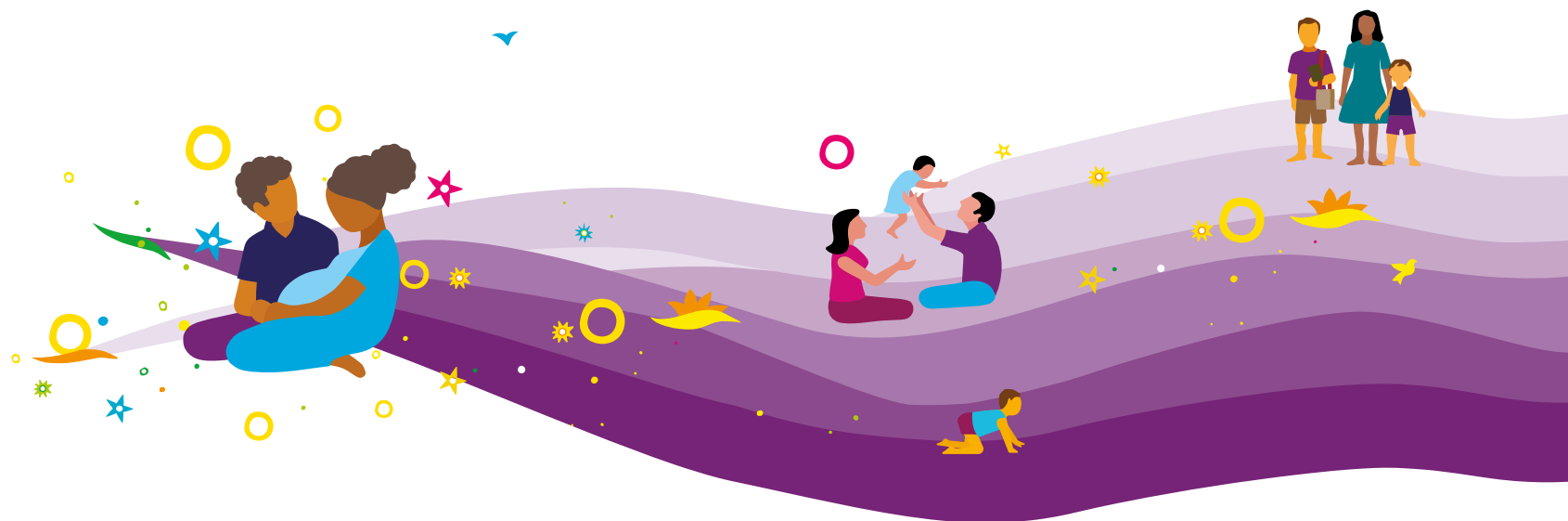


# PMNCH 2021–2025 STRATEGY



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## FOREWORD



Securing the health and well-being of women, children and adolescents is the greatest endeavour of our time. Health and well-being are also basic human rights. Whether or not we secure these rights for the most vulnerable women, children and adolescents is the ultimate test of whether we create – through very deliberate choices – caring and just societies, or whether we look the other way.

At the time of writing, the COVID-19 pandemic is fundamentally redefining the world we live in. COVID-19 has resulted in critical declines in sexual, reproductive, maternal, newborn, child and adolescent health services. Approximately 80 million babies risk missing routine immunizations. Over 90% of students worldwide have been affected by school closures. The world faces a deep and sustained economic recession, and a reversal of significant recent progress towards the health-related and other Sustainable Development Goals.

Nothing is inevitable about the way that we rebuild society. It will depend on the choices we make: moral, political and fiscal choices about what and whom we prioritize, and how. This Strategy quotes the United Nations Secretary-General: “We are as strong as the weakest of our health systems. ...There is an opportunity to rebuild differently, but this will require much more effective international cooperation.”

I firmly believe this to be true. The true measure of our strength is not how we maximize global economic outputs. It is whether an expectant mother has access to health care in rural Niger. It is whether an adolescent girl in a Karachi slum has dignity, and choices about her body. We must build the systems to deliver these outcomes. But none of us can do this alone.

It is against this backdrop that I am both proud and privileged to lead the Partnership for Maternal, Newborn & Child Health. If fully realized, the sphere of influence of our partnership is almost without limit. It comprises over 1,000 institutions across 10 constituencies: from governments to United Nations agencies, to health-care professionals, youth-led institutions, NGOs and others.

The Strategy defines where the Partnership is going, why and how, and what we will seek to achieve over the five years to 2025. I urge you to embrace it, and to be a partner in its delivery and its ultimate success. Achieving the goals of this Strategy is our collective duty, a health and economic imperative, and the fullest expression of our humanity at this most testing time.

**Rt Hon Helen Clark**  
PMNCH Board Chair

# ACRONYMS AND ABBREVIATIONS

<b>Global Strategy</b>	Global Strategy for Women's, Children's and Adolescents' Health
<b>H6 Partnership</b>	UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group
<b>IAP</b>	Independent Accountability Panel for Every Woman, Every Child, Every Adolescent
<b>MDGs</b>	Millennium Development Goals
<b>MMR</b>	maternal mortality ratio
<b>MNCH</b>	maternal, newborn and child health
<b>NCDs</b>	noncommunicable diseases
<b>NGO</b>	nongovernmental organization
<b>PMNCH</b>	Partnership for Maternal, Newborn & Child Health
<b>SDGs</b>	Sustainable Development Goals
<b>SRHR</b>	sexual and reproductive health and rights
<b>UHC</b>	universal health coverage
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>WASH</b>	water, sanitation and hygiene
<b>WCAH</b>	women's, children's and adolescents' health and well-being
<b>WHO</b>	World Health Organization



# EXECUTIVE SUMMARY



At the time of writing, the world is facing a pandemic without historical precedent. **COVID-19** presents a massive shock to an already struggling global health system and world economy. Major gains have been made in **women's, children's and adolescents' health and well-being** over the last three decades: these gains are now severely threatened. A key lesson is that resilient health systems matter but are often lacking.

Our vision is a world in which every woman, child and adolescent is able to realize their right to health and well-being, leaving no one behind.

Our mission is to mobilize, align and amplify the voices of partners to advocate for women's, children's and adolescents' health and well-being, particularly the most vulnerable.

The Partnership for Maternal, Newborn & Child Health (PMNCH; the Partnership) is the **world's largest alliance** for women's, children's and adolescents' health and well-being, with over 1,000 partners across its 10 constituencies.

Our **vision** is a world in which every woman, child and adolescent is able to realize their right to health and well-being, leaving no one behind. Our **mission** is to mobilize, align and amplify the voices of partners to advocate for women's, children's and adolescents' health and well-being, particularly the most vulnerable. Our time is now.

Guided by successive five-year strategies, PMNCH's partners have together achieved much since the

Partnership was launched in 2005. We have also learned a great deal and are eager to apply these lessons in future. This document sets out the **PMNCH 2021–2025 Strategy**, showing how we will continue to achieve more together than any one organization could achieve alone.

We will drive forward three interconnected objectives over the period of this new Strategy:

**Maternal, newborn and child health (MNCH):** to drive down preventable morbidity and mortality, including stillbirths, by advocating vigorously for the inclusion of essential MNCH services in costed country benefits packages.



We will deliver this Strategy with our partnership-centric approach, engaging, amplifying and aligning our partners through a digital-led strategy of partner engagement.

### **Sexual and reproductive health and rights (SRHR):**

to uphold essential SRHR interventions and ensure continuous progress in financing and equitable access to comprehensive SRHR packages.

**Adolescents:** to advance the health and well-being of adolescents by engaging, aligning and capacitating partners around the Adolescent Well-Being Framework and related policies and actions.

With **advocacy** as our core function – supported by knowledge synthesis, partner engagement, campaigns and outreach – we will mobilize and resource our partners to seek changes in **policy, financing and services** for women, children and adolescents, and we will hold each other accountable for delivering on our promises. As well as working in the **health** sector, we will also contribute to and track outcomes of other sectors relating to major **determinants of health outcomes**, such as education, water, sanitation and hygiene (WASH) and economic development.

We will deliver this Strategy with our **partnership-centric approach**, engaging, amplifying and aligning our partners through a digital-led strategy of partner engagement. We will streamline our **governance** and

**Secretariat** support functions over the Strategy period to deliver more efficiently and to drive value-for-money and results.

For PMNCH, this new Strategy period will be marked by three **strategic shifts**: a tighter **thematic focus** (MNCH, SRHR and adolescents); greater **functional specialization**, with advocacy as our core function; and greater efficiency and reach through the acceleration of our **digital strategy**. We will act with pace and urgency, and with an unswerving commitment to the health and well-being of women, children and adolescents worldwide.

# 1. CONTEXT



# 1. CONTEXT

The response to and aftermath of this pandemic will radically affect both the global economy and public health. The pandemic may be time-bound but it is systemic, as must be the world's response.



