The Partnership for Maternal, Newborn & Child Health

Business Plan
2018-2020
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Acronyms and abbreviations

4 As  Four functions of PMNCH: analysis, alignment, advocacy and accountability
Countdown 2030  Countdown to 2030 for Women’s, Children’s and Adolescents’ Health
CSO  Civil society organizations
DFID  Department for International Development, United Kingdom
EC  PMNCH’s Executive Committee
ECD  Early childhood development
ECDAI  Early Childhood Development Action Network
EOG  Executive Office of the United Nations Secretary-General
EWEC  Every Woman Every Child global movement
FP2020  Family Planning 2020
Gavi  Gavi, the Vaccine Alliance
Global Fund  Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF  Global Financing Facility
GFF IC  Global Financing Facility Investment Case
H6  UNAIDS, UNFPA, UNICEF, UN Women, World Bank Group and WHO
HLSG  EWEC High-Level Steering Group
HFS  Humanitarian and fragile settings
IAP  EWEC’s Independent Accountability Panel (hosted by PMNCH)
IFRC  International Federation of Red Cross and Red Crescent Societies
NCF  Nurturing Care for Early Childhood Development Framework
NGO  Nongovernmental organizations
PMNCH  Partnership for Maternal, Newborn & Child Health
QED  Quality, equity and dignity
QoC Network  Quality of Care Network
RMNCAH  Reproductive, maternal, newborn, child and adolescent health
SBCE  Social, behavioural and community engagement
SDGs  Sustainable Development Goals
SFC  PMNCH’s Strategy and Finance Committee
SRHR  Sexual and reproductive health and rights
SRMCAH-N  Sexual, reproductive, maternal, newborn, child and adolescent health and nutrition, as part of the broader women’s, children’s and adolescents’ health
TB  Tuberculosis
UHC  Universal health coverage
UN  United Nations
UN Women  United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS  Joint United Nations Programme on HIV and AIDS
UNFPA  United Nations Population Fund
UNICEF  United Nations Children’s Fund
WASH  Water, sanitation and hygiene
World Bank  World Bank Group
WCAM  Women’s, children’s and adolescents’ health and well-being (includes entire spectrum of sexual, reproductive, maternal, newborn, child and adolescent health, including nutrition)
WHO  World Health Organization
**Executive Summary**

Improving the health and well-being of women, children and adolescents is the greatest collective endeavour of our time. We live in a world of gross inequality and injustice, but also of unprecedented progress. Since 1990, maternal mortality — indicating deaths of women during pregnancy and childbirth — has fallen by 44%, and the death rate for children under age 5 has fallen by 53%. This progress has been achieved largely through the power of partnerships. PMNCH has worked since its inception in 2005 to forge and strengthen these partnerships.

PMNCH’s vision is that of Every Woman Every Child (EWEC) Global Strategy for Women’s, Children’s and Adolescents’ Health (Global Strategy): “a world in which every woman, child and adolescent — in stable, fragile and humanitarian settings — realizes their right to physical and mental health and well-being, has social and economic opportunities; and is able to participate fully in shaping prosperous and sustainable societies”. Figure E1 illustrates PMNCH’s contribution to the EWEC architecture.

PMNCH’s mission and additionality is to increase the engagement, alignment and accountability of partners by creating a multistakeholder platform to support successful implementation of the Global Strategy, enabling partners to achieve more together than any individual partner could do alone.

PMNCH is the world’s largest alliance for women’s, children’s and adolescents’ health, combining over 1,000 partner organizations across the globe. PMNCH achieves its mission through four functions:

- **Analysis**: PMNCH synthesizes, disseminates and amplifies vital research and evidence on women’s, children’s and adolescents’ health; this evidence guides policy and programming decisions, and enables the tracking of progress towards national and global goals.
- **Alignment**: PMNCH uniquely brings together partners from 10 diverse constituencies across 192 countries to pursue a common set of goals with common measures of success.
- **Advocacy**: PMNCH unifies its membership around clear policy and advocacy goals, working through the constituency structure, board meetings, online consultations and Partners’ Forums.
- **Accountability**: PMNCH tracks commitments and synthesizes progress towards the Global Strategy’s “survive, thrive and transform” objectives, including hosting the Independent Accountability Panel, which reports directly to the United Nations Secretary-General’s EWEC High-Level Steering Group.

The PMNCH 2018-2020 Business Plan follows the 2016-2018 Business Plan and the 2018 Annual Workplan, and should be read in the context of the PMNCH 2016-2020 Strategic Plan. The Business Plan defines the Partnership’s contribution to the 2020 EWEC Partners’ Framework goals (Annex 1) and the 2030 EWEC Global Strategy and Sustainable Development Goal targets (Figure E2).

The Business Plan is organized into six workstreams, corresponding to the six focus areas of the 2020 EWEC Partners’ Framework (see Annex 1). For each workstream, the Business Plan describes deliverables and multi-year budgets. Table E1 below shows the budget overview: the essential budget is set at US$ 10 million per year, and the comprehensive budget at US$ 15 million per year.

<table>
<thead>
<tr>
<th>Workstream</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workstream 1. Early Childhood Development</td>
<td>1,740,000</td>
<td>1,700,000</td>
<td>1,700,000</td>
<td>5,140,000</td>
</tr>
<tr>
<td>Workstream 2. Adolescents’ Health and Well-Being</td>
<td>2,670,000</td>
<td>2,620,000</td>
<td>2,620,000</td>
<td>7,910,000</td>
</tr>
<tr>
<td>Workstream 3. Quality, Equity and Dignity in Services</td>
<td>1,700,000</td>
<td>1,705,000</td>
<td>1,705,000</td>
<td>5,110,000</td>
</tr>
<tr>
<td>Workstream 4. Sexual and Reproductive Health and Rights</td>
<td>2,555,000</td>
<td>2,535,000</td>
<td>2,535,000</td>
<td>7,625,000</td>
</tr>
<tr>
<td>Workstream 5. Empowerment of Women, Girls and Communities</td>
<td>1,475,000</td>
<td>1,540,000</td>
<td>1,540,000</td>
<td>4,555,000</td>
</tr>
<tr>
<td>Workstream 6. Humanitarian and Critical Settings</td>
<td>2,215,000</td>
<td>2,310,000</td>
<td>2,310,000</td>
<td>6,835,000</td>
</tr>
<tr>
<td>Total Essential Budget</td>
<td>10,000,000</td>
<td>10,000,000</td>
<td>10,000,000</td>
<td>30,000,000</td>
</tr>
<tr>
<td>Total Comprehensive Budget</td>
<td>15,000,000</td>
<td>15,000,000</td>
<td>15,000,000</td>
<td>45,000,000</td>
</tr>
</tbody>
</table>

The Business Plan will be delivered with the support of the following approaches and tools:

- **PMNCH’s partnership-centric approach**: supporting partners to implement the PMNCH workstreams structured around context-specific partnership Working Groups.
- **Political engagement activities**: mobilizing for increased commitments to women’s, children’s and adolescents’ health and better use of existing resources.
- **PMNCH strategic alignment with EWEC core partners**: continuing to strengthen our complementarity with the EWEC core partners, which include the H6 Agencies and the Global Financing Facility.
- **PMNCH digital strategy**: connecting partners through the website and accountability portal and linking to social media and other platforms to enhance partner impact.

PMNCH is supported by a small Secretariat hosted by the World Health Organization in Geneva. An independent evaluation of PMNCH and the Independent Accountability Panel will commence in 2019.

2. Ibid.
3. Including the entire spectrum of sexual, reproductive, maternal, newborn, child and adolescent health, including nutrition (SRMCAH-N).
1. Introduction

Improving the health and well-being of women, children and adolescents is the greatest collective endeavour of our time. We live in a world of gross inequality and injustice, where 1 in 12 children in sub-Saharan Africa die before their fifth birthday — almost 15 times the average in high-income countries. But we also live in a world of unprecedented progress. Since 1990, maternal mortality — deaths of women during pregnancy and childbirth — has fallen by 44% and the death rate for children under age 5 has fallen by 53%. This progress has been achieved largely through the power of partnerships. PMNCH has worked since its inception in 2005 to forge and strengthen these partnerships. If the focus, breadth or intensity of the partnerships diminish, then so too will progress towards global development goals.

