Country advocacy priorities for improving women’s, children’s, and adolescents’ health

Findings from a needs assessment among PMNCH members in low- and middle-income countries
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Design: Annovi Design.
Acknowledgments

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## Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRO</td>
<td>African region</td>
</tr>
<tr>
<td>AMRO</td>
<td>Region of the Americas</td>
</tr>
<tr>
<td>AHWB</td>
<td>Adolescent Health and Well-being</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus-19 disease</td>
</tr>
<tr>
<td>EMRO</td>
<td>Eastern Mediterranean Region</td>
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<tr>
<td>EURO</td>
<td>European Region</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>KII</td>
<td>Key Informant Interviews</td>
</tr>
<tr>
<td>LMICs</td>
<td>Low- and Middle-Income Countries</td>
</tr>
<tr>
<td>MERL</td>
<td>Monitoring, Evaluation, Research, and Learning</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal Newborn Child Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental organization</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PMNCH</td>
<td>Partnership for Maternal Newborn &amp; Child Health</td>
</tr>
<tr>
<td>SAC</td>
<td>Strategic Advocacy Committee</td>
</tr>
<tr>
<td>SEARO</td>
<td>South-East Asian Region</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and gender-based violence</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>WCAH</td>
<td>Women’s, Children’s, and Adolescents’ Health</td>
</tr>
<tr>
<td>WPRO</td>
<td>Western Pacific Region</td>
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</table>
Executive summary

Through the Millennium Development Goal era and into the early years of the Sustainable Development Goal era, the world saw significant progress in reducing mortality and morbidity for women, children, and adolescents, recognizing the importance of these improvements as a moral imperative, as well as effective investments in future social well-being and economic prosperity. Yet in recent years, we have seen serious challenges to sustaining political attention for WCAH issues, as contexts shift, and other issues rise and compete for limited policy attention and resources. This has led to a very real crises and lack of universal coverage of essential services for women, children and adolescents as highlighted within the 2022 EWEC Protect the Promise Report. In 2022, we see ongoing disruptions to WCAH from the triple threat of COVID-19, climate change, and conflict, and the subsequent financial constraints which threaten to reverse significantly hard-won progress.

To combat the rising challenges presented, PMNCH has undertaken a sampling from among our >1300 partner organisations and sought to understand current advocacy priorities and needs of partners at the country level, so that we can assist with such advocacy to ensure that existing commitments are met and gaps in resourcing identified in order to improve the health and well-being of women, children, and adolescents, with a strong focus on the most vulnerable.

Using a mixed methods approach from November 2021 to January 2022, the views of advocates across eight constituencies and five global regions were collated. The findings from the survey indicated that the three thematic priorities of the 2021-2025 PMNCH Strategy – advancing maternal, newborn, and child health; sexual and reproductive health and rights, and adolescent health and well-being – are very well-aligned with key priorities for advocacy at the country level. Key cross-cutting priorities at the country level also align with the PMNCH’s 2022-2023 Board priorities, including antenatal care, family planning, prevention of sexual and gender-based violence (SGBV), meaningful community engagement, respectful and quality care, Primary Health Care (PHC), Universal Health Coverage (UHC), equity, health workforce, and mental health.

Advocates noted the gap in economic and financing evidence as one of the key challenges they face. They called for real-time, context-specific knowledge, evidence, and measures of accountability packaged in user-friendly formats – including through digital resources – to drive advocacy.

The findings of this study have been presented in preliminary form during the PMNCH Work-planning Retreat (Feb 2022) and used to shape the development of key deliverables in the PMNCH Workplan 2022-2023. Comprehensively, these findings underscore the need for effective partnerships at all levels, including youth-led and adolescents-focused organizations. The partnerships will enable us to navigate the multiple challenges we face today, including adverse political agendas and restrictive governments’ fiscal space concerning women’s, children’s, and adolescents’ health and well-being. Accountability and access to data especially regarding returns on investment and specific for youth and adolescents are critical for effective WCAH advocacy, and due attention is placed in this report on the need for user-friendly, contextualized, and disaggregated data, e.g., by gender, sex, demography, and geographical factors, among others. It is our hope with this report that actionable steps towards enhancing and increasing advocacy capacity are enabled.

