

The Partnership for Maternal, Newborn & Child Health

in support of
Every Woman Every Child

2016 ANNUAL REPORT

Coming of age in a time of transition



ACRONYMS AND ABBREVIATIONS

AA-HA!

Accelerated Action for Health of Adolescents

Agenda 2030

2030 Agenda for Sustainable Development

AY

Adolescents & Youth

FCI

Family Care International

GFF

Global Financing Facility

Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Global Strategy

Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

NGOs

Nongovernmental organizations

MDGs

Millennium Development Goals

IAP

Independent Accountability Panel

IPPF

International Planned Parenthood Federation

IPU

Inter-Parliamentary Union

PMNCH

Partnership for Maternal, Newborn & Child Health

QED

Quality, Equity and Dignity

SRMNAH

Sexual, reproductive, maternal, newborn, child and adolescent health

SDGs

Sustainable Development Goals

UAF

Unified Accountability Framework

UHC

Universal Health Coverage

UN

United Nations

UNAIDS

The Joint United Nations Programme on HIV/AIDS

UNICEF

United Nations International Children's Emergency Fund

UNFPA

United Nations Population Fund

WHO

World Health Organization

The Partnership for Maternal, Newborn & Child Health 2016 Annual Report: Coming of age in a time of transition

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Message from the Chair of the Board



2016 was a successful year for the Partnership as it embarked on implementing its 2016-2020 Strategic Plan. The Partnership grew globally, reaching a membership of 800 and adding three new constituencies.

We are thrilled by this growth, as we believe that achieving the SDGs is heavily dependent on our partners working together in stronger alignment, within the *Every Woman Every Child* architecture, and throughout the continuum of care, for the good of the most vulnerable among us. In addition, we set about strengthening our governance structure to ensure inclusive governance and decision-making, and coordinated action among partners. We also explored new ways to publicize evidence for action at each life stage, launching a new knowledge summary on adolescent health and hosting several events and webinars presenting key findings from various *Lancet* series launched in 2016.

In terms of our accountability work, the Partnership led the development of the *Global Strategy's* Unified Accountability Framework. We also facilitated the establishment of the Independent Accountability Panel, set up a secretariat to support its work, and provided inputs into its first report, which was launched during the UN General Assembly at our annual accountability breakfast event.

2016 was a pivotal year for our Adolescent and Youth constituency: it took centre stage and is now leading the charge in advocacy, accountability and meaningful engagement of young people in the *Global Strategy*. The response of our country partners in support of the adolescent agenda has emboldened us. In October, the Government of Mozambique hosted a public event within our 19th Board meeting, focusing on adolescent girls and underlining the country's commitment to listening to them and addressing their needs. Bringing the Partnership family to Maputo was a proud homecoming for me, made more poignant by the example this event set of what we can achieve when we engage young people and let countries lead. Our work must continue in this regard so that we are optimally positioned to achieve the SDGs.

I am particularly excited by new leadership at both the UN and the Partnership to help us carry our important work forward. The new UN Secretary-General António Guterres places great importance on human rights and gender equality, and as a proponent of

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social justice will be vital in helping us realize the SDGs. Now more than ever his leadership is crucial to ensuring that the rights of women, children and adolescents to health and well-being are protected. Helga Fogstad, a champion of SRMNCAH, joined the Partnership as Executive Director at the end of 2016, and brings to the organization a wealth of SRMNCAH experience. Under her guidance and ability to inspire and build consensus, I am confident that we will make significant strides in fulfilling our mandate for 2030.

We continue to work collectively for a world where every woman, child and adolescent matters and enjoys their fundamental rights to good health and well-being. PMNCH is pleased to do this in concert with our partners and is deeply committed to this common agenda. In our important efforts to ensure the well-being and empowerment of women, children and adolescents everywhere so that they can thrive and realize their full potential, onwards and upwards!

Graça Machel,

Chair of the Board

*The Partnership for Maternal,
Newborn & Child Health*

Message from the Executive Director



Implementation of the Sustainable Development Goals (SDGs) began in 2016, setting the world on a firm path towards 2030. Reflecting on this report, it is interesting to note how this has also been a year of significant “firsts” for the Partnership.

