTH ASSEMBLY

- PMNCH introduces a draft advocacy brief on WCAH in UHC at a reception hosted by the Government of India. The brief seeks to address partners' needs for dedicated evidence and messaging on UHC in relation to WCAH, and to elevate attention to WCAH within UHC discourse.
- PMNCH announces a new partnership with the EWEC Innovation Marketplace to explore the potential of a unified platform for innovation and digital technology for WCAH.
- "Adolescent health: the missing population in UHC" event highlights the global adolescent health agenda as an integral component of UHC and shares findings from a new report.
- PMNCH and partners launch a call for action to align efforts to improve and protect WCAH in humanitarian and fragile settings.
- PMNCH launches a new Knowledge Brief series on the health and well-being of women, children and adolescents in fragile and humanitarian settings.
- PMNCH event showcases recent evidence and best practices for institutionalizing social accountability in government processes, highlighting the importance of government leadership and support.
- PMNCH publishes a systematic review of professional accountability mechanisms aimed at improving health system performance to inform WCAH policies and programmes.

June

0

PMNCH joins more than 8,000 organizations at the Women Deliver 2019 Conference in Vancouver, hosting 14 concurrent sessions and events covering a range of topics vital to understanding and addressing issues that hamper WCAH.

The H6 on behalf of PMNCH launches a grant mechanism to strengthen government-led national multistakeholder platforms to deliver jointly and more effectively for WCAH in high-burden countries.



July

Helen Clark, former Prime Minister of New Zealand, is officially confirmed as PMNCH Board Chair at PMNCH's 23rd Board meeting in The Hague, co-hosted by the Dutch Government, the Bernard van Leer Foundation, the International Confederation of Midwives and Task Force Health Care.



August

To commemorate International Youth Day, PMNCH and partners kick off a month-long webinar series, with over 800 youth-led and youth-serving organizations sharing experiences and best practices concerning key areas identified by the AYC.

PMNCH, Fondation Botnar, Women Deliver and PATH, in collaboration with Devex, publish findings from more than 1,500 responses to a global youth survey on health and technology. Young people have three key messages: they want the international community to focus more on their health needs; they believe technology will play a key role in achieving UHC; and they want to be more involved in decisions about how to best use technology to improve health outcomes.

PMNCH, WHO, UNICEF, the World Bank Group and the ECD Action Network publish a guidance note to catalyse country-level dialogue and action on nurturing care for early childhood development, focusing on health services and complementary actions by other sectors.

September

PMNCH, Management Sciences for Health and the GFF announce the nine civil society coalitions awarded grants totalling almost US\$ 600,000 to support civil society engagement, alignment and coordinated action, particularly in relation to the GFF.

PMNCH co-organizes with Countdown to 2030, the African Population and Health Research Center, WHO and UNICEF a regional equity data analysis workshop in Nairobi. More than 40 researchers, policy-makers, parliamentarians and civil society representatives from 11 countries discuss inequities in access to WCAH interventions and how these can be reduced.

UN GENERAL ASSEMBLY

- The annual PMNCH Accountability Breakfast presents country evidence demonstrating the importance of community voice and participation in planning and accountability processes and of political will.
- Countdown to 2030 country profiles on equity, updated and expanded from 91 to 138 countries, are launched at the PMNCH Breakfast. Country profiles on early childhood development (UNICEF) and adolescent health (WHO) are also launched at the event.
- · At an adolescent-themed event, PMNCH and partners launch a knowledge summary on adolescent mental health and a consultation on a call to action for increased investments in a holistic, multisectoral, evidence-based approach to adolescent well-being.
- At the annual high-level event co-hosted by PMNCH and the EWEC Secretariat, partners announce new commitments bringing total commitments to WCAH since 2010 to US\$ 88 billion, according to PMNCH
- PMNCH, PATH, Women Deliver and Fondation Botnar launch a search for young leaders to join the Global Youth Council's Tech for Health, a platform for young people to share their perspectives on the role of technology in accelerating progress towards UHC.



October

10

PMNCH's AYC launches a new advocacy brief sharing successes and lessons learned in five countries from rolling out the *Advocating for Change for Adolescents!* toolkit from late 2017 to June 2019.

PMNCH, International Youth Alliance for Family Planning and FP2020 launch an accountability system for the Global Consensus on Meaningful Adolescent and Youth Engagement to track actions by the 250+ endorsing organizations and share best practices.

PMNCH conducts an analysis of meaningful youth engagement in the GFF process, focusing on four countries (Kenya, Senegal, Sierra Leone and Uganda). The report outlines key recommendations on how the GFF can strengthen meaningful youth engagement at all levels. This analysis provides the evidence base for the Adolescent and Youth Addendum to the GFF Civil Society Engagement Strategy.



November

PMNCH holds its 24th Board meeting in Nairobi, hosted by the Government of Kenya and overseen by Board Chair Helen Clark. Participants include WHO Director-General Tedros Adhanom Ghebreyesus and Ministers of Health from Afghanistan, Kenya and Nigeria. Approximately 100 partners take part in a three-day programme of meetings, field trips, side events, cross-constituency meetings and press events. Outcomes include agreement on the process to develop PMNCH's 2021-2025 Strategy, endorsement of an umbrella advocacy campaign and a commitment to strengthen national multistakeholder engagement.

NAIROBI SUMMIT MARKING THE 25TH ANNIVERSARY OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD+25)

- PMNCH launches on op-ed on SRHR authored by current and former
 PMNCH Board Chairs Helen Clark, Graça Machel and Michelle
 Bachelet, published by Thomson
 Reuters and reaching over 14 million
 media consumers.
- The paper "Adolescent sexual and reproductive health and rights: a stock-taking and call-to-action", authored by PMNCH and partners, is published in *Sexual and Reproductive Health Matters*.
- PMNCH launches a Sidacommissioned report highlighting the importance of SRHR in national health benefits packages for UHC, focusing on six sub-Saharan African countries.

The GFF Civil Society Coordinating Group, hosted by PMNCH, brings together more than 80 representatives from GFF countries at a capacity building workshop on investment case development and effective monitoring of implementation of GFF-funded projects.

December

12

A PMNCH-commissioned report requested by the PMNCH Executive Committee analyses current and potential future investments in SRHR, informing discussions on how to ensure adequate support for SRHR.

With the London School of Hygiene & Tropical Medicine as lead partner, PMNCH contributes to a *Lancet* paper recommending improvements for ODA methods for RMNCH called Muskoka2, including a description of the consultation process.

PMNCH publishes an independent assessment of the AYC, which outlines concrete findings and recommendations for action to enhance and improve AYC engagement.

2019 in numbers



25.5K+ Twitter followers (950+ more than 2018)



10 newsletters



12 webinars



30+
events



15+ news articles

1. About PMNCH

The Partnership for Maternal, Newborn & Child Health (PMNCH, the Partnership) is the world's largest alliance for women's, children's and adolescents' health (WCAH). It brings together over 1,000 partner organizations from 10 constituencies (Figure 1) across 192 countries.

No other partnership has the breadth, depth and diversity of PMNCH. From governments to private sector businesses, from health-care professionals to grassroots activists: our work connects the smallest village to the United Nations (UN) General Assembly, and vice versa.

PMNCH provides a platform that enables organizations to align objectives, strategies and resources, and to agree on priority actions. This work is carried out within the framework of the Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy) and in support of the Sustainable Development Goals (SDGs), universal health coverage (UHC) and primary health care (PHC).

PMNCH is governed by a Board representing all its member constituencies (Annex 1) and administered by a small Secretariat (Annex 2) hosted by the World Health Organization (WHO) in Geneva. Helen Clark, former New Zealand Prime Minister and first female United Nations Development Programme Administrator, was appointed as PMNCH Board Chair in July 2019. The Board Chair ad interim, the Government of India,

represented by its Secretary, Health and Family Welfare, Preeti Sudan, resumed as co-Chair.

Vision

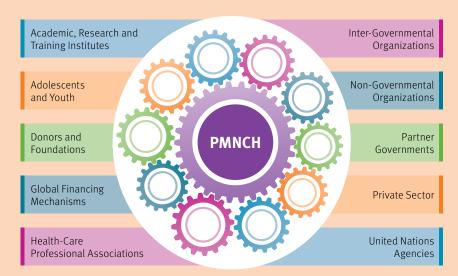
A world in which every woman, child and adolescent, including those in fragile and humanitarian settings, realizes their right to physical and mental health and well-being, has social and economic opportunities, and can participate fully in shaping prosperous and sustainable societies.

Mission

To increase the engagement, alignment and accountability of partners by creating a multistakeholder platform to support successful implementation of the Global Strategy, enabling partners to achieve more together than any individual partner could do alone.

Figure 1.

PMNCH's 10 constituencies



PMNCH's work

PMNCH focuses only on areas where collective action can accelerate the work already being done by partners at national, regional or global levels. PMNCH thereby enhances and amplifies the work of its members through consensus building and networking. PMNCH's efforts to drive progressive improvements in the health and well-being of women, children and adolescents span the following four areas.

Knowledge and analysis:

PMNCH synthesizes, disseminates and amplifies vital research and evidence on WCAH, focusing on high-impact interventions and innovations to improve outcomes. This information provides crucial guidance for decision-making on policy, investments and programming, and for tracking of progress towards national, regional and global goals.

- Advocacy: PMNCH helps to forge consensus and unify its members around clear policy priorities and common advocacy messages.

 PMNCH provides resources and platforms to equip, connect and amplify the voices of its partners.