The health and well-being of women, children and adolescents are at the heart of the Sustainable Development Goals (SDGs). They are also the focus of the Every Woman Every Child (EWEC) Global Strategy and the EWEC Partners’ Framework (see Annex 1). The vision of the Global Strategy is “a world in which every woman, child and adolescent — in stable, fragile and humanitarian settings — realizes their right to physical and mental health and well-being; has social and economic opportunities; and is able to participate fully in shaping prosperous and sustainable societies”. This is also PMNCH’s vision.

PMNCH’s mission is to increase the engagement, alignment and accountability of partners, by creating a multistakeholder platform to support successful implementation of the Global Strategy, enabling partners to achieve more together than any individual partner could do alone.

Moving from the Millennium Development Goals to the SDGs — from “survive” (reducing mortality) to “survive, thrive and transform” — requires a shift from the continuum of care approach to the life course approach (Figure 1). This requires building on the continuum of care while focusing, not on specific diseases, conditions or age groups, but on the more holistic aim for health and well-being throughout life. It also incorporates a rights framework, including sexual and reproductive rights. Although the life course approach does not preclude a focus on particular moments of vulnerability for women, children and adolescents — such as pregnancy and the time around birth — it reflects more fully the realities of twenty-first century health challenges.

2. See, for example: http://www.who.int/bulletin/volumes/96/1/17-198358/en/
PMNCH is the world’s largest alliance for women’s, children’s and adolescents’ health (WCAH), combining over 1,000 partner organizations from 10 diverse constituencies across 192 countries (as at the end of 2018). PMNCH carries out four main functions, all of which are enabled through a variety of platforms:

- **Analysis**: Through its members and with the support of the Secretariat, PMNCH synthesizes, translates and makes accessible vital research and evidence on WCAH, with a particular focus on high-impact interventions and innovations to drive WCAH outcomes. This evidence is used to guide policy and programming decisions, and to track progress towards global, regional and national goals.

- **Alignment**: PMNCH uniquely brings together more than 10 different constituencies of partners (see Figure 2) to exchange information, discuss challenges and opportunities, and agree on policy, advocacy and evidence-based priorities for WCAH, within the framework of the EWEC Global Strategy in support of the SDGs and universal health coverage (UHC). No other global platform brings together such diverse partners in such a structured, focused and effective way, generating deep and broad commitment to achieving WCAH global goals.

- **Advocacy**: PMNCH helps to forge consensus on priority issues for WCAH, working through its constituency structure, Board meetings, online consultations and periodic Partners’ Forums to unify its members around clear policy priorities and common advocacy messages. PMNCH provides resources and platforms to equip, connect and amplify the voices of its partners. Amid the many issues and priorities competing for popular and political attention at national and global levels, PMNCH helps sustain focus on women’s, children’s and adolescents’ health and well-being.

- **Accountability**: PMNCH tracks commitments and synthesizes progress towards achieving the EWEC Global Strategy’s “survive, thrive and transform” objectives and their related SDG targets through its members and constituency groups, including a growing focus on collaboration with parliamentarians and the media. Its multi-constituency nature promotes constructive, open and truly inclusive dialogue. PMNCH also supports a panel of experts — the Independent Accountability Panel (IAP) — that reports annually on progress towards the global goals directly to the United Nations Secretary-General’s EWEC High-Level Steering Group.

PMNCH’s achievements over the past five years include:

- giving voice to over 7,000 organizations worldwide by facilitating consultations on the SDGs for health and the EWEC Global Strategy 2016-2030;
- helping to secure global agreements between the 192 Member States of the United Nations through the United Nations General Assembly and the World Health Assembly (e.g. the SDGs; the Every Newborn Action Plan) and developing broad-based partner initiatives and agreements (e.g. Ending Preventable Maternal Mortality; Nurturing Care for Early Childhood Development Framework);
- securing resolutions in support of women’s and children’s health by the 140 parliaments of the Inter-Parliamentary Union;
- tracking the progress of US$ 45 billion of commitments from over 650 partners to the EWEC Global Strategy and promoting accountability for their delivery.

No other partnership has the breadth, depth and diversity of PMNCH. From governments to private sector businesses, from health-care professionals to grassroots activists: our work connects the smallest village to the United Nations General Assembly, and vice versa.
3. Business Plan context and structure

The PMNCH 2018-2020 Business Plan follows the PMNCH 2018 Annual Workplan, and sets out how PMNCH will be organized and funded to deliver the PMNCH 2016-2020 Strategic Plan. The Business Plan defines the Partnership’s contribution to the 2020 EWEC Partners’ Framework goals (see Annex 1) and the 2030 EWEC Global Strategy and SDG targets (Figure 3).

Figure 3. PMNCH strategy and business planning documents and their links to the EWEC Global Strategy and the SDGs

2016 2018 2020 2030

- Sustainable Development Goals (SDGs) 2016-2030
- Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030
- Partnership’s Strategic Plan 2016-2020
- Partnership’s Business Plan 2016-2018
- Partnership’s Business Plan 2018-2020
- Annual updates to Partnership’s Business Plan

The Business Plan contains four additional sections:

- **Theory of Change and Results Framework**: identifies the priority objectives to be achieved by the Partnership and its Secretariat in respect of the six workstreams of the EWEC Partners’ Framework 2020,5 and how they support the overall objectives and targets of the EWEC Global Strategy (see Annex 1) and the SDGs.

- **Workstreams and budgets**: provides an overview of the funding managed by the PMNCH Secretariat to support the Partnership’s delivery of the workstreams, year by year (2018-2020). The budget is organized by both the six workstreams and the four PMNCH functions (analysis, alignment, advocacy and accountability).

- **Delivering the PMNCH Business Plan**: identifies the four main approaches and tools for delivering the Business Plan: partnership-centric approach, political engagement strategy, alignment with PMNCH’s other core EWEC partners, and digital strategy.

- **Secretariat structure, financial management and reporting**: describes the structure of the PMNCH Secretariat — including how the Secretariat works closely with partners through partnership-centric Committees and Working Groups — and the structure of the IAP Secretariat. This section also briefly describes the Secretariat’s hosting arrangement with the World Health Organization (WHO), its reporting requirements, and the external evaluation of PMNCH and IAP planned for 2019.

5. The six thematic workstreams of the EWEC Partner’s Framework 2020 (see Annex 1) are: (i) early childhood development, (ii) adolescent health and well-being, (iii) quality, equity and dignity in UHC services to improve women’s, children’s and adolescents’ health, (iv) sexual and reproductive health and rights in UHC, (v) empowerment of women, girls and communities, (vi) women’s, children’s and adolescents’ health in humanitarian and fragile settings.
4. Theory of Change and Results Framework

The Theory of Change and Results Framework (Figure 4) describes:

- Priority objectives that the Partnership will deliver over the three-year period of the Business Plan and the results for which PMNCH should be held accountable during the span of this Business Plan (PMNCH attribution). These are organized into six thematic workstreams (aligning with the six focus areas of the EWEC Partners’ Framework 2020) and the “Four As” functions of the Partnership described in section 2.

- EWEC Partners’ Framework 2020 outcomes — the outcomes of the six thematic focus areas and the five shared deliverables — together with the Global Strategy’s 2030 Objectives and related SDG target are not shaded. These 2020 mid-term goals (outcome-level) and 2030 longer-term goals (impact-level) of the Global Strategy and the SDGs are included to show how PMNCH’s work will contribute directly to their achievements (PMNCH’s contribution).

PMNCH’s priority objectives are expressed as far as possible in quantitative and measurable terms,7 thereby generating the Results Framework for the Business Plan 2018-2020, against which progress can be measured.

