Committing to progress, equity and a better future for women, children and adolescents
The PMNCH 2021 annual report

Committing to progress, equity and a better future for women, children and adolescents
Foreword

Looking back to where we were at the start of 2021, we were full of cautious optimism, encouraged by the promise of a vaccine for COVID-19 and a return to normality. Vaccination campaigns took off, countries began to loosen restrictions, and there was a tangible feeling that an end was in sight. However, this optimism quickly faded due to the unequal distribution of vaccines and the widening gap between the haves and have nots, including worsening inequities in sexual, reproductive, maternal, newborn, child and adolescent health outcomes. Exacerbating an already difficult year was the increasing conflict and unrest in several places worldwide, which disproportionately affect women, children and adolescents. All these challenges only motivated us to work even harder.

PMNCH’s role continues to be crystal clear: to keep women, children and adolescents at the centre of all COVID-19 response and recovery efforts, using this as an opportunity to tackle head-on injustices and inequities in the interest of achieving better health and well-being for women, children and adolescents.

Through our Call to Action on COVID-19 we mobilized a record US$ 32 billion by the end of 2021, and many governments pledged to prioritize women, children and adolescents in their response and recovery efforts.

In securing these commitments we strengthened partner engagement in countries to drive more responsive and equity-enhancing policies, financing and service delivery. To ensure that those policy decisions are informed by what community members need and want, we amplified the voices of people affected by the pandemic. The Finding Hope project documented the experiences of over 30,000 people, mainly women and young people, in 43 Asian, African, Latin American and Caribbean countries. The findings have informed programme responses to COVID-19 in several of these countries, and have been shared globally through our events and digital media.

Another 2021 highlight was our work around realizing young people’s right to actively engage in all matters that affect their lives. We made significant progress in ensuring that young people have leadership roles across PMNCH’s operations and governance structures and that all our 1250+ member organizations have the knowledge and capacity to implement the Global Consensus Statement on Meaningful Adolescent and Youth Engagement.

Together, our partners are the engine that powers our work. Bolstered by a 17% membership increase in 2021, we redoubled our efforts to enhance partner capacity for joint advocacy, meaningful inclusion and greater accountability. PMNCH relaunched our website with a brand update and invested in digital technologies to scale up the speed and reach of our evidence-based advocacy, including equipping and enabling our partners to engage better with each other. Our new digital platform will continue to evolve with more interactive features and tools in 2022, enabling partners to collaborate more widely and meaningfully with each other.

I am humbled and greatly motivated by the sheer dedication we saw in 2021. But this is not the time to rest on our laurels; we need more collective action and mobilization to achieve impact at scale. We need not only to build back better for women, children and adolescents but to build forward more equitably, intentionally and effectively.

We all have a role to play. I urge our members, partners and anyone who sees themselves as a stakeholder in our work for women, children and adolescents to join us in building upon the powerful platform that PMNCH provides. You can find more information on how to engage with us here.

Helga Fogstad, Executive Director
2021 in Numbers

Knowledge synthesis

- 115 million cumulative views of video series on self-care during COVID-19
- 30,000+ community voices showcased in knowledge products
- 300 partner resources amplified and disseminated
- 38 knowledge syntheses/briefs

Partner engagement

- US $32.1 billion from 20 countries in commitments to the PMNCH Call to Action on COVID-19
- 17% membership increase
- 70,000 visitors to www.pmnch.org
- 100+ partners engaged in knowledge synthesis and consensus building
- 12 e-blasts/newsletters

Campaigns and outreach

- 275 media hits with up to 2.8 billion estimated potential reach per month
- 21 million people reached on social media
- 160% increase in followers on LinkedIn; 6.7% on Twitter; 14.4% on Facebook; 104% on Instagram
- 21 million people reached on social media
- 10 virtual events, including 3 e-summits with 80+ high-level speakers and 9,000+ participants
- 166 partner events amplified through the Events Hub
2021 Highlights

January
PMNCH supports the BRANCH Consortium and The Lancet in launching the Lancet Series on Women’s and Children’s Health in Conflict Settings. More than 1300 people from 85 countries participate in the online launch event.