 Amid the many issues and priorities competing for popular and political attention at national and global levels, PMNCH's advocacy work through its partners and high-level champions helps sustain focus on WCAH.
- Accountability: PMNCH fosters unified, independent and mutual accountability processes and platforms to hold all partners accountable for results, resources and rights and tracks commitments towards achieving the Global Strategy's "survive, thrive and transform" objectives. PMNCH also supports a panel of experts, the Independent Accountability Panel (IAP), which reports to the High-Level Steering Group for Every Woman Every Child.
 - Alignment: PMNCH's multistakeholder cooperation increases partner alignment, enabling partners to achieve more together than any individual partner could do alone. PMNCH brings together diverse stakeholders working in health and health-enhancing sectors to pursue a common set of goals, with common measures of success.

This report presents highlights of PMNCH's work in 2019.



Spotlight 1.

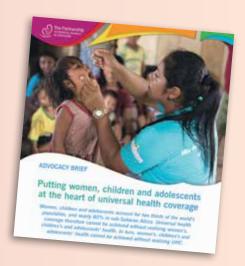
Putting women, children and adolescents at the centre of UHC and the SDGs

At the global level, much of PMNCH's work in 2019 was directed towards advocating for increased focus on and attention to WCAH in the context of UHC. PMNCH, through its Secretariat and with key partners, made the case throughout the year that the health needs of all women, children and adolescents, especially the most vulnerable and marginalized, and addressing the barriers that prevent their access to health services, should be prioritized in efforts to achieve UHC and the other SDG health targets.

PMNCH achieved its primary aim of having WCAH specifically cited in the outcome document of the <u>UN</u>
<u>High-Level Meeting on UHC</u>, the <u>resolution from the Inter-</u>
<u>Parliamentary Union</u> (IPU) and the <u>outcome document of the Nairobi</u>
<u>Summit</u> marking the 25th anniversary of the International Conference on Population and Development (ICPD+25). PMNCH's related activities are described below.

Developing an advocacy brief for WCAH in UHC

Drawing on existing PMNCH and WHO analyses and publications, PMNCH developed and disseminated widely a document to accompany dedicated advocacy efforts around the text of the UN Political Declaration on UHC (September 2019). The advocacy brief viewed UHC through the lens of women, children and adolescents, as they were often being overlooked in the discussion. Its key message: "Women, children and adolescents account for two thirds of the world's population, and nearly 80% in sub-Saharan Africa. UHC therefore cannot be achieved without realizing WCAH. In turn, WCAH cannot be achieved with realizing UHC." In addition to summarizing the evidence supporting this message, the brief shows the returns on investment from proven and cost-effective WCAH interventions in terms of equity, human rights and economic productivity.



Drafts were shared with partners for feedback and endorsement. The brief was successfully used by PMNCH members and partners to coalesce around priority messages in the discussions and negotiations before and during the UN High-Level Meeting on UHC in September 2019. For example, without this advocacy effort, language on sexual and reproductive health and rights (SRHR) in the resolution might not have been safeguarded.

Organizing a series of events on WCAH at global conferences

PMNCH worked with the Government of India, WHO and other partners to organize a series of events on WCAH in UHC. During the IPU's 140th Assembly (6-10 April 2019, Qatar) a workshop on WCAH in the context of UHC highlighted the role of parliamentarians in taking policy and legislative action. Several side events during the World Health Assembly (19-24 May 2019, Geneva) in collaboration with Member States and other partners drew attention to the challenges, opportunities and principles involved in including WCAH in national UHC packages. A session on UHC during Women Deliver (3-6 June 2019, Vancouver) focused on the importance of women's voices and perspectives in shaping the content of and priorities for UHC packages.



Advocating for specific language in UN resolutions and outcome documents

To influence relevant outcome documents from UN processes, PMNCH engaged in numerous activities aimed at reaching Member States participating in the negotiations. For example, bilateral meetings were held with Ministers of Health/Heads of Delegations before and during the 72nd World Health Assembly in Geneva to encourage them to request specific language changes in the draft UHC resolution on "Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage". Collaborations with civil society partners and coalitions, including the newly formed (in April 2019) Alliance for Gender Equality and UHC, advocated for language that recognizes and prioritizes WCAH in UHC through events, outreach to delegates and social media activities. PMNCH worked with the IPU Advisory Group on Health and through selected parliamentarians and with the Secretariat and President of the IPU to promote and influence the IPU resolution. adopted in October 2019, on the importance and impact of including WCAH in UHC. Finally, PMNCH participated in the Programme Committee for the ICPD+25 Nairobi Summit in November 2019 and worked with partners to promote appropriate language on WCAH, SRHR and gender in the Summit's outcome document.

How far did our messages go in 2019?

| UN General Assembly
#accountabilitymatters | Nairobi Board & ICPD+25
#PMNCHBoard | #SRHRActNow |
|---|--|--------------------------|
| 1.04 million Impressions | 11.6 million Impressions | 8.7 million Impressions |
| 636,500
Reach | 1.9 million | 1.4 million |
| 214
Tweets | 1,080
Tweets | 910
Tweets |
| 146
Contributors | 350
Contributors | 329
Contributors |

Increasing investment in social media strategies

Advocacy for the inclusion of WCAH issues in UHC was supported by concerted and focused communication efforts in 2019. With a strategy anchored to galvanizing moments, PMNCH engaged a broad range of stakeholders to strengthen and advance the UHC agenda for WCAH. A partner-based communication strategy was developed for the UN General Assembly, using language from the WCAH advocacy brief with a focus on accountability. Social media posts, tiles, videos and live-tweeting throughout the week helped amplify the overarching message that "UHC cannot be achieved without realizing women's, children's and adolescents' health; and in turn, women's,

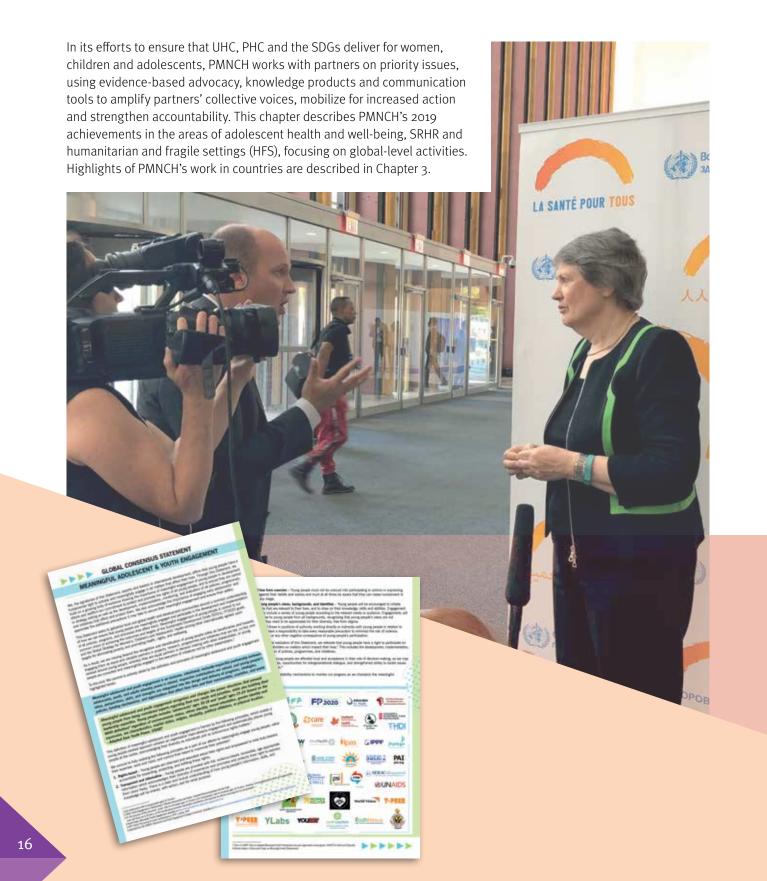
children's and adolescents' health cannot be achieved without realizing UHC." The dedicated hashtag for the UN General Assembly #accountabilitymatters garnered more than a million impressions during the week.

Similarly, in November, PMNCH used its Nairobi Board meeting, an op-ed by PMNCH Board Chair Helen Clark (see Chapter 2), and events during ICPD+25 to rally partners' support for action to accelerate UHC for women, children and adolescents, with an emphasis on SRHR. The dedicated hashtags #PMNCHboard and #SRHRActnow used by PMNCH and partners during the Board meeting collectively reached 20 million accounts on social media.

Looking forward

Looking ahead to 2020, PMNCH will advocate and communicate to mitigate the effects of Covid-19 on women, children and adolescents. It is vital to reduce potential setbacks in progress in relation to preventable maternal, newborn and child mortality, protecting SRHR and promoting adolescent health and well-being. Advocacy for stronger health systems, supporting UHC and PHC goals, will be critical in protecting against future pandemics, and for improving equity and accountability now.

2. Protecting and advancing health and well-being: focus areas



Adolescent health and well-being

All adolescents need access to comprehensive health services, high-quality education and gainful employment opportunities, in an environment free of violence and discrimination. Multistakeholder and multisectoral approaches are crucial: adolescent health and well-being depends on collaboration between those responsible for health, education, water and sanitation, transportation, social protection and criminal justice, among many others. Young people have a right to participate on equal terms with other stakeholders on matters that affect their lives. Led by its Adolescent and Youth Constituency (AYC), PMNCH is **the** global platform for meaningful youth engagement, mobilizing advocates at all levels to increase political commitment to and financing for multisectoral, rights-based national plans for adolescents.