It was the first year of implementing our new Strategic Plan 2016-2020. Our Adolescent & Youth constituency progressed rapidly from small steps at its inception in 2015 to giant strides by the end of 2016, developing a common agenda for advocacy and accountability on adolescent health and becoming a priority go-to platform for youth engagement in the *Global Strategy for Women’s, Children’s and Adolescents’ Health (Global Strategy)* and the SDGs. We turned our attention to country work. For the first time, we focused more deliberately on a specific set of countries. While it takes time to understand the needs of different constituencies,

our work progressed with the steady guidance of our partners. The accomplishments documented in this report are a tribute to them and a testament to the power of partnership.

2017 offers an opportunity not only to do new things but also to do the old things better. However, the need for even stronger partnerships has never been greater. Our work must continue to complement the *Every Woman Every Child* movement’s efforts to put the *Global Strategy* into action. To achieve the *Global Strategy*’s Survive, Thrive and Transform objectives and leave no one behind we need to work together, especially on areas that need extra attention. Some areas need extra attention because they have received too little in the past and are part of the unfinished agenda, including: quality and equity improvements to ensure women, children and adolescents survive and thrive; early childhood development; adolescents’ health; work in humanitarian and fragile settings; and empowerment of women and communities. Other areas need extra attention because they have lately come under fresh attack, notably sexual and reproductive health and rights. Leaving no one behind on the way towards 2030 calls for accelerated action, stronger alignment and streamlining in an architecture that is unnecessarily complex, crowded and duplicative—in a word cacophonous. There is a part for everyone in this grand orchestra, and if we act in concert there is beautiful music to be made.

We are excited that United Nations Secretary-General António Guterres has accepted an invitation to join the *Every Woman Every Child* High-Level Steering Group as a senior co-Chair. This will ensure the continuation of high-level political championship for and a staunch ally in our work in support of the *Every Woman Every Child* movement.

The Partnership looks forward to playing its part in this ensemble of extraordinary constituencies and partners, where each member is special and critical to achieving the results we want in 2030.

Helga Fogstad,

Executive Director

The Partnership for Maternal, Newborn & Child Health

“ There is a part for everyone in this grand orchestra, and if we act in concert there is beautiful music to be made. ”

Key moments for the Partnership in 2016

JANUARY

- PMNCH and partners begin year-long advocacy around key findings from *The Lancet*, starting with series on ending stillbirths & breastfeeding (January), followed by *Lancet* Commission on Adolescent Health and Wellbeing (May), maternal health series (September) and early childhood development series (October)



- Mrs Graça Machel, PMNCH Board Chair, is appointed SDG advocate and member of the High-level Advisory Group for *Every Woman Every Child* by the UN Secretary-General

MARCH

- 190+ organizations from 51 countries sign up to a PMNCH-sponsored joint letter campaign calling for G7 commitment to Universal Health Coverage
- Parliamentarians at the IPU Assembly address early and forced marriage at an event co-sponsored by IPU, PMNCH and WHO

MAY

- PMNCH joins over 5,000 advocates, experts and young people at the 4th Women Deliver conference and along with *The Lancet* and the Gates Foundation showcases key findings and evidence from several *Lancet* series
- PMNCH launches a new adolescent health knowledge summary and brief on adolescent-led accountability, to facilitate meaningful youth engagement in improving health outcomes
- The Partnership's 18th Board meeting agrees a set of governance recommendations, strengthening inclusive governance, decision-making and coordinated action among partners on the Board
- NGO constituency members—International Planned Parenthood Federation, Save the Children, World Vision and White Ribbon Alliance—hold a Global Dialogue for Citizen-led Accountability at the World Health Assembly



- *A Common Cause*, a report co-authored by PMNCH and Save the Children, outlines the rationale for placing women, children and adolescents at the centre of Universal Health Coverage