The partners highlighted the following needs:

1. Earmarked financing for WCAH advocacy;
2. Generate context-specific knowledge and evidence on key issues for advocacy;
3. Development of multi-stakeholder partnerships to drive joint advocacy and accountability for change more powerfully;
4. Mobilization of community voices, especially those of young people, to highlight realities;
5. Dedicated digital tools and platforms for impactful accountability and advocacy.
1.0 Introduction
1.0 Introduction

PMNCH is the world’s largest alliance for women’s, children’s, and adolescents’ health and well-being, with +1,350 partner organizations across 192 countries. Advocacy is one of its core functions. Established in 2005, PMNCH works together with partners through 10 constituency groups, with the core mandate of accountability and advocacy more powerfully together than any one organization can do alone. The PMNCH constituencies include partner governments, donors and foundations, NGOs, adolescent and youth groups, private sector organizations, health professional associations, academic and research institutions, global financing bodies, inter-governmental organizations, and UN agencies. PMNCH is hosted by the World Health Organization, based in Geneva, Switzerland.

In response to the growing call for advocacy efforts to be rooted at the country level, for the first time, PMNCH, under the leadership of the Strategic Advocacy Committee, commissioned a study to identify gaps, challenges, and opportunities in the advocacy work of its partners at the country level, in order to inform its strategic advocacy plans and activities. This report provides the resulting comprehensive overview of WCAH country-level advocacy needs and priorities of PMNCH partners.
2.0 Background
2.0 Background

Before the COVID-19 pandemic, global estimates suggested that 810 women and 6,700 newborns died daily because of pregnancy and childbirth complications. In 2019, at least 2 million stillbirths occurred and in 2020, an estimated 5 million under-five child deaths occurred. Adolescent (age 10-19 years) health and well-being to a large extent remain stagnant. In 2020, about 150,000 adolescents were newly infected with HIV, a figure set to reach 183,000 by 2030, if current trends continue. In addition, one in seven adolescents around the world face mental health challenges, and the complex socio-economic and cultural dynamics place adolescent girls at continued risk of child marriage, female genital mutilation, and limited access to education.

Much of the morbidity and mortality burden is borne by low- and middle-income countries (LMICs), particularly those in fragile, conflict, and humanitarian settings. More than 9 out of 10 maternal deaths occur in LMICs, and over half of under-five child deaths occur in fragile settings. Nine out of the ten countries with the highest neonatal mortality rates are in conflict settings. In addition, social and economic determinants of health continue to play a significant role in the adverse health outcomes that women, children, and adolescents face. Half of all investments that contribute to under-five mortality reduction are outside the health sector. Conflict, climate change, and COVID-19 have worsened the situation with significant increases in stillbirths and maternal deaths reported in the first year of the pandemic. The indirect effects of essential service disruption have been profound and estimated to double the maternal and infant deaths compared to those deaths related to COVID-19. The impact of these reversals has mostly been hidden, not amplified publicly, nor gained the adequate political attention needed for action. Women, children, and adolescents are increasingly paying for this with their lives - all in silence.

Improvement in women’s, children’s, and adolescents’ health is central to the overall development milestones. However, to realize this important ambition, targeted advocacy at the country level must be boosted through an in-depth understanding of the priorities, needs, and opportunities for the impact of advocates at the country level. This study aimed at bridging that gap and providing insights into key priorities and country needs for effective advocacy at the national, regional, and global levels. This is critical to amplifying the needs of women, children, and adolescents to bring about the necessary political attention and change.
3.0 Methodology
3.0 Methodology

3.1 Overview

A mixed methods approach was employed to assess the needs of advocates at the country level across the 10 PMNCH constituencies and global settings. The following three methods were used: (1) online survey, (2) key informant interviews, and (3) oral feedback shared in response to presentations of preliminary survey and interview results during key PMNCH cross-constituency governance meetings (figure 1).

Figure 1: Needs-Based Assessment Timeline

- **Nov - Dec 2021**
  - **Online Survey**
    - (targeting the 10 PMNCH Constituencies):
    - 33 replies
  - **Content analysis** of findings from constituency meetings, working groups and committees

- **Dec 2021 - Jan 2022**
  - **Key informant semi-structured interviews:**
    - 19 respondents, 7 countries, across constituencies

- **Jan 2022**
  - Integration of data from all 3 methods to formulate the key findings on advocacy needs at country level
  - Interviews analyzed through a framework approach, based on the Results Framework of the PMNCH 2021-2025 Strategy + emerging themes
The online survey had a total of twenty-two questions, six of which (questions No 14, 16, 18, 19 and 22) focused on advocacy needs at the country level.