6. The countries referred to in Figure 4 will be determined at a later date as work progresses.
7. The countries referred to in boxes shaded in purple will be determined at a later date as work progresses.
The priority objectives, deliverables and associated activities and budgets for this three-year period were developed in consultation with a broad range of stakeholders. The detailed budgets, within the agreed budget envelope, will be developed and updated on a rolling basis throughout the annual work planning process. The annual workplan and budgets will be updated at the end of each year and presented to the Board.

The Summary Budget below describes the funds managed by the Secretariat for activities undertaken by the Partnership. Staff-costs are based on 15 core Secretariat staff, who are directly involved in facilitating and delivering Partnership activities, and an additional three positions to support the IAP. (See Section 7.1 for a brief description of the Secretariat structure and the IAP.) Additional temporary expertise will be leveraged to deliver activities as needed. Total average budgets as approved by the Executive Committee are US$ 10 million per year, set at essential level, and US$ 15 million at comprehensive level. The management of the budget will be guided by a set of principles agreed by the Board or Executive Committee, in alignment with WHO rules and regulations. (See Section 7.2 for a brief description of PMNCH financial management and reporting processes.)

The Summary Budget is presented in Table 1, described in two ways: by workstream and by PMNCH function.

### Table 1. Summary Essential and Comprehensive Budgets for PMNCH Business Plan 2018-2020 (US$)

<table>
<thead>
<tr>
<th>Summary Budget per Workstream</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workstream 1. Early Childhood Development</td>
<td>1,740,000</td>
<td>1,700,000</td>
<td>1,700,000</td>
<td>5,140,000</td>
</tr>
<tr>
<td>Workstream 2. Adolescents’ Health and Well-Being</td>
<td>1,780,000</td>
<td>1,745,000</td>
<td>1,745,000</td>
<td>5,270,000</td>
</tr>
<tr>
<td>Workstream 3. Quality, Equity and Dignity in Services</td>
<td>1,700,000</td>
<td>1,705,000</td>
<td>1,705,000</td>
<td>5,110,000</td>
</tr>
<tr>
<td>Workstream 4. Sexual and Reproductive Health and Rights</td>
<td>1,705,000</td>
<td>1,705,000</td>
<td>1,705,000</td>
<td>5,115,000</td>
</tr>
<tr>
<td>Workstream 5. Empowerment of Women, Girls and Communities</td>
<td>1,475,000</td>
<td>1,540,000</td>
<td>1,540,000</td>
<td>4,555,000</td>
</tr>
<tr>
<td>Workstream 6. Humanitarian and Fragile Settings</td>
<td>1,600,000</td>
<td>1,620,000</td>
<td>1,620,000</td>
<td>4,840,000</td>
</tr>
<tr>
<td>Total Essential Budget</td>
<td>10,000,000</td>
<td>10,000,000</td>
<td>10,000,000</td>
<td>30,000,000</td>
</tr>
<tr>
<td>Total Comprehensive Budget</td>
<td>15,000,000</td>
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<td>15,000,000</td>
<td>45,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summary Budget per 4 Functions</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis (including success factors/case studies, knowledge synthesis and frontier issues)</td>
<td>1,776,000</td>
<td>1,723,000</td>
<td>1,723,000</td>
<td>5,220,000</td>
</tr>
<tr>
<td>Alignment (constituency/coalition support; Board and committee meetings; evaluation of PMNCH and IAP in 2019)</td>
<td>2,522,000</td>
<td>2,937,000</td>
<td>2,935,000</td>
<td>8,394,000</td>
</tr>
<tr>
<td>Advocacy (includes 2018 Partners’ Forum)</td>
<td>3,131,000</td>
<td>2,170,000</td>
<td>2,169,000</td>
<td>7,470,000</td>
</tr>
<tr>
<td>Accountability (includes hosting of the Independent Accountability Panel)</td>
<td>2,570,000</td>
<td>3,170,000</td>
<td>3,174,000</td>
<td>8,914,000</td>
</tr>
<tr>
<td>Total Essential Budget</td>
<td>10,000,000</td>
<td>10,000,000</td>
<td>10,000,000</td>
<td>30,000,000</td>
</tr>
<tr>
<td>Total Comprehensive Budget</td>
<td>15,000,000</td>
<td>15,000,000</td>
<td>15,000,000</td>
<td>45,000,000</td>
</tr>
</tbody>
</table>

Annex 2 describes in more detail the deliverables and budgets for the six PMNCH workstreams. Each workstream in Annex 2 has two sections:

- **thematic deliverables:** these activities are specific to the thematic area in question and are individually budgeted; and
- **cross-thematic deliverables:** these activities relate to the four major PMNCH functions and drive impact across all six workstreams; for this reason, their budget is notionally divided equally between the six thematic areas.
6. Delivering the PMNCH Business Plan

The Business Plan will be delivered with the support of the following approaches and tools, described in more detail in this section:

- **PMNCH’s partnership-centric approach:** supporting partners to deliver more together than each could do alone by implementing the PMNCH workstreams structured around context-specific Working Groups;

- **Political engagement activities:** mobilizing for increased commitments to WCAH and better use of existing resources;

- **PMNCH strategic alignment with EWEC core partners:** continuing to strengthen the Partnership’s complementarity with its EWEC core partners;

- **PMNCH digital strategy:** connecting partners through the website and accountability portal and linking to social media and other platforms to enhance partner impact. Advances in technology, including blockchain, artificial intelligence, “internet of things”, big data and advanced analytics, will enable and accelerate the Partnership’s work.

These approaches were defined and prioritized largely by the PMNCH Partner-Centric Working Group, established in December 2017. The Working Group explored how to align more effectively the Partnership’s operational approaches to emerging opportunities, country needs and shifting global development priorities (e.g. peace, security, climate change). It also considered the evolving EWEC architecture, including new hosting arrangements for the EWEC Secretariat and the expansion of the Global Financing Facility (GFF). Consideration was also given to the positioning of WCAH in the centre of the Global Action Plan for Healthy Lives and Well-Being for All, as well as in the broader context of UHC, the human capital agenda, and an increasing emphasis on multisectoral working.

In revisiting the organizational model, the principles that underpin PMNCH’s work and organizational structure are reaffirmed and will guide the delivery of this Business Plan. These can be summarized as follows:

- PMNCH will ensure that women, children and adolescents are at the centre of everything it does;

- PMNCH’s value-add is delivered through a partnership-centric way of working, focusing on those activities where more can be achieved when partners work together rather than alone;

- PMNCH will follow, where possible, a “digital first” approach, utilizing emerging technologies to provide greater value to partners;

- PMNCH does not replicate, duplicate or displace partners’ activities; and

- PMNCH’s organizational structure is designed to allow form to follow function: the purpose of its work, and the intended results, define its operational structures.

PMNCH has played a key role in elevating WCAH on the global political agenda and positioning it at the heart of the SDGs at the country level. This has been done through PMNCH’s large number of partners and constituency networks at country level, both local and national organizations as well as country teams of global partners. These partners and networks are best positioned to support national efforts to develop sound national UHC and WCAH plans in order to achieve the Global Strategy’s objectives and targets. PMNCH will support and strengthen meaningful engagement of multistakeholder actors in national policies, programmes and processes for WCAH and UHC by leveraging these networks, including through coalition-building and strengthening. This approach will better harness the contributions of diverse partners in delivering on alignment, advocacy and accountability efforts for the Global Strategy. Annex 3 describes in detail how PMNCH will work with in-country partners and constituency networks.

6.1 PMNCH’s partnership-centric approach: supporting partners to implement the PMNCH workstreams structured around context-specific working groups

PMNCH Working Groups are need- or opportunity-driven, consisting of a broad pool of self-selected, voluntary partners operating at global, regional and country levels. These groups are time-bound, vary in their function and operational structures, and act as the primary implementing vehicles for the Partnership’s deliverables, guaranteeing a partnership-centric approach. It is up to partners to propose the creation of such groups, participate according to their interests, define deliverables, and agree on monitoring processes for the groups. Examples of current PMNCH Working Groups include:

- single events or time-bound issues (e.g. Partners’ Forum Global Organizing Committee with sub-groups and National Organizing Committee with sub-groups);

- longer-term, programmatic groups managing the design and delivery of projects (e.g. Early Childhood Development Frameworks; Quality, Equity and Dignity Advocacy Working Group);

- umbrella advocacy groups linking other ad-hoc and programmatic groups around specific issues or population groups (e.g. adolescent and youth health issues).