## The global burden of disease affecting women, children and adolescents

At the time of writing, the world is facing a pandemic without historical precedent. COVID-19 presents a massive shock to an already struggling global health system and world economy. The Sustainable Development Goals (SDGs) introduced an ambitious agenda to “ensure healthy lives and promote well-being for all at all ages”. Both the unfinished agenda of the Millennium Development Goals (MDGs) and renewed focus on universal health coverage (UHC) and noncommunicable diseases (NCDs) are vital challenges. Not only has progress towards the SDGs been slow and uneven, but COVID-19 has magnified social and economic inequalities, as well as deep inequities in health coverage and outcomes. The pandemic’s direct impact will probably be far outweighed by its indirect effects: disruption of health services, fear of seeking medical care, high unemployment and food insecurity, worsened mental health, reduced self-care, increased intimate partner violence and worldwide economic recession. COVID-19 further threatens the achievement of the SDGs in both health and other sectors relating to the determinants of health.

The response to and aftermath of this pandemic will radically affect both the global economy and public health. The pandemic may be time-bound but it is

systemic, as must be the world’s response. Looking forward, we should accept nothing less than a radical, broad, well resourced and sustained focus on public health, health systems and public health professionals, and particularly on the health of the most vulnerable women, children and adolescents: the poorest, those in humanitarian and fragile settings, ethnic minorities, migrants, the disabled and the youngest, among others. Partnerships in global health have never been more important, and nor has the voice of the Partnership for Maternal, Newborn & Child Health (PMNCH; the Partnership) and its 1,000+ members.

*“We are as strong as the weakest of our health systems. ... There is an opportunity to rebuild differently, but this will require much more effective international cooperation.”*

*United Nations Secretary-General António Guterres, 31 April 2020*

Major gains have been made in women’s, children’s and adolescents’ health and well-being (WCAH)<sup>1</sup> over the last three decades. Life expectancy has dramatically increased and mortality rates of children under age five have more than halved. This has been driven by

PMNCH plays a unique role: aligning a wide range of partners around WCAH, amplifying partners' voices and supporting evidence-based advocacy for change and accountability for outcomes.

better access to health services and improved health service delivery, and by improvements in other sectors, such as economic development, education, social protection, water and sanitation. Partnerships have been central to this progress, aligning old and new actors to achieve shared goals, strong political leadership, increased resources, better delivery and a sustained drive for results.

Yet large inequities remain in health coverage and outcomes, along with a growing double burden of ill health: not only communicable diseases, but also NCDs, injuries, violence and mental health. In some areas, the global health response has been inadequate, and will be compounded by the impact of COVID-19. These areas include:

- the “unfinished business” of the MDGs relating to maternal, newborn and child health (MNCH): **preventable maternal and child mortality, including newborn deaths and stillbirths**, particularly in sub-Saharan Africa and South Asia, in humanitarian and fragile settings, and among the poorest and most marginalized;
- orchestrated political challenges to **sexual and reproductive health and rights (SRHR)**;<sup>2</sup> and
- a growing and largely unaddressed burden relating to **adolescent health and well-being**.

These three challenges in particular will frame PMNCH's engagement over the coming years.

## PMNCH IN THE GLOBAL HEALTH LANDSCAPE

Globally, health services are ill equipped to deal with 21st century economic, social and health challenges. Foremost among these are: climate change; sustained structural inequalities, worsening in many regions; weakening traditional institutions; in many countries, reductions in democratic and civic space; and now COVID-19. In this fragmented landscape with competing aims and interests, the United Nations (UN) agencies (H6) are providing normative and technical leadership at global and country levels, while international financial institutions and thematic funds are providing international funding to complement domestic budgets. An increasing number of partnerships are covering different areas of interest.

PMNCH plays a unique role: aligning a wide range of partners around WCAH, amplifying partners' voices and supporting evidence-based advocacy for change and accountability for outcomes. With people and governments at its centre, the Partnership is supported by actors involved in research, normative guidance, advocacy, financing and the delivery of services.

Guided by successive five-year strategies, PMNCH's partners have together achieved much since the Partnership was launched in 2005 (Box 1). We have also learned a great deal and are eager to apply these lessons in future. This document sets out the **PMNCH 2021–2025 Strategy**, showing how we will continue to achieve more together than any one organization could achieve alone.

Box 1. Highlights of PMNCH's achievements, 2010-2020



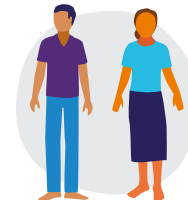
Giving voice to over 7,000 organizations worldwide by facilitating consultations on the SDGs for health and on the Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy)



Developing broad-based partner initiatives and agreements (e.g. Ending Preventable Maternal Mortality; Nurturing Care for Early Childhood Development Framework)



Building the Every Women Every Child movement to orchestrate more than US\$ 150 billion of funding committed for the Global Strategy since 2010, and tracking the progress of those commitments



Developing the Global Consensus Statement on Meaningful Adolescent and Youth Engagement, endorsed by over 250 organizations in 2018, and building youth capacity through grants to develop coalitions and undertake joint advocacy and accountability work



Helping to secure global agreements between the 192 Member States of the UN through the UN General Assembly and the World Health Assembly (e.g. the SDGs and the Every Newborn Action Plan)



Securing resolutions in support of women's and children's health by the 140 parliaments of the Inter-Parliamentary Union



Ensuring the visibility of MNCH and the inclusion of SRHR in Member State resolutions on UHC

## 2. PMNCH'S VALUE PROPOSITION



## 2. PMNCH'S VALUE PROPOSITION

PMNCH is the world's largest alliance for WCAH. We provide a platform that allows organizations to align objectives, strategies and resources, and to advocate for and deliver interventions to improve maternal, newborn, child and adolescent health and well-being. This unique partnership stimulates, coordinates and resources action for the world's most disadvantaged and disenfranchised communities.

### PMNCH'S CORE VALUE PROPOSITION IS THREE-FOLD:

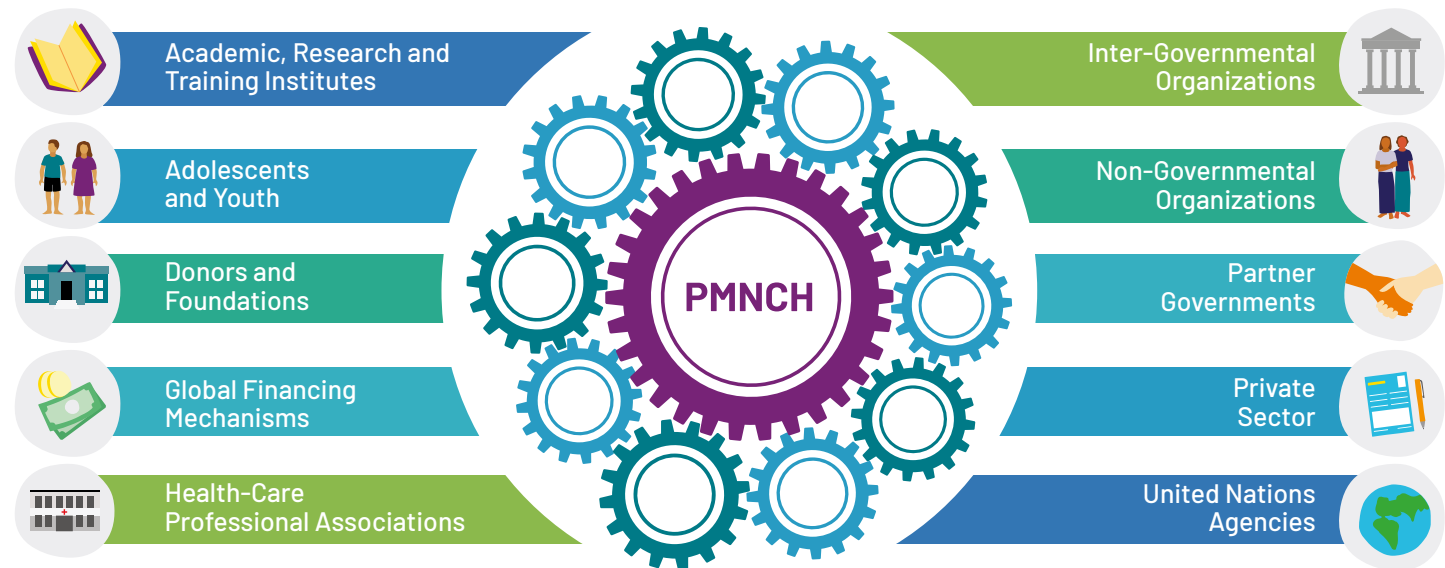
**Thematic focus:** PMNCH is the largest global multistakeholder partnership focusing on WCAH and on the entire continuum of care.

**Breadth:** as of 2020, PMNCH has more than 1,000 partners, organized into 10 constituencies (Figure 1) across 192 countries; no other partnership has such breadth, diversity and penetration.

**Convening power:** PMNCH has the power to convene at the highest level and to act with pace and urgency through a global network of partners (at country, regional and global levels), hosted by WHO but with independent governance and with the richness and breadth of its large and diverse membership.



