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PMNCH annual report 2025

Disrupting the status quo: turning global commitments into lasting impact

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Cover photo: © WHO / Yoshi Shimizu. A Hmong mother and child in Yen Bai

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Foreword

The year 2025 will be remembered as a turning point for global health and for women's, children's and adolescents' health in particular. A convergence of geopolitical instability, shrinking civic space and abrupt funding contractions collided with an intensifying backlash against rights, science and multilateral cooperation. For millions of women, children and adolescents, the consequences were immediate and real. At such moments, partnerships either retreat or they rise.

In 2025, the Partnership for Maternal, Newborn & Child Health (PMNCH) [\(1\)](#) rose to the challenge as it celebrated its 20th anniversary. The Partnership demonstrated why it exists: to bring together diverse actors around a shared agenda, to convert political commitments into accountability and to protect hard-won gains for those furthest left behind.

What stood out this year was not only what PMNCH did, but how it did it. In a constrained and polarized environment, the Partnership doubled down on its comparative strengths: convening across sectors and geographies; amplifying country-led and grassroots voices; supporting evidence-based advocacy; and holding leaders to account, publicly and constructively.

The Board is particularly proud that 2025 was not treated as a year of pause, but as a year of action. The lessons learned, about

shaped the new PMNCH Strategy 2026-2030 [\(2\)](#). This strategy is grounded in realism about the world we are operating in and ambition about what collective action can still achieve.

As Board Chair, I extend my deep appreciation to PMNCH partners, leaders and Secretariat staff who navigated an exceptionally difficult year with clarity of purpose and integrity. The road ahead will not be easy, but this report shows that PMNCH is not only ready for the future; it is helping to shape it.



Helen Clark,
PMNCH Board Chair
Former Prime Minister of New Zealand



Photo: © Kieran Scott. Rt. Hon. Helen Clark,

Director's message

In 2025, the global community faced a sobering reality: progress for women's, children's and adolescents' health can no longer be taken for granted.

Funding cuts, policy reversals and coordinated attacks on sexual and reproductive health and rights tested the resilience of health systems and the resolve of advocates worldwide. At the same time, multiple crises, from climate shocks to conflict, deepened inequities and stretched already fragile systems. Against this backdrop, PMNCH made a deliberate choice: to disrupt the status quo.

Throughout the year, the Partnership worked with governments, civil society, youth leaders, parliamentarians, health professionals and global institutions to keep women's, children's and adolescents' health at the center of political decision-making. We opened spaces for difficult conversations and helped turn dialogue into coordinated action. We supported countries and coalitions to navigate shrinking fiscal and civic space. And we strengthened accountability so that commitments made in global forums translated into action on the ground.

Most importantly, PMNCH listened. The stories, data and lived experiences shared by partners in 2025 through initiatives, like our snap survey [\(3\)](#), the On Our Watch series [\(4\)](#) and the Lives in

the Balance [\(5\)](#), during the World Health Assembly, particularly from high-burden, low-income settings, made one thing clear: integration, country leadership and collective accountability are no longer optional. They are essential.

These insights informed the development of our 2026-2030 Strategy [\(2\)](#), which sets a clear course for the years ahead and the 2026-2027 workplan [\(6\)](#) which provides detailed activities developed through a consultative process with PMNCH members. The strategy and workplan reflect a sharpened focus on impact, on enabling country-led advocacy and on ensuring that women, children and adolescents are not collateral damage in a turbulent world.

This report tells the story of a partnership that adapted, learned and acted together. It is also an invitation: to governments, donors, advocates and communities to stand with PMNCH as we move from commitments to change and from change to lasting impact.



A handwritten signature in black ink, appearing to read 'Rajat Khosla'.

Rajat Khosla,
PMNCH Executive Director



Photo: © WHO / Fanjan Combrink; WHO Malaria Vaccine Implementation Programme visit, 13-15 March 2023

Acknowledgements

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The PMNCH 2025 Annual Report was prepared under the overall coordination and technical guidance of Rajat Khosla, Executive Director of PMNCH.

The lead writers for this report were Kadidiatou Toure; Amy Reid; Etienne Langlois, Ilze Kalnina, Sarah Bald, Domenico Iaia, Mohit Pramanik, David Gomez, all members of the PMNCH secretariat.

Acronyms and abbreviations

- AMREF: African Medical and Research Foundation
- AU: African Union
- CAAP: Collaborative Advocacy Action Plan
- CPD: Commission on Population and Development
- CSA: Child Survival Action
- CSO: civil society organization
- DRM: domestic resource mobilization
- EWENE: Every Woman Every Newborn
- G20: Group of Twenty
- GFF: Global Financing Facility
- GLN: Global Leaders Network
- HLPF: High-level Political Forum on Sustainable Development
- IPU: Inter-Parliamentary Union
- MNCH: maternal, newborn and child health
- MP: member of parliament
- NCDs: noncommunicable diseases ODA: official development assistance
- P20: G20 Parliamentary Speakers' Summit
- PMNCH: Partnership for Maternal, Newborn & Child Health
- RMNCAH: reproductive, maternal, newborn, child and adolescent health
- SDGs: Sustainable Development Goals
- SRHR: sexual and reproductive health and rights
- SRMNCAH: sexual and reproductive, maternal, newborn, child and adolescent health
- TICAD: Tokyo International Conference on African Development
- UN: United Nations
- UN DESA: United Nations Department of Economic and Social Affairs
- UNGA: United Nations General Assembly
- VNRs: voluntary national reviews
- WCA: women, children and adolescents

Executive summary

In 2025, PMNCH delivered results at a moment of profound disruption for global health. As development assistance declined sharply, civic space narrowed and political pushback against rights intensified, the Partnership focused on what mattered most: enabling country-led advocacy, protecting political space for women’s, children’s and adolescents’ health (WCAH) and converting commitments into action.