Driving endorsements and action for meaningful youth engagement

Putting young people at the centre of issues that affect and protect them is at the heart of the Meaningful Global Adolescent and Youth Engagement Consensus Statement, spearheaded by PMNCH, the International Youth Alliance for Family Planning (IYAFP) and Family Planning 2020 (FP2020). Throughout 2019, PMNCH continued to mobilize support for the Statement, garnering 250+ endorsements by the end of the year. On International Youth Day in August 2019, PMNCH, IYAFP and FP2020 launched an accountability system to track actions by endorsing organizations and share best practices. A global steering committee has been convened to oversee implementation of the Consensus Statement and IYAFP has been contracted to lead this work in 2020 and 2021.

As part of PMNCH's ongoing efforts to expand AYC representation and to facilitate meaningful youth engagement in national, regional and global platforms and at meetings, grants were processed for several roles in the constituency: Lead AYC Coordinators, Assistant AYC Coordinators, Global Engagement Coordinator, Country Engagement Coordinator, Global Advocacy & Accountability Officer, Capacity Building Officer and Communications Officer. An AYC member was selected as the youth representative on the High-Level Steering Group for Every Woman Every Child, and the AYC participated in all the major events in 2019, including the IPU Assembly, World Health Assembly, Women Deliver Conference, High-Level Meeting on UHC and ICPD+25.



Advocating for adolescent health and well-being

As part of its broader advocacy campaign urging decision-makers to put women, children and adolescents at the centre of UHC (see Spotlight 1), PMNCH and partners launched "Adolescent health: the missing population in universal health coverage" during the World Health Assembly in May 2019. Policy-makers, experts and young people gathered to discuss the report's recommendations on how to ensure that no adolescent is left behind in UHC. They agreed on the urgent need for political and practical attention to be focused on adolescents and called on governments and partners to advance the global adolescent health agenda as an integral component of UHC.

PMNCH's advocacy efforts in 2019

In anticipation of the UN High-Level Meeting on UHC and the UN General Assembly, a draft call to action on adolescent well-being was launched for consultation. The call to action sets out the political case for investing in adolescent well-being and identifies actions necessary to achieve this goal. The draft was discussed at the UN General Assembly Adolescent Reception, during an October webinar and at the PMNCH Board and ICPD+25 in November; other events are planned in 2020 before the call to action is launched in April 2020. The consultations facilitated consensus within the international community, including the UN's H6 agencies and technical partners across PMNCH's 10 constituencies, on action for adolescent well-being.

One of the call to action's main recommendations is to develop an PMNCH and WHO convened a meeting with the H6 Technical Working Group on Adolescent Health and Well-being in October 2019 to agree on an approach to the Framework and next steps, including a think piece to be published in early 2020. In November 2019, a targeted youth consultation was organized with 20 leaders across regions and sectors to gather inputs for the think piece.

Other priorities in 2020 to support implementation of the call to action's recommendations include launching a global campaign and social media package, building a "Friends of Adolescents" coalition in the UN to mobilize key champions and partners, and starting to prepare for an Adolescent Summit in 2022.





Synthesizing and sharing evidence and information on key adolescent issues

In line with the adolescent well-being agenda and the UN Strategy on Youth's thematic priorities (mental health, employment, gender equality and empowerment and vulnerable populations), PMNCH and partners developed a knowledge brief on adolescent mental health (see Box 1). Launched during the UN General Assembly at the Adolescent Reception, this summary highlights the urgent need for increased attention to and action on adolescent mental health. A knowledge brief on empowerment and engagement of adolescents was finalized at the end of 2019, for publication in January 2020.

Led by a Global Steering Committee with representatives from several PMNCH constituencies, PMNCH also started updating the adolescent health and well-being knowledge summary first published in 2016. This will be finalized in 2020 following the launch of the Adolescent Well-Being Framework.

PMNCH also uses webinars to share experiences and best practices and build young people's capacity to advocate effectively and hold their governments accountable. In August

and September 2019, PMNCH organized and hosted a five-part adolescent health and well-being webinar series. Twenty-seven partner organizations made presentations and 800 people registered for the series. The topics were:

- Adolescents: the missing population in universal health coverage
- Are you walking the talk? Assessing our progress on meaningful adolescent and youth engagement
- What the numbers say: understanding data on adolescent health and well-being
- How to engage in the Global Financing Facility (GFF): a dialogue with young people
- Celebrating youth-led advocacy for adolescent health and well-being.

To facilitate the Partnership's knowledge sharing and advocacy efforts, work began on developing a resource hub on adolescent health and well-being for youth-led and youth-serving organizations, including knowledge products and a digital capacity building strategy, targeting young people via social media, webinars and in-person training/workshops. This will be launched in 2020 on the PMNCH website.

Box 1.

Why adolescent mental health needs urgent action

- Mental health conditions, such as depression and anxiety, account for 16% of the global burden of disease and injury among the world's 1.2 billion adolescents (aged 10-19 years).
- 10 to 20% of adolescents experience mental health conditions, and a significant number of others experience symptoms that have a negative effect on their well-being.
- Poor adolescent mental health is also associated with higher risk of injuries and substance use.
- Particularly vulnerable adolescents include those living with disabilities or chronic illnesses, those who are stigmatized and marginalized, those exposed to violence, and those living in poverty or in humanitarian, fragile and vulnerable settings.
- Suicide is in the top five causes of adolescent deaths in low-, middleand high-income countries.
- The onset of 50% of adult mental health conditions starts in the mid-teens.



Sexual and reproductive health and rights

Through its Working Group on SRHR and UHC, PMNCH and partners made significant progress in 2019 towards three main SRHR objectives: ensuring that SRHR forms part of the UHC agenda; accelerating progress towards universal access to SRHR services, including comprehensive sexuality education; and integrating SRHR interventions into costed national plans, programmes and strategies, including health financing strategies. The Working Group is convened by PMNCH and co-chaired by the Government of South Africa and UNFPA/WHO; its membership includes representatives from over 30 organizations.

Advocating for the inclusion of SRHR in UHC

Successful coordinated advocacy by PMNCH and partners throughout 2019 led to the inclusion of specific language on SRHR in the outcome document of the High-Level Meeting on UHC and in the IPU's first ever resolution on UHC. For example, the

IPU resolution: "Urges parliaments to ensure that health-sector interventions for protecting [SRHR], especially for adolescents, are combined with promotive, early detection, preventive and educational measures in other sectors, in particular with respect to promoting gender equality and combating child, early and forced marriage, early and unintended pregnancies, and gender-based violence, including female genital mutilation or other forms of gender-based violence."

In February, PMNCH launched a call to action "SRHR: an essential element to achieving universal health coverage" and advocated for SRHR in UHC at key events throughout 2019 (see Spotlight 2 for more information).

PMNCH was heavily involved in planning and contributing to the ICPD+25 Summit (organized by UNFPA), including as a member of the International Programme Committee and co-Chair of the programme pillar on financing. PMNCH organized a parallel session on accountability for SRHR, attracting nearly 400 participants.

On the eve of ICPD+25, present and past PMNCH Board Chairs Helen Clark, Michelle Bachelet and Graça Machel co-authored an opinion editorial on the importance of prioritizing SRHR in national health plans. It was published in several global and regional media outlets and reached over 14 million people. The authors called on other leaders to commit to fully financed health plans to ensure universal access to SRHR. "Ideologically driven forces are seeking to roll back hard-won gains, to slash funding for essential services, and to remove references to these services and rights from international agreements," they wrote. "Such efforts to reverse 25 years of progress cannot be allowed to succeed!"

Other communication materials developed and disseminated by PMNCH in 2019 included an unbranded overarching messaging document and a social media kit laying out the basic arguments for SRHR as a core component of UHC. Both were shared widely to support civil society partners in conducting effective, tailored advocacy for the inclusion of SRHR in UHC benefits packages.



Sida-commissioned report presenting six country case studies

(Eswatini, Ethiopia, Malawi, Nigeria, Rwanda and South Africa) on the process and results of efforts to include SRHR in national UHC benefits packages. The case studies help to share challenges and solutions among countries at this critical juncture when many countries are embarking on national processes to implement the UHC Political Declaration that was agreed in September 2019. The case studies were launched in November 2019 at the ICPD+25 Summit in Nairobi.

Work began on a series about SRHR in UHC in collaboration with the editors of the journal Sexual and Reproductive Health Matters, to be published in 2020. The series will focus on accountability and the rights and needs of the most marginalized

in troubled times

A report analysing current and potential future investments in SRHR was launched during ICPD+25. This work, by Open Consultants and The Center for Policy Impact in Global Health, Duke University, was commissioned by PMNCH at the request of Executive Board to inform discussions on how to ensure adequate support for SRHR. The report "Funding for sexual and reproductive health and rights in low- and middle-income countries: threats, outlook and opportunities" covers trends in donor funding for SRHR, forecasts of official development assistance for health and SRHR, and trends in government expenditures for SRHR and health in low- and middle-income countries.

The authors make five recommendations. First, a new global movement is needed to mobilize political and financial support for SRHR. Second, donors should include SRHR as an integral part of UHC efforts and protect health investments in the face of other emerging priorities. Third, donors should always clarify whether newly announced commitments include additional funding. Fourth, political leadership for SRHR at the country level needs to be strengthened. Finally, countries need to prioritize health, including SRHR, in their domestic budgets.