- What are your advocacy goals related to WCAH rights and equity?
- Have any new goals emerged from the COVID-19 pandemic?
- What kind of knowledge/evidence resources would be most useful to you in improving your advocacy in countries for policy, financing and/or service delivery commitments from national governments?
- What kind of globally produced advocacy tools are useful to you in undertaking country-based advocacy?
- What are the main challenges you face in accessing or using global knowledge resources for advocacy?

3.2 Online Survey

Between November and December 2021, an online survey was shared widely with all PMNCH partner organizations, using dedicated constituency mailing lists and PMNCH online communication channels, including its website and social media platforms. A total of 33 responses were received on the country-level advocacy questions, across geographical regions and eight of the 10 PMNCH constituencies. 36% of respondents were from the NGO constituency and 33% from the African region (Figure 2).

Figure 2: Regional and Constituency Representation of Survey Respondents
3.3 Constituency and committee discussions

Preliminary findings of the online survey were shared at the PMNCH constituencies consultation meetings and with standing committees to review the findings. The insights from this preliminary review informed the development of an interview guide for the key informant interviews.

3.4 Key Informant Interviews

Nineteen key informant interviews (KIIIs) were conducted over video conference from December 2021 to January 2022 with PMNCH members from Sub-Saharan Africa, Asia, and Latin American regions. The focus was put on members based in countries whose governments made written commitments aligned with the PMNCH COVID-19 Call to Action. These included Cameroon, Costa Rica, India, Kenya, Mexico, Namibia, and Nigeria (Figure 3). Interviewees were purposively selected from across different PMNCH constituencies with extensive policy and advocacy experience.

Figure 3: Regional and Constituency Representation of Interview Respondents
The questions for the KIIIs were informed by the findings from the online survey and focused on the advocacy priorities of the respondents’ organizations, successful advocacy approaches or tools they used, gaps or needs to improve advocacy efforts in their countries; and opportunities for enhancing advocacy. Interviews lasted between 45 and 120 minutes, and content analysis was undertaken on the transcripts. Frequencies of responses across both the survey and key informant interviews were counted and recorded for advocacy priorities, challenges and enablers of effective advocacy. Data on the challenges and enablers were further unpacked qualitatively using qualitative data from the key informant interviews. An explanatory approach for analysis of the findings was applied where quantitative findings were explained by the qualitative KIIIs. This information was synthesized to produce the comprehensive findings and recommendations of the study. Preliminary findings from the three research methods (survey, committee and constituency discussions, and in-depth interviews) were triangulated and presented at the PMNCH Strategic Advocacy Committee (SAC) planning retreat in February 2022, as an input to the PMNCH Workplan 2022-2023. This retreat also had the participation of co-chairs from PMNCH’s standing committees and working groups.
4.0 Findings
4.0 Findings

4.1 Advocacy priorities

The 2021-25 PMNCH Strategy focuses on three main thematic goals: Maternal Newborn Child Health (MNCH), Sexual and Reproductive Health and Rights (SRHR), and Adolescent Health and Well-Being (AHWB). This study affirmed the value of all three strategic goals among advocates at the country level, as well as specific priorities such as antenatal care, family planning, prevention of sexual and gender-based violence (SGBV), and meaningful engagement (Figure 4).

Figure 4: Priorities expressed by country-based advocates

<table>
<thead>
<tr>
<th>Maternal, Newborn and Child Health (MNCH)</th>
<th>Sexual and Reproductive Health and Rights (SRHR)</th>
<th>Adolescent Health and Well-being</th>
</tr>
</thead>
</table>
| Antenatal care                           | Contraception & fam. planning                    | 8
| Stillbirths                               | Sexual & gender based violence                  |                                 |
| Immunisation                             | Safe abortion care                               | 3
| Integrated MNH service provision         | Teenage pregnancy                                | 3
| Safe delivery                            | Child Marriage                                   | 3
| Postnatal care                           | Female Genital Mutilation                        | 1
| Breastfeeding                            | Gender based rights                              | 1
| Child feeding                            | HIV infections                                   | 1
| Early Childhood Development              |                                                  |                                 |

This table shows the prioritization of different health and well-being areas, with the highest prioritization indicated by the longest bar. The table is a visual representation of the priorities expressed by country-based advocates.
The top five cross-cutting priorities highlighted by the country-level advocates were: 1) respectful and quality care, 2) equity and primary health care (PHC), 3) Universal Health Coverage, 4) health workforce, and 5) mental health (Figure 5). These too were aligned with the 2022-2023 advocacy priorities established at the PMNCH Board meeting in December 2021.