Annex 4 lists the Committees and Working Groups operating in 2018. The Secretariat helps partners to catalyse these groups by contributing to the development of terms of reference and workplans, connecting interested partners who could contribute meaningfully to such groups, mobilizing resources for working group activities, disseminating information about working group progress and results, and promoting synergies and collaboration among different working groups.
6.2 PMNCH’s political engagement activities: mobilizing for increased commitments to WCAH and better use of existing resources

The Partnership’s political engagement and outreach encompass how the partners, supported by the Secretariat, gather and act on political intelligence, including mobilizing for increased EWEC commitments, alignment and support to GFF Investment Cases. Essential to this effort is PMNCH’s newly established Strategy and Finance Committee, which:

- supports partners’ operational efforts to identify opportunities to engage WCAH champions on thematic issues;
- steers the Working Groups on emerging new opportunities in the WCAH landscape and any shifting conditions and contexts that open new windows of political opportunity; and
- acts as an advisor to the Executive Committee about political opportunities and/or threats relating to WCAH, including identifying any risks in deviating from the overarching PMNCH strategy and or the Global Strategy’s vision.

In addition, a Women Leaders Network has been established to mobilize strategic support from and actions by women leaders prepared to champion key issues pertaining to WCAH. The group will be chaired by Dr Michelle Bachelet, United Nations High Commissioner of Human Rights and former Board Chair of PMNCH. The group’s mandate will cut across regions and thematic areas of the Global Strategy (EWEC 2020 themes). Advocacy roadmaps will be developed for each of the six EWEC focus areas as well as for some of the EWEC shared deliverables (e.g. mobilizing for more commitments and financing for WCAH).

6.3 Strategic alignment with EWEC core partners: continuing to strengthen PMNCH’s complementarity with its EWEC core partners

The EWEC architecture (Figure 2) clearly sets out the relationship between major global institutions in support of the Global Strategy’s vision, positioning country leadership at the centre of that vision. Clear and purposeful alignment of actors’ roles (e.g. country technical support by the H6, financing by the GFF, partner alignment and accountability by PMNCH, political championship by the High-Level Steering Group) can accelerate progress. PMNCH is committed to close collaboration with EWEC partners as a core approach to delivering its Business Plan. This includes meaningful participation by under-represented constituencies, supported by small grant mechanisms and inclusive national multistakeholder platforms (see Annex 3).

6.4 PMNCH’s digital strategy

Applying digital technology, including interactive website and digital collaboration tools, PMNCH connects partners through its website and accountability portal, using social media and other platforms to enhance partner impact.

PMNCH is currently revising and upgrading its suite of digital tools, platform and work spaces to encourage greater interactivity and collaboration between partners. The aim is to enhance the ability of partners and the Secretariat to share information and engage more effectively in delivering the Business Plan.

PMNCH is also prioritizing the development of a simplified interactive website and accountability portal in order to: drive common work through joint communication and the sharing of best practices (via communities of practice, online discussions, webinars etc.); connect partners with resources (collating tools and linking closely to an integrated accountability section); serve as a community newspaper, showcasing partners’ work; and ensure strong integration with social media and other platforms that enhance collaboration, participation and exchange.

Seventy-one per cent of the world’s population now have mobile telephone coverage. Mobile telephone-based services can help reduce inequality by expanding access to information, which contributes to empowerment and social inclusion of people beyond the reach of traditional services. Digital technologies also enable collaboration across industries to create innovative, market-driven solutions to global health needs. The transformation of digital technology will be a central cross-cutting theme for PMNCH throughout the period of the Business Plan, underpinning and enabling all its workstreams.

7. PMNCH Secretariat: structure, financial management and reporting

7.1 Structure

The Partnership’s Secretariat is founded on 15 core positions, providing technical leadership and administrative and communications support to the Partnership across the six EWEC Focus Areas. Additional experts will be taken on temporarily as needed. In describing the workstreams, Annex 2 differentiates between the work of the Secretariat and that of the broader Partnership. Annex 4 provides a list of existing Committees and Working Groups. During implementation of the Business Plan new groups and committees, as well as adjustments to the mandate and composition of existing groups are anticipated.

The IAP Secretariat has three additional technical and administrative positions, and reports administratively to the Partnership’s Executive Director, with a principal reporting line to the IAP’s co-Chairs. The IAP also reports to the UN Secretary General’s EWEC High Level Steering Group.

Staff in the PMNCH Secretariat work closely with partners, through partnership-centric Committees and Working Groups, to deliver the outputs agreed in the Results Framework. The functions of the Secretariat include facilitating consultations and consensus, disseminating knowledge, producing messages and organizing meetings. The Secretariat also has a proactive role: identifying gaps and opportunities for action, identifying and encouraging partners to lead that action, and coordinating action across different partner groups and constituencies.

7.2 Financial management and reporting

The ongoing management and reporting of the Partnership’s activities and funds relating to the delivery of the Business Plan are stewarded by the Secretariat in accordance with WHO rules and regulations. As part of the hosting arrangement, the Partnership is subject to the audit and financial management processes required by WHO for all its departments and hosted partnerships. The Partnership produces the following reports:

- an annual financial report;
- an annual narrative report to share progress and impact relating to the implementation of the Business Plan;
- ongoing donor reporting, subject to the specific donor agreement;
- presentations on progress at Board meetings;
- regular reporting from the Executive Director to the Executive Committee and/or the Board;
- reports from periodic independent reviews (as agreed); and
- periodic independent external evaluation of PMNCH and IAP (to commence in 2019).

The external evaluation is also expected to inform the development of next five-year PMNCH Strategic Plan (2021-2025). This creates an opportunity for the Board to reflect on the evidence and adjust the Partnership’s approaches accordingly, including revising the Business Plan if necessary.
Annex 1
EWEC Partners’ Framework 2020

DELIVERING TOGETHER FOR EVERY WOMAN EVERY CHILD
Aligning Action for Better Results

- Global maternal mortality < 70/100,000 live births.
- Newborn mortality < 12/1000 live births.
- Under 5 mortality < 25/1000 live births.
- End HIV, TB, malaria, neglected tropical diseases and other communicable diseases.
- Reduce 1/2 premature mortality from non-communicable diseases and promote mental health and well-being.
- End all forms of violence against women.
- End all forms of maltreatment.
- Ensure universal access to SRH.
- Ensure access to quality education.
- Reduce pollution-related deaths and illnesses.
- Achieve UHC, incl. financial risk protection and access to services, medicines and vaccines.
- Radicate extreme poverty.
- Ensure universal access to SRM/CAH.
- End violence against women and girls.
- Achieve universal and equitable access to WASH.
- Enhance scientific research, up-grade technological capabilities and encourage innovation.
- Provide legal identity for all.
- Enhance global partnership for sustainable development.

*Objectives and targets of the EWEC Global Strategy and SDGs.

Annex 2
PMNCH workstreams and multi-year budgets at essential and comprehensive levels

PMNCH Partners: 36 countries integrate ECD multisectoral plans, 36 countries strengthen social protection for citizens, with a focus on children

PMNCH Priority Objective: Support the integration of ECD programming into 5-10 existing national WCAH policies, services and programmes

PMNCH Partners
PMNCH Secretariat
Lead Partner

US$ Budget (in 000s)

2018
2019
2020
Total

Thematic Deliverables

Early Childhood Development

Facilitated conscious building, made available agreed knowledge and innovation products to be decided through website, communities of practice and workshops, events (e.g. Partners’ Forum), etc.