Disrupting the status quo through policy change

With the launch of its 2026-2030 Strategy [\(2\)](#), PMNCH embraced a deliberate “business unusual” approach, recognizing that traditional, donor-dependent models are no longer fit for purpose in a world of sustained financing shocks and political fragmentation. The Partnership elevated southern leadership and advanced the principle of health sovereignty, supporting countries to define, finance and defend their own health priorities. Through strategic engagement at global policy moments, including the Seventy-eighth World Health Assembly (Doing Better with Less [\(7\)](#) and Future Forward [\(8\)](#)), the United Nations High-Level Political Forum (Not on Our Watch: Uniting to End Preventable Deaths of Mothers and Children [\(9\)](#)), the Conference on Population and Development [\(10\)](#), the 38th African Union Summit High-level Breakfast Roundtable [\(11\)](#), the G20 process and Leaders’ Declaration [\(12\)](#), the United Nations General Assembly and High-level Meeting on NDCs (Accountability breakfast [\(13\)](#), NCD side event [\(14\)](#)) and the 151st

(Accountability breakfast [\(13\)](#), NCD side event [\(14\)](#)) and the 151st IPU Assembly [\(15\)](#), PMNCH helped reframe WCAH from a cost to be managed into a high-yield national investment. The launch of the Parliamentary Network of Champions for WCAH [\(16\)](#) further reinforced this shift, strengthening political ownership, accountability and financing leadership from within developing countries themselves.

accountability and financing leadership from within developing countries themselves.





Spotlight 1: G20 - Re-centering women's, children's and adolescents' health

PMNCH working through the Global Leaders Network (GLN) [\(17\)](#), helped secure strong language on women's, children's and adolescents' health (WCAH) in the G20 Leaders' Declaration [\(12\)](#), reaffirming *"the critical importance of investing in the health and well-being of all, including women, children and adolescents as a foundation for sustainable development."*

This outcome was achieved through coordinated, high-level advocacy aligned to key G20 moments. The Partnership and the GLN implemented a sustained media strategy, generating more than a dozen high-profile interviews, complemented by a targeted letter-writing campaign to G20 leaders. Thought leadership was amplified through a joint Bloomberg op-ed [\(18\)](#) by the President of South Africa, Cyril Ramaphosa and Helen Clark. PMNCH and the GLN also convened a ministerial-level event [\(19\)](#) as part of the formal agenda of the G20 Health Working Group meeting and co-hosted a side event [\(20\)](#) ahead of the G20 Social Summit, engaging more than 800 participants.

To translate political commitments into action, PMNCH supported the GLN to launch a six-part domestic resource mobilization webinar series, responding to strong country demand for practical approaches to expanding fiscal space and financing WCAH.

Expanding civic space and enabling coordinated action

PMNCH reinforced its role as a global convener by moving beyond information-sharing to create action-oriented platforms where difficult conversations on financing, equity and political constraints were translated into shared priorities and coordinated responses. Flagship dialogues brought together governments, civil society, youth leaders, parliamentarians, United Nations agencies and the private sector to confront shrinking resources and rising uncertainty. These were complemented by online initiatives such as the “Ready, set, implement” (21) webinar series with over 1 000 attendees across three episodes, the “Touchpoint podcast” (22) with over 70 000 video views and the “PMNCH on the ground” (23) series with 16 000 view views. In parallel, PMNCH strengthened its own governance and consultative structures, using snap surveys (3), town halls, constituency meetings and targeted outreach to surface emerging risks and solutions from partners. As co-chair of the EWENE (24) Advocacy Working Group and the World Patient Safety Day (25) steering committee and active partner in the Postpartum Haemorrhage, Child Survival Action and Africa stillbirths Advocacy Working Groups, PMNCH enabled alignment across constituencies, resulting in clearer shared messages and sustained momentum around common WCAH priorities.

Leveraging sustainable financing: from aid dependance to country led solutions

PMNCH advanced practical solutions for sustainable financing by equipping partners with evidence, tools and peer learning on domestic resource mobilization and innovative financing. A six-part Global Learning Network series (26) co-organized with the GLN, high-level financing dialogues (27) and analysis on the Global Financing Facility (28) supported countries to expand fiscal space and protect priority WCAH investments. The launch of the Success Stories Initiative (29), beginning with Malawi’s increased domestic financing for family planning commodities (30), demonstrated how coordinated advocacy can translate into concrete budget outcomes, even in highly constrained environments.

Strengthening capacity for evidence-based advocacy

Capacity strengthening became a priority of PMNCH’s work in 2025. Through workshops and initiatives such as the Communicating and Advocating for WCAH in Today’s World: Strategies, Tools & Impact - Virtual Workshop on Communicating and Advocating for WCAH (31), Innovative and Sustainable Financing of Sexual and Reproductive Health and Rights: Strengthening Advocacy Capacity Webinar (32) and Elevating Coverage of Women’s, Children’s and Adolescents’ Health by the Media (33); the Partnership supported partners to strengthen

evidence use, advocacy skills and political engagement. Timely advocacy briefs, advocacy media toolkits (34) (accessed by over 2 000 people) and targeted briefings (Sexual Reproductive Health and Rights (SRHR) advocacy coalition, GLN Geneva ambassadors World Health Assembly briefing) (35), enabled more resilient action under political constraint. Narrative platforms, including the "On our watch"(4) series amplified country voices and lived experiences, ensuring that global advocacy remained grounded in real-world realities. Together, these efforts strengthened partners' ability to influence policy, counter misinformation and sustain impact across diverse contexts.