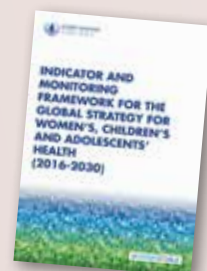
FEBRUARY

- The Partnership's NGO constituency-led meeting in Dakar leads to the creation of 6 civil society seats on the national RMNCAH platform in Senegal



APRIL

- PMNCH joins the Global Fund Partner constituency with a commitment to advocate for action on women's, children's and adolescents' well-being through the fight against TB, HIV/AIDS and malaria
- PMNCH co-leads a commitment drive for the *Global Strategy* ahead of its presentation at the 69th World Health Assembly
- PMNCH holds multistakeholder consultations to help develop the Indicator And Monitoring Framework for the *Global Strategy*, published in September 2016



2016

2016 by numbers

US\$ 5 billion

from **40** commitments to the *Global Strategy*

800 members

3 new constituencies
(*Global Financing Mechanisms, Inter-Governmental Organizations and United Nations Agencies*)



2,600+ webinar views
and
1,150+ event attendees

400,000+ website visitors



JULY

- *Every Woman Every Child* partners at the High-level Political Forum in New York commit to greater collaboration and alignment with national-led plans and coordination across sectors to achieve the *Global Strategy* objectives and the SDGs



- At the 21st International AIDS conference Adolescent & Youth constituency members call for youth-led advocacy, accountability and meaningful engagement in the implementation of the *Global Strategy* at country level

OCTOBER

- A partner-led effort yields PMNCH's first ever advocacy and communications strategy, outlining priorities for the next three years, with quality, equity and dignity, adolescents and youth, and humanitarian settings identified as key focus areas
- The Government of Mozambique reinforces its commitment to adolescent girls at a public event during PMNCH's 19th Board meeting



DECEMBER

- A series of webinars co-hosted with the American Public Health Association and other partners share evidence across the continuum of care, bringing frontier issues such as adolescent health, humanitarian settings and stillbirths to the fore



JUNE

- PMNCH and partners collaborate on an operational approach to the Unified Accountability Framework, which sets out a clear structure and system to strengthen accountability at all levels



- *Every Newborn Action Plan*, launched by a broad group of partners including PMNCH, marks its second anniversary
- *Every Newborn Action Plan* partners release a country progress tracking tool to assist countries in mapping needs and successes in pursuit of national milestones

SEPTEMBER

- Stakeholders at PMNCH's 5th Accountability breakfast call for improved accountability for women's, children's and adolescents' health



- The Independent Accountability Panel launches its first report, *Old challenges, new hopes*.
- 40 new commitments, worth US\$ 5 billion, are pledged to the *Global Strategy* at a high-level event during the UN General Assembly

NOVEMBER

- PMNCH-led advocacy group contributes to World Prematurity Day, aligning action by more than 50 partners, across 130 events in 60 countries, and highlighting prematurity as the largest contributor to under-5 mortality



33 million+ users reached on Twitter (up 85% from 2015)



Twitter followers up **15%** from 2015

12 e-blasts



10 video blogs

100 citizens' hearings supported by PMNCH board members in more than **10** countries

9 high-level advocacy events and



3 publication launches

1. New beginnings: on the road to 2030

The Partnership for Maternal, Newborn & Child Health (PMNCH, the Partnership) brings together 800 partners across 10 constituencies. Working together enables them to achieve more than any individual partner could do alone. Membership increased by 15% in 2016, including strong growth in the Adolescents & Youth and the Private Sector constituencies.

Alignment, analysis, accountability and advocacy have been core functions since the Partnership was created in 2005. Through its collaborative work, much has been learned about how to maximize partners' impact on the health and well-being of women, children and adolescents.

As with all stakeholders engaged in health and development, 2016 was a transition year for the Partnership following the launch of the Sustainable Development Goals (SDGs). Specifically, PMNCH's original focus on the Millennium Development Goals

relating to child, reproductive and maternal health widened to embrace the Survive, Thrive and Transform targets of the *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*.¹ Given that these are also SDG targets, the *Global Strategy* offers countries and other stakeholders a guide to implementing the *2030 Agenda for Sustainable Development*.²

Every Woman Every Child is the global movement that puts the *Global Strategy* into action.³ It defines the Partnership's role as driving stakeholder engagement,





Box 1

The Partnership's vision and mission for the SDG era



VISION:

A world in which every woman, child and adolescent in every setting realizes their rights 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.