**Figure 5: Cross-cutting priorities expressed by country-based advocates**
4.2 Challenges and Enablers of Effective Advocacy

Advocates were asked about the key barriers and enablers of effective advocacy within their national and sub-national contexts. This was important to understand how global-level processes, platforms, and tools can be effectively utilized by country-level partners. The findings were categorized into three core functions of PMNCH: Knowledge Synthesis, Partner Engagement, and Campaigns and Outreach.

**Challenges**
- Limited technical capacity and financial resources
- Unconducive socio-political ecosystems
- Lack of quality data and economic evidence

**Enablers**
- Earmarked advocacy funding
- Policy-friendly evidence and knowledge formats
- Bridging the digital divide
- Equitable and sustainable partnerships

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**Knowledge Synthesis**

4.2.1 Economic and financing evidence

At a time of increasing global shocks, including COVID-19, climate change, and humanitarian conflicts, advocates expressed the need for increased economic and financing evidence. This will aid them to make the case for prioritized investment in health systems and WCAH in UHC programming (Figure 6). In many contexts, there is a lack of nationally relevant information on investment gaps, return on investment, as well as the estimated cost of inaction. Furthermore, where high-quality data and health financing tools do exist, there is often low capacity among advocates to use this knowledge effectively for messaging and influencing, tailored to different audiences. Advocates cited the need for fit-for-purpose syntheses of economic and financing evidence.

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**Figure 6: Challenges in knowledge synthesis advocacy products for effective use by advocates**

<table>
<thead>
<tr>
<th>Knowledge gaps</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of economic analyses for prioritization of WCAH</td>
<td>85</td>
</tr>
<tr>
<td>Weak uptake of quality evidence by policymakers and decision-makers</td>
<td>50</td>
</tr>
<tr>
<td>Lack of quality evidence (high quality, timely, up to date data and evidence)</td>
<td>14</td>
</tr>
<tr>
<td>Lack of implementation guidance of policies at national, regional and subnational level</td>
<td>7</td>
</tr>
<tr>
<td>Lack of knowledge from community voices/ lived experience</td>
<td>3</td>
</tr>
</tbody>
</table>


4.2.2 Rooting advocacy products in communities to be most meaningful

Advocates observed a general lack of advocacy products featuring regional, national, and sub-national evidence and data, including in local languages (Figure 7). It was noted that too often, the materials developed at the global level do not apply to country contexts or critical populations including adolescents or are presented in formats that do not facilitate easy uptake by country-level policy and decision makers. As such, there is a lack of implementation of guidance at the national, regional, and subnational levels. Co-production of products across stakeholders and sectors was reported as critical to ensuring that the products are meaningful and usable.

To garner important community perspectives, advocates highlighted the need for technical assistance to small, community-based organizations to build their capacity to engage in the co-production of products, as well as be able to engage more meaningfully in joint efforts towards accountability and advocacy. It was noted that community voices and lived experiences ought to be at the center of processes producing advocacy knowledge resources and products. These gaps were more profound among advocates who, in their work, prioritize adolescent health and well-being, quality of care, community engagement and people’s voices, governance and accountability, and sexual and reproductive health and rights.

4.2.3 Better data and accountability

Advocates extensively cited the need for access to timely, up-to-date, context-specific, disaggregated data, including by age, geographical location, population, and service or intervention. The understanding of institutional accountability mechanisms and opportunities was also noted as critically important. Furthermore, partners noted that data obtained through consensus-building processes, facilitated by multi-stakeholder accountability/advocacy platforms and partnerships, was most useful. This is because such approaches harmonize the priorities of national and sub-national partners across sectors.