**Figure 1. PMNCH's 10 constituencies**



## SHAPING THE GLOBAL RESPONSE TO WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH AND WELL-BEING (2021-2025)

The next five years offer huge opportunities to shape more effective global action for WCAH. This could achieve: significant global improvements in core indicators relating to maternal and child mortality; rapid scientific and technological advances in the prevention and treatment of ill health; and an increasingly connected and digitally enabled world

which overcomes distance and enables increasing cooperation. As the world navigates its way out of the COVID-19 pandemic, the importance and value of strong health systems, of well resourced health-care professionals and of economic safety nets for the most vulnerable will be better appreciated.

It will be essential, over the next five years, to align in support of a shared agenda to accelerate action for WCAH, and to use that agenda to drive measurable progress, with a particular focus on the most vulnerable populations. In moving forward, we will also continue to learn from the past. An external evaluation of PMNCH was conducted in 2019-2020 to support that learning process, yielding important feedback for course correction. Box 2 lists selected findings and recommendations of that evaluation, together with the Partnership's responses, as addressed in this Strategy.

We anticipate that the changes outlined in Box 2, together with the other reforms to PMNCH's business model detailed in this Strategy, will result in a more focused and dynamic partnership over the coming five years. We are on a "campaign footing", equipped to mobilize our 1,000+ partners in support of the needs and demands of women, children and adolescents worldwide. Moving forward, we additionally commit ourselves to combat racism, discrimination and exclusion, including by actively confronting the implicit biases, harmful stereotypes and power dynamics wherever these exist in the global health and development sector.<sup>3</sup>



**Box 2. Lessons learned from the external evaluation of PMNCH (2019-2020)**

**Findings**

**Response**

**PMNCH's vision and mission remain relevant, valid and urgent**

Retain essence of vision and mission (WCAH, equity, partnership) but focus them more sharply

**PMNCH has been pulled in too many directions**

Adopt narrower focus: from six focus areas in the 2018-2020 Business Plan to three focus areas with corresponding smart/measurable objectives

**PMNCH's main value addition is its advocacy function and convening power**

Make advocacy the primary function of PMNCH, with other functions redefined and exercised in service of that core function

**PMNCH's governance is heavy and time-intensive**

Streamline governance: reduce structures and face-to-face meetings, and digitalize more operations

**Findings**

**Response**

**PMNCH should strengthen its partner engagement processes**

Operationalize a digital strategy and effective and innovative partner engagement mechanisms; make partner-led strategy implementation a priority

**PMNCH should clarify its approach to country engagement**

Rationalize and clarify PMNCH's role in country and regional engagement processes; make strategy implementation a priority

**PMNCH should develop a new strategy, with a clear Theory of Change and Results Framework**

The PMNCH 2021-2025 Strategy includes a clear Theory of Change and Results Framework, and clearer descriptions of Partnership roles and accountabilities (attribution versus contribution)



# 3. VISION AND MISSION



### 3. VISION AND MISSION



PMNCH's **vision** is a world in which every woman, child and adolescent is able to realize their right to health and well-being, leaving no one behind. This is the world to which PMNCH wishes to make a distinct and measurable contribution.

The **mission** of PMNCH is to mobilize, align and amplify the voice of partners to advocate for women's, children's and adolescents' health and well-being, particularly the most vulnerable.

This is the distinct functional contribution that PMNCH seeks to make to that vision, leveraging the power of partnerships to drive improvements in WCAH.



# 4. THEORY OF CHANGE



## 4. THEORY OF CHANGE

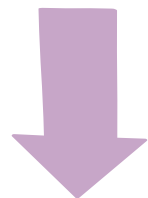
The **Theory of Change** (Annex 1) that underpins this Strategy has five components that together propose how PMNCH will contribute to the SDGs and other targets, and to sustainable improvements in WCAH, especially for the most vulnerable. The five components – problem statement, objectives, functions, outcomes and impact – are summarized below and further described in Sections 5-9 of this Strategy document.

### Problem statement (the problems that PMNCH will address)

**Maternal, newborn and child health:** the unfinished agenda of the MDGs (preventable maternal and child mortality, including newborn deaths and stillbirths), particularly among the poorest and most marginalized and in humanitarian and fragile settings.

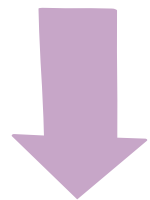
**Sexual and reproductive health and rights:** morbidity and mortality relating to SRHR; politicization of SRHR and threats to rights.

**Adolescents:** growing and largely unaddressed needs relating to adolescent health and well-being.



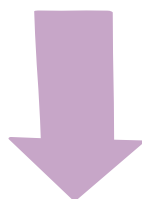
### Objectives (the corresponding objectives PMNCH will pursue during the Strategy period)

**Maternal, newborn and child health:** to drive down preventable morbidity and mortality, including stillbirths, by advocating vigorously for the inclusion of essential MNCH services in costed country benefits packages.



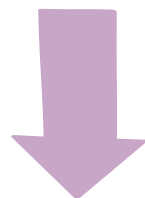
**Sexual and reproductive health and rights** : to uphold essential SRHR interventions and ensure continuous progress in financing and equitable access to comprehensive SRHR packages.

**Adolescents**: to advance the health and well-being of adolescents by engaging, aligning and capacitating partners around the Adolescent Well-Being Framework and related policies and actions.



### **Functions (how PMNCH will deliver the Strategy's objectives)**

**Advocacy**, PMNCH's core function, supported by knowledge synthesis, partner engagement, campaigns and outreach.



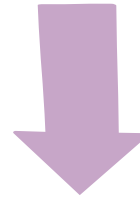
### **Intermediate outcomes (the intermediate outcomes from PMNCH's functions and activities)**

**Knowledge synthesis**: increased use of evidence and policy analysis by decision-makers and other actors.

**Partner engagement**: increased advocacy capacity and stronger coalitions built among PMNCH partners at country, regional and global levels, for a more effective voice.

**Campaigns and outreach**: champions' work facilitated, political support increased and agendas influenced.





**High-level outcomes (the high-level outcomes to which PMNCH's activities will contribute)**

**Policy:** better policies and legislation for WCAH.

**Financing:** more and better financing for WCAH.

**Services:** increased and more equitable coverage and uptake of high-quality services.



**Impact (the health outcomes associated with the Strategy's high-level outcomes)**

**Health outcomes:** SDG 3 and Global Strategy targets and indicators relating to MNCH, SRHR and adolescents.

**Determinants of health:** targets and indicators for SDG 1 (poverty reduction), SDG 2 (nutrition), SDG 4 (education and early childhood development), SDG 5 (gender equality), SDG 6 (WASH), SDG 13 (combat climate change), SDG 16 (end violence against children) and SDG 17 (partnerships).



# 5. PROBLEM STATEMENT



## 5. PROBLEM STATEMENT



The movement for UHC provides an unprecedented opportunity to accelerate progress towards ending preventable deaths and improving the health and well-being of women, children and adolescents around the world, leaving no one behind.

### MATERNAL, NEWBORN AND CHILD HEALTH

While the global maternal mortality ratio (MMR, number of maternal deaths per 100,000 live births) is estimated to have fallen by 38% between 2000 and 2017, there are wide variations between countries. Sub-Saharan Africa accounted for approximately two thirds of global maternal deaths in 2017. MMR in the least developed countries is more than 40 times higher than in Europe.<sup>4</sup> There are also deep inequities in MNCH outcomes in middle-income countries, including in Latin America. At the same time, while significant reductions have been achieved in under-5

child mortality rates<sup>5</sup> (from 93 to 39 per 1,000 live births between 1990 and 2018), progress on newborn mortality and stillbirths has fallen behind. In 2018, it was estimated that almost half of under-5 deaths were occurring during the neonatal period,<sup>6</sup> and that only half of small and sick newborns had access to high-quality care.<sup>7</sup>

The movement for UHC provides an unprecedented opportunity to accelerate progress towards ending preventable deaths and improving the health and well-being of women, children and adolescents around the world, leaving no one behind. However, as the UN Secretary-General's Independent

PMNCH's role is to contribute to further worldwide progress for WCAH. The main challenges facing WCAH, summarized below, form the basis for PMNCH's specific objectives and expected results. These challenges are exacerbated by the health and socioeconomic consequences of the COVID-19 pandemic, whose full implications for health outcomes and rights are not yet known. However, there is no doubt that equitable and high-quality health services and systems matter more today than ever before.

Accountability Panel notes, to achieve this goal governments need to include essential health services for women, children and adolescents throughout the life course in their national UHC packages.<sup>8</sup> Additionally, based on the Ebola experience in West Africa, it is clear that maternal, newborn and child mortality trends will be compounded by COVID-19's impact on essential services.

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The Guttmacher-Lancet Commission found in 2017 that meeting the unmet need for

Every dollar invested in selected adolescent health interventions is estimated to produce a 10-fold return in health, social and economic benefits.

contraception of 214 million women in developing regions would avert 67 million unintended pregnancies annually. It would also reduce maternal deaths by an estimated 76,000 each year.<sup>9</sup> Women are more likely to have access to modern contraception in countries with gender equality and better educational opportunities.<sup>10</sup> Although investing in SRHR produces substantial benefits, and many countries are including common elements of SRHR (primarily family planning and maternal and newborn health) in their UHC packages and plans, inclusion of a comprehensive package of SRHR interventions is rare, usually because of budgetary constraints and/or lack of respect for and protection of sexual and reproductive rights.