MISSION:

To increase the engagement, alignment and accountability of partners, by creating a multistakeholder platform that will support the successful implementation of the *Global Strategy for Women's, Children's and Adolescents' Health*, enabling partners to achieve more together than any individual Partner could do alone.

alignment and accountability, one of three pillars that support country-led implementation (Figure 1).

In 2015, in order to ensure full alignment with the *Global Strategy* and the SDGs, the Partnership revised its vision and mission (Box 1) and developed a *Strategic Plan for 2016-2020*⁴ (Box 2). The process of operationalizing the

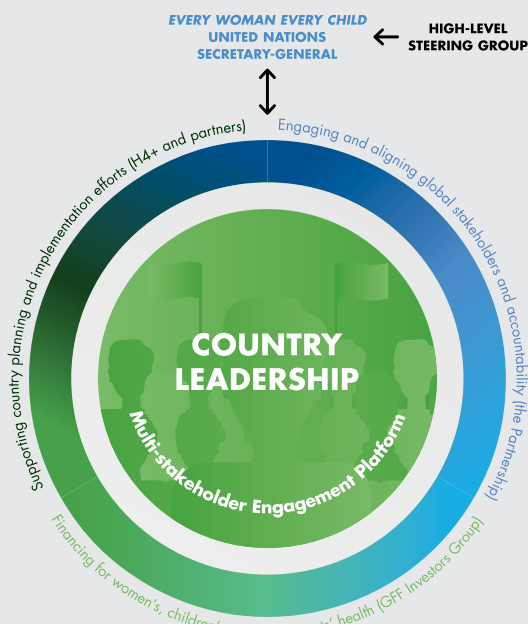
Strategic Plan began in 2016—a year of new beginnings.

The Partnership's *Business Plan 2016-2018*⁵ was adopted by the Board in February 2016. The Business Plan provides an operational blueprint for the Secretariat to support the Partnership's constituencies and individual partners in working

together towards overcoming country challenges that are best addressed through multipartner and multisectoral action. The development of the 2016 Workplan⁶ and its activities was overseen and driven forward by partners themselves, in line with the Board's intention to implement the Strategic Plan through a partner-centric approach.

Figure 1

Every Woman Every Child architecture





Box 2

Strategic Plan for 2016-2020: focus areas and strategic objectives

Three focus areas

Accelerate action on the unfinished business of the MDGs, with a focus on equity, to sustain efforts in countries that have fallen behind and to address the most marginalized, excluded and high-burden populations and settings.

Accelerate action and gather the learning and evidence needed to tackle “frontier” and other critical challenges, including stillbirths, fulfilling the sexual and reproductive health needs and rights of all, meeting adolescents’ unique and varied needs, and inspiring action everywhere, particularly in humanitarian and fragile settings.

Build knowledge and experience with intersectoral collaboration between partners and related sectors to address the drivers of ill health and inequity.

Four strategic objectives



Prioritize engagement in countries: at the service of countries, and focusing on populations and places with the highest burden, greatest need and most inequity.



Drive accountability: nurture a culture of open accountability to drive purposeful engagement with and sustained commitment to the *Global Strategy*, tracking progress and holding all partners to account.



Focus action for results: drive advocacy and share learning to focus and accelerate action and financing to achieve the objectives of the *Global Strategy*.



Deepen partnerships: engage and align a broad and inclusive range of partners to realize the full ambition of the Partnership for action and accountability.

This report sets out the key achievements in 2016 towards each of the Strategic Plan’s four interdependent strategic objectives (Box 2). “Spotlight” sections

throughout the report highlight key moments, including the work of the Adolescent & Youth constituency, and illustrate the interconnections between the objectives.

activities so as to increase effectiveness and efficiency, and encourages and promotes mutual accountability through inclusiveness and transparency.