“*We have limited data in terms of sexual and gender-based violence, including the impact of the pandemic*”

NGO Constituency Member
Partner Engagement

4.2.4 Inclusive multi-stakeholder partnerships

Respondents cited the need for inclusive, meaningful, and financially sustainable multi-stakeholder partnerships across sectors to build collaborative WCAH accountability and advocacy (Figure 9). This is because evidence-based advocacy for WCAH operates in complex and dynamic systems including multi-sectoral collaboration and public-private partnerships. Respondents noted that it is of critical importance that these partnerships include both traditional and non-traditional actors such as parliamentarians and media and private companies respectively with a strong capacity to undertake advocacy and improve accountability. Advocates highlighted the value of using a “bottom-up” approach with community members and on-the-ground workers having an active role in high-level discussions and coalitions. Within communities, respondents highlighted the value of strengthening the voice of the youth. Strategies to advance community engagement and build the capacity of adolescents and youth were critical. Examples of these strategies to enable participation in high-level discussions (Figure 10) included mentorships and training and providing a safe space for community members to effectively engage in accountability and advocacy.

“If you do not have meaningful deeper partnerships—**not transactional partnerships**—then actually you are irrelevant to the country and you might as well go home. We need to get **beyond our egos, our logos, and our silos, and converge for impact**”

UNA Constituency Member

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### Figure 9: Opportunities for partner engagement for effective accountability and advocacy

<table>
<thead>
<tr>
<th><strong>Partner Engagement</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-stakeholder partnerships</td>
<td>34</td>
</tr>
<tr>
<td>Working across sectors</td>
<td>32</td>
</tr>
<tr>
<td>Capacitating youth</td>
<td>12</td>
</tr>
<tr>
<td>Bottom up approach to PE (community and local engagement)</td>
<td>11</td>
</tr>
<tr>
<td>Enabling environment to facilitate dialogue (e.g. digitally, safe space)</td>
<td>5</td>
</tr>
<tr>
<td>Small grants</td>
<td>3</td>
</tr>
</tbody>
</table>

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### Figure 10: Challenges in partner engagement for effective advocacy

<table>
<thead>
<tr>
<th><strong>Insufficient partner engagement and capacity</strong></th>
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<tbody>
<tr>
<td>Lack of community voices in high level discussion (on the ground workers/implementers/community and local voices)</td>
<td>34</td>
</tr>
<tr>
<td>Lack of meaningful, inclusive and financially sustainable multi-stakeholder partnerships</td>
<td>6</td>
</tr>
<tr>
<td>Lack of mentoring and training</td>
<td>5</td>
</tr>
</tbody>
</table>
4.2.5 Competitive landscape for advocacy financing

Several respondents described a highly competitive landscape for advocacy financing, especially among similarly focused organizations. National NGOs seemed less competitive compared to international NGOs in attracting donor funding for advocacy work, including funding for mentoring and capacity building. This was particularly reported among smaller NGOs and youth-led entities active in WCAH advocacy. Respondents observed that providing small grants and the development of sustainable financing channels for advocacy while fostering greater multi-stakeholder partnerships could mitigate these challenges. Others noted that capacity building in evidence-based advocacy, as well as developing peer-to-peer networks, can help promote mentoring as well as empower country-level accountability and advocacy networks.

“How do you bring financing investments and attention to women and children in areas that are left behind? That will require two things: One is to research the landscape, and understand where these gaps are geographically, but also in terms of populations. And number two, we need to walk the talk. We need to be sure that whatever we do is addressing this in a cross-cutting way. Otherwise, how do you talk about leaving no one behind but then go and focus only on one of the pockets of each population? You need to be able to walk the talk yourself”

UNA Constituency Member

Campaigns and Outreach

4.2.6 Capacity strengthening country-level advocates for campaigning

Advocates cited the lack of funds and experience in operating effective, multi-dimensional WCAH advocacy campaigns which limit their ability to conduct in-country campaigns (Figure 11). The key success factors that were reported included sharing knowledge of existing tools or partner-created resources, activation of high-level champions for WCAH advocacy, technical assistance in impact assessments of WCAH advocacy campaigns, and amplifying WCAH advocacy campaigns at strategic events hosted across geographical locations. All of which required effective experience and funds.