130
125
380

WHO and UNICEF lead in development of NCf, along with other partners and communities leading on ECD, e.g. NCfPs and ARTS

5-10 countries, WHO and UNICEF develop NCf and provide technical assistance, along with other partners and consistencies such as NGOs, private sector and NCfPs

261
250
250
761

PMNCH and Early Childhood Development Action Network (ECDAN) partners, including PMNCH partners and consistencies such as Adolescents and youth constituency, Scaling up Nutrition Movement and the Global Partnership to End Violence Against Children

305
291
291
887

PMNCH and ECDAN develop monitoring framework for NCf, including PMNCH partners and consistencies such as Adolescents and Youth constituency, Scaling up Nutrition Movement and the Global Partnership to End Violence Against Children

457
437
437
1331

Cross-Thematic Deliverables

WHO, UNICEF, PMNCH and ECDAN update essential WCAH products and digital content, including original NCf and advocacy campaigns and events, including Partners’ Forum

88
167
167
421

PMNCH and Early Childhood Development Action Network (ECDAN) partners and their national counterparts, including PMNCH partners and consistencies such as adolescents and youth constituency, Scaling up Nutrition and the Global Partnership to End Violence Against Children

132
250
250
632

Business Plan 2018-2020
The Partnership for Maternal, Newborn & Child Health

2020 COMMON DELIVERABLES BY EWEC PARTNERS IN SUPPORT OF COUNTRIES

Advocacy, Alignment and Accountability

WHO and other partners

Technical Capacity

 EWEC 2018 Partners’ Forum

Financing

GF/Global Fund/Gavi and Innovation Marketplace

Business Plan 2018-2020
The Partnership for Maternal, Newborn & Child Health

2018
2019
2020
Total

Essential Budget: $1740
Comprehensive Budget: $1700

$1700

$250

$2550

$7100

Total Budget

$348

$333

$1014

$522

$500

$1521

Managed tracking and reporting on EWEC commitments; synthesized progress on outcomes (e.g. equity analysis and country profiles); supported consistencies to use analysis and tools to influence WCAH policy; IAP global accountability (IAP report)

EODG, H6, GF, FP2020, Countdown 2030, IAP (annual accountability report)

2020 COMMON DELIVERABLES BY EWEC PARTNERS IN SUPPORT OF COUNTRIES

Advocacy, Alignment and Accountability

ECG and PMNCH

Technical Capacity

HS and other partners

Financing

GF/Global Fund/Gavi and Innovation Marketplace

Business Plan 2018-2020
The Partnership for Maternal, Newborn & Child Health

2018
2019
2020
Total

Thematic Deliverables

Early Childhood Development

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The Partnership for Maternal, Newborn & Child Health

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EODG, H6, GF, FP2020, Countdown 2030, IAP (annual accountability report)
## WORKSTREAM 2: ADOLESCENT HEALTH AND WELL-BEING

**EWE partners’ framework:** 18 countries have national plans for adolescents; in 18 countries adolescents have the skills and knowledge to exercise their rights to make informed choices.

### PMNCH Priority Objective: Support partners to align around the development of 5-10 national plans for adolescents and support national youth-led coalitions to strengthen skills and knowledge of adolescents to exercise their rights to make informed choices.

<table>
<thead>
<tr>
<th>PMNCH Partner</th>
<th>PMNCH Secretariat</th>
<th>Lead Partner</th>
<th>US$ Budget (in 000s)</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Thematic Deliverables</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ANALYSIS: Innovation and knowledge briefs developed; multisectoral case studies published and widely disseminated</td>
<td>Facilitated consensus building and making available agreed knowledge and innovation products</td>
<td>WHO/UN/UNFPA/Country</td>
<td>120 120 150</td>
<td>300</td>
<td>250</td>
<td>270</td>
<td>600</td>
</tr>
<tr>
<td>ALIGNMENT: Partners aligned to develop 5-10 national Adolescent health and Well-being Plans, and ensure meaningful engagement of adolescents and youth (AY) in national health planning processes, including GFF ICs</td>
<td>Provided capacity-building support to 5-10 youth-led coalitions to engage more meaningfully in national planning processes; supported national multisectoral platforms to prioritize investments in AY health and well-being; managed the AY Advocacy mentorship programme</td>
<td>S-10 countries, WHO, UNFPA, UNICEF</td>
<td>200 200 200</td>
<td>500</td>
<td>350</td>
<td>375</td>
<td>1200</td>
</tr>
<tr>
<td>ADVOCACY: Multisectoral country-specific campaigns for improved AY health and well-being delivered in 5-10 countries and a high-level coalition linking national and global champions</td>
<td>Supported organization and implementation of 5 campaigns; supported high-level coalition of national and global champions and 5-10 youth-led coalitions to conduct advocacy using the AY Advocacy and Accountability Toolkit</td>
<td>Country at country, regional, global, levels, WHO, UNFPA, UNICEF</td>
<td>250 250 250</td>
<td>600</td>
<td>350</td>
<td>375</td>
<td>1200</td>
</tr>
<tr>
<td>ACCOUNTABILITY: Progress tracked and reported on, including country profiles and score cards; equity analysis used for review and remedial action in 5-10 countries</td>
<td>Tracked AY commitments; synthesized progress on outcomes; supported 5-10 youth-led coalitions to conduct accountability and advocacy (including dissemination of country profiles and equity analysis, and dissemination of AIP Report 2017 on Adolescents)</td>
<td>WHO, UNFPA and Countdown tracking progress (including country profiles and equity analysis)</td>
<td>200 200 200</td>
<td>500</td>
<td>350</td>
<td>375</td>
<td>1200</td>
</tr>
<tr>
<td><strong>Cross-thematic Deliverables</strong></td>
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</tr>
<tr>
<td>ANALYSIS: Increased access to and use of knowledge to enhance policy, service delivery and financing mechanisms for WCH (e.g. updated essential WCH interventions in HCD; addressed frontier issues such as innovations and digital health)</td>
<td>Facilitated consultation, consensus building, and knowledge synthesis development and dissemination, including digital content; facilitated development and dissemination of article series on frontier issues (e.g. BMJ series in 2018)</td>
<td>WHO: update essential UHC intervention guidelines; partners to be decided for capturing innovation and frontier issues</td>
<td>150 150 150</td>
<td>300</td>
<td>230</td>
<td>230</td>
<td>600</td>
</tr>
<tr>
<td>ALIGNMENT: Partners aligned to increase WCH commitments and financing and integrate into 5-10 national plans, including GFF Investment Cases (GFF ICs)</td>
<td>Supported WCH champions (PMNCH political engagement strategy) to mobilize more and better financing (including GFF ICs); supported PMNCH constituencies to ensure engagement in national plans (including GFF ICs); PMNCH Evaluation 2019</td>
<td>Country governments, HLG, all PMNCH constituencies, PMNCH Board, Executive Committee, Strategy and Finance Committee</td>
<td>200 200 200</td>
<td>500</td>
<td>350</td>
<td>375</td>
<td>1000</td>
</tr>
<tr>
<td>ADVOCACY: Better policies and increased financing for WCH advocated for at global, regional and country levels (including 2018 Partners’ Forum); built digital advocacy channels</td>
<td>Facilitated development of advocacy messages, digital content and products; organized campaigns and events, including the 2018 Partners’ Forum</td>
<td>HE, NGOs, GF, Government of India, PMNCH Board, Women Deliver</td>
<td>125 125 125</td>
<td>250</td>
<td>375</td>
<td>175</td>
<td>525</td>
</tr>
<tr>
<td>ACCOUNTABILITY: Ensured effective tracking of the Global Strategic goals and of national commitments to WCH, including through supporting partner engagement and accountability at the national level and through hosting IAP</td>
<td>Managed tracking and reporting on WCH commitments; synthesized progress on outcomes (e.g. equity analysis and country profiles); supported constituencies to use analysis and tools to influence WCH policy; IAP global accountability (IAP report)</td>
<td>ESGS, HE, GF, FP2020, Countdown 2020, IAP (annual accountability report)</td>
<td>1032 1141 1032</td>
<td>3121 2285 2404</td>
<td>515 165</td>
<td>7015</td>
<td></td>
</tr>
<tr>
<td>Total Budget</td>
<td>Essential Budget:</td>
<td>Comprehensive Budget:</td>
<td>1700</td>
<td>1725</td>
<td>1760</td>
<td>3185</td>
<td>2120</td>
</tr>
</tbody>
</table>

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## WORKSTREAM 3: QUALITY, EQUITY AND DIGNITY IN UHC SERVICES TO IMPROVE WCH

**EWE partners’ framework:** 25 countries update national plans (UHC, including QED); 25 countries have mechanisms and structures for QED; 25 countries collaborate and share best practices on QED.