“ It is the partners who have both the capacity and the responsibility to implement policies and plans. ”

Across all achievements the partner-centric approach is evident: the Partnership’s objectives are set by its partners and are achieved through their work. It is the partners who have both the capacity and the responsibility to implement policies and plans. The partner-centric approach mobilizes, engages and empowers the different implementing partners to that end. It allows them to coordinate their actions and

In this context the added value of the Partnership is its ability to broker and forge partnerships not only within the sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) continuum of care but also across sectors, and to align the partners’ relationship towards consensus building, common goals, and collective and accelerated action. PMNCH believes in the power of partnership and puts it into practice.

2. Adolescent & Youth constituency: the beginning of a social movement

A highlight of 2016 was the full establishment of the Adolescent & Youth (AY) constituency, and the mainstreaming of issues affecting young people's health across the Partnership. Created in October 2015, the AY constituency has two Board seats and two alternate seats, giving it equal footing with the other constituencies. Members are youth-led organizations and/or networks that have been leading and/or implementing SRMNCAH work at national, regional or global level for at least two years.

Growing membership, expanding reach

In 2016 the AY constituency chose to focus its efforts on securing the membership of and engagement by global, regional and national youth-led organizations. The International Federation of Medical Students' Associations, with over a million members, is one example.

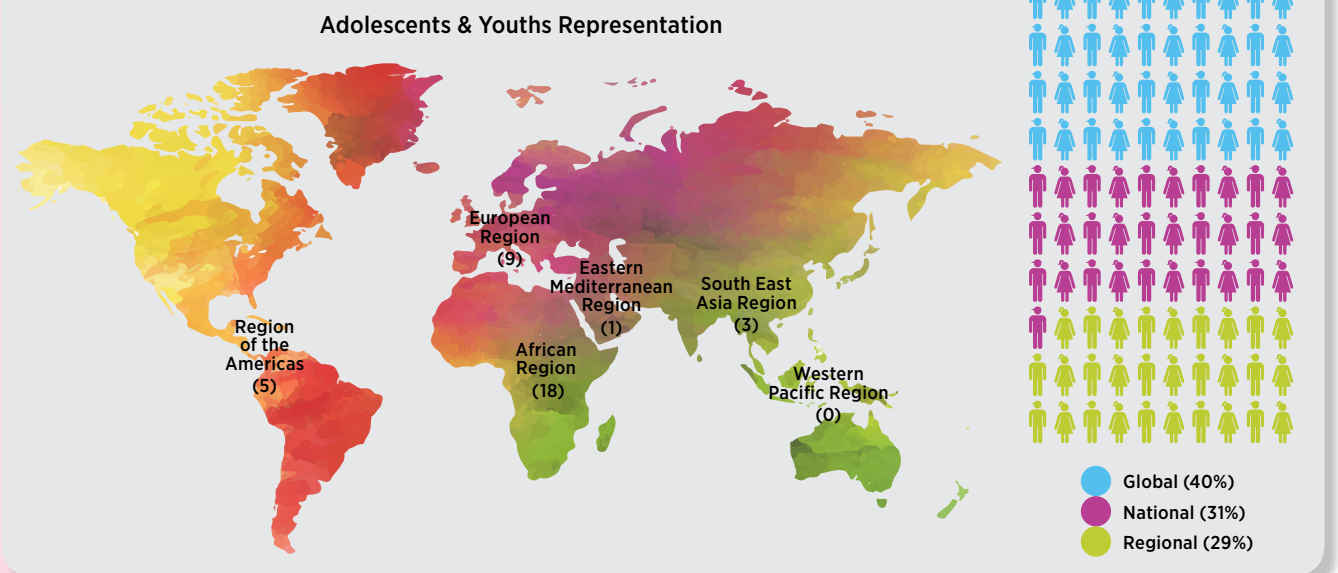
At the establishment of the AY constituency 19 youth-led organizations were registered as PMNCH members, and 20 more youth-led organizations were being processed to become new members. Their operations are more or less equally split between global, regional and country levels (Figure 2).