Country work: strengthening grassroots advocacy and national coalitions

In 2025, PMNCH's country work focused on turning advocacy into results through the Collaborative Advocacy Action Plan (CAAP) (36), bringing civil society, youth leaders, professional associations and technical partners around shared national priorities timed to key political moments. In Malawi, the CAAP enabled cross-party commitments on family planning, maternal health financing and youth participation ahead of elections, followed by structured engagement with newly elected MPs (37). In Nigeria, PMNCH-supported coordination through the Africa Health Budget Network strengthened civil society participation in

RMNCAH technical platforms and helped shift immunization financing debates toward equity and zero-dose children, reflected in the country's Voluntary National Review (38). In Zambia, the CAAP partners institutionalized civil society participation in adolescent health decision-making and established clear parliamentary accountability mechanisms around age-of-consent reform (39). In Ethiopia, the CAAP priorities were integrated into the Ministry of Health workplan, contributing to joint implementation and increased budget allocations for women's, children's and adolescents' health (40). Across contexts, the CAAP strengthened credible engagement with decision-makers and delivered concrete policy, financing and accountability gains through country-led coalitions.



Photo: © akshayapatra, School children in India

Pushing back against regressive narratives through political leadership

PMNCH supported high-level political advocacy through the Global Leaders Network, contributing to outcomes that defended and reaffirmed commitments to women's, children's and adolescents' health and sexual and reproductive health and rights. Coordinated engagement helped secure supportive language in the G20 Leaders' Declaration [\(12\)](#) (in part through a G20 Health Working Group ministerial-level event [\(19\)](#), a G20 social summit side event [\(20\)](#) convening more than 800 participants) and in statements around the United Nations General Assembly [\(41\)](#), TICAD [\(42\)](#) and global media including a commentary in Bloomberg op-ed [\(18\)](#) by the President of South Africa, Cyril Ramaphosa and Helen Clark. These successes mirrored leadership from Ministers, senior ministry staff and parliamentarians. The Partnership curated sustained media engagements from experts and senior leaders around key policy moments resulting in 115 media hits, across different global, regional and country-specific outlets.

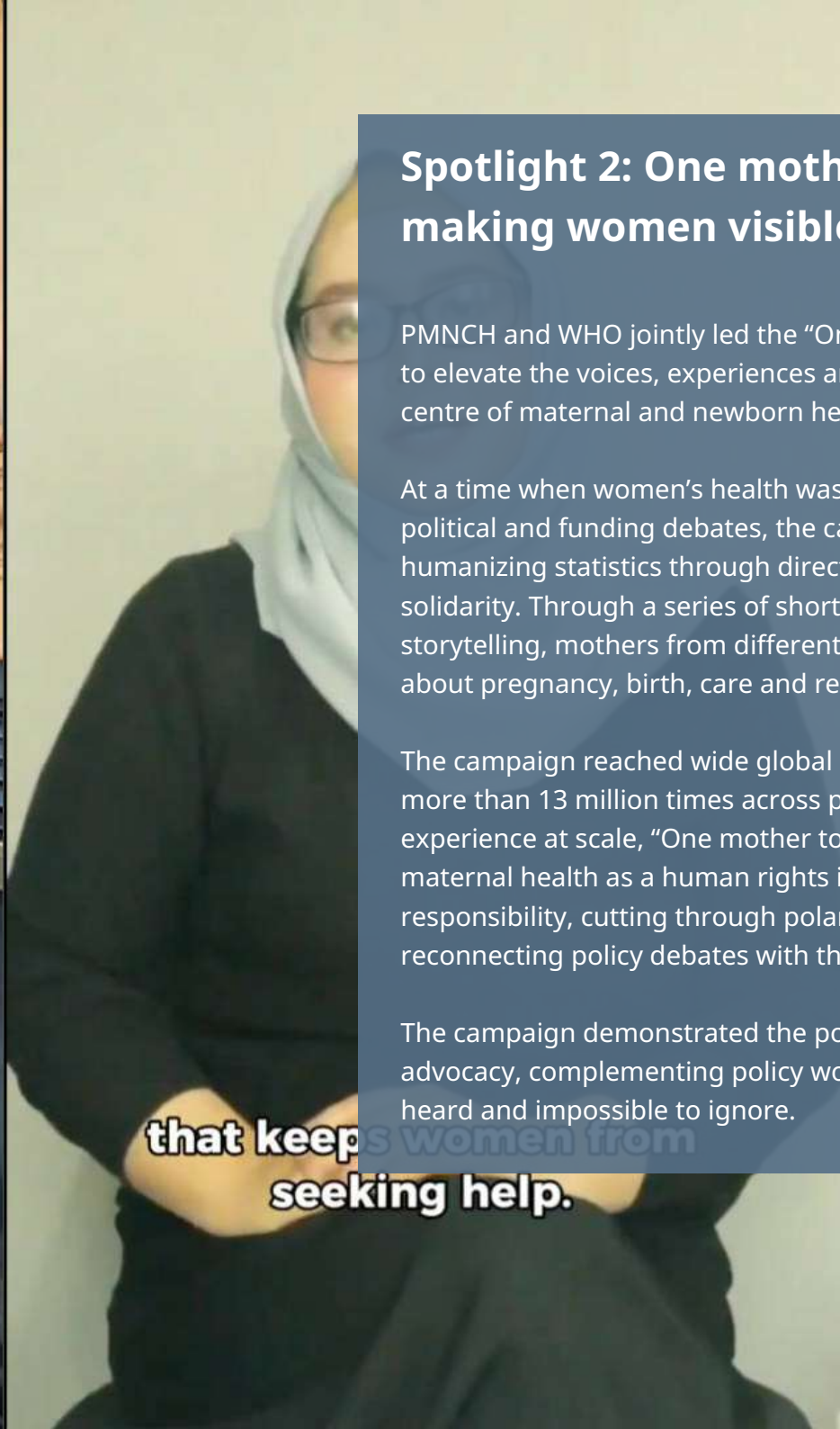
Charting a new path forward

The results and lessons from 2025 confirm PMNCH's distinct value as a partnership that aligns diverse actors, strengthens

country and Global South leadership and translates political commitment into accountable action. Experience shows that progress for women's, children's and adolescents' health is most resilient when advocacy is partnership-driven rather than institution-led, grounded in human rights, equity and dignity and reinforced by practical accountability mechanisms. As financial constraints, geopolitical fragmentation, shrinking civic space and climate and humanitarian pressures intensify, the Partnership is evolving from convening for consensus to convening for action, protecting civic space, enabling coordinated advocacy in contested environments and supporting southern-led coalitions as the delivery system for change. These principles underpin the PMNCH Strategy 2026-2030 and position the Partnership to deliver sharper, more integrated and more impact-driven results in the years ahead.