### PMNCH Priority Objective: Support partners to integrate QED into national plans (UHC) in 5-10 Quality of Care (QoC) Network countries, and support 5 QED-related campaigns at national and global levels to improve WCH.

<table>
<thead>
<tr>
<th>PMNCH Partner</th>
<th>PMNCH Secretariat</th>
<th>Lead Partner</th>
<th>US$ Budget (in 000s)</th>
<th>2018</th>
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<tr>
<td><strong>Thematic Deliverables</strong></td>
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<tr>
<td>ANALYSIS: QED innovation and knowledge briefs developed, multisectoral case studies published in BMJ and disseminated</td>
<td>Facilitated consensus building and made available agreed knowledge and innovation products through various means</td>
<td>WHO and QoC Network</td>
<td>125 125 125</td>
<td>300</td>
<td>250</td>
<td>270</td>
<td>600</td>
</tr>
<tr>
<td>ALIGNMENT: Partners aligned behind QoC Framework to strengthen QED policies and programmes in 5-10 countries</td>
<td>Supported national multisectoral platforms, ensuring more meaningful engagement by CSOs to integrate QED principles into relevant plans and strategies in 5-10 QoC Network countries</td>
<td>S-10 country governments, White Ribbon Alliance, Save the Children, WHO</td>
<td>200 200 200</td>
<td>500</td>
<td>350</td>
<td>375</td>
<td>1100</td>
</tr>
<tr>
<td>ADVOCACY: Effective advocacy conducted in 5-10 countries and globally to promote QED in UHC service delivery, including through the roll out of the “What We Want” campaign</td>
<td>Facilitated development of QED advocacy toolkit and its dissemination and broad use by partners; supported and co-organized the advocacy campaigns</td>
<td>QED Advocacy Working Group, QoC Network, White Ribbon Alliance, Save the Children</td>
<td>100 100 100</td>
<td>200</td>
<td>150</td>
<td>150</td>
<td>450</td>
</tr>
<tr>
<td>ACCOUNTABILITY: QED commitments and outcomes tracked and accountability mechanisms including social accountability and citizen hearings strengthened</td>
<td>Synthesized progress; supported dissemination of country profiles and equity analysis; used tools and mechanisms to strengthen accountability, including through social accountability, citizen hearings, parliaments, media,</td>
<td>WHO/UN and QoC: tracking progress, including country profiles and equity analysis</td>
<td>150 150 150</td>
<td>300</td>
<td>225</td>
<td>225</td>
<td>650</td>
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<tr>
<td><strong>Cross-thematic Deliverables</strong></td>
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<tr>
<td>ANALYSIS: Increased access to and use of knowledge to enhance policy, service delivery and financing mechanisms for WCH (e.g. updated essential WCH interventions in UHC, addressed frontier issues such as innovations and digital health)</td>
<td>Facilitated consultation, consensus building, and knowledge synthesis development and dissemination, including digital content; facilitated development and dissemination of article series on frontier issues (e.g. BMJ series in 2018)</td>
<td>WHO: update essential UHC intervention guidelines; partners to be decided for capturing innovation and frontier issues</td>
<td>150 150 150</td>
<td>300</td>
<td>230</td>
<td>230</td>
<td>600</td>
</tr>
<tr>
<td>ALIGNMENT: Partners aligned to increase WCH commitments and financing and integrate into 5-10 national plans, including GFF Investment Cases (GFF ICs)</td>
<td>Supported WCH champions (PMNCH political engagement strategy) to mobilize more and better financing (including GFF ICs); supported PMNCH constituencies to ensure engagement in national plans (including GFF ICs); PMNCH Evaluation 2019</td>
<td>Country governments, HLG, all PMNCH constituencies, PMNCH Board, Executive Committee, Strategy and Finance Committee</td>
<td>200 200 200</td>
<td>500</td>
<td>350</td>
<td>375</td>
<td>1000</td>
</tr>
<tr>
<td>ADVOCACY: Better policies and increased financing for WCH advocated for at global, regional and country levels (including 2018 Partners’ Forum); built digital advocacy channels</td>
<td>Facilitated development of advocacy messages, digital content and products; organized campaigns and events, including the 2018 Partners’ Forum</td>
<td>HE, NGOs, GF, Government of India, PMNCH Board</td>
<td>125 125 125</td>
<td>250</td>
<td>187</td>
<td>187</td>
<td>522</td>
</tr>
<tr>
<td>ACCOUNTABILITY: Ensured effective tracking of the Global Strategic goals and of national commitments to WCH, including through supporting partner engagement and accountability at the national level and through hosting IAP</td>
<td>Managed tracking and reporting on EWE commitments; synthesized progress on outcomes (e.g. equity analysis and country profiles); supported constituencies to use analysis and tools to influence WCH policy; IAP global accountability (IAP report)</td>
<td>ESGS, HE, GF, FP2020, Countdown 2030, IAP (annual accountability report)</td>
<td>1014 1014 1014</td>
<td>3121 2285 2404</td>
<td>515 165</td>
<td>7015</td>
<td></td>
</tr>
<tr>
<td>Total Budget</td>
<td>Essential Budget:</td>
<td>Comprehensive Budget:</td>
<td>1700</td>
<td>1705</td>
<td>1705</td>
<td>3110</td>
<td>2120</td>
</tr>
</tbody>
</table>
PMNCH Priority Objective: Ensure the adoption and promotion of comprehensive, integrated definition of SRHR, and the inclusion of the essential and reproductive health rights in UHC in 5-10 countries

**PMNCH Partners**

<table>
<thead>
<tr>
<th>PMNCH Secretariat</th>
<th>Lead Partner</th>
<th>US$ Budget (in 000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thematic Deliverables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANALYSIS: SRHR in UHC knowledge brief and multisectoral knowledge products disseminated and used to influence policy and planning</td>
<td>Facilitated consensus building; made available agreed knowledge and innovation products, including ODA future trends for SRHR to influence policy</td>
<td>Guttmacher Institute with H6 and partners</td>
</tr>
<tr>
<td>ALIGNMENT: Adoption of integrated definition and essential SRHR interventions in UHC in 5-10 national plans (including GFF ICs)</td>
<td>Promoted inclusion of SRHR in national UHC and GFF ICs through support to C5O coalition building and meaningful engagement; supported work in 5-10 countries.</td>
<td>Sweden, Susan Thompson Buffett Foundation, 10 countries, WHO, UNFPA</td>
</tr>
<tr>
<td>ADVOCACY: Advocated for adoption of comprehensive, integrated definition of SRHR, and inclusion of SRHR in UHC through publications, websites, events, campaigns and media</td>
<td>Produced advocacy materials on positioning SRHR within UHC life course approach, UHC and the SDGs; amplified through website, events, 5 joint campaign etc.</td>
<td>NGOs with Sweden and Susan Thompson Buffett Foundation (SRHR Consortium)</td>
</tr>
<tr>
<td>ACCOUNTABILITY: Progress tracked (including country profiles and equity analysis); ODA reporting aligned and improved</td>
<td>-Tracked commitments; synthesized progress on outcomes (including country profiles and equity analysis); aligned reporting.</td>
<td>WHO, UNFPA, Countdown 2020, GFF</td>
</tr>
<tr>
<td>Cash-flow Deliverables</td>
<td></td>
<td></td>
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<tr>
<td>ANALYSIS: Increased access to and use of knowledge to enhance policy, service delivery and financing mechanisms for WCah (e.g. updated essential WCah interventions in UHC)</td>
<td>Facilitated consultation, consensus building, and knowledge synthesis development and dissemination, including digital content; facilitated knowledge synthesis development and dissemination of article series on frontier issues (e.g. BMJ series in 2018)</td>
<td>WHO: update essential UHC intervention guidelines; partners to be decided for capturing innovation and frontier issues</td>
</tr>
<tr>
<td>ALIGNMENT: Partners aligned to increase WCah commitments and financing and integrate into 5-10 national plans, including GFF Investment Cases (GFF ICs); through strengthening multisectoral, multisectoral platforms at country level</td>
<td>Supported WCah champions (PMNCH political engagement strategy) to mobilize more and better financing (including GFF ICs); supported PMNCH constiuencies to engage in national plans (including GFF ICs); PMNCH Evaluation 2019</td>
<td>Country governments, HLG, all PMNCH constituencies, PMNCH Board, Executive Committee, Strategy and Finance Committee</td>
</tr>
<tr>
<td>ADVOCACY: Better policies and increased financing for WCah aligned for at global, regional and country levels (including 2018 Partners’ Forum); built digital advocacy channels</td>
<td>Facilitated development of advocacy messages, digital content and products; organized campaigns and events, including the 2018 Partners’ Forum</td>
<td>H6, NGOs, GFF, Government of India, PMNCH Board</td>
</tr>
<tr>
<td>ACCOUNTABILITY: Ensured effective tracking of the Global Strategy goals and of national commitments to WCah; including through supporting partner engagement and accountability at the national level and through hosting IAP</td>
<td>Managed tracking and reporting on EWECS; synthesize progress on outcomes (e.g. equity analysis and country profiles); supported constituencies to use analysis and tools to influence WCah policy; IAP global accountability (IAP report)</td>
<td>EOGS, H6, GFF, FP2020, Countdown 2030, IAP (annual accountability report)</td>
</tr>
<tr>
<td>Total Budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Essential Budget:</strong></td>
<td>2705</td>
<td>1569</td>
</tr>
<tr>
<td><strong>Comprehensive Budget:</strong></td>
<td>2555</td>
<td>2355</td>
</tr>
</tbody>
</table>
WORKSTREAM 6: WCAH IN HUMANITARIAN AND FRAGILE SETTINGS (HFS)