Previous public health emergencies have shown that an epidemic's impact on SRHR is often unrecognized, arising as an indirect consequence of strained health systems, disruptions in care and redirected resources.<sup>11</sup> The Guttmacher Institute estimates that even a 10% decline in use of short- and long-acting reversible contraceptive methods would

result in an additional 49 million women with unmet needs for modern contraceptives and an additional 15 million unintended pregnancies in just one year.<sup>12</sup>

## ADOLESCENT HEALTH AND WELL-BEING

Global death rates among adolescents are declining more slowly than deaths among children aged between one month and four years, partly because of the rise in AIDS-related adolescent deaths. As more children survive their early years and reach adolescence, it is essential to understand and address issues that threaten their ability to lead a healthy life. Among adolescents and young adults, mental health disorders (anxiety and depression) and substance abuse (alcohol and drugs) are the leading causes of “years living with disability”. Depressive disorders are the leading non-fatal health issue among females aged 15-19 years (2016) and suicide is a key public health concern for all adolescents.

A thriving adolescent population fuels economic growth by contributing to increased

productivity and lower health expenditure. It also reduces intergenerational inequities. Every dollar invested in selected adolescent health interventions is estimated to produce a 10-fold return in health, social and economic benefits.<sup>13</sup> Yet the health and well-being of adolescents receive significantly less attention and investment than they deserve, from both the health sector and other sectors relating to determinants of adolescent health and well-being. Without greater political prioritization and investment, adolescent mortality and morbidity will increase, particularly in low- and lower-middle-income countries with rapidly increasing youth populations.

# 6. OBJECTIVES

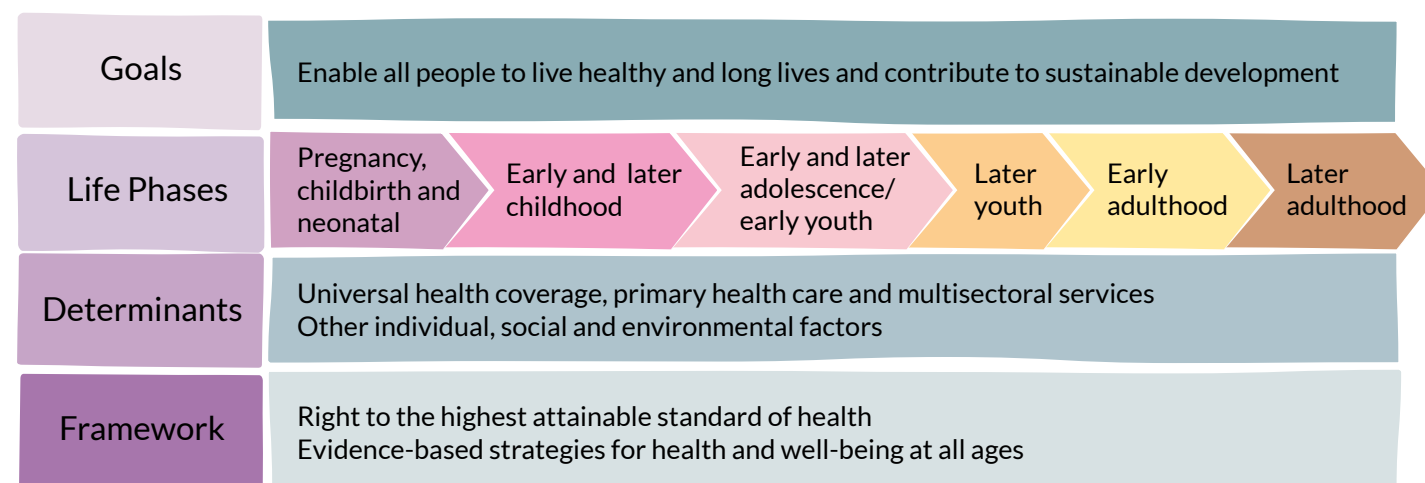


## 6. OBJECTIVES

The objectives associated with this Strategy's three focus areas, described below, reflect a sharper focus than that adopted in PMNCH's previous Strategy. They aim to reduce the burden of mortality and morbidity described in Section 5 and to make best use of PMNCH's strengths and opportunities to build on PMNCH and partner investments.

The three objectives are inextricably linked. For example, SRHR are essential for both maternal and adolescent health and well-being, and in many areas they are supported by the same interventions. The objectives are addressed as part of a continuum of care (the provision of health services across primary, secondary and tertiary levels) within a life course approach (ensuring linkages across all life phases) and extending beyond the health sector to address the broader determinants of health (Figure 2).

**Figure 2. Life course approach to women's, children's and adolescents' health and well-being**





PMNCH, through its partners, will drive effective evidence-based advocacy to uphold essential SRHR interventions and rights.

**Maternal, newborn and child health:** to drive down preventable morbidity and mortality, including stillbirths, by advocating vigorously for the inclusion of essential MNCH services in costed country benefits packages.

Given the urgent need, exacerbated by the COVID-19 pandemic, to ensure a sustained and equitable focus on MNCH, including stillbirths, PMNCH will undertake evidence-based advocacy for the integration of essential MNCH interventions into primary health care and UHC schemes. This effort will be underpinned by:

- the development of inter-related global public goods, including: the Global Action Plan to Accelerate Progress for Every Mother and Child in Humanitarian and Fragile Settings; the Advocacy Toolkit for Stillbirths and Maternal and Newborn Health Policy-Making; the Global Investment Framework for Women's Children's and Adolescents' Health in Preparedness and Response Plans; and other resources to support parliamentarians', young people's and civil society's engagement in global, regional and national efforts to integrate essential MNCH interventions into UHC, including financial protection schemes; and
- the implementation of advocacy campaigns to ensure adequate coverage of high-quality MNCH services.

**Sexual and reproductive health and rights:**

to uphold essential SRHR interventions and ensure continuous progress on financing and equitable access to comprehensive SRHR packages.

PMNCH, through its partners, will drive effective evidence-based advocacy to uphold people's rights to essential sexual and reproductive health interventions. This will be done by undertaking coordinated and integrated advocacy campaigns to strengthen political commitment and policies, and to increase funding for the full spectrum of SRHR interventions, including safe abortion services. PMNCH will pay special attention to the human rights dimensions of the SRHR agenda, particularly those reflecting the additional pressures that have emerged during the COVID-19 pandemic. The advocacy campaigns will be informed by further analysis concerning international and domestic resources for SRHR, including the impact of COVID-19.



**Adolescent health and well-being:** to advance the health and well-being of adolescents by engaging, aligning and capacitating partners around the Adolescent Well-Being Framework and related policies and actions.

PMNCH will seek to maximize the triple dividend resulting from adolescent health and well-being: improved health and well-being now; enhanced health and well-being throughout the life course; and improved health and well-being for future generations. This will be achieved by a three-pronged approach:

- developing an Adolescent Well-Being Framework for adolescent-responsive multisectoral action;
- supporting a Global Adolescents Summit to align efforts for adolescent health and well-being, to increase financing, including domestic financing, and to solicit political endorsement of the Framework for integration into national policies and plans; and
- strengthening youth networks' capacities to engage and participate meaningfully and to contribute to national policy and programme development.



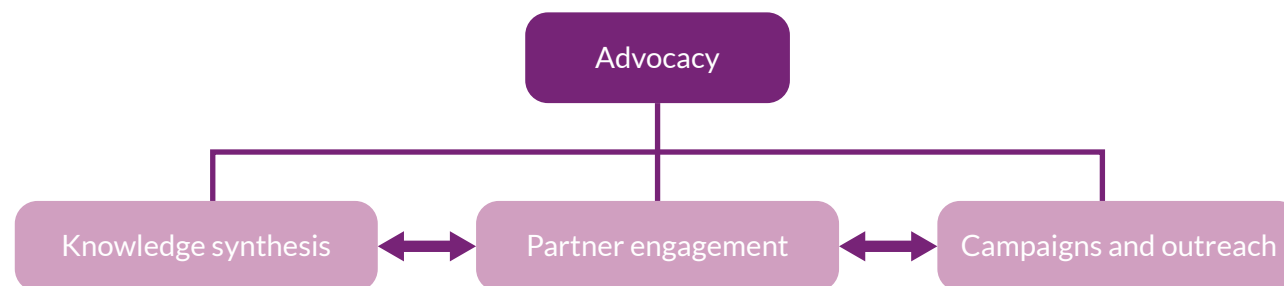
# 7. FUNCTIONS



## 7. FUNCTIONS

PMNCH will focus on enabling partners to do more together than each could do alone, maximizing the power of partnerships. PMNCH will continue its functions of analysis, accountability and alignment, as specified in its 2016–2020 Strategic Plan and 2018–2020 Business Plan, but will now use these to drive its single core function of advocacy. This reflects a shift in emphasis from the previous Strategic Plan, in which the four “A” functions were prioritized equally.