PMNCH will further profile and disseminate this work in 2020. Other SRHR priorities for 2020 include: continuing to advocate for strong SRHR language in various multilateral fora; promoting the inclusion of SRHR in national UHC policies and GFF Investment Cases: tracking SRHR-related commitments; and synthesizing progress on implementation and impact.



Women's, children's and adolescents' health and well-being in humanitarian and fragile states

Like many SDG targets, UHC can only be achieved if urgent worldwide attention is paid to HFS and to the health needs of women, children and adolescents in them, including those forcibly displaced. PMNCH focuses on promoting collaboration between partners and sectors: humanitarian and development sectors must work together to ensure women, children and adolescents in HFS have access to adequate services and interventions across the life course.

Launching the PMNCH HFS Platform

In 2019, PMNCH embarked on the process of identifying the need for and added value of PMNCH in efforts to protect and advance WCAH in HFS. In early 2019, PMNCH mapped stakeholders involved in humanitarian action, conducted two rounds of online surveys and interviewed several key informants. Four key findings from the survey and interviews were presented at a meeting of PMNCH partners in May. First, HFS must be understood as presenting very different needs and opportunities for action than politically and socially stable settings. Second, attention to WCAH in HFS has been at best variable, and at worst, seriously lacking. Third,

very few initiatives to address the health and well-being needs of WCAH in HFS span the continuum of care or take a life-course approach. Finally, very few initiatives have successfully linked humanitarian relief with reconstruction and development efforts to effectively address the pressing health and well-being needs of women, children and adolescents in HFS.

The survey results also highlighted a lack of alignment in policies, plans and approaches to address the health and well-being of women, children and adolescents in HFS. Participants at the partners' meeting in May agreed that PMNCH is well placed to use its convening function to bring together stakeholders from various sectors (health and healthenhancing as well as development and humanitarian).





To facilitate the work of those engaged in HFS, PMNCH and partners created an HFS Steering Group and a Reference Group, which collectively make up the PMNCH HFS Platform. In 2020, PMNCH and partners will further the work of the HFS Platform.

PMNCH also contributed to the development of the "Roadmap to accelerate progress for every newborn in humanitarian settings (2020-2024)". The Roadmap, which will be launched in 2020, was developed through a collaborative effort that built on the Global Strategy and the Every Newborn Action Plan, aligned with priorities set by the Inter-Agency

Working Group for Reproductive
Health in Crises. Over 100 experts
from nongovernmental organizations
(NGOs), UN agencies, national
governments, donors and academic
institutions participated in the review
of the Roadmap. Based on global
evidence-based guidance and
lessons learned from country-level
implementation, it has been designed
to further the global commitment to
improve the health of the most
vulnerable mothers and newborns
who live in humanitarian settings.

Fostering high-level advocacy

During the World Health Assembly in May 2019, PMNCH and the World Bank organized a high-level briefing on "Aligning women's, children's and adolescents' health and well-being in humanitarian and fragile settings, taking a life-course approach".

In this call, PMNCH and partners commit to prioritizing and aligning knowledge, policies and action for WCAH in HFS, taking a life-course approach. Other commitments include: urging humanitarian and development policy-makers to prioritize the special needs of women, children and adolescents: advocating for greater and better aligned political, financial and resource commitments to improve the health and well-being of women, children and adolescents in HFS; strengthening country leadership, health systems, community engagement and the capacity of all stakeholders, including at local level, for sustainable impact on the health and well-being of women, children and adolescents in HFS; and facilitating innovation and digital technology in all work for women, children and adolescents in HFS.

Box 2.

PMNCH knowledge brief on digital technologies in humanitarian settings: opportunities and challenges

Innovations in mobile technology have shifted the way humanitarian organizations deliver aid to refugees: cash transfers represented 1% of humanitarian aid in 2014, rising to 6% by the end of 2015 and 40% by the end of 2017.

Examples of technological innovations include: surveillance systems enable information gathering about displaced populations or evacuees; cloud-based electronic health records aid the monitoring and evaluation of health status of registered refugees over the longer term; and websites and spoken language translators can help overcome language and cultural barriers between health-care providers and refugee populations.

Blockchain technology can be used, for example, to: increase transparency in humanitarian supply chains; reduce human trafficking by giving paperless identification documents to children based on biometric data; crowdfund and microfinance in emergencies; and help refugees acquire a digital identity.

At the same time, several concerns need to be addressed, including limited user participation in the design of these technologies, lack of evaluation of uses of digital technologies around WCAH in humanitarian settings, varying costs, and issues of data privacy and security. People caught in humanitarian crises fear having their personal information leaked, having their location identified, and being tracked. All data should be de-identified and no personal information should be collected without consent.

In 2019, PMNCH also signed the UN's Agenda for Humanity. PMNCH's 10 commitments include: supporting leadership for peace by including a champion on women, children and adolescents in HFS within the PMNCH Global Women Leaders Network; strengthening coordination across the WCAH continuum of care in HFS, in close collaboration with key partners, existing coordination mechanisms and cluster systems; and advocating with donors and partners the need for unearmarked and flexible funding to address the needs of women, children and adolescents, especially in protracted HFS and to bridge the gap between humanitarian and

development sectors.

Synthesizing evidence and information on WCAH in HFS

During the World Health Assembly in May 2019, PMNCH launched the first two knowledge briefs in a series covering topics related to the health and well-being of displaced women, children and adolescents. This new series aims to inform those working in the development and humanitarian sectors about challenges, gaps and opportunities and about how PMNCH can help accelerate progress. The first knowledge brief is a concise overview of WCAH issues in HFS. The second knowledge brief sets out how digital technologies can be used to support and protect the health of displaced women, children and adolescents, and describes the risks that need to be mitigated. Box 2 provides a few examples.



As part of its regular tracking of commitments to the Global Strategy, in 2019 PMNCH conducted an in-depth analysis of HFS commitments. This found that 27% of Global Strategy commitments made between 2015 and 2017 were in support of HFS, the majority of them made by governments. These commitments focused primarily on sub-Saharan Africa (54%), with only a few (4%) targeting the Middle East and North Africa.

PMNCH also facilitated consultations around the development of the papers for the *Lancet* series on SRMNCAH+N in conflict settings. The series is being developed by the BRANCH (Bridging research and action in conflict settings for the health of women and children) Consortium.

Led by the SickKids Centre for Global Health in Toronto, Canada and with members from leading academic institutions around the world, the Consortium works with local research partners and a number of international NGOs, UN agencies and global networks including Countdown to 2030. In 2020 PMNCH will support the launch and dissemination of the series, including support for regional workshops to share key findings and facilitate the implementation of its recommendations.



Spotlight 2.

Call to action on SRHR in UHC

PMNCH members and partners launched a global call to action for the full recognition and inclusion of SRHR as a core element of UHC. The call to action, developed at the end of 2018 though a consultative process with partners, highlights concrete steps national governments and the global community can take to ensure the highest attainable standard of health for women, girls and adolescents through their UHC programmes. It builds on existing evidence demonstrating the costeffectiveness and positive impact on health and well-being of a comprehensive package of SRHR interventions and provides direction on how to approach programme planning and financing.

The call to action was formally launched in February 2019 via the PMNCH e-blast and website and supported by a dedicated social media kit shared with partners.

The call to action was also distributed at several events in 2019, including:

- Africa Health Agenda International Conference, Kigali, March (with Sida and UNFPA)
- IPU 140th Assembly, Qatar, April
- Side event during 73rd World Health Assembly, Geneva, May (with UNFPA and WHO)
- Women Deliver, Vancouver, June (with KIT)
- Nairobi Summit on ICPD+25, Nairobi, November.



To date, more than 250 organizations (mainly civil society) have signed the call to action, and its language was used by a range of partners and PMNCH members in advocacy messaging, particularly in the lead up to the 2019 High-Level Meeting on UHC.

3. Country engagement: fostering collaborative action for enhanced impact





Strengthening national multistakeholder platforms

In 2019, through the H6, PMNCH initiated a project to support multistakeholder platforms in 14 countries: Afghanistan, Burkina Faso, Burundi, Eswatini, Ghana, India, Kenya, Liberia, Madagascar, Mauritania, Nigeria, Sierra Leone, Zambia and Zimbabwe. These countries expressed interest in leveraging and expanding existing networks and stakeholder platforms to build advocacy capacity and accountable and inclusive national processes in order to increase focus on and achieve country targets related to WCAH. By the end of 2019, the H6 had concluded country dialogues based on the Board-approved PMNCH Country Engagement Strategy and country proposals had been reviewed to ensure alignment with the PMNCH Business Plan 2018-2020.

This initiative is designed to ensure that stakeholders are effectively and efficiently engaged in country-driven, government-led processes that will bolster all actors' efforts and, in turn, yield greater benefits for WCAH.

Those platforms will help countries to reduce fragmentation and make best use of the various strengths of different partners. More significantly, this initiative reinforces and builds on existing coordination platforms or networks to reduce the costs and time required for implementation. Each national platform will serve as a unifying national space, helping to foster a collaborative environment, facilitate the establishment of long-lasting partnerships and share knowledge.

The other part of PMNCH's twopronged approach involves providing catalytic grants and technical assistance to strengthen national and subnational coalitions of underrepresented constituencies. These grants are intended to build coalitions' technical skills in advocacy and domestic resource mobilization, and to foster accountability, including monitoring, review and remedial action. It is envisaged that these coalitions will be represented on the national multistakeholder platform and able to participate in setting priorities, allocating resources and designing interventions and plans (including joint advocacy and accountability) for WCAH.