PMNCH Priority Objective: Support alignment, adoption and promotion of WCAH essential services in programmes and interventions in S-10 HFS

<table>
<thead>
<tr>
<th>PMNCH Partners</th>
<th>PMNCH Secretariat</th>
<th>Lead Partner</th>
<th>US$ Budget (in 000s)</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANALYSIS: Knowledge briefs disseminated on WCAH in HFS and multisectoral knowledge products and these used to influence policy and planning at S-10 country levels</td>
<td>Consensus on evidence facilitated and synthesis on innovative solutions developed for WCAH in HFS; work in S-10 countries supported</td>
<td>Bridging Research and Action in Conflict Settings for the Health of Women and Children (BRANCH) Consortium, WHO, UNICEF, Save the Children; Inter-Agency Working Group on Reproductive Health in Crisis (IAWG), DFID, World Bank</td>
<td>121 234 232 584</td>
<td>182 350 348 880</td>
<td></td>
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</tr>
<tr>
<td>ALIGNMENT: Consensus established on integrating WCAH into HFS and multisectoral model encouraged to agree and execute action plan around WCAH in HFS in S-10 countries</td>
<td>Engagement across constituencies facilitated; consensus-building, dissemination and advocacy supported; findings and action plans amplified</td>
<td>WHO/HR, DFD, Global Health Cluster, BRANCH Consortium, UNICEF</td>
<td>261 271 271 803</td>
<td>392 407 406 1204</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVOCACY: Advocacy products developed for integrating WCAH into HFS and for innovative solutions to accelerate progress</td>
<td>Advocacy materials and roadmap to amplify findings and action plans for WCAH in HFS developed, including ECD</td>
<td>BRANCH Consortium, IAWG, Moving Minds and other partners</td>
<td>261 160 160 580</td>
<td>392 239 239 780</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCOUNTABILITY: Monitoring and accountability framework established for WCAH in HFS; progress reported and accountability mechanisms strengthened</td>
<td>Consensus facilitated around monitoring and evaluation framework for WCAH in HFS; dissemination of progress reports and strengthening of accountability mechanisms (e.g. tools) supported</td>
<td>WHO/HR, Countdown 2030, Global Health Cluster, IAWG, IFRC</td>
<td>87 163 163 412</td>
<td>131 244 244 618</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PMNCH ACTIVITIES

1. PROMOTE INCLUSIVE AND MEANINGFUL MULTISTAKEHOLDER ENGAGEMENT

2. STRENGTHEN AND ALIGN ACCOUNTABILITY PROCESSES

3. STRENGTHEN MULTISECTORAL LINKAGES

4. SUPPORT JOINT ADVOCACY

5. FACILITATE LEARNING AND EXCHANGE ACROSS COUNTRIES

Annex 3

Leveraging PMNCH’s in-country partners and constituency networks

PMNCH has played a key role in elevating women’s, children’s and adolescents’ health (WCAH) on the global political agenda and positioning it at the heart of the Sustainable Development Goals. PMNCH has over 1000 member organizations across 192 countries. A large number of partners and constituency networks are at country level, both local and national organizations as well as country-based teams of global partners (e.g. UN agencies). These partners and networks are best positioned to support national priorities and efforts to develop sound national universal health coverage (UHC) and WCAH plans in order to achieve the Global Strategy’s objectives and targets. PMNCH will support and strengthen meaningful engagement by all stakeholder actors in national policies, programmes and processes for WCAH and UHC by leveraging these networks, including through coalition-building and strengthening. The table below sets out PMNCH’s core functions, serving as a guide to drive impact across the six thematic workstreams at the national level.

Guiding principles for choosing the countries on which the Partnership will focus include:

1. Is the country part of the Quality of Care Network?
2. Is the country part of Early Childhood Development Action Network?
3. Is it a Global Financing Facility country?
4. Does the country have commitment and leadership, evidenced by political and/or financial commitment to the Every Woman Every Child Movement and FP2020?
5. Has the country requested PMNCH engagement?

FOCUS AREAS

PMNCH ACTIVITIES

1. PROMOTE INCLUSIVE AND MEANINGFUL MULTISTAKEHOLDER ENGAGEMENT

2. STRENGTHEN AND ALIGN ACCOUNTABILITY PROCESSES

3. STRENGTHEN MULTISECTORAL LINKAGES

4. SUPPORT JOINT ADVOCACY

5. FACILITATE LEARNING AND EXCHANGE ACROSS COUNTRIES
PMNCH working groups and committees

Over 30 multi-partner working groups in 2018 identified PMNCH as their organizing platform. Some of them are short-term in nature, while others are ongoing. These groups fall into various categories, being: (i) thematically focused; (ii) function-related; or (iii) aimed at governing PMNCH and its operations. They engage many partner organizations around common objectives, within the context of the overall direction of the Business Plan. The table below provides information about the groups as at October 2018. Some partner-led groups in which PMNCH participates are hosted by other organizations; these are shown in italics.