Advocacy will be supported by three main activities:



**Knowledge synthesis:** translating and packaging evidence to highlight gaps in progress, support consensus building on advocacy asks and equip partners with evidence for action and greater accountability (e.g. Adolescent Well-Being Framework; Essential Interventions, Medicines and Commodities in Universal Health Coverage).

**Partner engagement:** supporting the development of partner knowledge, skills and capacity for joint advocacy, meaningful inclusion and greater accountability of partners to each other and to external stakeholders, including through multistakeholder policy dialogue (e.g. support to multistakeholder platforms; small grants for building coalitions of adolescent and youth advocacy organizations;

development of a digital platform enabling partners to share knowledge and collaborate).

**Campaigns and outreach:** mobilizing all partners in a coordinated approach to attain common advocacy and accountability goals, amplifying messages through champions, parliaments, media and other influential channels (e.g. calls to action; national, regional and global political engagement; social media campaigns).

The Partnership will orchestrate and support multipronged advocacy efforts, engaging partners and constituencies from the grassroots to the highest political level, using these three main activities. Historically, the most effective PMNCH-supported campaigns, such as the Every Woman Every Child movement and the Every Newborn Action Plan, have relied on a combination of clear goals and measurable targets, effective leadership, strong partner alignment, effective use of high-level champions, crisp messaging and strong media engagement. The most recent example is PMNCH's Call to Action on COVID-19 (Box 3). Campaigns will be time-bound, although

precise targets, strategies and tactics may shift according to need and opportunity. The PMNCH 2021–2025 Strategy places renewed emphasis on campaigns as a vehicle for progress towards long-standing advocacy goals.

An effective digital platform will be vital to support PMNCH's core advocacy function and its three main activities and for the successful delivery the Strategy.



### Box 3. PMNCH advocacy and COVID-19



In response to the COVID-19 pandemic, PMNCH partners are advocating together for political commitment, investments and policies to protect and promote the health and rights of women, children and adolescents.

PMNCH's COVID-19 advocacy asks focus on:



- greater support for sexual, reproductive, maternal, newborn, child and adolescent health services, supplies, information and demand generation campaigns, including for contraception, immunization, safe delivery, prevention of stillbirths and mental health support;
- advancing SRHR and gender equality;
- improving high-quality care, including respectful and dignified care;
- improving the recruitment, pay and working conditions of front-line health workers, including midwives and nurses;
- social protection, including food and nutrition security, for marginalized and vulnerable groups, guided by enhanced data that better reveal disparities;
- improving access to functional, safe and clean toilet and handwashing facilities and potable drinking water; and
- preventing violence against women, children and adolescents through education and protection programmes.

Backed by this Call to Action, PMNCH will support all constituencies in their joint planning for action through national multistakeholder platforms. PMNCH will also support integrated all-of-government COVID-19 response plans that bring sectors together: finance, health, gender, security, education and others. PMNCH will partner strategically with the private sector to augment government capacity and bring forward innovations to deliver high-quality services safely. PMNCH will also support the uptake of its Call to Action by other advocacy communities, including those relating to WASH, gender-based violence, education and UHC.



Accountability has traditionally been a strong focus of PMNCH's work. For the 2021–2025 Strategy period, PMNCH will reduce its focus on global accountability processes (where others have comparative advantage and a clearer mandate) and focus instead on empowering and enabling partners to hold each other and external stakeholders to account for the commitments they have made individually and/ or collectively. This is in line with PMNCH's core advocacy function and will ensure that the Partnership “walks the talk”.

PMNCH will continue to work with Countdown to 2030, UNICEF and WHO on monitoring and reporting. However, PMNCH will no longer host the Independent Accountability Panel (IAP) as the IAP moves towards a UHC mandate broader than WCAH. To further empower partners in their accountability functions, PMNCH will increase its focus on: making resources (guidance tools, data visualization tools, case studies) available to strengthen partner capacity for accountability; social accountability to support the capacity of traditional accountability actors (media, parliamentarians) to hold governments and others to account; and strengthening mutual accountability between partners.

### **PARTNER ENGAGEMENT**

PMNCH will engage partners, including those working directly at country level,<sup>14</sup> primarily through the mutually reinforcing mechanisms listed below. PMNCH's added value for country-level impact will be achieved through and by its members and partners, not by establishing PMNCH as an organizational structure or brand in countries.

### **Maximizing the engagement of all members through PMNCH's constituency structure**

PMNCH's constituency structure enables it to: maximize the aggregating power of constituency groupings; bring different constituencies together, including those under-represented in global health governance (e.g. health-care professionals, adolescent and youth organizations, the private sector); and provide a platform for different constituency groupings in its governance and leadership.

### **Leveraging global partnerships and alliances**

PMNCH will leverage its formal engagement in global health partnerships and alliances, including the Every Woman Every Child High-Level Steering Group, the Global Financing Facility Investors' Group and the Family Planning 2020 Reference Group. We will also build on our engagement with large global health alliances, including Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to promote WCAH.

### **Working through and with other sectors**

Given the importance of broader determinants of health, PMNCH will seek closer alliances, whether structural or issue- and campaign-based, with global partnerships in areas such as nutrition, education and water and sanitation, including the Scaling Up Nutrition Movement, the Global Partnership for Education and the Global Partnership to End Violence Against Children. Increasing its work with other sectors that contribute to health outcomes, as part of its Results Framework (Annex 2), PMNCH will contribute to and track progress towards selected

targets for the following SDGs: poverty reduction (SDG 1), nutrition (SDG 2), education (SDG 4), gender equality (SDG 5), WASH (SDG 6), combating climate change (SDG 13), ending violence (SDG 16) and partnerships (SDG 17).

### **Digitally enabled communication, knowledge exchange and joint action**

PMNCH will align, resource and amplify the voices of partners through digital communication between partners and across constituencies and sectors (Box 4). This will enable knowledge exchange, including the sharing of global public goods, as well as global convening and mutual support. Products such as evidence syntheses, toolkits and advocacy briefs

#### **Box 4. PMNCH digital strategy**

PMNCH will accelerate the implementation of its digital strategy as the key enabler of partner engagement. PMNCH's digital platform will:

- foster meaningful partner information sharing and collaboration within and between constituencies, countries, regions and thematic concerns;
- enable partners to access high-quality digital packages of knowledge tools, resources and information to scale up advocacy and accountability;
- facilitate and incentivize the co-production of shared deliverables by multiple partners, in line with the PMNCH 2021–2025 Strategy;
- measure the reach/impact of PMNCH efforts, to assess progress towards common goals; and
- achieve greater efficiency and impact in PMNCH's governance and Secretariat operations.



will support this exchange of knowledge. It will enable all PMNCH partners – including those with extensive country presence (e.g. UN agencies, NGOs), those with aggregating power (e.g. Inter-Parliamentary Union) and small grass-roots organizations based in partner countries – to align more closely and advocate more effectively for WCAH. PMNCH will act globally to impact locally, while enabling local experiences to inform and influence global action.

### **Engagement through regional and subregional fora**

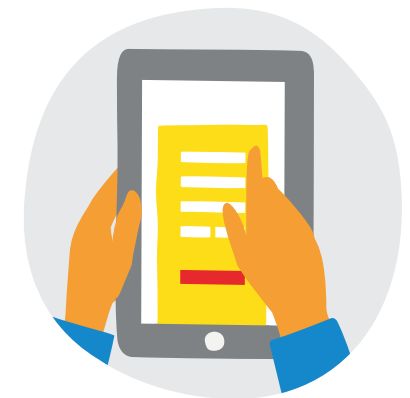
PMNCH will increase its engagement in regional and subregional fora, both health-related and economic and political (e.g. the African Union; the Association of South East Asian Nations). We will challenge ourselves over the Strategy period to better engage with and leverage these regional and subregional mechanisms.

### **Country multistakeholder grants**

PMNCH will shift away from its current model of providing multiple grants at country level, and instead follow a single “country multistakeholder grants” model, designed to align, mobilize and resource under-represented organizations in partner countries advocating for WCAH (including civil society organizations and adolescent and youth organizations).

### **PMNCH Partners’ Forum**

Building on the success of the 2018 Partners’ Forum (Box 5), we will experiment with new models for future Partners’ fora, including annual virtual formats.



#### Box 5. PMNCH Partners' Forum 2018, New Delhi, India

The Partners' Forum 2018, convened by PMNCH and the Government of India, was held in New Delhi on 12–13 December. Among the 1,600 participants were 33 country delegations, including 22 ministers of health and finance and 23 parliamentarians, 195 speakers and moderators and over 400 young people. The Forum's objective was to achieve greater consensus and alignment among PMNCH's partners on priorities, strategies and technical approaches to accelerate implementation of the Global Strategy for Women's, Children's and Adolescents' Health and progress towards UHC and the SDGs. A number of partners made specific commitments, among them:

- 19 country commitments, including Indian Prime Minister Narendra Modi's pledge of US\$ 100 billion by 2025 for health services (India also launched its Strategy for Women's, Children's and Adolescents' Health 2018–2030);
- World Vision International pledged US\$ 7 billion for women's, children's and adolescents' health; and
- Laerdal Medical Foundation pledged an additional US\$ 65 million to the Every Woman Every Child movement.