Supporting national youth coalitions: small grants and technical assistance

In 2019, PMNCH issued five secondyear grants and continued providing technical support to youth organizations in the five countries (Cameroon, India, Kenya, Malawi and Nigeria) that participated in Phase 1 of a project to implement the Advocating for Change for Adolescents! toolkit.

A <u>series of blogs</u> documented the two-year journey undertaken by five young leaders in their respective countries to empower, equip and encourage young people to speak up and speak out for policies and programmes that serve their needs.

In 2019, PMNCH also produced an advocacy brief sharing the highlights, challenges and lessons learned in the five countries from rolling out the *Advocating for Change for Adolescents!* toolkit. It focuses on best practices in capacity building, coalition strengthening, advocacy and accountability.

The project is having an impact.

The grantees have made considerable progress in engagement on national policy dialogues and planning processes, mobilizing over 10,000 young people at national and subnational levels. Adolescent health and well-being plans have been developed and are being embedded in national health development plans. Many of the grantees are also using the toolkit to raise the visibility of their broader advocacy efforts, including through social media and on regional and global platforms.

The third phase of this project (2020-2021) will continue to support the five grantees and add grantees in five more countries (Ghana, Liberia, Sierra Leone, Zambia and Zimbabwe) to drive national-level advocacy and accountability for adolescent health and well-being, leveraged through the strengthening of youth coalitions. The five new grantees will start by adapting the global toolkit and will develop country products using relevant country data and case studies.

Enabling civil society participation in national multistakeholder platforms

In late 2019, PMNCH, Management Sciences for Health and the GFF announced the recipients of the first round of funding from the Small Grants Mechanism, which aims to improve civil society coordination, ensure CSOs' meaningful participation in national multistakeholder platforms for WCAH, and support joint advocacy and accountability efforts. Awards totalling nearly US\$ 600,000 were made to civil society coalitions in nine countries: Burkina Faso, Cambodia, Cameroon, Kenya, Malawi, Mozambique, Nigeria, Rwanda and Uganda.

The nine grantees were selected from 177 applications from 31 eligible GFF countries. Each coalition will use funding of close to US\$ 70,000 during a 12-month grant period to increase civil society engagement in multistakeholder platforms and to support coordinated advocacy and accountability efforts for increased resources and improved WCAH and nutrition outcomes in their respective countries.

GFF Civil Society Coordinating Group: 2019 highlights

PMNCH hosts and supports the Civil Society Coordinating Group for the GFF (CSCG), engaging around 350 CSOs in GFF processes at global, regional and national levels. Building on a successful year in 2018, activities and engagement remained high in 2019. For example, the CSCG developed a joint 2019 workplan; held webinars before and after each of the two GFF Investors' Group (IG) meetings to consult and debrief CSOs; produced quarterly newsletters; made a submission to the Global Action Plan consultation: and undertook joint advocacy around the two IG meetings, the World Health Assembly in Geneva and the Women Deliver conference in Vancouver.



Fostering young people's engagement in the GFF

In 2019, under the guidance of the CSCG, PMNCH funded US-based consultancy agency Global Health Visions to analyse youth engagement in the GFF process in four countries (Kenya, Senegal, Sierra Leone and Uganda) to recommend ways for the GFF to strengthen meaningful youth engagement at all levels. The authors made four recommendations: increase youth representation on national and global platforms; increase resources to support effective youth engagement and coordination and feedback loops; provide CSO support for youth engagement; and counter cultural norms that, by equating age with expertise, underestimate the abilities of young people.

The report's findings and recommendations informed the Adolescent and Youth Addendum to the GFF Civil Society Engagement Strategy and the Adolescent and Youth Action Plan, which currently guides youth efforts related to the GFF. Building on the Addendum, PMNCH hosted two capacity building webinars for youth organizations on "How to engage in the GFF: a dialogue with young people", in English and in French.

Building CSOs' capacity to engage in GFF processes

A highlight of 2019 for the CSCG was the fifth annual GFF civil society workshop, held on 19-20 November in Abidjan, Cote d'Ivoire, and attended by representatives from 80 CSOs based in 34 of the 36 GFF countries, including 20 youth-led organizations. The workshop's objective was to build the capacity of CSOs to engage in GFF Investment Case development and effectively monitor implementation of GFF-funded projects.



Reflecting on achievements and challenges, participants noted that some progress has been made in the development of norms and guidelines that promote civil society engagement, and in the setup of structures and practices that aim to facilitate engagement such as liaison officers. However, they agreed that much remains to be done regarding the functionality of SRMNCAH+N country platforms, transparency and effective engagement of civil society.

Participants identified shortages in traditional inputs such as financial resources, information and capacity building, but also called on civil society to take a more proactive role in organizing itself and creating an enabling environment for engagement.

Several advocacy asks were agreed, including allocating a percentage of trust fund resources issued at the global level (3-5%, to be refined according to the evidence) to enable

accountability, and a percentage of grants to countries to enable CSOs to fulfil additional advocacy and monitoring functions, with a 30% allocation for youth. Click here to see the meeting report and presentations.

Spotlight 3.

Working with parliamentarians

In 2019, PMNCH continued to lobby parliamentarians to prioritize WCAH and to build parliamentarians' capacity to engage on the issue. Through its events and political advocacy, PMNCH played an important role in ensuring that WCAH was emphasized in the IPU resolution "Achieving universal health coverage by 2030: the role of parliaments in ensuring the right to health", adopted at the IPU's 141st Assembly.

PMNCH also worked with the IPU on several events to strengthen parliamentarians' capacities to improve WCAH.

Capacity building workshops

Building on the outcomes of the parliamentarian conclave at the PMNCH Partners' Forum in New Delhi in December 2018, PMNCH, IPU and WHO organized a workshop during the 140th IPU Assembly in Doha in April 2019. Over 80 parliamentarians shared their experiences and discussed best practices for

improving the health and well-being of women, children and adolescents in their countries. The workshop, presided over by IPU President Gabriela Cuevas Barron, included three panels, focusing on legislation, financing and partnerships, and highlighted challenges faced by parliamentarians in improving the legal and budgetary environments.

In September 2019, PMNCH, with Countdown to 2030, WHO, the African Population and Health Research Center (APHRC), UNICEF and the IPU, held a workshop in Nairobi on strengthening evidencebased action and accountability for WCAH. More than 40 researchers, policy-makers, parliamentarians and civil society representatives from 11 countries discussed inequities in access to WCAH interventions and how these can be reduced. The specific objectives of the workshop were: to share and discuss the findings of the regional and country

RMNCAH+N inequality analyses by the Countdown to 2030/APHRC/WHO/UNICEF initiative in sub-Saharan Africa; to assess and discuss the current place of equity for RMNCAH+N in country strategies and plans and monitoring and review processes; and to decide how evidence on RMNCAH+N inequalities can be better incorporated into strategic plans, situation analyses and monitoring efforts, including accountability mechanisms.

In October 2019, PMNCH, in collaboration with the IPU and WHO, organized another capacity building event for parliamentarians, focused on sharing best practices and challenges for parliamentary action to turn the "leave no one behind" pledge into practice as efforts are made to achieve UHC and the other SDG targets.



Finally, PMNCH and the IPU worked with national parliaments in Uganda and Rwanda to organize national capacity building workshops on improving WCAH. Each workshop brought together about 40 members of parliament (MPs) and addressed the national budgeting process and challenges in financing WCAH policies, including financial sustainability and analysis of domestic and foreign sources. Linkages were drawn between MPs' representative and legislative functions and the implementation of WCAH policies and strategies, including factors that slow progress for marginalized groups.

Parliamentary handbook on how to improve WCAH

In 2019, PMNCH and the IPU, under the guidance of the IPU Health Advisory Group, developed a parliamentary handbook: "Roadmap for improved women's, children's and adolescents' health". This builds on the 2013 IPU handbook, "Sustaining parliamentary action to improve maternal, newborn and child health". It provides an action-oriented roadmap to help parliamentarians decide how best to improve health outcomes for women, children and adolescents. It also highlights key issues of concern, indicators and

interventions for each of the Global Strategy's six focus areas for 2018-2020: early childhood development; adolescent health and well-being; quality, equity and dignity of care; SRHR; empowerment of women, girls and communities; and HFS. The handbook contains convenient pull-out sections and a short summary for each focus area so that parliamentarians and their staff can adapt the proposed parliamentary actions to their country contexts. It will be finalized and launched at the 142nd IPU Assembly in April 2020.



4. Accountability for results, resources and rights



Consolidating Global Strategy reporting

"Too many reports; not enough time to follow through on report recommendations": These words were often heard at PMNCH accountability consultations and events, reflecting the plethora of global health reports, including those on WCAH. For example, in 2018, reports related to the Global Strategy included an H6 global report, a PMNCH commitments report, an IAP report and a Countdown to 2030 report. To tackle this issue and improve alignment, PMNCH hired a consultant to examine global progress reporting on WCAH.

The consultant made three recommendations: 1) streamline reporting and unify messages across Every Woman Every Child accountability partners; 2) decrease the frequency of reporting and invest more time and effort in follow-up; and 3) clarify the focus of reporting.

In early 2019, PMNCH convened partners to discuss these recommendations and decide on a future approach. Decisions ensuing from these conversations resulted in fewer piecemeal reports in 2019, and a decision among key accountability actors to collaborate in a joint series, to be published in January 2020 by

The BMJ: "Leaving no woman, no child and no adolescent behind". Coordinated and edited by Countdown to 2030 and PMNCH with H6 partners, this series covers vital areas across the Every Woman Every Child thematic focus areas, examining who is being left behind and the actions needed to accelerate progress. An article by the H6 on estimating global inequalities in RMNCH provides a holistic overview of progress towards these key areas of the Global Strategy. See Spotlight 4 below for more details.