<table>
<thead>
<tr>
<th>THEMATICALLY FOCUSED</th>
<th>Thematic focus</th>
<th>Name of working group / committee</th>
<th>Function of PMNCH Secretariat</th>
<th>Partner lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurturing Care Framework Management Team</td>
<td>Member: provide inputs, sign off collectively on content</td>
<td>WHO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurturing Care Framework Advisory Committee</td>
<td>Member: provide inputs into documents; support agenda development and organize calls</td>
<td>WHO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent Health &amp; Well-being Working Group</td>
<td>Co-convenor: manage consultations, develop materials for outreach, organize advocacy events</td>
<td>Adolescents and Youth Constituency (AYC) engagement coordinators: Africa, Asia and the Pacific, Youth Coalition for Sexual and Reproductive Rights, Civil Society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocating for change for adolescents! Toolkit Grants</td>
<td>Coordinator and funder: provide inputs and support where appropriate</td>
<td>Girls Global, with support from PMNCH and Women Deliver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaningful Youth Engagement Resource Working Group</td>
<td>Core group member: provide inputs and support where appropriate</td>
<td>FP2020, AYC engagement coordinators, International Youth Alliance for Family Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentorship Programme</td>
<td>Host: manage programme</td>
<td>International Federation of Medical Students’ Associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners’ Forum Youth Engagement Committee</td>
<td>Host: manage partners and implement recommendations</td>
<td>Hope Pillar Project</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QED*</td>
<td>QED Advocacy Working Group</td>
<td>Co-convenor: provide inputs and support where appropriate</td>
<td>White Ribbon Alliance</td>
<td></td>
</tr>
<tr>
<td>SRHR</td>
<td>SRHR and UHC Working Group</td>
<td>Member: provide inputs and support where appropriate</td>
<td>Government of Sweden and Susan Thompson Buffett Foundation</td>
<td></td>
</tr>
<tr>
<td>Guttmacher/Incentive SRHR Advisory Group</td>
<td>Member: provide inputs and support where appropriate</td>
<td>Guttmacher Institute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP2020 Reference Group</td>
<td>Member: provide inputs and collaborate where possible, e.g. tracking of commitments</td>
<td>FP2020 Secretariat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social, Behavioural and Community Engagement (SBCE) Technical Working Group</td>
<td>Member: co-published with group Evidence map of SBCE interventions for RMNCH 2017</td>
<td>WHO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women Deliver Advisory Group</td>
<td>Member: provide inputs especially relating to the Women Deliver Conference 2019</td>
<td>Women Deliver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMNCH Humanitarian and Fragile Settings Development Committee</td>
<td>Coordinator: provide inputs and support where deemed appropriate</td>
<td>WHO, IFRC, SickKids Hospital, Global Health Cluster, Inter-Agency Working Group on Reproductive Health in Crisis, DFID, World Bank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Plans are underway to consider how to broaden the scope of existing groups and perhaps add new ones that would look at how to use other frameworks and protocols to scale early childhood development programming.

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### Annex 4

#### PMNCH added-value functions

<table>
<thead>
<tr>
<th>Thematic focus</th>
<th>Name of working group / committee</th>
<th>Function of PMNCH Secretariat</th>
<th>Partner lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Success Factors Case Studies Steering Committee</td>
<td>Coordinator: facilitate partners who oversee case studies</td>
<td>WHO, London School of Hygiene &amp; Tropical Medicine</td>
<td></td>
</tr>
<tr>
<td>GFF Investors Group</td>
<td>Member: provide inputs and support participation by ESO and private sector representatives</td>
<td>GFF</td>
<td></td>
</tr>
<tr>
<td>GFF civil society coordinating group</td>
<td>Coordinator: oversee implementation of civil society workplan, coordinate communication and collaboration, draft materials and advocacy pieces</td>
<td>Africa Health Budget Network, INHMOG, Plan, Population Council, Unparalleled Leadership and Impact (PLAI), Association Sénégalaise pour le Bien-Etre Familial, PATH, Education as Vaccine</td>
<td></td>
</tr>
<tr>
<td>Alignment</td>
<td>Member: provide inputs into guidance development and grant selection</td>
<td>NGO currently under selection process</td>
<td></td>
</tr>
<tr>
<td>EWECE Alignment Task Team</td>
<td>Coordinator: coordinate calls, develop papers based on partner contributions</td>
<td>DFID, Executive Office of the UN Secretary-General, H6, GFF, Governance &amp; Nomination Committee Chair</td>
<td></td>
</tr>
<tr>
<td>EWECE High-Level Steering Group</td>
<td>Support PMNCH Board Chair who is a member of the Steering Group, with Secretariat Executive Director acting as a Sherpa. Secretariat inputs actively to the agenda and document preparations</td>
<td>Executive Office of the UN Secretary-General</td>
<td></td>
</tr>
<tr>
<td>Advocacy</td>
<td>Partners’ Forum Global Organizing Committee</td>
<td>Coordinating: provide inputs, organize calls</td>
<td>Government of India, UNFPA</td>
</tr>
<tr>
<td>Partners’ Forum National Organizing Committee</td>
<td>Coordinating with other working groups</td>
<td>Government of India</td>
<td></td>
</tr>
<tr>
<td>Partners’ Forum Programme Advocacy and Communications sub-committee</td>
<td>Coordinating: provide inputs, organize calls, produce content</td>
<td>White Ribbon Alliances, UNICEF</td>
<td></td>
</tr>
<tr>
<td>Partners’ Forum Programme Sub-Committee</td>
<td>Coordinating: provide inputs, organize calls</td>
<td>CORE group, United Nations University, International Institute for Global Health</td>
<td></td>
</tr>
<tr>
<td>Virtual Programme Sub-Committee</td>
<td>Coordinating: provide inputs, organize calls</td>
<td>World Vision, Savi</td>
<td></td>
</tr>
<tr>
<td>Accountability</td>
<td>PMNCH and Countdown to 2030</td>
<td>Coordinating: convene the Working Group</td>
<td>PMNCH, Countdown 2030</td>
</tr>
<tr>
<td>EWECE Commitment Tracking Working Group</td>
<td>Coordinate: manage commitment tracking and coordinate partners</td>
<td>PMNCH</td>
<td></td>
</tr>
<tr>
<td>Health Data Collaborative Steering Group</td>
<td>Member: provide inputs</td>
<td>Health Data Collaborative</td>
<td></td>
</tr>
<tr>
<td>Independent Accountability Panel</td>
<td>Host the Secretariat</td>
<td>Independent Accountability Panel</td>
<td></td>
</tr>
<tr>
<td>UHC2030: Global Accountability working group</td>
<td>Member: advocate to ensure VACAN is central to UHC agenda</td>
<td>UHC2030</td>
<td></td>
</tr>
<tr>
<td>FP2020 Performance Measurement Evaluation Working Group</td>
<td>Member: act as conduit for the larger VACAN accountability community and provide expertise on FP2020’s measurement agenda</td>
<td>FP2020</td>
<td></td>
</tr>
</tbody>
</table>
### PMNCH GOVERNANCE AND OPERATIONS

<table>
<thead>
<tr>
<th>Name of working group / committee</th>
<th>Function of PMNCH Secretariat</th>
<th>Partner lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board</td>
<td>Coordinate: facilitate and support the Board's work</td>
<td>10 member organizations</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>Coordinate: facilitate and support the Executive Committee's work</td>
<td>Chair: DFID; representatives of all 10 constituencies</td>
</tr>
<tr>
<td>Strategy and Finance Committee</td>
<td>Coordinate: facilitate and support the Strategy and Finance Committee's work</td>
<td>Chair: Sweden</td>
</tr>
<tr>
<td>Governance and Nominations Committee</td>
<td>Coordinate: facilitate and support the Governance and Nominations Committee's work</td>
<td>Chair: to be decided</td>
</tr>
<tr>
<td>PMNCH Value Proposition and Business Plan ad-hoc Working Group of the Executive Committee</td>
<td>Coordinate: facilitate the development of the Business Plan based on partner input</td>
<td>USAID, Guttmacher, DFID, Merck, White Ribbon Alliance</td>
</tr>
<tr>
<td>10 constituency groups: Academic, Research and Teaching institutions (ART); Adolescents and Youth (AYC); Donors and Foundations (O&amp;F); Global Financing Mechanisms (GFM); Health Care Professional Associations (HCPA); Inter-Governmental Organizations (IGO); Nongovernmental Organizations (NGOs); Partner Governments (PG); Private Sector (PS); UN and multilateral agencies (UNA)</td>
<td>Coordinate: provide support, schedule meetings, set agenda, develop minutes</td>
<td>Chairs: ART: ISGlobal; AYC: Hope Pillar Project; O&amp;F: USAID; GFM: GFF on Executive Committee (EC), Gavi on PMNCH Board; HCPA: SickKids Hospital, Canada; IGO: Inter-Parliamentary Union on EC, IFRC on PMNCH Board; NGO: White Ribbon Alliance; PG: Government of India; PS: Philips; UNA: World Bank</td>
</tr>
<tr>
<td>Independent partner oversight group for external evaluation</td>
<td>N/A</td>
<td>Strategy and Finance Committee Chair: Sweden</td>
</tr>
</tbody>
</table>

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