In response to the rescinding of the Mexico City Policy or “Global Gag Rule”, PMNCH issues a statement expressing its hope that the new Biden administration will go beyond restoring American financial support for overseas organizations providing family planning and other essential reproductive health services.

February
PMNCH publishes seven knowledge-to-action briefs to support partners carrying forward the Call to Action on COVID-19 and mitigating the devastating effects of the pandemic on the health of women, children and adolescents, and the societies and economies that support them.

PMNCH and partners publish the Nurturing care for children living in humanitarian settings thematic advocacy brief, summarizing the actions needed to minimize the impact of emergencies on the lives of young children and their families.

PMNCH endorses new constituency leadership and Executive Committee representatives as part of the governance reform approved by its Board in December 2020.

March
Global Health 50/50 ranks PMNCH in the top 20% of 201 organizations in terms of their successful advancement of gender equality, both internally and in their health-related COVID-19 responses and other health programmes.

PMNCH coordinates an open letter published in The BMJ and signed by 30 leading global health and youth experts, supporting a Call to Action for Adolescent Well-Being during COVID-19 and beyond, and urging a concerted and collaborative approach to meet the needs of the world’s 1.2 billion adolescents.
April

In a *BMJ* commentary, Helen Clark, PMNCH Board Chair, and Anuradha Gupta, Deputy CEO of Gavi, the Vaccine Alliance, call for the most vulnerable women, children, adolescents and health workers to be prioritized in the provision of COVID-19 vaccines and essential health services.

Responsive Caregiving during COVID-19, the third in a series of short, animated videos focusing on self-care interventions during COVID-19, is released accompanied by a partner toolkit with messages, images and tips for other ways to use the self-care series.

May

PMNCH, the Global Financing Facility, Gavi, the Vaccine Alliance, and the CORE Group host the third virtual *Lives in the Balance* summit. Attended by 5000+ participants in over 120 countries, the focus is on implementation of and accountability for commitments to the Call to Action on COVID-19.

PMNCH and over 80 partners write 15 papers on adolescent well-being. Published in *The BMJ*, the papers synthesize evidence relating to the Adolescent Well-Being Framework, to inform multistakeholder consultations in preparation for the Global Summit for Adolescent Well-Being in 2023.

PMNCH provides communication support for the launch of *The State of the World’s Midwifery 2021*. Building on two previous reports, the report documents the global sexual, reproductive, maternal, newborn and adolescent health workforce, with a particular focus on midwives.

June

PMNCH coordinates the preparation and publication of *Finding Hope*, which documents the lived experiences of over 30 000 people during the first few months of the COVID-19 pandemic, mainly women and adolescents, in India and 42 countries in Africa, Latin America and the Caribbean.

PMNCH and UHC2030 develop the *Health Budget Toolkit* to strengthen the capacities of civil society organizations, the media and parliaments to advocate for health budgets.

Members of the PMNCH Health-Care Professional Associations constituency author an *op-ed* in *The BMJ* highlighting grave inequalities in the availability, supply and safe delivery of oxygen to certain populations and calling on governments to remedy such inequalities.
July

Rise, Respond, Recover, an action brief by PMNCH, WHO, UNICEF and UHC2030, summarizes the latest evidence on women’s, children’s and adolescents’ health and well-being. It is published to coincide with the High-Level Political Forum for Sustainable Development to promote coordinated action among global and national partners.

Michelle Bachelet and Helen Clark, former and current PMNCH Board Chairs, join The Conversation on BBC World Service to talk about their experiences as female leaders and how they have smashed many glass ceilings in the global health and human rights sectors. The broadcast reaches 438 million listeners worldwide.