Photo: © WHO / Tom Vierus, Health Promoting School in Suva



Spotlight 2: One mother to another - making women visible

PMNCH and WHO jointly led the “One mother to another” campaign to elevate the voices, experiences and realities of women at the centre of maternal and newborn health.

At a time when women’s health was increasingly marginalized in political and funding debates, the campaign focused on visibility: humanizing statistics through direct testimony and peer-to-peer solidarity. Through a series of short-form videos and digital storytelling, mothers from different contexts spoke to one another about pregnancy, birth, care and resilience.

The campaign reached wide global audiences, with videos viewed more than 13 million times across platforms. By amplifying lived experience at scale, “One mother to another” helped reassert maternal health as a human rights issue and a shared responsibility, cutting through polarized discourse and reconnecting policy debates with the people most affected.

The campaign demonstrated the power of narrative as a tool for advocacy, complementing policy work by making women visible, heard and impossible to ignore.

the girl named Judith.

that keeps women from seeking help.

and take your time to the difference it makes

1. Disrupting the status quo through policy change

The early months of 2025 marked a sharp inflection point for global health financing, with immediate and disproportionate consequences for sexual and reproductive health and rights (SRHR) and for women's, children's and adolescents' health (WCAH). Funding decisions taken at the start of the year, most notably the reactivation and expansion of the United States Global Gag Rule, triggered sudden programme suspensions, uncertainty for service providers and heightened political pressure around rights-based health interventions. PMNCH responded rapidly, shifting from planned advocacy to crisis-oriented coordination, with a clear objective: ensure that countries most affected could articulate the impact of funding cuts, define their own priorities and use this moment to advance longer-term health sovereignty rather than retrenchment.

PMNCH's first response was to convene political leadership from affected regions. On the sidelines of the African Union Summit, the Partnership brought together Ministers of Health and senior officials for an emergency dialogue [\(11\)](#) focused on the implications of funding cuts for SRHR and WCAH. Rather than framing the discussion solely around loss mitigation, Ministers articulated a forward-looking agenda: using the funding shock as a catalyst to accelerate domestic resource mobilization,

strengthen African health sovereignty and reduce structural dependence on external aid. This reframing, led by African governments themselves, was a critical early signal that the response to financing shocks would not be passive. A follow-on dialogue [\(7\)](#) at the World Health Organization created space for countries to share emerging approaches, including reallocating domestic resources, protecting essential services and prioritizing integrated service delivery under fiscal constraint.

At the same time, PMNCH intensified its engagement in multilateral spaces where rights and population health were under direct pressure. Recognizing the risk that SRHR and WCAH could be sidelined amid broader geopolitical tensions, The Partnership deliberately focused on shaping agendas and outcomes at the Commission on Population and Development [\(10\)](#), the World Health Assembly and the United Nations High-Level Political Forum (HLPF) [\(9\)](#). These events and dialogues were a culmination of combined advocacy efforts. For instance, ahead of the HLPF, PMNCH worked with the United Nations Department of Economic and Social Affairs (UN DESA) Secretariat to provide guidance to Member States [\(43\)](#) on how to strengthen reporting on women's, children's and adolescents' health within voluntary national reviews (VNRs). This effort was informed by PMNCH's analysis of the 2024 reporting cycle [\(44\)](#), which revealed significant gaps: WCAH was often absent or treated as peripheral despite its centrality to sustainable development.

Similarly, PMNCH's engagement at the Commission on Population and Development (CPD) was informed by the PMNCH-led SRHR Advocacy Working Group which meets monthly to strategize on joint efforts to address bottlenecks to the delivery of SRHR services and through thought pieces positioned in global media such as the op-ed Putting People First: Why SRHR Must Be Central to Health and Development Agendas [\(45\)](#) co-authored by Dr Richarlls Martins President of National Commission on Population and Development of Brazil.

In parallel, PMNCH worked to safeguard the continued relevance of sexual and reproductive, maternal, newborn, child and adolescent health (SRMNCAH) by actively positioning its interventions as integral to broader global agendas rather than a stand-alone issue. At the United Nations High-Level Meeting on NCDs [\(46\)](#), PMNCH and partners advanced a clear, evidence-based case for integrating NCD prevention [\(47\)](#), detection and management within SRMNCAH services, demonstrating how life-course approaches can address rising NCD burdens while improving maternal and adolescent outcomes in a cost-effective and equitable manner.

Throughout the year, PMNCH anchored its advocacy in evidence generated directly from partners and countries. The PMNCH "snap survey" [\(3\)](#) provided real-time insight into the effects of funding volatility: the majority of respondents reported reduced or uncertain funding, widespread programme downsizing, suspension of outreach activities and erosion of trust with

communities. Crucially, the survey also identified what partners needed most to adapt, flexible financing, political backing and coordinated advocacy, allowing PMNCH to ground its engagement with donors, governments and multilateral institutions in concrete, lived realities rather than abstract projections.