Figure 11: Challenges in campaigns and outreach for effective advocacy

<table>
<thead>
<tr>
<th>Challenges for campaigns and outreach</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of know how, competing priorities and funds to run campaigns</td>
<td></td>
</tr>
<tr>
<td>Lack of presence of participants from LMIC at high level events</td>
<td>2</td>
</tr>
<tr>
<td>Lack of know how, competing priorities and funds to run campaigns</td>
<td>2</td>
</tr>
</tbody>
</table>
Respondents observed that engaging communities in the design and implementation of projects through co-creating advocacy campaigns, including messaging and audience planning was important. In addition, there was a strong emphasis on cultivating a presence and input from low- and middle-income countries, where the needs are often greatest, in campaigns and high-level political events. This would ensure equitable engagement across geographical regions (Figure 12).

**Figure 12: Opportunities for campaigns and outreach for effective advocacy**

<table>
<thead>
<tr>
<th>Campaigns and outreach</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaging communities (in design and implementation)</td>
<td>7</td>
</tr>
<tr>
<td>Sharing knowledge (of existing tools or partner created resources digitally and at events)</td>
<td>6</td>
</tr>
<tr>
<td>High Level Champions</td>
<td>4</td>
</tr>
<tr>
<td>Amplify messages at strategic events/moments</td>
<td>1</td>
</tr>
<tr>
<td>Hosting high level meetings in LMIC settings</td>
<td>1</td>
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</table>

“Advocacy works when connections are built, (but) it takes a lot of time and investment”

AYC Constituency Member

**4.2.7 Accessibility and use of digital resources**

Digital, easy-to-use data, tools, and products were highlighted as useful in aiding advocates in their accountability and advocacy work. Respondents highlighted advocacy briefs/resources, social media posts, and infographics as some of the key products useful for their work (Figure 13). The resources need to be context-specific and include disaggregated data.

Advocates highlighted the value of using digital approaches and platforms as effective mechanisms of sharing real-time, contextualized, and up-to-date data for transparency and accountability. Respondents called for greater investment in open-access data and sharing evidence through digital communication platforms. These platforms have the potential to mobilize unheard voices at a greater scale compared to traditional communication mediums.

**Figure 13: Key digital products identified**

<table>
<thead>
<tr>
<th>Digital knowledge products</th>
<th>Social media, Infographics including Tweets</th>
<th>Videos</th>
<th>Policy briefs</th>
<th>Peer-reviewed articles</th>
<th>Toolkits</th>
<th>Reports</th>
<th>Technical Guidelines</th>
<th>Op-ed/Comments/Blogs</th>
<th>News/Media advisories</th>
<th>FAQ</th>
<th>Podcast</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>37</td>
<td>37</td>
<td>35</td>
<td>35</td>
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Digital technology, backed with targeted investments such as technical assistance, technological enhancement, and mentorship, can strengthen national, regional, and global linkages for impactful advocacy (Figure 14). Taking on this knowledge, PMNCH is building the Digital Advocacy Hubs.

Case Study: PMNCH Digital Advocacy Hubs

PMNCH is building the world’s most resourceful digital advocacy platform for women’s, children’s, and adolescents’ health and well-being. The Digital Advocacy Hubs (Hubs) are a moderated set of online, interactive platforms to unite and support PMNCH members and partners in common advocacy efforts. The Hubs are smart and inclusive tools designed for (1) resource sharing and capacity building, (2) engaging and equipping communities, and (3) coordinating campaigns that individuals and organizations can use to optimize their outreach, while effectively using the time and resources that they have available. Through the Hubs, PMNCH is committed to bringing organizations and networks in the global health space together to leverage innovation and accelerate impact on women’s, children’s, and adolescents’ health and well-being.

Figure 14: Opportunities with digital advocacy

<table>
<thead>
<tr>
<th>Digital solutions</th>
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</thead>
<tbody>
<tr>
<td>Using of digital approaches for advocacy</td>
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<tr>
<td>Improving national, regional and global linkages</td>
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<tr>
<td>Mobilizing unheard voices</td>
</tr>
</tbody>
</table>

Figure 15: Challenges with effective digital advocacy

<table>
<thead>
<tr>
<th>Digital challenges</th>
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<tbody>
<tr>
<td>Digital divide</td>
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<tr>
<td>Missing face to face</td>
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<tr>
<td>Concerns with privacy and data sharing</td>
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<tr>
<td>Government ban on social media</td>
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<td>Contribution to burnout</td>
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</tbody>
</table>
5.0 Conclusion
5.0 Conclusion

This study established a wide range of needs and priorities of partners within the PMNCH alliance at the country level to conduct more impactful and meaningful accountability and advocacy. While the priorities of partners at the country level align well with the goals of the PMNCH 2021-2025 Strategy, partners highlighted several gaps and opportunities for improving advocacy opportunities. There is a great need for coordinated and concerted action by partners if the agenda to achieve improved health and well-being of women, children, and adolescents by 2030 is to be realized.