August

On World Humanitarian Day, PMNCH publishes an op-ed calling for life-saving protection, including COVID-19 vaccines, for humanitarian health-care workers.

The BRANCH Consortium, PMNCH and the Institute for Global Health and Development at the Aga Khan University hold an online regional multistakeholder workshop focused on Afghanistan and Pakistan to enhance coordinated advocacy and action to improve women’s, children’s and adolescents’ health in conflict settings.

September

At its 10th Annual Accountability Breakfast, PMNCH announces that US$ 32.1 billion has been pledged to a massive global effort to restore the 40% drop in health services due to COVID-19, bringing the new total of commitment-makers to 20 high-, medium- and low-income countries. The virtual meeting, which focuses on improving equity for women, children and adolescents in Africa, boasts 13 high-level speakers, more than 735 registrants, and an estimated potential reach of 1.9 million on social media and 2.8 billion via traditional media.

Ahead of the Pre-COP 26 Summit in Italy, PMNCH, the Lancet Countdown: Tracking Progress on Health and Climate Change, Y-PEER, CORE Group and Countdown to 2030 organized a youth-led panel, drawing attention to the critical interlinkages between the climate crisis and adolescent well-being.
**2021 Highlights**

**October**

Helen Clark, PMNCH Board Chair, Winnie Byanyima, Executive Director of UNAIDS, and Githinji Gitahi, Group CEO of Amref Health Africa, produce an op-ed examining the widening and new inequities caused by COVID-19 and outlining areas for urgent action.

In response to COVID-19, PMNCH, Management Sciences for Health and the Global Financing Facility announce the recipients of the second round of funding to support coordinated civil society and youth advocacy in ensuring the continuity of services for women’s, children’s and adolescents’ health.

**November**

PMNCH releases *Sexual and reproductive health and rights (SRHR) in COVID-19*. Part of a series, this action-oriented, user-friendly toolkit aims to provide access to guidance, tools and resources useful for responses and advocacy to improve SRHR.

PMNCH coordinates a COP26 event drawing attention to prioritizing adolescents’ well-being in climate adaptation and incorporating adolescent well-being into the COP26 Health Programme.

*Mitigating violence against women and children*, the final video in a PMNCH series on self-care during COVID-19, is launched. It provides practical guidance on how those experiencing violence can seek help and support. The series has over 115 million views.

The #Adolescent2030 social media campaign begins. This global, youth-led movement coordinated by PMNCH aims to raise the visibility of adolescent well-being through personal stories of young people across the world to build momentum towards the United Nations SDG Summit in September 2023.

**December**

Launched during a webinar hosted in collaboration with PMNCH, Countdown to 2030 for Women’s, Children’s and Adolescent’s Health and partners publish 137 new and updated country profiles covering reproductive, maternal, newborn, child and adolescent health, equity and early childhood development.

Findings from a survey sent to the 249 signatories to the Global Consensus Statement on Meaningful Adolescent and Youth Engagement (MAYE) reveal that although a strong case has been made for MAYE, a “how to” guide is needed to accompany its principles and check-list criteria.
Introduction

PMNCH is the world’s largest alliance for women’s, children’s and adolescents’ health and well-being. Our vision is a world in which every woman, child and adolescent is able to realize their right to health and well-being, particularly the most vulnerable.

With advocacy as our core function – supported by knowledge synthesis, partner engagement, campaigns and outreach – we mobilize and resource our partners to seek changes in policy, financing and services for women, children and adolescents, and we hold each other accountable for delivering on our promises.

PMNCH membership reached 1250 in 2021, an annual increase of 17%. Of the 183 new member organizations, 126 come from low- and middle-income countries, including 77 from the African Region. This rapid growth demonstrates wider recognition of the urgent need for collective action to improve access to essential health services, uphold rights and address the inequities embedded in all areas of our societies and economies.