Photo: © WHO / Adolfo Mesías, Traditional Medicine in Peru


Beyond immediate crisis response, PMNCH used 2025 to advance a broader, Southern-led agenda on health as a productive and strategic sector. Drawing on perspectives from the Global South, the Partnership amplified calls for policy solutions that extend beyond health ministries alone: regional manufacturing of health commodities, leveraging the opportunity of the Africa Pooled Procurement Mechanism to propose SRMNCAH commodities for priority production [\(48\)](#), fiscal reforms to expand domestic budget space, debt relief

mechanisms [\(49\)](#) and financing models that treat health as an investment in economic resilience rather than a recurrent cost [\(50\)](#). These priorities were reflected in PMNCH's engagement with the G20 process, its collaboration with the Global Leaders Network and its thought leadership across global forums.

PMNCH significantly strengthened legislative leadership for women's, children's and adolescents' health through sustained engagement with the Inter-Parliamentary Union (IPU). For example, following discussions on WCAH financing in the Board meeting in May 2025, reference to maternal and child health was included in the Joint Statement of the Eleventh G20 Parliamentary [\(51\)](#) Speakers' Summit (P20) in October 2025. The Partnership supported targeted parliamentary dialogues that focused on safeguarding health and rights amid financing shocks and political rollback, helping parliamentarians understand their role in protecting budgets, advancing rights-based legislation and strengthening accountability, including on partnering with CSOs to serve the most vulnerable WCA [\(52\)](#) and regulating artificial intelligence for better WCAH outcomes [\(53\)](#). This momentum was consolidated at the second IPU Assembly with the formal launch of the Parliamentary Network of Champions for WCAH [\(16\)](#), providing a dedicated platform for parliamentarians to coordinate action on political prioritization, domestic financing, equity and oversight. Furthermore, PMNCH supported the organization of an induction seminar for incoming parliamentarians in Malawi to increase their knowledge on

WCAH, promote exchange with health stakeholders and agree on initial actions to advance national WCAH commitments. In parallel, PMNCH supported regional parliamentary engagement, including work with the Chairs of the Network of African Parliamentary Committees on Health and Eastern and Southern Africa Parliamentary Caucus for Sexual and Reproductive Health and Sustainable Development, emphasizing the importance of multi-constituency engagement [\(54\)](#) and reinforcing the role of parliaments as critical accountability actors on critical issues such as SRHR [\(16\)](#). Together, these efforts embedded WCAH more firmly within legislative agendas and equipped parliamentarians to translate political commitments into sustained, country-owned action.

Taken together, these actions illustrate how PMNCH operationalized a "business unusual" approach in practice. Faced with abrupt financing and political shocks, the Partnership did not retreat to technical advocacy alone. Instead, it convened political leadership, elevated Southern perspectives, generated and deployed evidence in real time and used contested global spaces to defend rights and advance sovereignty. This approach laid the groundwork for the PMNCH Strategy 2026-2030, positioning health sovereignty, country leadership and accountability as essential pillars for sustaining progress on women's, children's and adolescents' health in an increasingly volatile world.



Spotlight 3: Mobilizing domestic financing for SRHR

In 2025, the global health community reached a critical point, with official development assistance (ODA) for health declining by nearly 40% [\(55\)](#), compared to 2023 levels. This decrease in funding was expected to significantly impact SRHR, particularly access to essential commodities such as contraception and maternal health supplies, with direct consequences not only for women's health, but also for girls' education, women's labour force participation and long-term economic resilience.

In response, PMNCH pivoted its focus towards domestic resource mobilization (DRM) as a sustainable and context-specific approach to safeguard the rights and health of women, children and adolescents, including the most vulnerable communities.

The Partnership served as a vital bridge between governments and civil society, launching the Success Story series [\(29\)](#) to document the specific advocacy levers to advance SRHR policy and implementation. The first brief, "Investing in life-saving commodities for women, children and adolescents: lessons from Malawi", detailed how Malawi successfully increased its domestic budget for family planning commodities [\(30\)](#). Malawi significantly increased its domestic investment in family planning commodities, contributing to a steady rise in access to and use of modern contraception among women of reproductive age. By bringing together key stakeholders, the Malawi Success Story and its launch event showcased the power of multi-stakeholder coalitions to advance SRHR financing and sustain commitment and accountability.

2. Expanding civic space and enabling coordinated action

As political polarization intensified and civic space narrowed in 2025, PMNCH recognized that safeguarding progress for WCAH would require consensus-building. In many contexts, civil society actors, youth leaders, health professionals and even government counterparts faced shrinking room to engage on rights, financing and accountability. PMNCH therefore shifted its approach to creating platforms designed to enable alignment, protect dialogue and convert discussion into coordinated action, particularly in contested environments.

In addition to using major global and regional moments to convene diverse actors around shared problem-solving through flagship dialogues, PMNCH invested in narrative platforms that expanded who could participate in global health conversations. Through initiatives such as the “Ready, set, implement” [\(21\)](#) webinar series, the “Touchpoint podcast” [\(22\)](#), the “On our watch” [\(4\)](#) series and the “PMNCH On the ground” [\(23\)](#) series, the Partnership amplified country expert voices, frontline experience and youth perspectives at scale. These platforms reached tens of thousands of participants and listeners, helping to counter misinformation, policy debates and sustain attention on WCAH at a time when competing crises risked crowding it out.

In parallel, PMNCH strengthened its own governance and consultative mechanisms to ensure that global advocacy was

continuously informed by partner realities. Snap surveys [\(3\)](#), constituency meetings, town halls and targeted outreach enabled the Partnership to capture real-time intelligence on political constraints, funding disruptions and emerging opportunities. This feedback loop was not an end in itself: insights from partners directly informed PMNCH’s positioning in multilateral forums, its advocacy messaging and the development of the 2026-2030 Strategy [\(2\)](#), reinforcing trust and shared ownership across the Partnership.

