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2022 Financial Report

Partnership for Maternal, Newborn & Child Health (PMNCH)

Hosted by the World Health Organization



Women's,
Children's and
Adolescents'
Health

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1. Introduction

This Financial Report provides information on the budget and finances in 2022 for the Partnership for Maternal, Newborn and Child Health (PMNCH). Section 2 of this report provides information on the workplan structure and budget. Section 3 provides a short analysis of available revenue and resource mobilisation efforts, and Section 4 sets out information on expenditure and commitments, as well as on the implementation rate of the PMNCH workplan.

Annex 1 includes the Statement of Financial Performance with notes, as certified by WHO, and Annex 2 includes a WHO certified copy of the Statement of Income and Expenditure for the period 01 January to 31 December 2022, with fund balances reported to and approved by the World Health Assembly each year through WHO's audited Financial Report for 2022¹.

2. Programme of work and budget in 2022

2022 was the second year of PMNCH's [2021-2025 Strategy](#). In Feb 2022, [PMNCH's Executive Committee decided](#) to structure PMNCH's workplans on a two-year basis and in line with WHO's biennium financial management processes. The work in the new 2022-23 workplan continued to be organized with a focus on three functional areas, namely:

- **Knowledge and evidence:** Synthesizing of data, trends and evidence for PMNCH partners to use in influencing and advocating for implementation of existing and mobilization of new commitments for WCAH; and disseminating and making these knowledge resources easily available to partners for their use.
- **Partner Engagement:** Increasing advocacy capacity and strengthening coalitions among PMNCH partners at country, regional and global levels, for a more effective voice on WCAH commitment implementation and mobilization, including support to the GLN and ministerial, parliamentarians, civil society and youth-led coalitions.
- **Campaigns and Outreach** – Delivering advocacy campaigns, events and media engagement to influence implementation of existing and mobilization of new commitments for WCAH at country, regional and global levels.

The annual budgets within the five-year 2021-2025 Strategy are set by the Board through annual or biannual work planning processes. The budget for 2022-23 was set provisionally at US\$ 10 million for each year (US\$ 20 million for the two years), as per [PMNCH's 2022-23 Workplan](#), aimed at supporting the delivery of a prioritized set of activities deemed most important by the Board and within the three functional areas noted above. This is summarized in Table 1 below.

Table 1: PMNCH 2022 Budget (US\$, millions)

Annual budget	2022
Functional Area 1: Knowledge and evidence	2.54
Functional Area 2: Partner engagement	3.29
Functional Area 3: Campaigns and outreach	4.07
Total Budget	9.90

¹ See: <https://www.who.int/publications/i/item/A76-17>



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However, in any one given year, it is not guaranteed that PMNCH would be able to raise sufficient resources to meet this budget, especially in difficult and challenging funding times brought about by COVID-19 pandemic, conflicts around the world, etc. Details of resources that were eventually available to be used in 2022 are discussed in Section 3.

3. Available resources and management

Although hosted by the World Health Organization (WHO), PMNCH is a self-funded partnership. Resources for its operations are provided by grants from national governments, multilateral initiatives and/ or private philanthropic foundations, as well as in-kind and other types of indirect support from governments and organizations that make up the partnership.

PMNCH therefore works closely with its current and potential funding partners through the following resource mobilisation and management efforts:

- **Many multi-year awards.** Many grants supporting the work of PMNCH were provided as part of multi-year awards, spanning two or more calendar years. This was exceptionally helpful in supporting planning and operational stability. PMNCH has continued to be engaged in discussions with donors about the possibility of renewing existing and establishment of new multi-year grants to support the 2021 to 2025 Strategy period.
- **Encouraging undesignated contributions.** PMNCH continues to advocate for resources provided by donor agencies to be undesignated in nature, supporting the whole of the workplan and enabling PMNCH to apply resources to activities in the most effective manner.
- **Broad donor base.** In 2022, PMNCH was able to draw on resources from nine different donors, continuing its working relationship with national governments, multilateral initiatives and/ or private philanthropic foundations.
- **Variety of financial years and management of resource timing.** PMNCH received grants from donors that operate on different financial years to each other and to WHO, host of PMNCH. This has both assisted PMNCH in managing its cashflow over the years but has also added a degree of complexity in grant management processes.² With the agreement by the Executive Committee in Feb 2022 to move to a two-year planning cycle, this will help better align the timeframes with WHO's biennium planning cycles.
- **Management of donor reporting.** Donor reporting requirements have been increasing in their complexity, frequency and specificity. This results in a heavy reporting burden on PMNCH.

Overall, PMNCH has access to US\$ 9.49 million in grant resources, which could have been applied to delivering prioritized activities in 2022, within the overall US\$ 10 million budget workplan.

As the year progressed, it became clear that the focus of work in this biennium will be more intense in 2023, and in relation to delivering on the Global Forum for Adolescents. In this context, some of the

² Another consequence of this variability in financial years is that PMNCH has significant brought forward and carry forward balances in WHO certified financial statements, as per Annex 1 and Annex 2. This is not a reflection of unspent resources, but a combination of: (i) when resources are recognized by the WHO system as received; (ii) when individual grant agreements specify funds can be spent; and (iii) variability in the financial years of individual donors.



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resources that were available to PMNCH in 2022 were reprogrammed into 2023 to support the higher level of expenditures expected in that year.

4. Expenditure – Implementing the PMNCH workplans

As noted in the previous section, in 2022 PMNCH had access to US\$ 9.49 million to apply to its workplan in this year. The funds were directed towards funding the main, prioritized elements of the Board and Executive Committee approved workplan. PMNCH's Standing Committees and Working Groups, with the support of the Secretariat, led the process of prioritizing deliverables within the workplan, before these proposals were approved by the Executive Committee and Board.

PMNCH invests resources at its disposal into delivering activities set out in its workplan. These activities are delivered through a combination of investments into staff at the Secretariat, external contractors (e.g., consultants), travel and event related costs, sub-grants to partners, and some expenses related to equipment and general operating costs. Each activity within the PMNCH workplan has a unique combination of cost allocations across these categories (e.g., some activities are led by Secretariat staff, others are fully outsourced, some include travel and others do not, and many include a combination of all expenditure categories).

In 2022, PMNCH had a full implementation rate against resources that were allocated to this year, taking account of internal reprogramming that was discussed in the previous section. Table 2 below sets out how the resources available in 2022 were allocated to the three functional areas within the relevant annual workplan, together with the overall implementation rate that was close to a 100%.

Table 2: Available resource, expenditure and implementation rate in 2022 (US\$, millions)

2022 workplan and budget	Budget	Resource allocations	Expenditure	Implementation rate
Knowledge and evidence	2.54	1.92	1.82	
Partner engagement	3.29	2.49	2.35	
Campaigns and Outreach	4.07	3.08	2.91	
Totals	9.90	7.48	7.09	94.74%

The PMNCH's current Conflict of Interest (CoI) policy is managed by the Secretariat to protect PMNCH from any known, perceived, or potential conflicts of interest with respect to the implementation of PMNCH's programme of work.

As part of this policy, PMNCH's financial reports indicate when one or more of its Board Members received more than US\$ 100,000 in funding from PMNCH during the year to deliver services as part of workplan implementation. In 2022, no Board member received funds equal to or in excess of US\$ 100,000.

It is also important to note that in March 2021, WHO revised the policy on Grant Letter of Agreements (GLOA), introducing a Grant Review Committee. This WHO committee's whose mandate is to review all GLOAs across WHO (including those originating from PMNCH), ensures an independent assessment and clearance.



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Annex1: Statement of financial performance and notes

Certification of Statement of Financial Performance and Notes

A handwritten signature in blue ink, appearing to read "J. Arina-Iraeta".