Figure 1. PMNCH’s 2021–2025 Strategy: Theory of Change and Results Framework

This report summarizes PMNCH’s key achievements and outputs in 2021, the first year of our current five-year strategy (Figure 1).

Problem Statement - PMNCH aims to contribute to addressing:
- preventable maternal and child mortality, including newborn deaths and stillbirths, particularly among the poorest and most marginalized and in humanitarian and fragile settings
- morbidity and mortality relating to sexual and reproductive health and rights (SRHR), politicization of SRHR and threats to rights
- growing and largely unaddressed needs relating to adolescent health and well-being.

Inadequate policies, insufficient funding and limited and potentially inappropriate service provision are among the main barriers to equitably reducing maternal, newborn and child morbidity and mortality (including stillbirths), Improving SRHR outcomes, and improving adolescent health and well-being. Better national policies, more domestic funding and expanded, high quality, national service provision are the main drivers to increased sustainability of outcomes, and resilience to external shocks.

Publicly made commitments from the highest authorities will create the foundations for better policies, greater financing and improved service coverage. These commitments will also be the basis for holding decision makers accountable and support follow-up efforts on implementation.
**Governance reform**

In 2021, PMNCH achieved an important milestone in reorganizing and streamlining its governance structure to enable more efficient and effective operations. This extensive effort was aimed at supporting the implementation of the 2021–2025 Strategy and enabling members to play a more central role in conceptualizing and implementing the Partnership’s work.

Standing Committees and Working Groups were created, and links established between these structures and the 10 PMNCH constituencies, as a means of enhancing networked capacities at all levels.

In the December 2020 report *Harnessing the Power of Partnership in a Digital Era*, the PMNCH Board recognized the overarching importance of ensuring equitable inclusion, constructive power balance and active anti-discrimination across all of PMNCH’s internal and external workstreams. Extensive work has been conducted to implement greater partner inclusion at all levels. For example, by the end of 2021, PMNCH had more than 20 people aged under 30 in leadership positions (Figure 2).

Efforts continue to identify young leaders for the three constituencies where they are not yet represented. The implementation of the *Global Consensus Statement on Meaningful Adolescent and Youth Engagement* has been essential in informing this process.

In addition, continuous efforts have been made to monitor and track diversity in gender, region, education and professional backgrounds of all members, to ensure that PMNCH is a truly diverse and inclusive organization, giving equal voice and participation to all members, as a means to achieve its overall objectives.

Concrete steps were also taken in 2021 towards achieving digital connectivity, as a mechanism for strengthening governance and supporting partner engagement.

This effort included the design and development of interactive digital platforms, based on the updated PMNCH website. These digital hubs unite and support partners in their common advocacy efforts, enabling them to work together more effectively in the areas of knowledge synthesis, partner engagement, and campaigns and outreach. These three key PMNCH functions are interconnected and indivisible. For example, partners co-own and co-produce knowledge synthesis outputs and use them for advocacy and accountability through the campaign and outreach function; and knowledge synthesis outputs are used to build capacities under the partner engagement function.

*Reach outs to identify young leaders in these constituencies will continue.*

**Figure 2. Rising presence of Young Leaders in PMNCH**

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<td>Board of High-level Champions</td>
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<td>Adolescents and Youth</td>
<td>Executive Committee</td>
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<td>Donors and Foundations</td>
<td>Governance and Ethics Committee</td>
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<td>Global Financing Mechanisms</td>
<td>Partner Engagement in Countries Committee</td>
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*Reach outs to identify young leaders in these constituencies will continue.*
Knowledge synthesis

PMNCH uses its knowledge synthesis function to facilitate the increased use of evidence and policy analysis by partners, decision-makers and other actors to drive more responsive and equity-enhancing policy, financing and service delivery. Knowledge synthesis includes deliverables that synthesize and translate knowledge and evidence for advocacy and influencing purposes, tailored to need and audience demand, such as digital toolkits, compendiums, policy briefs, reports and articles. PMNCH promotes alignment and consensus among partners on evidence-based messaging, as well as adapting and translating policy-relevant evidence into resources and tools fit for advocacy purposes.