Strengthening performance accountability across H6 agencies

PMNCH helped to strengthen performance accountability across H6 agencies in support of country health management information systems and the Africa Centres for Disease Control and Prevention (CDC). Country data informing more timely and better targeted national responses to needs for resources and improvements in health facilities are becoming increasingly available.

A meeting in Addis Ababa in February 2019, co-sponsored by Africa CDC and UNAIDS, with support from PMNCH, focused on the use of an electronic data visualization system, the Health Situation Room, to produce flexible, interactive reports that can be used by health officials at all levels to inform decision-making.

A seven-country case study, commissioned by PMNCH and presented at the meeting entitled From data and reporting to impact and accountability: A case study on the Country Health Situation Rooms,

reported that the Health Situation Room has already proved successful in countries including Kenya and Zambia in translating data into decision-making about diseases that affect women, children and adolescents. PMNCH also worked with WHO and members of the Health Data Collaborative to build country capacity for monitoring and evaluating RMNCH, including using the Health Situation Room to monitor RMNCH indicators.



Bolstering financial accountability for WCAH

In 2019, PMNCH also played an important role in aligning financial accountability to improve and streamline official development assistance (ODA) estimation of SRMNCAH, co-coordinating the Countdown to 2030/PMNCH Joint Financial Tracking Working Group. Although the donor community helps to support UHC, it is important to continue tracking donor financing for core interventions needed to improve WCAH. The latest OECD estimates for RMNCH financing, using the improved "Muskoka2" method, are detailed in the Lancet Global Health: Estimates of aid for reproductive, maternal, newborn and child health: findings from application of the Muskoka2 method, 2002-17 by authors from the London School of Hygiene & Tropical Medicine and PMNCH.

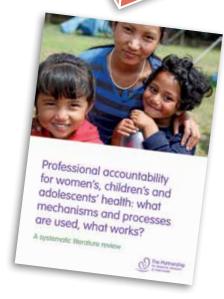
This paper is the result of multistakeholder consultations by the Countdown to 2030/PMNCH Joint Financial Tracking Working Group to improve estimates of ODA for SRMNCAH. The paper also describes how the Muskoka2 methodology improves on Muskoka, the process of consultation and why donors should align around this one global estimate for greater accountability. This work has led to OECD policy marker analysis and discussions, and partner efforts to develop accurate estimates for both SRHR and adolescent health donor financing.

Understanding what works in accountability

Working with social accountability partners and accountability academics, PMNCH is helping to synthesize evidence and shed light on what works in accountability and social accountability.

In 2019, a white paper published the results of a systematic review entitled "Professional accountability for women's, children's and adolescents' health: what mechanisms and processes are used, what works?" This assesses the strengths and limitations of professional accountability mechanisms and facilitates the disentanglement of complex "accountability ecosystems" through a health systems performance and governance lens. The review concluded that a multidisciplinary approach to accountability is essential to sustain improvements. However, many aspects require greater understanding, including: how accountability mechanisms (rather than specific tools or approaches) operate within a health system improvement cycle; who should be engaged to lead and participate in such a process; and how success should be measured and ultimately sustained.

Social accountability experts, led by WHO's Reproductive Health Department with academic institutions and supported by PMNCH, met throughout 2019 to build consensus on what scientific evidence is needed to better inform social accountability efforts, to improve its measurement and ultimately to translate this knowledge for use by civil society and other implementers.



The Independent Accountability Panel

The Partnership hosts the Secretariat for Every Woman Every Child's Independent Accountability Panel (IAP) and mobilizes financial support for its activities. The IAP is an autonomous group of internationally recognized experts and leaders in the field. It is mandated by the UN Secretary-General to call out progress towards the Global Strategy's 2030 targets through the specific lens of accountability.

The IAP issued a statement in September in response to the High-Level Meeting Declaration on UHC. It urged that UHC should prioritize the health of women, children and adolescents, and others left furthest behind, and recommended adapting the IAP-Every Woman Every Child model to make UHC the umbrella for health accountability.

Lessons from the past decade will be distilled in the IAP's forthcoming 2020 report. It will use country data to summarize progress and areas of greatest need and will set out guidelines for independent accountability under UHC. Learning points are also reflected in a series of journal articles prepared by the IAP in 2019 for publication in early 2020. An article in The BMJ calls for stronger accountability as a prerequisite for advancing WCAH and equity. An editorial for the WHO **Bulletin** recommends ways in which governments, academics, development partners, CSOs and other stakeholders can work to ensure UHC accountability for all women, children and adolescents. A **Lancet** Comment calls for increased production of human papillomavirus vaccine and new and comprehensive guidelines on its use to protect the millions of people at risk from cancers.

The IAP continued in 2019 to disseminate widely the findings and recommendations of its annual reports. It published accountability briefs on each of the five recommendations of its third report, *Private Sector: Who is Accountable?* and produced briefs for parliaments, governments, CSOs and youth and adolescent networks on its second

report, *Transformative Accountability for Adolescents*. IAP reports and recommendations were disseminated at more than 25 high-profile events, including the World Health Assembly, Women Deliver and the Africa Business Forum, and have been widely referenced in partner publications.

Partners have responded positively to the recommendations. Pledges to support implementation were received in a bilateral follow-up meeting with the heads of WHO, UNICEF and UNFPA, and in a letter from the UHC2030 Steering Group Co-chairs. The newly established WHO Private Sector Governance Advisory Group is taking forward the recommendations of the private sector report. The PMNCH AYC has noted how useful the adolescent report has been in supporting country advocacy work.

In 2019, Every Woman Every Child commissioned an independent evaluation of the IAP – the first since its inception in 2015. The evaluation identified significant support for the continuation of independent accountability for WCAH. At the same time, the report pointed to a wide range of issues for further

consideration on how to optimize the work of the IAP. This included future hosting arrangements and the nature of the IAP's relationship with PMNCH. By the close of 2019, these discussions were ongoing, including in the context of findings emerging from PMNCH's own independent external evaluation, influencing the development of PMNCH's 2021-2015 Strategy (see Chapter 5).



Spotlight 4.

Action needed to address inequalities and reach all women, children and adolescents

PMNCH worked with Countdown to 2030 throughout 2019 on a major collection published in *The BMJ* and *BMJ Global Health* in January 2020 assessing the extent to which the world is on track to meet the 2030 SDG/Global Strategy targets for health. The collection, "Leaving no woman, no child and no adolescent behind", comprises two editorials, five research papers, six analysis articles and two opinion pieces.

Key international actors report on progress made towards and highlight ongoing challenges leading to unequal outcomes in achieving the targets. It is the first comprehensive five-year report on SDG-era progress towards WCAH.

The focus is on areas where the most vulnerable women, children and adolescents are being left behind.

These include essential health interventions such as skilled birth attendance, vaccinations, management of childhood illnesses, improved water supply and insecticide-treated bed nets to prevent malaria.

An editorial by Countdown to 2030, PMNCH and others stresses that, although progress is being made, better data and extra effort are needed to identify and reach the most vulnerable people: "If the [SDGs] were a marathon we'd be approaching the 14 km mark after a slow start. There would be more than 28 km still to go [...]. Some runners are already falling behind and are at risk of not making the 2030 finishing line".

In her opinion piece, PMNCH Board Chair Helen Clark discusses two articles on the effects of intimate partner violence and warfare and the contributions they make to the inequities experienced by women, children and adolescents. She writes: "unless we act now, the most vulnerable will continue to suffer the worst consequences of violence and abuse of power".

Key messages

- There are huge inequalities in levels of intimate partner violence across low- and middle-income countries; poorer, younger and less educated women are particularly vulnerable to intimate partner violence in most countries.
- In many countries, essential health services, such as family planning, delivery care and immunization, are still not reaching the poorest or least educated women and children, nor those living in rural settings.
- Poor quality of care is still a major obstacle to the impact of health services.
- Countries in sub-Saharan Africa are lagging on most health indicators, including adolescent sexual and reproductive health.
- The collection and use of disaggregated data are essential for tracking progress and holding governments and the global community to account in the effort to leave no one behind.



5. Strengthening partner engagement and governance

Since its creation in 2005, PMNCH has evolved with the times, responding to the changing global health and development landscapes and to emerging priorities, while constantly striving to accelerate progress in improving the health and well-being of the world's most vulnerable and marginalized women, children and adolescents.

In 2019, PMNCH initiated several processes to enhance constituency and partner engagement, inspire aligned, collective action, and increase the impact of its activities. All processes were overseen by the PMNCH Board, which met in The Hague in July and in Nairobi in November.



Reflecting on lessons learned

Several evaluations and reviews were conducted in 2019 to solicit ideas and inputs from PMNCH Board Members, PMNCH partners and stakeholders. Frank and considered feedback are essential to understanding progress and to envisioning a strong and united partnership to meet the challenges of the SDGs for women, children and adolescents. The findings and recommendations will help to guide future planning and the development of PMNCH's 2021-2025 Strategy.