Overall, respondents noted that, while access to data, evidence, financing, mentorship, multi-stakeholder platforms, and digital technology is important to advance national advocacy, larger socioeconomic structures and conditions play a critical role in influencing the advocacy agenda.

Some of the findings were anticipated in the PMNCH 2022-23 Workplan such as the creation of Digital Advocacy Hubs, global economic and investment evidence synthesis products, and greater capacity building of partners in accountability and advocacy. The support for youth leadership within multi-stakeholder country platforms is also critically important. Thus, the thematic priorities of PMNCH, as outlined in the 2021-2025 Strategy and Results Framework, are well-aligned with the priorities of partner organizations at the country level. Other needs, however, require dedicated attention, particularly increasing access to tailored, fit-for-purpose data and evidence for use at the country level.

Adverse political agendas can be major challenges, as well as insufficient government fiscal space and donor dependency, and weak WCAH implementation capacity. Advocates expressed support for innovative financing models, public-private partnerships, and strategic community engagement with leaders and influencers.

The findings of the study suggest a critical demand for dedicated investment in advocacy and accountability. Respondents pointed out that WCAH advocacy does not just “happen”. Advocacy must be supported with targeted investments, including improved access to global goods and the creation of peer-to-peer learning platforms dedicated to improving the design, implementation, and measurement of campaigns.
6.0 Recommendations
6.0 Recommendations

Five major recommendations were made for increasing the impact of advocacy at the country level.

1. Earmarked financing for WCAH advocacy
   Allocate earmarked financing within WCAH programs and policies for advocacy and accountability at the country level. This may include quicker access to accountability and advocacy resources such as investment cases for WCAH, and financing of the development of country-specific products, campaigns, and events. This funding should also be used to strengthen the capacities of smaller advocacy organizations with limited experience and resources.

2. Generate context-specific knowledge and evidence for advocacy
   User-friendly, contextualized, and open-access WCAH data for advocacy is needed. This data should be disaggregated by age, gender, sex, socioeconomics, demography, and geographical factors, among others. This is important for evidence and greater accountability. There is a need to work closely with community organizations including youth-led and adolescents-focused organizations in designing assessments of knowledge and evidence gaps, as well as distilling good practices and success factors in enhancing WCAH.

3. Development of multi-stakeholder partnerships to drive more powerfully joint accountability and advocacy for change
   Invest in locally grounded, multi-stakeholder advocacy partnerships across sectors to improve policies, financing, and services. These partnerships must include actors with a strong capacity to undertake advocacy and improve accountability across PMNCH’s 10 constituencies, including parliamentarians, young leaders, and the media. Such partnerships facilitate sharing of success stories, lessons learned, monitoring, evaluation, research, learning approaches, and opportunities for joint campaign planning.

4. Mobilize community voices including those of young people to highlight realities
   Ensuring that community voices and lived experiences are brought to the fore is central to the success of any advocacy and accountability effort. Community voices can be supported through the co-creation of advocacy campaigns and knowledge resources in the design and implementation of tools. Additionally, allowing community voices to take up leadership roles in organizations is another key strategy to ensure their voices are mobilized and heard in critical forums and a powerful mechanism for social accountability.

5. Dedicated digital tools and platforms for impactful accountability and advocacy
   Investing in digital approaches and products can boost the efforts of partners at the country level to engage across sectors and constituencies at speed and scale. Digital accountability and advocacy products and platforms are necessary to significantly advance WCAH advocacy and enable partners to be equipped with real-time, up-to-date data and evidence. Digital collaboration enhances peer-to-peer learning within and across different geographies and settings.
Annexes

• Interview Guide
• PMNCH’s Governance Structure: Board, Secretariat, Committees, Working Groups, Constituencies
• PMNCH’s 2021-2025 Strategy and Results Framework
• Presentation at SAC retreat

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