PMNCH also deepened civic space through sustained engagement in standing advocacy platforms that link diverse constituencies over time. As co-chair of the EWENE [\(24\)](#) Advocacy Working Group and the World Patient Safety Day [\(25\)](#) Steering Committee, PMNCH helped coordinate multi-stakeholder action to keep maternal, newborn and child health high on political agendas. Through active participation in advocacy coalitions on postpartum haemorrhage, Child Survival Action (CSA), preterm births and stillbirths, the Partnership supported alignment across technical, professional and civil society actors, reducing fragmentation and strengthening collective influence. These platforms functioned as connective tissue between global moments and country action.

By investing in inclusive platforms, strengthening internal consultation, amplifying diverse narratives and sustaining cross-constituency collaboration, PMNCH helped protect dialogue, enable coordination and sustain advocacy momentum for WCAH in an increasingly constrained global environment.

3. Leveraging sustainable financing: from aid dependence to country-led solutions

PMNCH recognized that the sharp decline in official development assistance for health witnessed from early 2025 was not a temporary disruption but a structural shift, requiring a fundamental rethink of how WCAH is financed and defended. The Partnership therefore moved beyond advocating for “more funding” to focusing on how countries could protect priority investments through domestic resource mobilization, innovative financing and political ownership, positioning financing as a core element of health sovereignty.

PMNCH anchored its financing work in the lived experience of countries and partners. Evidence from the PMNCH snap survey [\(3\)](#) revealed the scale of the challenge: the majority of respondents reported reduced or uncertain funding, widespread programme downsizing, suspension of outreach activities and growing risks to service continuity. These findings underscored that financing shocks were already translating into real losses in access and trust at community level. PMNCH used this evidence to ground its engagement with governments, donors and multilateral institutions, shifting the narrative from abstract resource gaps to concrete risks and opportunities, for reform. At the political level, PMNCH leveraged major global moments to elevate domestic financing and equity as central policy questions. To translate political momentum into practical action,

PMNCH invested in peer learning and technical dialogue focused on “how” countries can finance WCAH under constraint. In collaboration with the Global Leaders Network [\(17\)](#), PMNCH supported a six-part domestic resource mobilization webinar series [\(26\)](#) that brought together policymakers, advocates and technical experts to explore expanding fiscal space, leveraging G20 policy outcomes and applying blended financing approaches. These sessions created a rare space for countries to share context-specific challenges and solutions, helping demystify financing tools and connect them directly to WCAH priorities.

In September 2025, PMNCH convened the high-level webinar *Funding the future: effective financing models to advance women’s, children’s and adolescents’ health in times of crisis* [\(27\)](#), bringing together policymakers, health leaders, donors and financing experts to respond to sharp declines in development assistance. The discussion highlighted how funding cuts disproportionately threaten maternal, newborn and child health and underscored the need to protect essential services through domestic resource mobilization, budget prioritization and innovative financing approaches. Drawing on country experience and global evidence, speakers reinforced that investing in WCAH delivers high health and economic returns, even in constrained settings and called for closer alignment of financing with national priorities to sustain progress for the most vulnerable populations.

PMNCH also contributed to shaping the broader health financing

debate through analysis and thought leadership. The special commentary series examining the first seven years of the Global Financing Facility (GFF) assessed how power, participation and priorities have played out in practice and what this means for the Facility's next strategy. By engaging critically but constructively with global financing architecture [\(28\)](#), PMNCH reinforced its role as a bridge between country experience and global policy processes.



Photo: ©Genna Print / WHO; Sexual Reproductive Health Outreach in Samburu, Kenya

Finally, PMNCH focused on making financing reform visible and replicable through concrete examples. The launch of the Success Stories Initiative [\(29\)](#), beginning with Malawi's increased domestic financing for family planning commodities [\(30\)](#), documented the specific advocacy levers, coalition dynamics and political entry points that enabled change. By showcasing how coordinated, multi-stakeholder advocacy can deliver measurable budget outcomes, even in fiscally constrained settings, PMNCH helped shift financing discussions from aspiration to action.

4. Strengthening capacity for evidence-based advocacy

In 2025, PMNCH elevated capacity strengthening from a supporting function to a core area of work, recognizing that advocacy for women's, children's and adolescents' health (WCAH) increasingly takes place in politically constrained, information-saturated and polarized environments. Partners were not simply facing technical gaps, but challenges related to narrative contestation, reduced civic space, funding volatility and weakened trust in evidence. PMNCH therefore focused on equipping partners with the skills, tools and platforms needed to act effectively under pressure, linking evidence generation, advocacy strategy, communications and accountability.

Throughout the year, PMNCH leveraged key political moments to deliver targeted capacity-building support. Ahead of the World Health Assembly and the United Nations Commission on Population and Development, the Partnership supported focused briefings for Global Leaders Network Geneva-based ambassadors and advocacy coalitions respectively to ensure partners had timely, aligned evidence and clear messaging. Workshops and webinars (Communicating and advocating for WCAH in today's world: strategies, tools & impact - virtual workshop on communicating and advocating for WCAH [\(31\)](#), Innovative and sustainable financing of sexual and reproductive health and rights: strengthening advocacy capacity webinar [\(32\)](#)

and Elevating coverage of women's, children's and adolescents' health by the media (33) strengthened skills in evidence-based advocacy, media engagement and communicating under political constraint, enabling partners to engage decision-makers more strategically and sustain influence despite shrinking space. Importantly, these efforts were not confined to global forums: in some instances, such as Ethiopia, the training models were adapted by partners and replicated at country level, including media engagement workshops (56) that generated concrete plans for ongoing collaboration between governments and journalists.

PMNCH also delivered practical tools to support partner action. The "Communications and advocacy toolkit" (34) for maternal, newborn and child mortality and morbidity, accessed by more than 2 000 users, advocacy briefs aligned to major political moments and tailored messaging for parliamentarians and national advocates enabled more coherent and effective engagement. Together, these investments strengthened partners' ability to translate evidence into influence, respond rapidly to shocks and sustain advocacy for WCAH in environments where rights and science were increasingly contested.