Post-conference survey of participants' experience at the Partners' Forum 2018: Many participants described their experience of the Forum as "excellent"; "learning" and "partnership" were the most commonly cited takeaways. Over two thirds (69%) of respondents reported that the Forum had a positive impact on their work practice; 56% reported making new contacts and forging potential collaborations as the key benefit. Approval ratings for the organization of the Forum ranged from 60% to 24%

WHO external audit of PMNCH:

PMNCH was externally audited in February and March 2019 through a WHO-managed process to assess the adequacy, efficiency and effectiveness of its policies, systems, procedures and controls in line with WHO rules and regulations. The full report is confidential, but overall the audit was very positive. A few procedural recommendations were made, which the Secretariat has already addressed. In its final audit letter, the WHO External Auditors wrote: "PMNCH has played a key role in elevating women's, children's and adolescents' health on the global political agenda and positioning it at the heart of the Sustainable Development Goals [...] The Partnership has been significantly visible for the reproductive, maternal, newborn and child health cause. Over the years, it has been successful in mobilizing funds for the UN Secretary-General's Global Strategy."

External evaluation of the Partnership: An independent evaluation was completed in 2019 and the report was posted on the PMNCH website in January 2020. Covering the period from 2014 to 2019, the evaluators analysed facts and perceptions relating to and made recommendations spanning five areas: PMNCH's vision and mission; governance and accountability; programming and delivery; partner and country engagement; and effectiveness, performance and impact.

The evaluation found that PMNCH's vision and mission remain relevant, valid and urgent. However, PMNCH needs to address the challenge of being pulled in too many different directions across its broad spectrum of work, which has led to trying to "do too much with too little".



focus and prioritization in its work; streamlining PMNCH's governance structures; intensifying its information sharing with stakeholders; strengthening member engagement approaches; and further clarifying its role in country engagement processes. The Partnership has built a rich set of assets (e.g. committed and engaged high-level champions, civil society engagement, a vibrant AYC and a highly effective advocacy platform) which can be leveraged and harnessed for greater results and impact. Efforts to improve WCAH require greater focus in the SDG era. In 2020, the process of developing PMNCH's 2021-2025 Strategy is a timely opportunity to reimagine how PMNCH can contribute to addressing the unfinished agenda for women, children and adolescents.

External assessment of the AYC:
Finalized in 2019, the first AYC
assessment report documented the
AYC's growth, successes, challenges
and lessons learned. Key
considerations for the future are to
refine the AYC concept of
membership, including expectations
and rewards for members, and how
will it be sustained; and to further
clarify and measure meaningful
youth engagement and participation
to ensure that the AYC remains "fit for
purpose" in the coming years.

Review of the Academic, Research and Training Institutions (ART)
Constituency: Recommendations arising from the review of the ART constituency include: development of operational protocols to increase efficiency; use of web-based technology to enable effective communication between ART members; use of artificial intelligence to enable effective stakeholder engagement; and use of small grant mechanisms to enable country-level support.

Review of PMNCH's private sector *engagement strategy:* This consultation, conducted to assess the relevance of PMNCH's Private Sector Constituency in the rapidly changing SRMNCAH landscape, found that PMNCH's mission and goals were relevant and appropriate for engaging with the private sector. Recommendations to enhance its impact and focus included: enabling multiconstituency partnerships at country level; scaling up purposeful partnerships with the AYC and other PMNCH constituency groups, with a focus on technology and digital opportunities; developing a Digital Innovation Market Place; and partnering with existing platforms that reach women and girls.

Preparing for PMNCH's 2021–2025 Strategy

At the PMNCH Board meeting in Nairobi in November 2019, a process and timeline were agreed for developing PMNCH's strategy for the period 2021 to 2025. The present Strategic Plan and Business Plan will both end in 2020, and new documents are needed to govern and direct the Partnership's work over the next five years. The Board decided to develop a single Strategy document which will combine the Strategic and Business Plans.

The 2021–2025 Strategy will cover both the "what" and the "how" of the Partnership. It will articulate the Partnership's vision and mission and its value proposition. It will delineate the Partnership's goals and objectives for those five years, including building on the external evaluation and other reviews undertaken in 2019. It will also set out how to deliver on the Strategy through activities, deliverables and budgets for the period in question.

The Strategy will be developed throughout 2020 with ample opportunities for PMNCH members to participate and provide feedback on draft documents.

It is intended that the Strategy will not only provide clear direction for the Partnership, but also inspire members and others to take urgent collective action to improve the health and well-being of women, children and adolescents.

Strengthening PMNCH governance

At its meeting in The Hague in July 2019, the PMNCH Board mandated the establishment of three new working groups on advocacy, knowledge and evidence, and accountability to strengthen strategic engagement, increase alignment and deliver on the Partnership's priorities.

Recognizing the significant interest in these areas among existing PMNCH partners, it was decided that a more streamlined, robust and inclusive arrangement is needed to consolidate the Partnership's approach to advocacy, evidence and knowledge synthesis and translation, and accountability. The overall intent of the three groups is to advise PMNCH and its partners, including the Executive Committee, the Strategy Committee and the Governance & Nomination Committee, on priorities, focusing on high-impact actions to improve WCAH outcomes and areas where the Partnership can add value to the work already being done by individual partner organizations.

The working groups will work closely with the Strategy Committee under the oversight of the Executive Committee.

The Advocacy Working Group will identify opportunities, mechanisms and messages for action to re-energize and mobilize PMNCH members for joint advocacy. The Knowledge and Evidence Working Group will synthesize evidence and lessons learned in order to guide effective advocacy, and promote knowledge sharing among PMNCH partners to enable joint action. The Accountability Working Group will contribute to the development and dissemination of

evidence on progress, including continued streamlining of reports related to the Global Strategy.

Revamping PMNCH's digital platform

In 2019, PMNCH began digitalizing some of its operations to enable more effective partner engagement, communications and collaboration within and across constituencies and regions. A programme exploring opportunities for digital technology to facilitate PMNCH's work was commissioned, leading to the development of a digital strategy in 2019 to help guide priorities for action in 2020 and beyond. PMNCH also instituted a major overhaul of its digital membership system, starting by mapping members and stakeholder networks. By the end of 2019, the digitalization of the PMNCH membership system was in the final phase of testing, kickstarting an enhanced system of interaction with members. This function will be built into a refreshed PMNCH digital platform in 2020, designed to improve interactivity among PMNCH members and to offer curated resources and tools to support partner-led work. This platform is currently envisaged as a gamechanging approach to how PMNCH supports and engages with its partners, driving its new 2021-2025



6. Resource mobilization



PMNCH's work in 2019 was funded through grants from 14 donors:

- nine governments: Canada, Germany, India, the Netherlands, Norway, Sweden, Switzerland, the UK and the USA;
- three private foundations: Bernard van Leer Foundation, Bill & Melinda Gates Foundation, and Fondation Botnar; and
- two multilateral initiatives: GFF and Every Woman Every Child.

PMNCH met all its reporting requirements in 2019, which saw the Partnership interact with its donors through around 50 reporting instances.

PMNCH secured grants totalling just over US\$ 10 million for 2019. This was sufficient to meet the needs of its Essential Budget (US\$ 10 million), although it fell short of the ambitions set out in the Board's US\$ 15 million Comprehensive Budget for 2019.

More details about the Partnership's financial position are presented in its financial reports, available on the PMNCH website. In addition to financial support from donors, the partnership-centric model of operations has resulted in ongoing contributions of time and effort from many PMNCH members, without which 2019's achievements would not have been possible.

In 2020, the Partnership will continue to face the challenge of ensuring that the Board's ambitions, as set out in the 2018-2020 Business Plan, are supported by sufficient financial resources. Concerted efforts will be required by all PMNCH members to ensure that existing donors renew their support, and to identify and secure new funding. For 2020, the aim is to secure at least the US\$ 10 million required for the Essential Budget; the ambition is to enable the Partnership to deliver on all the value-adding activities included in the US\$ 15 million Comprehensive Budget.



Annex 1. PMNCH Board Members and Committees

PMNCH Board members, as of 31 December 2019:

Academic, Research and Training Institutes

• Population Council

Julia Bunting President

African Population and Health Research Centre

Catherine Kyobutungi Executive Director

• University of Santiago de Chile

Helia Molina Dean, Medical Sciences Faculty

Adolescents and Youth

• Pillar of Hope Organization

Gogontlejang Phaladi Director

• International Youth Health Organization

David Imbago Jácome Member

Donors and Foundations

• Bill & Melinda Gates Foundation

Nosa Orobaton Deputy Director, MNCH

• Global Affairs Canada

Mylène Paradis Deputy Director, Health and Nutrition Strategy and Partnerships Division

• Bernard van Leer Foundation

Michael Feigelson Executive Director

• Government of Norway

Lars Grønseth Senior Adviser, Norad

• Government of the United Kingdom

Darren Welch (Board Vice-Chair and EC Chair)
Director of Policy, Department for International Development

Global Financing Mechanisms

• Gavi, the Vaccine Alliance

Anuradha Gupta Deputy Chief Executive Officer

Health Care Professional Associations

International Federation of Gynecology and Obstetrics

Carlos Fuchtner Soruco President

International Confederation of Midwives

Franka Cadee President

• International Pediatric Association

Zulfiqar Bhutta Co-Director, Centre for Global Child Health, The Hospital for Sick Children

Inter-Governmental Organizations

• The International Federation of Red Cross and Red Crescent Societies

Elhadj As Sy Secretary General

Non-Governmental Organizations

• CORE Group

Lisa Hilmi Executive Director

• Health Alert-Sierra Leone

Victor Lansana Koroma Executive Director

• Swasti Health Resource Centre

Angela Chaudhuri Director

White Ribbon Alliance for Safe Motherhood

Betsy McCallon
Executive Director

Partner Governments

• Government of Nigeria

Hon. Osagie Emmanuel Ehanire Minister of Health, Federal Ministry of Health

• Government of Afghanistan

Hon. Ferozuddin Feroz Minister of Public Health, Ministry of Public Health

• Government of India

Preeti Sudan (Board Vice-Chair) Secretary, Ministry Health and Family Welfare

• Government of Mexico

Hon. Jorge Alcocer Varela Secretary of Health, Ministry of Health

Private Sector

• Merck for Mothers

Mary-Ann Etiebet Executive Director

United Nations Agencies

• United Nations Population Fund, UNFPA Natalia Kanem

Executive Director

• United Nations Children Fund, UNICEF

Omar Abdi

Deputy Executive Director for Programmes

• The World Bank

Muhammad Ali Pate Director, Global Financing Facility for Women, Children and Adolescents

• World Health Organization

Peter Salama Executive Director, Universal Health Coverage / Life Course



PMNCH thanks the following people for their contributions to the PMNCH Board in 2019: Tim Evans on behalf of The World Bank; Celeste Kinsey on behalf of the Government of Canada; and Will Niblett on behalf of the Government of the United Kingdom.