In 2021, to increase the uptake of knowledge in advocacy efforts driven by our partners, PMNCH synthesized, translated, curated and packaged evidence across the three PMNCH focus areas, as well as key cross-cutting issues such as COVID-19 and women’s, children’s and adolescents’ health in humanitarian and fragile settings.

We amplified our constituencies’ resources, knowledge and advocacy on key issues relating to women’s, children’s and adolescents’ health and well-being, using policy-relevant and user-friendly formats, including through digital approaches.

Over 80 PMNCH partners developed 15 papers that synthesize evidence on adolescent well-being, and a political commentary authored by 30 heads of state, young people and public health leaders was published in The BMJ to facilitate evidence-based multistakeholder advocacy and accountability.

PMNCH also worked with partners in developing several knowledge, policy and advocacy briefs in 2021, translating evidence for advocacy into easily accessible and digestible formats. One example is the action brief Rise, Respond, Recover, which aims to promote coordinated action by global and national partners.

Similarly, to promote the uptake of robust and contextualized knowledge for multistakeholder engagement and policy dialogue on women’s, children’s and adolescents’ health in conflict settings, PMNCH worked with local partners to produce a series of papers published in The Lancet and to organize three regional workshops: the first focused on Afghanistan and Pakistan; the second on Jordan, Lebanon, Syrian Arab Republic and Yemen; and the third on Mali and Nigeria.

To support our partners in advancing the COVID-19 advocacy campaign goals and combating misinformation, PMNCH employed knowledge translation approaches to communicate and package emerging guidance on mitigating the direct and indirect negative impacts of COVID-19 on women’s, children’s and adolescents’ health and well-being. Products included a living compendium, a digital series of toolkits and a self-care video series. These knowledge resources played an essential role in making women’s, children’s and adolescents’ health and well-being explicit in response and recovery plans.

They were also popular with the public: for example, the self-care animated video series, developed in collaboration with UNICEF, WHO and UN Women and available in the six UN languages, was viewed more than 115 million times through social media platforms such as Facebook by the end of 2021.

PMNCH also took an active role in synthesizing the views and voices of communities during COVID-19 through the document Finding Hope: Experiences of women, children and adolescents during the COVID-19 pandemic in their own words, which provides critical evidence to inform partners’ advocacy.
Partner engagement fuels the advancement of PMNCH’s advocacy goals. Partner engagement deliverables are intended to strengthen partners’ ability to engage effectively in advocating for better financing, policies and services to improve the health and well-being of women, children and adolescents, especially the most vulnerable. The focus is on strengthening the capacity of constituencies and partners to advocate, align and network more powerfully together through workshops, webinars and digital platforms, and on promoting inclusive and participatory membership in PMNCH.

PMNCH’s partner engagement efforts in 2021 sought to enhance partner knowledge, skills and capacity for joint advocacy, meaningful inclusion and greater accountability of partners to each other and to external stakeholders.

National multistakeholder platforms were strengthened in 11 countries through grants disbursed by our H6 partners. These facilitated joint advocacy, dialogue among governments and partners, influencing on resource allocation, and organization of essential health services, including in national COVID-19 responses.

Catalytic grants were disbursed in Kenya, Liberia and Nigeria to support civil society organizations, young people, parliamentarians and media partners in amplifying the commitments received, and to help partners to collaborate in holding their governments to account to deliver on those commitments.

Catalytic grants were also provided to support national youth coalitions in India, Kenya and Mexico and strengthen their capacities to advocate for the Call to Action for Adolescents, with the aim of socializing the Adolescent Well-Being Framework at national level, leading up to the Global Forum for Adolescents in 2023. Over 50 decision-makers and 1000 young people engaged in global events promoting the Adolescent Well-Being Framework and the Call to Action for Adolescents. A series of eight regional multistakeholder consultations on the implications of programming to promote adolescent well-being reached over 1000 participants representing PMNCH’s 10 constituencies.