The Forum generated 85 published stories in 20 countries as well as 464 million unique impressions on social media. The Government of India has been a donor to PMNCH since 2014, recently doubling its annual commitment.



# 8. HIGH-LEVEL OUTCOMES



## 8. HIGH-LEVEL OUTCOMES

In advocating for MNCH, SRHR and adolescents as its core function, PMNCH will contribute to policy, financing and service outcomes. PMNCH's Theory of Change proposes that these three sets of outcomes will in turn contribute to changes at the impact level, principally SDG and Global Strategy targets and indicators (Section 9). The Results Framework (Annex 2) details specific outcomes in policies, financing and services to which PMNCH will contribute. These are explained in broad terms below. Annex 3 lists the internal and external factors that pose the greatest risks to implementing the Strategy and achieving its desired outcomes and outlines how these risks can be managed.

### A. POLICY: better policies and legislation for WCAH

Good policies and legislation are protective instruments which form the foundations for effective, equitable investments in WCAH. Those policies and legislation must be translated into concrete plans for delivery of these commitments. PMNCH will advocate for and track better policies and plans in three areas (with a focus on MNCH, SRHR and adolescents):

- essential WCAH interventions in national and subnational plans and policies;

- supportive legislation; and
- upholding of rights relating to WCAH.

### B. FINANCING: more and better financing for WCAH

More financing, including domestic financing, official development assistance and private flows, which is better aligned to needs and to government priorities and more equitably allocated, are essential for delivering better health outcomes for women, children and adolescents. PMNCH has considerable



experience in advocating for, raising and tracking additional financing. PMNCH will advocate for and track contributions in four areas (focusing on MNCH, SRHR and adolescents):

- financial protection schemes for women, children and adolescents;
- increased domestic financing and official development assistance for WCAH;
- increased and aligned private sector investment; and
- better use of existing resources for women, children and adolescents (reduced waste and corruption).

### **C. SERVICES: increased and more equitable coverage and uptake of high-quality services**

Policies and legislation (Outcome A) and financing (Outcome B) must be translated into better-quality and more equitable coverage and uptake of services (Outcome C), accompanied by better self-care and

empowerment of people to use services in order to achieve better health outcomes. PMNCH will focus particularly on the coverage of essential services for women, children and adolescents in primary health care, as part of UHC. We will also advocate for and track the number and equitable distribution of health-care professionals, with a particular focus on midwives and nurses. PMNCH will advocate for:

- increased effective coverage of high-quality WCAH interventions;
- strengthened health systems (e.g. workforce, supply chains) for better service delivery;
- increased recruitment, pay and working conditions of midwives and nurses;
- improved demand for and uptake of services; and
- strategies to reach the most vulnerable.



# 9. IMPACT



**Figure 3. SDGs in the PMNCH 2021-2025 Strategy Results Framework**



## 9. IMPACT

Changes in the outcomes listed in Section 8 will in turn contribute to impact-level changes. The Results Framework (Annex 2) lists the desired impacts, measured principally against SDG and Global Strategy targets and indicators in two areas:

- SDG 3 targets and indicators relating directly to health outcomes (shown in the inner circle of Figure 3); and
- other SDGs and targets that are major determinants of health (shown in the outer circle of Figure 3).

# 10. GOVERNANCE AND MANAGEMENT



## 10. GOVERNANCE AND MANAGEMENT

### GOVERNANCE

**This section will be updated, subject to Board decisions on Governance restructuring options, a process which is currently ongoing.**



**PMNCH will continue to employ a partnership-centric approach, with partners leading activities through working groups and other structures, not led but supported by the Secretariat.**

PMNCH's core asset is the breadth and diversity of its partners. However, the 2019-2020 external evaluation found that its governance had become heavy and time-intensive, with structures poorly understood by partners. The governance structures will be reorganized and streamlined while retaining the Partnership's core strength.

The governance reforms will reconsider the Board's functions, size, constituency structure and committee structure, as well as the frequency and type of its meetings and the opportunities offered by digital technology. In future, PMNCH Board meetings will be partly virtual and partly face-to-face, benefiting from the ongoing digitalization of members' and partners' engagement processes. The governance manual will also be revised when the optimal governance structure has been agreed by the Board.

### SECRETARIAT

In the new Strategy period PMNCH will build on procedures that have proved effective in terms of Secretariat structure and operational principles, while adopting new and more effective ways of supporting partners' work, including more virtual working. This will include embracing and capitalizing on the Partnership's emerging digital platform and implementation approaches, and reshaping staff profiles to match expected future ways of working, not least those shaped by the COVID-19 pandemic.

An important finding of the 2019-2020 external evaluation was that PMNCH has spread itself too thinly over recent years: failing to prioritize sufficiently and undertaking too many activities. As outlined below, the Partnership will use an annual work planning process to prioritize and reduce the number of activities it undertakes, focusing on areas where most impact can be achieved. PMNCH will continue to employ a partnership-centric approach, with partners leading activities through working groups and other structures, not led but supported by the Secretariat.



## BUDGETS AND ANNUAL WORKPLANS

Annual workplans and budgets will be developed and updated on a rolling basis throughout the annual work planning process. The workplan and budgets will be updated at the end of each year and presented to PMNCH's governance bodies. When prioritizing activities to be included in each annual workplan, the following criteria will be applied:

- What are the needs for action, from an equity perspective?
- Where are the evidence-based gaps and opportunities for intervention?
- What are others doing that PMNCH should build on rather than duplicate?
- What is PMNCH's comparative advantage and explicit added value?
- What is the partner demand, both to generate and to use PMNCH products?

PMNCH's budget management will be guided by a set of principles in line with both its governance structures and WHO rules and regulations. As part of its hosting arrangement at WHO, the Partnership is subject to and benefits from WHO audit and financial management processes. In addition, the Partnership will actively disseminate up-to-date information about its activities and performance, making all reports and information available on its website. This will include, for example:

- annual financial and narrative reports;
- ongoing donor reporting, subject to specific donor agreement;
- presentations and regular reports on progress to governance bodies; and
- any evaluations and reviews.

# ENDNOTES



## ENDNOTES

1. Women's, children's and adolescents' health includes newborn health and the prevention of stillbirths.
2. PMNCH uses the Guttmacher–Lancet Commission's definition of SRHR, which expands on the original definition of SRHR agreed at the International Conference on Population and Development in 1994 and explicitly states: "Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights". Starrs AM, Ezech AC, Barker G et al. Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *Lancet*. 2018; 391:2642–2692. <http://dx.doi.org/10.2471/BLT.19.249474>
3. A statement by the PMNCH Secretariat, 10 June 2020. <https://www.who.int/pmnch/media/news/2020/black-lives-matter/en/>
4. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO; 2019. <https://apps.who.int/iris/handle/10665/327596>
5. UNICEF, WHO, World Bank Group, UNFPA. Levels & trends in child mortality. Report 2019. Estimates developed by the UN Inter-Agency Group for Child Mortality Estimation. New York: UNICEF; 2019. <https://www.unicef.org/reports/levels-and-trends-child-mortality-report-2019>
6. Ibid.
7. Survive and thrive: transforming care for every sick newborn. Geneva: WHO; 2018. <https://apps.who.int/iris/bitstream/handle/10665/276655/WHO-FWC-MCA-18.11-eng.pdf?ua=1>
8. Mason E, Sen G, Yamin E et al. Universal health coverage provisions for women, children and adolescents. *B World Health Organ*. 2020; 98:79–79A. <http://dx.doi.org/10.2471/BLT.19.249474>
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11. Maintaining essential health services: operational guidance for the COVID-19 context. Interim