Photo: © WHO / Yoshi Shimizu; Vietnamese people, culture and lifestyle

5. Country work: strengthening grassroots advocacy and national coalitions

At country level, PMNCH concentrated its efforts on strengthening grassroots advocacy through the Collaborative Advocacy Action Plans (CAAPs) [\(36\)](#), a structured approach designed to move fragmented efforts toward unified, country-owned coalitions. The CAAPs brings together civil society organizations, youth-led groups, professional associations, media, technical experts and academia around a shared set of advocacy priorities grounded in national data, political context and lived experience. By aligning diverse actors behind a single roadmap, the CAAPs reduced duplication, strengthened trust and enhanced the collective legitimacy of advocacy efforts.

In 2025, PMNCH supported coalitions across multiple countries to engage more effectively with political processes, including elections, legislative reforms and budget cycles. Partners used the CAAPs to identify strategic entry points, coordinate messaging and engage decision-makers with greater coherence and credibility. This approach enabled civil society to move beyond reactive advocacy toward sustained, proactive engagement, positioning grassroots actors as constructive partners rather than external critics. Youth participation was intentionally strengthened, ensuring that adolescent voices and

community realities informed national advocacy agendas. The CAAPs also translated coalition strength into measurable results by embedding advocacy within existing national and subnational institutions. Rather than creating parallel accountability mechanisms, PMNCH supported coalitions to work through parliaments, ministries, technical working groups and oversight bodies, reinforcing institutional responsibility and continuity beyond political transitions. Across countries, this approach strengthened parliamentary scrutiny, improved budget transparency and institutionalized civil society participation in health-sector decision-making.

These approaches translated into tangible country-level results in 2025. In Malawi, the CAAP-supported civil society coalitions secured cross-party political commitments ahead of national elections on family planning, domestic health financing and youth participation, followed by structured post-election engagement with Parliament to support implementation and oversight. In Nigeria, coordinated advocacy through the Africa Health Budget Network [\(57\)](#) strengthened civil society engagement in reproductive, maternal, newborn, child and adolescent health (RMNCAH) technical platforms and contributed to equity-driven legislative efforts to increase immunization financing for zero-dose children, with CAAP acknowledged in the country's Voluntary National Review of the SDGs [\(44\)](#) presented the High-level Political Forum on Sustainable Development. In Zambia, CAAP [\(58\)](#) partners institutionalized civil society participation in the National Adolescent Health Working Group

and co-developed clear accountability mechanisms with Parliament around a sensitive, rights-based reform on the age of consent, strengthening timelines, oversight and transparency. In Ethiopia, CAAP [\(59\)](#) priorities were integrated into the Ministry of Health workplan, contributing to joint implementation activities and increased budget allocation for women's, children's and adolescents' health.



Photo: © WHO / Tom Vierus; Health Promoting School in Suva

6. Pushing back against regressive narratives through political leadership

PMNCH confronted an increasingly hostile narrative environment for WCAH and SRHR. Political polarization, misinformation and coordinated pushback against rights and science risked eroding hard-won commitments, particularly in global economic and political forums where health competes with multiple priorities. PMNCH responded by prioritizing high-level political leadership as a strategic counterweight, working in part through the Global Leaders Network (GLN) [\(17\)](#) to ensure that evidence, equity and rights remained visible and defended at the highest levels of decision-making.

A central focus of this effort was the G20 process, where PMNCH supported, coordinated and sustained advocacy to embed WCAH and SRHR within broader economic and development narratives [\(60\)](#). Through engagement with the G20 Health Working Group, PMNCH helped convene a ministerial-level event [\(19\)](#) that positioned investment in women, children and adolescents as foundational to economic resilience, social stability and sustainable development. This was complemented by a high-profile side event at the G20 Social Summit [\(20\)](#), which brought together more than 800 participants, including Ministers, senior officials, civil society leaders and advocates, to build momentum around equitable financing, domestic resource mobilization and

accountability for WCAH.

These efforts contributed to securing supportive language in the G20 Leaders' Declaration [\(12\)](#), reaffirming the importance of investing in the health and well-being of women, children and adolescents. In a context where rights-based language is increasingly contested, this outcome is significant: it preserves political space for action, reinforces normative commitments and provides governments and advocates with an authoritative reference point for national policy and financing debates.

Beyond the G20, PMNCH and the Global Leaders Network worked to reinforce aligned leadership across other key global and regional moments, including the United Nations General Assembly (UNGA) and the Tokyo International Conference on African Development (TICAD). Strategic messaging and coordinated engagement ensured that WCAH and SRHR remained part of high-level statements and discussions, despite competing geopolitical and security priorities. PMNCH also amplified leadership voices through global media, most notably through a Bloomberg op-ed co-authored by the President of South Africa, Cyril Ramaphosa and Helen Clark [\(18\)](#), which articulated a clear, values-driven case for investing in women's and girls' health as a cornerstone of inclusive growth and democratic resilience.

To sustain momentum beyond individual events, PMNCH curated a deliberate media strategy that paired political leadership with technical credibility. Throughout the year, experts and senior

leaders were supported to engage with global, regional and national media around key policy moments, resulting in more to sustain momentum beyond individual events, PMNCH curated a deliberate media strategy that paired political leadership with technical credibility. Throughout the year, experts and senior leaders were supported to engage with global, regional and national media around key policy moments, resulting in more than 115 media hits across diverse outlets. This sustained presence helped counter regressive narratives, reinforce evidence-based positions and normalize the framing of WCAH and SRHR as essential, not optional, components of development and economic policy. This complements an effective media strategy implemented jointly with the GLN secretariat. Media coverage for TICAD and UNGA reached 40 and 180 hits respectively and over 20 interviews were placed around G20 processes.