Annex 2. PMNCH Secretariat

Staff members, as of 31 December 2019:

Javier Arina-Iraeta

Administration and Finance Officer

Tammy Farrell Project Officer

Helga Fogstad Executive Director

Mara Frigo Project Officer

Katy Huang Technical Officer

Etienne Langlois

Technical Officer, Evidence and Knowledge

Lori McDougall Coordinator

Mimi Melles-Brewer Technical Officer

Anshu Mohan Technical Advisor Nebojsa Novcic

Strategy and Finance Officer

Miriam Sabin

Accountability Manager

Abir Shady

Governance and Board Relations Manager

Mehr Shah Technical Officer

Kadi Touré Technical Officer

Veronic Verlyck

Technical Officer, Communication

Susanna Volk

Programme Assistant

Ola Wazwaz Technical Officer

PMNCH thanks Andrea Gros for her contributions to the PMNCH Secretariat on communications in 2019.



IAP Secretariat

Shyama Kuruvilla Director a.i., at 50% no-cost loan basis from WHO

Ilze Kalnina Project Manager

Narissia Mawad Project Officer



Annex 3. Publications and events in 2019

Calls to action

SRHR an essential element to achieving universal health coverage https://www.who.int/pmnch/media/news/2018/sexual-reproductive-health-rights/en/

Aligning women's, children's and adolescents' health and well-being in humanitarian and fragile settings

https://www.who.int/pmnch/media/news/2019/aligning-health-in-fragile-settings/en/

Reports

Professional accountability for women's, children's and adolescents' health: what mechanisms and processes are used, what works? A systematic review

https://www.who.int/pmnch/activities/accountability/pmnch_accountability_white_paper.pdf

Knowledge Brief o1. Introducing the series and providing an overview of the health and well-being of women, children and adolescents on the move

https://www.who.int/pmnch/knowledge/publications/Knowledge_Briefo1.pdf

Knowledge Brief o2. Exploring digital opportunities for displaced women, children and adolescents https://www.who.int/pmnch/knowledge/publications/Knowledge_Briefo2.pdf

Putting women, children and adolescents at the heart of universal health coverage: advocacy brief https://www.who.int/pmnch/knowledge/publications/PMNCH_WCAH_brochure.pdf

Prioritizing essential packages of health services in six countries in sub-Saharan Africa https://www.who.int/pmnch/media/news/2019/new-sub-sahara-case-studies/en/

Funding for sexual and reproductive health and rights in low- and middle-income countries: threats, outlook and opportunities

https://www.who.int/pmnch/media/news/2019/srhr forecast web.pdf

Adolescent mental health: time for action. Knowledge Summary #36 https://www.who.int/pmnch/knowledge/publications/AMH.pdf

Rolling out the *Advocating for Change for Adolescents!* toolkit in five countries: highlights, challenges and lessons learned

https://www.who.int/pmnch/knowledge/publications/Youth_advocacy_brief.pdf



Events – PMNCH organized or co-organized

PMNCH hackathon: Developing innovative blockchain solutions that transform the lives of women, children and adolescents 8 -10 February, London, UK

South-East Asia Region youth town hall: Mobilizing youth to transform the health agenda in the South East Asia Region 20-21 March, Jakarta, Indonesia

140th IPU Assembly Workshop. ACT NOW for women's, children's and adolescents' health: lessons on health financing, legislation and partnerships

8 April, Doha, Qatar

Addressing barriers to scaling and access for health innovations 19 May, Geneva, Switzerland

Women, children and adolescents: ensuring their needs are met through universal health coverage 19 May, Geneva, Switzerland

Adolescents: the missing population in UHC 20 May, Geneva, Switzerland

Sexual and reproductive health and rights: an essential element to achieving UHC and the SDGs 21 May, Geneva, Switzerland

Universal health coverage and migration: leaving no one behind 21 May, Geneva, Switzerland

High-level briefing on aligning women's, children's and adolescents' health and well-being in humanitarian and fragile settings in the context of UHC 21 May, Geneva, Switzerland

The role of government in welcoming the voice of the people 22 May, Geneva, Switzerland

Leaving no one behind on the road to UHC: where are women, children and adolescents 23 May, Geneva, Switzerland

Every newborn everywhere: closing gaps in neonatal care

23 May, Geneva, Switzerland

Realizing young people's right to health. Mind the gap? Close the gap! 3 June, Vancouver, Canada

Changing the world through youth-led advocacy 4 June, Vancouver Canada

Supporting youth-led advocacy and agency for improved reproductive health outcomes

4 June, Vancouver Canada

Money talks: what works in budget accountability 4 June, Vancouver Canada



Powerful advocacy and campaign tactics to drive change for gender equality 5 June, Vancouver, Canada

Young people, the leaders of TODAY: driving change through empowerment and advocacy 5 June, Vancouver, Canada

Powering change: united for women's, children's and adolescents' health 6 June, Vancouver, Canada

Building bridges between SRHR and UHC 6 June, Vancouver, Canada

UHC advocates and stakeholders 6 June, Vancouver, Canada

The potential and power of girls and women at all ages 6 June, Vancouver, Canada

PMNCH 23rd Board meeting 11-13 July, The Hague, The Netherlands

Workshop. Reducing inequalities in reproductive, maternal, newborn and child health in sub-Saharan Africa: from data evidence to action and accountability 10-11 September, Nairobi, Kenya

PMNCH accountability breakfast. Accountability for women's, children's and adolescents' health at the centre of UHC 22 September, New York, USA

Digital technologies: a solution to health access in low-income settings 22 September, New York, USA

Adolescents: the missing population in UHC 22 September, New York, USA

Every Woman Every Child high-level event: delivering together for the health and well-being of women, children and adolescents to advance UHC 24 September, New York, USA

PMNCH 24th Board meeting 9-11 November, Nairobi, Kenya

Our body, our lives, our word: 1.8 billion reasons why 13 November, Nairobi, Kenya

ICPD+25 Nairobi Summit

Concurrent session: tracking commitments and resources for sexual and reproductive health and rights

13 November, Nairobi, Kenya

2019 GFF civil society workshop: civil society engagement for resources and results 19-20 November, Abidjan, Cote d'Ivoire

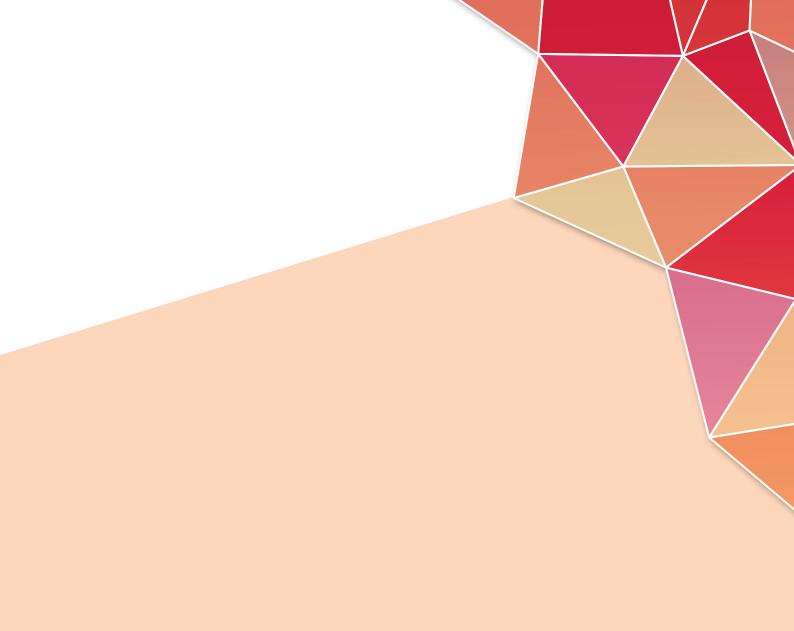


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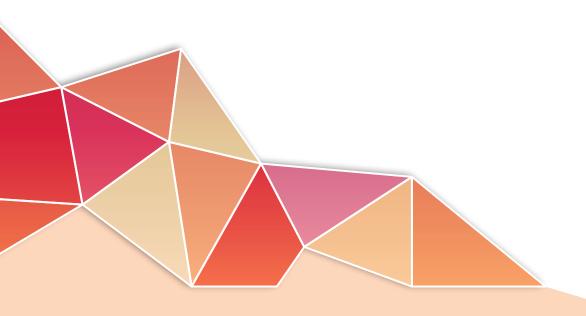
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