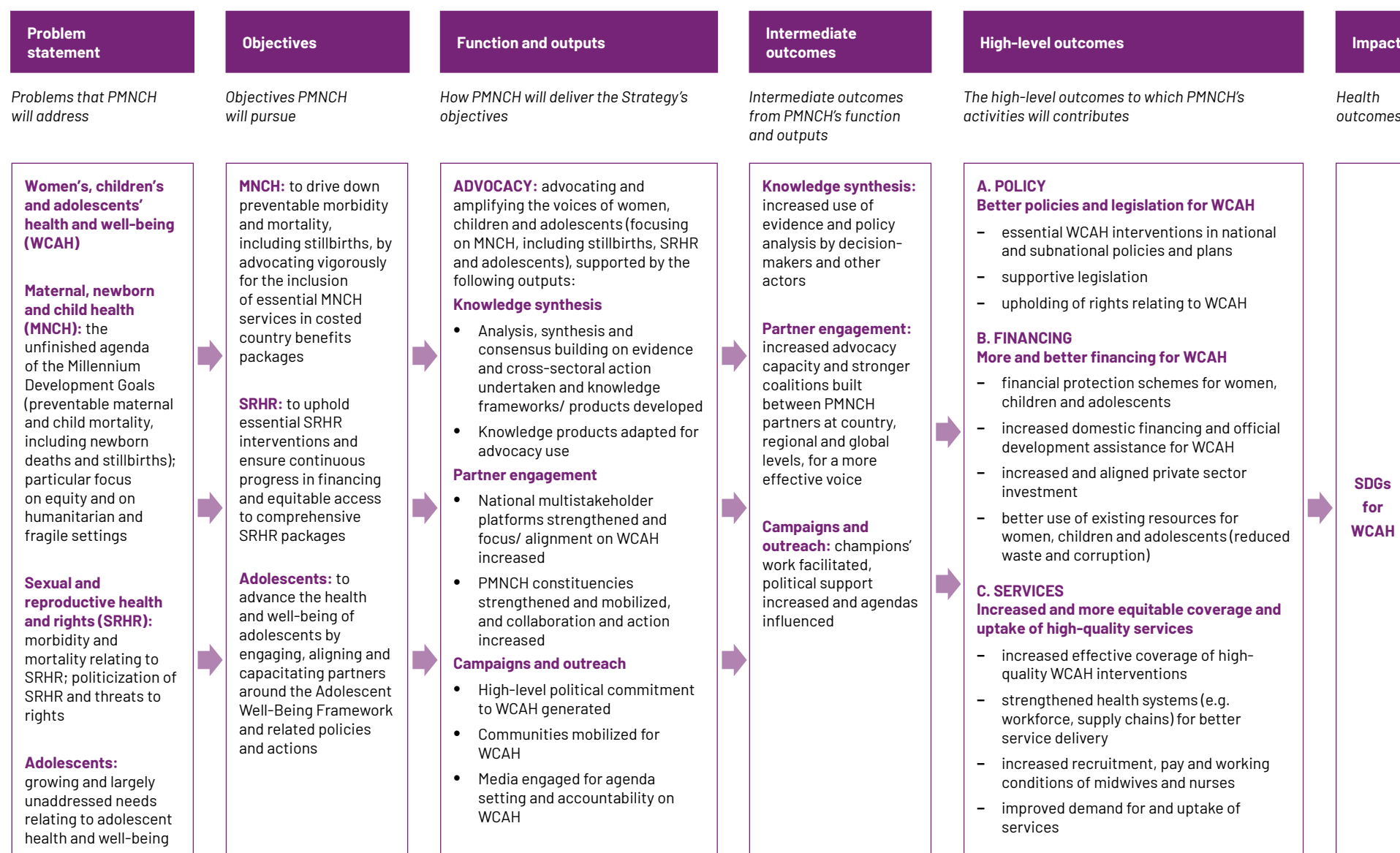
guidance, 2 June 2020. Geneva: WHO; 2020.  
<https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

12. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low- and middle-income countries. *Int Perspect Sex Reprod Health*. 2020; 46:73–76. <http://dx.doi.org/10.2471/BLT.19.249474>
13. Sheehan P, Sweeny K, Rasmussen B et al. Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. *Lancet*. 2017; 390:1792–806. <http://dx.doi.org/10.2471/BLT.19.249474>
14. This section incorporates the three-pronged approach recommended by the PMNCH Country Engagement Working Group: (i) strengthening member and partner engagement through development and wide dissemination of advocacy, accountability and knowledge resources for all partners to use at global, regional and country level; (ii) working with regional mechanisms to create an enabling environment for national action; and (iii) providing a few single country multistakeholder grants to leverage in-country partner collaboration for joint advocacy and accountability capacities for improved women's, children's and adolescents' health and well-being. <https://www.who.int/pmnch/activities/pmnch-country-engagement/en/>

# ANNEXES



## ANNEX 1. THEORY OF CHANGE



## ANNEX 2. RESULTS FRAMEWORK

The Results Framework below is derived from the PMNCH 2021–2025 Strategy’s Theory of Change. All impact and outcome indicators have existing means of verification. Impact indicators are drawn principally from the SDGs and the Every Woman Every Child (EWEC) Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), both SDG 3 (Health) and SDGs for other sectors that are significant determinants of health outcomes. High-level outcome indicators are drawn principally from four sources: SDGs; EWEC Global Strategy; Countdown to 2030; and Global Action for Measurement of Adolescent Health. For both impact and high-level outcomes, PMNCH’s accountability is one of contribution to and not attribution for the achievement of results. For the intermediate outcomes and outputs, PMNCH’s accountability is one of attribution. Outputs and inputs are described in broad terms. PMNCH is expected to undergo an external evaluation in 2024, to review progress on implementing the 2021–2025 Strategy and to plan for the next Strategy period (assumed to be 2026–2030, to coincide with the last five years of the SDGs).

### OVERALL IMPACT INDICATORS (PMNCH contribution)

#### Health outcome indicators

- Maternal mortality ratio (SDG 3.1.1)
- Under-5 mortality rate (SDG 3.2.1)
- Neonatal mortality rate (SDG 3.2.2)
- Stillbirth rate (GS 3.2)
- Adolescent mortality rate (GS 3.4)
- Suicide mortality rate by age (SDG 3.4.2), linked to SDG 3.4 mental health
- Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 girls/women in that age group (SDG 3.7.2)
- Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SDG 3.3.1); tuberculosis incidence per 100,000 population (SDG 3.3.2); malaria incidence per 1,000 population (SDG 3.3.3)
- Adolescent fertility rate (GAMA)
- Adolescent (10–19 years) injury-related mortality rate, and by age category, sex and type of injury (per 100,000 population) (GAMA)
- Prevalence of intimate partner violence among adolescents (GAMA)

### Other SDG indicators (determinants of health)

- Poverty reduction (1.1.1); Nutrition (2.2.1); Education (4.1.1); Early childhood development (4.2.1); Gender equality (5.1.1; 5.2.1; 5.2.2; 5.3.1; 5.3.2); Water, sanitation and hygiene (6.1.1; 6.2.1); Combatting climate change (13.1.1; 13.1.2); Ending violence against children (16.2.1; 16.2.2; 16.2.3); Partnerships (17.1.1; 17.1.2; 17.16.1)

SDG=Sustainable Development Goal; GS=Global Strategy for Women's, Children's and Adolescents' Health (2016-2030); GAMA=Global Action for Measurement of Adolescent Health.

## HIGH-LEVEL OUTCOMES AND RELATED INDICATORS (PMNCH contribution)

Results	MNCH	SRHR	Adolescents
<b>A. POLICY: better policies and legislation for WCAH</b> <ul style="list-style-type: none"> <li>– essential SRMNCH interventions in national and subnational policies and plans</li> <li>– supportive legislation</li> <li>– upholding of rights relating to WCAH</li> </ul>	<ul style="list-style-type: none"> <li>• National policies on: antenatal care (CD 5462), access to skilled care at childbirth (CD 5528), free access to health services for pregnant women and newborns (CD 5410 and CD 5414), postnatal care for mothers and newborns (CD 5466), universal access to health services for children (CD 5433)</li> <li>• National policies/laws to review maternal deaths, stillbirths and neonatal deaths (CD 5492, CD 5496 and CD 5498)</li> <li>• National policies and standards on management of low birth weight, preterm and newborns with severe illness (CD 5467 and CD 5468)</li> </ul>	<ul style="list-style-type: none"> <li>• National policy on quality of care includes sexual and reproductive health (CD 5405)</li> </ul>	<ul style="list-style-type: none"> <li>• National policy specifically addressing adolescent health issues (CD 5374)</li> <li>• Policy/legislation on free access to health services for adolescents (CD 5413)</li> </ul>
<b>B. FINANCING: more and better financing for WCAH</b> <ul style="list-style-type: none"> <li>– financial protection schemes for women, children and adolescents</li> <li>– increased domestic financing and official development assistance for WCAH</li> </ul>	<ul style="list-style-type: none"> <li>• Current country health expenditure per capita (including specifically on MNCH) financed from domestic sources (SDG 3.8.2)</li> <li>• Proportion of population with large household expenditures on health as a share of total household expenditure or income sources (GS 3.8)</li> </ul>	<ul style="list-style-type: none"> <li>• Current country health expenditure per capita (including specifically on sexual and reproductive health) financed from domestic sources (SDG 3.8.2)</li> <li>• Percentage of total health expenditure spent on reproductive, maternal, newborn and child health (EPMM Phase 2 core indicator)</li> </ul>	<ul style="list-style-type: none"> <li>• Current country health expenditure per capita (including specifically on adolescent health) financed from domestic sources (SDG 3.8.2)</li> <li>• Total net official development assistance for adolescent health (within SDG 3.b.2)</li> </ul>