Photo: © photo montage courtesy of the GLN

Together, these efforts demonstrate how PMNCH leveraged political leadership as a tool of accountability and narrative defence. By aligning heads of state, ministers, parliamentarians and experts behind shared messages and by anchoring advocacy in high-visibility political and media platforms, PMNCH helped protect commitments, maintain momentum and push back against regression at a time when silence or fragmentation carries real costs for women, children and adolescents.

Recognizing that evidence is only effective if it is trusted, PMNCH took a bold stand against mis-disinformation and regressive policies with the launch of PMNCH FactCheck [\(61\)](#), a critical tool that will empower partners to dismantle health misinformation and defend science-based policies in an increasingly polarized information landscape.

7. Reflecting on the past five years and delivering the 2026–2030 strategy

Over the past five years, PMNCH has evolved alongside a rapidly changing global health landscape. The period leading up to and culminating in, 2025 tested assumptions about progress, partnership and political will. It also clarified where PMNCH adds the greatest value and what conditions are required to sustain progress for women’s, children’s and adolescents’ health.



Photo: © WHO / Lao New Wave Cinema; People of the Western Pacific featuring Pa Vang for reaching the unreachable

7.1 What we learned in 2025

The experience of 2025 reinforced several critical lessons about how change happens in an increasingly volatile environment. First, progress is most resilient when advocacy is partner-led and politically informed, rather than institution-driven or purely technical. As financing landscapes shifted, civic space narrowed and rights came under pressure, PMNCH learned that its greatest contribution lay in enabling diverse actors to align around shared priorities and act collectively, even in contested settings.

Second, siloed approaches are no longer viable. Advancing WCAH requires deliberate integration across agendas such as health financing, climate change, noncommunicable diseases, health workforce constraints with a focus on midwifery and humanitarian response. Positioning WCAH within these broader policy debates proved essential to maintaining relevance and influence when traditional entry points weakened

Third, capacity and civic space are mutually reinforcing and critical. Advocacy is only effective when partners are equipped with timely evidence, practical tools and narrative support that reflect political realities on the ground. Creating inclusive platforms for dialogue - where governments, civil society, youth and parliamentarians can coordinate action - helped protect space for engagement and strengthened accountability when

Finally, leadership matters most when it is collective and grounded in country experience. High-level political engagement was most effective when it amplified national voices and southern-led priorities, rather than substituting for them. Across contexts, PMNCH learned that coalitions rooted in the Global South - supported rather than directed by global platforms - are the most durable drivers of sustained change.



Photo: © Orna W - Black Lives Matter



Spotlight 4 : Building consensus, leveraging political moments, strengthening accountability in Malawi

Through the PMNCH-supported Coordinating Advocacy Action Plan (CAAP), AMREF Health Africa Malawi is supporting a broad coalition of civil society organizations, including youth-led groups to strengthen collaboration for WCAH. Guided by shared advocacy goals, a core group of CSOs leads engagement across five agreed advocacy priorities, helping to align efforts, elevate community voices and foster collective ownership.

In 2025, CAAP partners used Malawi's national elections as an important moment to engage Malawi's political leaders on WCAH. The CSO-political party interface created space for dialogue with Malawi's four major political parties [\(62\)](#), resulting in party commitments to strengthen family planning, increase domestic health financing and expand youth participation. Following the elections, attention turned to supporting implementation and accountability, including through engagement with Parliament and the first parliamentarian induction on WCAH, reinforcing the role of civil society as a constructive partner in oversight and follow-through.

As shared by Amref Malawi's Country Director, Hester Mkwinda Nyasulu, "The strength of CAAP in Malawi lies in its coalition model. By uniting civil society around shared advocacy priorities, placing communities and young people at the centre of engagement and anchoring dialogue in national commitments, we secured political party pledges and reinforced women's, children's and adolescents' health as a foundation for Malawi's social and economic development."

7.2 How the environment is changing

The global context entering the next five years is defined by structural shifts rather than temporary disruption. Financial constraints are likely to persist. Geopolitical fragmentation and declining multilateral consensus are reshaping how decisions are made. Pushback against rights, gender equality and science continues to intensify. Climate change and protracted humanitarian crises are no longer peripheral risks but core determinants of health outcomes for women, children and adolescents.

These realities demand a different mode of action, one that is adaptive, politically astute and grounded in country leadership. Advocacy must operate across sectors, respond faster to shocks and be supported by accountability mechanisms that remain effective even when formal policy space contracts.

7.3 How the 2026–2030 strategy responds

The PMNCH 2026–2030 strategy is explicitly shaped by these lessons and shifts. It reflects a move from broad consensus-building toward focused, impact-oriented partnership. Key strategic adaptations include:

- Prioritizing country-driven advocacy and coalition building as the delivery system for impact.
- Embedding accountability from the outset of advocacy and policy processes.
- Strengthening evidence, data and narrative tools to support influence in contested spaces.
- Expanding South–South exchange and peer learning to accelerate adaptation and scale.
- Aligning political leadership, technical evidence and civic engagement around shared outcomes.



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7.4 What must be prioritized moving forward

Delivering on the 2026–2030 Strategy will require disciplined focus. PMNCH will prioritize:

- Protecting and advancing human rights, dignity and equity for women, children and adolescents
- Supporting resilient financing and policy solutions in the face of sustained fiscal pressure
- Scaling what works, particularly integrated, coalition-based approaches anchored in the Global South
- Measuring success not only by commitments secured, but by accountability strengthened and action sustained

The next five years will not be defined by a return to stability, but by continued complexity. PMNCH enters this period with clarity about its role: not to act alone, but to enable collective action that keeps women's, children's and adolescents' health visible, protected and prioritized, especially when it is most at risk of being sidelined.



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