The investment into the constituency structure and operations in 2016 will enable future membership expansion, and greater diversity in terms of age, region and other criteria.

As with the other nine constituencies, members work through their organizations and networks to increase and strengthen the Partnership's reach, and therefore its ability to influence relevant debates, policies and resource commitments. The AY constituency benefits from strong support and engagement by partners based in other constituencies. As a result, by the end of 2016 the constituency,

Figure 2

Adolescent & Youth (AY) constituency geographic distribution





through its members, had secured representation in more than 180 countries, with millions of young people in its combined networks—an impressive achievement for a constituency that only came into being at the end of 2015.

A constituency focused on results in countries, regionally and globally

AY members quickly got to work in early 2016, formalizing a governance structure, membership criteria and other operational guidelines, and developing an 18-month workplan aligned with the Partnership’s Business Plan. In addition, a strategy was developed to drive youth-led advocacy, meaningful youth engagement and accountability. An institutional platform was established for youth

leaders to work on influencing and shaping global, regional and national decision-making on issues associated with young people’s health and well-being.

Examples of collective partner activities in 2016 include:

- Initiating the development of a youth-led advocacy toolkit for action at national level, reviewed by members in seven countries and the broader AY constituency platform
- Exploiting opportunities to advocate for the visibility of adolescent health at high-level events at regional and global levels using the *Adolescent Health Knowledge Summary*, which was produced by PMNCH in 2016⁷
- Developing an adolescent-friendly package on the Accelerated Action for Health of Adolescents (AA-HA!) Implementation Guidance, a comic book targeted at 10-14 year olds, tested among adolescents and young people in several countries, with plans to launch it at the World Health Assembly in May 2017
- Contributing to accountability efforts to monitor progress on adolescent-specific health indicators and advocating for disaggregation of data for a broader set of health indicators

- Advocating for the inclusion of young people on global multistakeholder platforms, including, for example, the Global Financing Facility and Partners in Population and Development.

Throughout 2016 the AY constituency provided members with access to presentations, background materials, training and learning opportunities including webinars, which the AY constituency played a critical role in developing with partners. Initial feedback from members suggests that this capacity building programme has been useful and empowering, and will feed into an induction programme to be launched in 2017 to systematically orient new members in the technical and political landscape of adolescent health and well-being. It also creates opportunities for constituency members to share knowledge through their own networks.

As part of its efforts to reach out to stakeholders, including ministers and heads of state, the AY constituency was involved in showcasing work concerning advocacy, accountability and meaningful engagement of young people in the *Global Strategy* and AA-HA! at the following events, among others:

- The staging of the “Moving from dialogue to action! Citizen-led accountability for women’s, children’s and adolescents’ health” event at the World Health Assembly in Geneva in May
- At Women Deliver, “Implementing the SDGs: A Dive into the *Global Strategy for Women’s, Children’s and Adolescents’ Health*” in Copenhagen in May

“Throughout 2016 the AY constituency provided members with access to presentations, background materials, training, and learning opportunities including webinars, which the AY constituency played a critical role in developing with partners.”

- Youth pre-conference under the theme "Access Equity Rights Now" at the 21st International AIDS Conference, in Durban, South Africa, in July
- Partnership event at the UN General Assembly in New York in September entitled "Young voices for young lives: How young people and governments are partnering to improve adolescent health". Ministers and young leaders shared their experiences on improving young people's health and well-being outcomes. Advocates called for more adolescent health-related commitments to the *Global Strategy* and issued recommendations for tracking adolescent outcomes⁸
- At a high-level breakfast on the sidelines of the UN General Assembly, the AY constituency participated in an event entitled "Prioritizing the leadership of adolescents and young people at the UN General Assembly".⁹ The event enabled an interactive exchange of ideas between young leaders and world leaders spearheading progress on the SDGs
- A public event organized by the Government of Mozambique at the Partnership's Board meeting in Maputo in October entitled "Experiences, Opportunities and Prospects of Mozambique to Accelerate Health Outcomes and Adolescent Development" (Box 3).