<ul style="list-style-type: none"> <li>– increased and aligned private sector investment</li> <li>– better use of existing resources for women, children and adolescents (reduced waste and corruption)</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of total health expenditure spent on reproductive, maternal, newborn and child health (EPMM Phase 2 core indicator)</li> <li>• Total net official development assistance for MNCH (within SDG 3.b.2)</li> </ul>	<ul style="list-style-type: none"> <li>• Total net official development assistance for SRHR (within SDG 3.b.2)</li> </ul>	
<p><b>C. SERVICES: increased and more equitable coverage and uptake of high-quality services</b></p> <ul style="list-style-type: none"> <li>– increased effective coverage of high-quality WCAH interventions</li> <li>– strengthened health systems (e.g. workforce, supply chains) for better delivery of services</li> <li>– increased recruitment, pay and working conditions of midwives and nurses</li> <li>– improved demand for and uptake of services</li> <li>– strategies to reach the most vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of births attended by skilled health personnel (SDG 3.1.2)</li> <li>• Coverage of essential MNCH services (SDG 3.8.1)</li> <li>• Percentage of infants &lt; 6 months who are exclusively fed breast milk (GS 3.2)</li> <li>• Percentage of children fully immunized (GS 3.2)</li> <li>• Proportion of the target population covered by all vaccines included in national programme (SDG 3.b.1)</li> <li>• Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (SDG 3.b.3)</li> <li>• Health worker density and distribution (SDG 3.c.1)</li> <li>• Proportion of coverage of early postnatal care (ENAP Target 3 2020-2025)</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1)</li> <li>• Coverage of essential sexual and reproductive health services (SDG 3.8.1)</li> <li>• Proportion of men and women aged 15–24 with basic knowledge about SRHR (GS 3.7 and GS 5.6)</li> <li>• Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (SDG 3.b.3)</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent health indicators are included in the existing national household surveys (GAMA)</li> <li>• Coverage of essential adolescent health services (SDG 3.8.1)</li> <li>• Proportion of men and women aged 15–24 with basic knowledge about SRHR (GS 3.7 and GS 5.6)</li> <li>• Proportion of the target population covered by all vaccines included in their national programme (SDG 3.b.1)</li> <li>• Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (SDG 3.b.3)</li> <li>• Adolescents covered by all vaccines included in their national programme [e.g. HPV](GAMA)</li> </ul>

CD=Countdown to 2030; ENAP=Every Newborn Action Plan; EPMM=Ending Preventable Maternal Mortality; GAMA=Global Action for Measurement of Adolescent Health; GS=Global Strategy for Women's, Children's and Adolescents' Health (2016–2030); SDG=Sustainable Development Goal.

INTERMEDIATE OUTCOMES		RELATED INDICATORS ACROSS MNCH, SRHR AND ADOLESCENTS (PMNCH attribution)	
<b>Knowledge synthesis:</b> increased use of evidence and policy analysis by decision-makers and other actors		<ul style="list-style-type: none"><li>• # of PMNCH-supported knowledge products developed and published</li><li>• # of downloads / views of PMNCH-supported knowledge products</li><li>• # of public statements by policy-makers referencing specific evidence/data</li><li>• # of policy analyses and other evidence synthesized by PMNCH used to influence country government’s policy documents</li></ul>	
<b>Partner engagement:</b> increased advocacy capacity and stronger coalitions built among PMNCH partners at country, regional and global levels, for a more effective voice		<ul style="list-style-type: none"><li>• # of PMNCH members</li><li>• # of capacity building activities implemented (e.g. grants, toolkits, webinars)</li><li>• # of national multistakeholder platforms supported</li><li>• # of engagements through PMNCH’s digital platform (e.g. website, WhatsApp)</li></ul>	
<b>Campaigns and outreach:</b> champions’ work facilitated, political support increased and agendas influenced		<ul style="list-style-type: none"><li>• # of champions engaged by PMNCH</li><li>• # of discrete activities undertaken by PMNCH champions (e.g. media interviews, op-eds, public speaking)</li><li>• # of high-profile events, documents (e.g. calls to action, resolutions) and advocacy moments focusing on MNCH, SRHR and adolescents</li><li>• # of coverage instances of MNCH, SRHR and adolescents in key media (volume, reach, share of voice)</li></ul>	
OUTPUTS RELEVANT ACROSS MNCH, SRHR AND ADOLESCENTS (PMNCH attribution)			
Major outputs delivered by PMNCH will contribute to the achievement of intermediate and high-level outcomes		<b>Knowledge synthesis</b> <ul style="list-style-type: none"><li>• Analysis, synthesis and consensus building on evidence and cross-sectoral action undertaken and knowledge frameworks / products developed (e.g. COVID-19 Compendium of Resources, Investment Case on Pandemic Preparedness and Response, reporting on women’s, children’s and adolescents’ health progress, Adolescent Well-Being Framework, the Global Action Plan for WCAH in Humanitarian and Fragile Settings)</li><li>• Knowledge products adapted for advocacy use (e.g. advocacy toolkits, knowledge briefs, videos, media materials)</li></ul> <b>Partner engagement</b> <ul style="list-style-type: none"><li>• Strengthened national multistakeholder platforms and increased focus and better alignment between constituencies on WCAH, including in the COVID-19 context</li><li>• PMNCH constituencies strengthened and mobilized; and increased collaboration and action for WCAH, including through digital platform and tools</li></ul>	

	<p><b>Campaigns and outreach</b></p> <ul style="list-style-type: none"> <li>• High-level political commitment to WCAH generated, including through champions and parliaments supporting agreed asks (e.g. COVID-19 Call to Action, Adolescent Well-Being Call to Action)</li> <li>• Communities mobilized for WCAH, including through small grants to civil society organizations for advocacy and accountability</li> <li>• Media engaged for agenda setting and accountability on WCAH</li> </ul>
<b>INPUTS (PMNCH attribution)</b>	
Financial and human resources	<ul style="list-style-type: none"> <li>• Engaged PMNCH partners using their time and resources to drive change, including high-level champions</li> <li>• Digital solutions in place to facilitate collaboration and action by partners</li> <li>• Small grants to strengthen multistakeholder platforms at national level for joint advocacy and accountability for WCAH budgets, policies and plans, including support to civil society, parliamentarians, media and youth groups to participate in national and global policy dialogues</li> <li>• Effective governance to facilitate increased engagement and advocacy</li> <li>• Fit-for-purpose Secretariat to support partner engagement and implementation of the PMNCH 2021-2025 Strategy and related workplans</li> </ul>

### ANNEX 3. RISKS AND RISK MANAGEMENT

Risks listed below are divided into two categories: (i) internal factors and (ii) external factors. The list includes headline risks and is not exhaustive. Risk management will be addressed on an ongoing basis by the Secretariat and the Board, including through the Risk Register formally overseen by the Board.

RISKS	RISK MANAGEMENT
INTERNAL FACTORS	
PMNCH is not able to define, negotiate and communicate a unique <b>value proposition</b> in the global health architecture	<ul style="list-style-type: none"> <li>PMNCH Strategy 2021-2025 and subsequent communications lay out a clear and compelling PMNCH value proposition</li> <li>PMNCH Board, partners and Secretariat all act as champions for PMNCH's mission and value proposition</li> </ul>
PMNCH does not have the <b>convening power</b> to attract, retain and support the mobilization of partners	<ul style="list-style-type: none"> <li>Board members work to engage their constituencies effectively, supported by the Secretariat</li> <li>"Partnership-centric model" has buy-in from partners and is well resourced and well supported by the Secretariat</li> </ul>
PMNCH does not have a model of <b>country engagement</b> (working through partners and country grants) that is effective and sustainable	<ul style="list-style-type: none"> <li>PMNCH implements the recommendations of the Country Engagement Working Group</li> <li>Results reporting extends to country level (distinguishing between PMNCH attribution and contribution)</li> </ul>
PMNCH has inadequate <b>financial resources</b> to execute activities	<ul style="list-style-type: none"> <li>Executive Director prioritizes fundraising (ideally multiyear and unrestricted) for implementing the Strategy in the short term</li> <li>Board and Executive Committee support fundraising goals</li> </ul>
PMNCH Board and Secretariat fail to <b>prioritize</b> a manageable number of focus areas and deliverables during the Strategy period (focusing on actions critical for achieving the SDG targets relating to women's, children's and adolescents' health, not being done by others)	<ul style="list-style-type: none"> <li>Board and Secretariat maintain discipline in adhering to Strategy priorities</li> <li>Annual work planning process provides an opportunity for annual review and planning</li> <li>Funders allocate funds only for activities in the Strategy and annual workplans</li> </ul>

EXTERNAL FACTORS	
Major and accelerated external shocks such as <b>pandemics, global economic recessions and climate change</b> fundamentally alter global health challenges and ways of working, and threaten earlier gains for women's, children's and adolescents' health	<ul style="list-style-type: none"> <li>• PMNCH should advocate throughout the Strategy period for: sustained access to women's, children's and adolescents' health services; mitigation of the effects of major external shocks on women, children and adolescents; and greater pandemic / disaster preparedness, including investments in both health systems and health-care professionals</li> <li>• PMNCH, including the Secretariat, must be agile enough to adjust workplans, activities and deliverables with speed and urgency</li> </ul>
<b>Reduced multilateralism and new norms of reduced international cooperation</b> weaken global health institutions and hinder effective action for women's, children's and adolescents' health	<ul style="list-style-type: none"> <li>• PMNCH should advocate for the importance of multilateralism and a joined-up international response to address challenges to women's, children's and adolescents' health</li> <li>• PMNCH should work with and through UN agencies, government partners and other Board members (and within the broader membership) to advocate for and support a joined-up international system</li> </ul>

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