As part of the accountability system for the Global Consensus Statement on Meaningful Adolescent and Youth Engagement, the 249 signatories of the statement were surveyed to identify the progress made and the challenges during its first year of implementation. This first accountability report compiles the findings from the 90 organizations that responded to the survey.

After extensive consultations with members and partners, in May 2021, PMNCH took a bold step with its first-ever rebranding and comprehensive digital transformation. The digital platform now boasts a vibrant new website with interactive features such as an events hub, a live interactive calendar and a partner zone. A curated “engage” platform offers easy access to tools enabling members to get involved in PMNCH’s work. Work also started to develop digital advocacy hubs, which will become the epicentre of PMNCH’s support for partner engagement and advocacy.
Campaigns and outreach

Through campaigns and outreach, PMNCH members plan and orchestrate the use of resources, activities and communication mechanisms to develop advocacy strategies aimed at strengthening political commitments, policies and financing efforts to protect the health, rights and well-being of women, children and adolescents. Throughout the current pandemic, we have focused on preventing COVID-19 from becoming a lasting crisis, while forging stronger primary health-care systems as a pathway to universal health coverage and fostering a more equitable world.

In 2021, PMNCH’s orchestration continued through the PMNCH COVID-19 Call to Action, launched in 2020 in response to the pandemic, which disrupted health services and exacerbated systemic and structural racial, ethnic and gender inequities everywhere. By the end of 2021, US$ 32.1 billion had been pledged through the Call to Action to restore essential health, nutrition and social services for women, newborns, children and adolescents, which had been disrupted by the pandemic.

Other coordinated efforts included #Adolescents2030, a global youth-led movement supported by PMNCH and partners, to mobilize young people around the adolescent well-being agenda. The Call to Action for Adolescent Well-Being, endorsed by 12 national governments in 2021, encourages countries to adopt policies and programmes that prioritize coordinated multisectoral investment. It also aims to build support for a “Global Forum for Adolescents” in 2023 to strengthen the global movement for adolescent well-being and to promote greater policy and financing commitments.

Champions and constituency groups were instrumental in mobilizing these commitments through direct or bilateral outreach facilitated by PMNCH, using digital and traditional media to reach national, regional and global audiences. One key strategy was to leverage the voices of champions, including former prime ministers and presidents Helen Clark, Michele Bachelet, Kersti Kaljulaid and Ellen Johnson Sirleaf, who amplified PMNCH messages through political op-eds and commentaries, open letters, interviews and representation on panels and in high-level dialogues. Media efforts in 2021 were estimated to reach up to 2.8 billion people per month through traditional media, and up to 2.7 million people through social media.

Evidence-based messaging disseminated through PMNCH channels equipped our partners with knowledge products and evidence for their advocacy goals, and brought community voices and demands to global fora.

In 2021, flagship PMNCH events such as Lives in the Balance and the 10th Annual Accountability Breakfast equipped PMNCH partners with tools to support the implementation of and accountability for commitments made in response to the Call to Action on COVID-19, and to amplify key messages relating to women’s, children’s and adolescents’ health and well-being. The events attracted more than 8000 registrants from more than 110 countries, with an average of 60% of participants based in low- and middle-income countries. These events reflect the relevance of partner engagement in coordinating action to help identify and meet the needs of women, children and adolescents.
PMNCH secured more than 80% of the US$ 10 million essential workplan budget for 2021. Approximately US$ 8.2 million was provided by our donor community in this first year of PMNCH’s current five-year strategy. This reflected the global community’s recognition of the importance of prioritizing women’s, children’s and adolescents’ health and well-being in efforts to respond to and recover from COVID-19.