Javier Arina-Iraeta
Administration and Finance
Officer
PMNCH-NMC

A handwritten signature in blue ink, appearing to read "George Kyriacou".

George Kyriacou
Comptroller and
Director of Finance
World Health Organization

A handwritten signature in blue ink, appearing to read "Anshu Banerjee".

Anshu Banerjee
Executive Director, *a.i.*
PMNCH-NMC



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Statement of financial performance

Table A.1 below provides an overview of the financial performance for PMNCH, for the year ended 31 December 2022. Please also refer to Annex 2: Statement of Income and Expenditure.

Table A.1: Statement of financial performance (US\$, millions)

Description	Notes	2022		2021	
Fund balance as of 1 January	3.3		4.34		4.96
REVENUE	3.1				
Voluntary contributions		9.49		7.77	
Total revenue			9.49		7.77
EXPENSES	3.2				
Staff and Other Personnel Cost		4.03		3.97	
Contractual Services, Transfers and Grants to Counterparts		2.26		3.80	
Travel		0.15		0.01	
General Operating and Other Direct Costs, Equipment, Materials		0.06		0.07	
Programme Support Costs (PSC)		0.59		0.54	
Total expenses			7.09		8.39
Fund balance as at 31 December	3.3		6.74		4.34

Notes to the statement of financial performance

1. Basis of preparation

The financial results of PMNCH are consolidated within the Fiduciary Fund of WHO. Revenue and expenses for PMNCH are recorded in a separate fund to allow for financial reporting. A separate balance sheet is not available for PMNCH as all balance sheet transactions are managed in one set of ledgers for WHO.

The PMNCH statement of financial performance has been extracted from WHO accounts and all transactions have been recorded in accordance with relevant WHO accounting policies in accordance with International Public Sector Accounting Standards (IPSAS).



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2. Significant accounting policies

For a full set of accounting policies, please refer to the WHO Audited Financial Statements for the year ended 31 December 2022³. These policies support PMNCH's statement of financial performance.

2.1 Revenue

Revenue is recognized following the established criteria of IPSAS 23 (Revenue from Non-Exchange Transactions).

Revenue from voluntary contributions is recorded when a binding agreement is signed by WHO, on behalf of PMNCH, and the contributor. When an agreement contains "subject to" clauses, WHO does not consider the agreement to be binding and does not record the revenue and amount receivable until the cash is received. Where there are no payment terms specified by the contributor or payment terms are in the current accounting year, revenue is recognized in the current period. Where payment terms specify payment after the year end, the amount is reported as *deferred* revenue.

Deferred revenue is reported on the WHO balance sheet as a liability and is released in the period in which it falls due.

2.2 Expenses

WHO recognizes expenses at the point where goods have been received or services rendered (delivery principle) and not when cash or its equivalent payments have been made.

3. Supporting information to the PMNCH statement of financial performance

3.1 Revenue

In 2022, voluntary contributions of US\$ 9.49 million (2021: US\$ 7.77 million) were recognized from national governments, multilateral initiatives and / or philanthropic foundations. Please refer to Annex 2 for recognized revenue by donor.

Deferred revenue represents multi-year agreements signed in 2022 or prior years but for which the revenue recognition has been deferred to future financial periods.

³ See: <https://www.who.int/publications/i/item/A76-17>



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Table A.2: Deferred revenues (US\$, millions)

Deferred revenue by contributor	2022	2021
Bill & Melinda Gates Foundation	2.5	
Fondation Botnar	1.98	1.00
GAVI, The Vaccina Alliance	0.16	0.27
Germany		0.12
Sweden	1.14	
United Kingdom	4.14	6.21
Total deferred revenue	9.92	7.60

3.2 Expenses

All expenses shown in Annex 2 and below do not include any future commitments.