Immense efforts in 2021 also resulted in an improved longer-term financial position for PMNCH. This work resulted in new multi-year grants worth approximately US$ 18 million being agreed for the period to the end of 2025. The Government of Spain and Gavi, the Vaccine Alliance became new donors to PMNCH, with Fondation Botnar committing a second three-year grant for PMNCH’s work until 2024. The Government of India renewed its funding commitment, and the Governments of the United Kingdom of Great Britain and Northern Ireland and of Germany committed to multi-year grants.

Existing multi-year grants from the Governments of Norway and Sweden, together with the Bill & Melinda Gates Foundation, continued to provide important resources for PMNCH’s work.

Intense efforts are continuing in 2022 to secure the resources needed to achieve the 2021–2025 Strategy. The focus will be on working with bilateral donors to ensure renewed or increased funding from existing donors, reaching out to new national donors and intensifying interactions with a strategic shortlist of philanthropic foundations whose focus areas align with PMNCH’s objectives.
“As an international community, we need policy and financing actions that enhance equity and put women, children and adolescents at the centre. In this context, what we do at PMNCH is very important. In 2021, we saw the results of our joined-up efforts: working across our 10 constituencies, we were successful in supporting an additional nine national governments in developing and sharing written commitments to ensure women, children and adolescents are explicit in pandemic recovery plans, aligning with the PMNCH Call to Action on COVID-19.

But our work does not end here. In the coming year, we will follow up through our 1250+ strong partnership to ensure that promises are kept and that commitments are meaningful, especially to the most vulnerable. We hope that when people look back at this moment in time – approaching halfway to our 2030 SDG targets – they can say: 2022 was the year when we rallied to address this final lap and when our collective resolve for progress was renewed.”

Helen Clark, Board Chair
PMNCH reformed its governance structures in the first half of 2021 and announced the new Board composition in July 2021 at the PMNCH 27th Board Meeting. We thank all Board members who transitioned out of their role. The list below applied from July to December 2021.

**Board leadership**

**Board Chair:** Helen Clark, Former Prime Minister of New Zealand

**Board Vice Chair:** Darren Welch, Director of Global Health, Foreign, Commonwealth and Development Office, Government of the United Kingdom of Great Britain and Northern Ireland

**Board Vice Chair:** Rajesh Bhushan, Secretary, Ministry of Health and Family Welfare, Government of India

*Vikas Sheel* was appointed as the new Additional Secretary and took over this role in October 2021 replacing Vandana Gurnani.

**Annex 1. Board members**

*PMNCH 2021 annual report*

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**Board members representing PMNCH constituencies**

**Academic, Research and Training Institutes**

- Marleen Temmerman, Director of the Centre of Excellence in Women and Child Health and Chair of the Department of Obstetrics and Gynaecology, Aga Khan University East Africa
- Mike Mbizvo, Country Director, Population Council Zambia
- Gamal Serour, Director, International Islamic Center for Population Studies and Research

**Adolescents and Youth**

- David Imbago, Member, International Youth Health Organization
- Naledi Katsande, Programmes Lead, Youth for Health Promotion Zimbabwe

**Donors and Foundations**

- Susan Clapham, Health Adviser, Foreign, Commonwealth and Development Office, Government of the United Kingdom of Great Britain and Northern Ireland
- Two vacant seats

**Global Financing Mechanisms**

- Anuradha Gupta, Deputy CEO, Gavi, the Vaccine Alliance

**Health-Care Professional Associations**

- Franka Cadée, President, International Confederation of Midwives
- Errol Alden, President, International Pediatric Association
- Jeanne Conry, President, International Federation of Gynecology and Obstetrics

**Inter-Governmental Organizations**

- Martin Chungong, Secretary General, Inter-Parliamentary Union

**Non-Governmental Organizations**

- Lisa Hilmi, Executive Director, CORE Group
- Angela Chaudhuri, Director, Swasti Health Catalyst
- Aminu Magashi Garba, Coordinator and Founder, Africa Health Budget Network