Staff and Other Personnel Cost

These costs were recorded as US\$ 4.03 million in 2022 (2021: US\$ 3.97 million). They reflect the “total organizational cost” of employing PMNCH Secretariat staff, including charges for base salary, post adjustment and other entitlements (e.g., pension and medical insurance, etc.). Most of these resources are used for professional staff costs, directly involved in delivering activities noted in PMNCH’s Strategy, with some limited costs associated with administrative support staff.

Contractual Services, Transfers and Grants to Counterparts

These costs were recorded as US\$ 2.26 million in 2022 (2021: US\$ 3.80 million) and represent expenses associated with public procurement of service providers and sub-grants to counterparts. The main components are:

- Agreements for Performance of Work (APW) and short-term consultants (STCs). All have been procured according to the WHO rules and regulations to perform activities required to deliver the PMNCH workplan.
- Letters of Agreement for research or capacity building grants issued to institutions and implementing partners.

Travel

These costs were recorded as US\$ 0.15 million in 2022 (2021: US\$ 0.01 million). They reflect the cost of travel for qualifying representatives of PMNCH governing and advisory bodies (e.g., PMNCH Board members, Executive Committee members, etc.), qualifying broader partner participants in PMNCH organized meetings, some consultants (where travel was not included in their original contracts), and PMNCH staff members. Travel expenses include airfares, per diem and other travel-related costs. This amount does not include statutory travel for home leave or education grants for PMNCH staff. The lack of travel in 2022 reflects the cessation of duty travel for most of the year due to the continued COVID-19 pandemic, with only a very slow resumption towards the end of 2022.



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General Operating and Other Direct Costs, Equipment, Materials

These costs were recorded as US\$ 0.06 million in 2022 (2021: US\$ 0.07 million). They reflect the cost of general operations to support the office.

Programme Support Costs (PSC)

These costs reflect the apportionment of WHO administration and management costs and were recorded as US\$ 0.59 million in 2022 (2021: US\$ 0.54 million). PMNCH pays this administrative charge to WHO in accordance with World Health Assembly Resolution 34.17.

3.3 Fund balance at end of year

In 2022, the opening balance was recorded as US\$ 4.34 million, and the end of year fund balance was recorded as US\$ 6.74 million. The balance represents the unspent portion of ongoing grant agreements that are planned to be spent in future financial years. These balances are not 'cash' that PMNCH holds at these points in time, but the remaining total value of grant agreements (yet to be disbursed by donors to PMNCH but recognized as income reflecting signed grant agreements).

These fund balances enable PMNCH to operate uninterrupted from one year to the next, including allowing PMNCH to hold approximately six months of PMNCH Secretariat personnel cost liability carry-forward as recommended by WHO.



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Annex 2: Statement of Income and Expenditure



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Statement of Income and Expenditure for the period 1 January 2022 to 31 December 2022
(expressed in US dollars)

Opening Balance 1 January 2022		4,339,456
Revenue		
Bill & Melinda Gates Foundation	1,955,446	
Fondation Botnar (FB)	1,987,797	
Global Alliance for Vaccine Immunization (GAVI)	107,000	
Germany (GIZ)	118,405	
India	2,000,000	
Merck Sharp and Dohme Corp.,	148,515	
Norway (NORAD)	714,796	
Sweden (SIDA)	384,689	
United Kingdom of Great Britain and Northern Ireland (FCDO)	2,068,966	
Total Revenue		9,485,615
Expenditure - 2022		
Staff and Other Personnel Cost	4,029,225	
Supplies, Commodities, Materials	-	
Equipment	11,037	
Contractual Services	1,904,403	
Travel	146,824	
Transfers and Grants to Counterparts	353,613	
General Operating and Other Direct Costs	46,809	
Programme Support Costs (PSC)	594,736	
Total Expenditure		7,086,647
Balance		6,738,424

I certify that the above statement correctly reflects the revenue and expenditure recorded in the WHO Global Accounting System.



George Kyriacou
PP: 06 November 2023



World Health
Organization

Comptroller and Director of Finance

Partnership for Maternal, Newborn and Child Health Report as at 31.12.2022.doc