**Partner Governments**

- Vikas Sheel*, Additional Secretary and Mission Director for National Health Mission, Ministry of Health and Family Welfare, Government of India
- Wilhelmina Jallah, Minister of Health, Government of Liberia
- One vacant seat

**Private Sector**

- Caroline Quijada, Principal Associate, International Development, Abt Associates
- Børge Brende, President, World Economic Forum

**United Nations Agencies**

- Henrietta Fore, Executive Director, United Nations Children’s Fund
- Natalia Kanem, Executive Director, United Nations Population Fund
- Zsuzsanna Jakab, Deputy Director-General, World Health Organization

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Annex 2. Committees and Working Groups

Executive Committee
Chair: Darren Welch, Director of Global Health, Foreign, Commonwealth and Development Office, Government of the United Kingdom of Great Britain and Northern Ireland
Vice Chair: Rajesh Bhushan, Rajesh Bhushan, Secretary, Ministry of Health and Family Welfare, Government of India

Strategic Advocacy Committee
Co-Chair: Ann Starrs, Director of Family Planning, Bill & Melinda Gates Foundation
Co-Chair: Githinji Gitahi, Global CEO, AMREF Health Africa
Vice Chair <30: Sahil Tandon, Global Council member, YET4H Transform Health Coalition
Secretary: Desmond Nji, Founder, Deserve Cameroon

Knowledge and Evidence Working Group
Chair: Mark Hanson, Director, Institute of Developmental Sciences, University of Southampton
Vice Chair: Karen Walker, President, Council of International Neonatal Nurses (COINN)
Vice Chair: Mike Mbizvo, Country Director, Population Council Zambia
Secretary <30: Natasha Salifyanji Kaoma, CEO, Copper Rose Zambia

Partner Engagement in Countries Committee
Co-Chair: Joy Phumaphi, Executive Secretary, African Leaders Malaria Alliance
Co-Chair: Vikas Sheel*, Additional Secretary and Mission Director for National Health Mission, Ministry of Health and Family Welfare, Government of India
Vice Chair <30: Gareth J.
Vice Chair: Hilma Shikwambi, Board Member, International Confederation of Midwives (ICM)
Vice Chair: Jeanne Conry, President, International Federation of Gynecology and Obstetrics (FIGO)
Secretary: Mwesi Yosia Habagaya, Founder and Director of Operations, Universal Health and Development Foundation

Accountability Working Group
Co-Chair: Jennifer Requejo, Senior Advisor in Data, Analytics and Innovation, UNICEF
Co-Chair: Pauline Irungu, Advocacy and Policy Country Lead, PATH Kenya
Vice Chair: Jonathan Klein, Executive Committee Treasurer, International Pediatric Association (IPA)
Vice Chair <30: Sophie Arseneault, Board Director for the Western Hemisphere Region, International Planned Parenthood Federation

Governance and Ethics Committee
Chair: Flavia Bustreo, Vice President, Fondation Botnar
Vice Chair <30: Alan Jarandilla Nuñez, Interim Executive Director, International Youth Alliance for Family Planning
Vice Chair: Dorothy Shaw, Former President, International Federation of Gynecology and Obstetrics (FIGO)
Secretary: Leslie Elder, Senior Nutrition Specialist, Global Financing Facility (GFF)

*Vikas Sheel was appointed as the new Additional Secretary and took over this role in October 2021 replacing Vandana Gurnani.
Annex 3. PMNCH staff

Leadership
Helga Fogstad, Executive Director, Head of Secretariat
Lori McDougall, Coordinator

Digital communications
Mijail Santos, Team Lead
Veronic Verlyck, Communications Officer
Kieran O’Dowd, Communications Officer
Murat Gungor, Communications Officer
Supporting consultant: Helen Scott

Knowledge synthesis
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Ilze Kalnina, Project Manager
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