Box 3

Nothing about us without us

One of the highlights of the Partnership's Board meeting in Maputo in October was a public event organized by the Government of Mozambique focusing on adolescent girls. Sixty-five per cent of Mozambique's population is under 25 years of age—almost 17 million young people. Reflecting the fact that addressing their needs requires comprehensive multisectoral and multistakeholder approaches, the meeting was attended by the Ministers of Health, Education and Human Development, Youth and Sports, and Gender, Children and Social Action, as well as representatives of civil society,

bilateral partners and several United Nations agencies. The Minister of Health invited the young people present to "tell us what you need". Their responses reinforced the slogan "Nothing about us without us". They demanded to be included in decisions that concern them, such as child marriage, education and family planning, and they emphasized the vital role adolescents must play if there is to be accelerated development.



Looking forward

The inclusion of adolescents in the updated *Global Strategy* has resulted in a large and growing number of governments and other stakeholders making investments and policy changes in the areas of young people's health and well-being. The Partnership is emerging as the "go-to" platform, providing the institutional context for engaging youth-led organizations within the broader health and development community, in a structured and organized manner. The AY constituency is expected to accomplish much more in the years to come.

Priorities for 2017 include:

- Mobilizing structured youth engagement in the roll-out of AA-HA! in priority countries, including rolling out the youth-led advocacy toolkit in India, Malawi and others
- Launching the induction programme to support new members' engagement in the Partnership
- Launching a mentorship programme to build capacity of young people, and to create strategic partnerships with other constituencies
- Developing targeted campaigns to reach underrepresented communities within the AY constituency, and to strengthen engagement in implementing the work plan and collaborating with other constituencies.

3. Gearing up for country engagement

With the *Global Strategy and Agenda 2030* both emphasizing the need for country leadership and action at national and subnational levels, the Partnership has made prioritizing country engagement one of its four strategic objectives for 2016-2020. This means using its partner-centric approach with a focus on multistakeholder engagement to reach out to and better coalesce with its existing and other in-country partners in relation to SRMNCAH issues. It also means facilitating a broader conversation at the country level, and including Partnership constituencies that are not traditionally involved in government health policy-making processes, strategic planning, implementation and evaluation (e.g. Adolescents & Youth, Academic, Research and Training Institutes, Healthcare Professional Associations, Non-Governmental Organizations).

Significant foundational work was done by the Partnership in 2016 in articulating the overall approach, process, principles and procedures for country engagement. The aim is to support countries' efforts to better harness and align the contributions of the wide array of players engaged in SRMNCAH by strengthening their country-led multistakeholder platforms and promoting transparent and unified accountability processes for meeting the health and related SDG targets set out in the *Global Strategy*. Ultimately, the Partnership's contribution at the country level will be demand-driven and will vary according to the specific contexts and priorities of individual countries.

Selection of countries

Although the Partnership has a mandate to serve all countries, a decision was taken to focus on four to eight countries at any one time. This will allow a balance between ambition for breadth and realistic capacity to engage in a meaningful way. As a first step the Partnership agreed a set of principles to guide the selection of countries.

These criteria facilitated the selection of the countries with whom the Partnership will collaborate in the first instance. The selected "focus countries" are Afghanistan, Malawi, Mozambique, Nigeria and Sierra Leone. Malawi, for example, has a high burden of maternal, newborn and child mortality and high unmet demand for modern contraceptives; and national health and SRMNCAH plans are in place. Although not a member of PMNCH, Malawi has made commitments to the *Every Woman Every Child* movement and its Minister of Health expressed interest in working closely with the Partnership, particularly to strengthen coordination through the national multistakeholder platform, strengthen social accountability mechanisms and improve adolescent health and well-being.



The building blocks of country engagement

The three documents briefly described below, which were developed and published in 2016, set the stage for the Partnership's country-based work in 2017 and beyond.



The *Guidance note on the Partnership's universal approach to country engagement*¹¹ broadly outlines how PMNCH will have an impact in all 75 Countdown countries that are classified as low-income or lower-middle-income and that are also prioritized by the Global Financing Facility.

The *Guidance note on engagement with focus countries*¹² sets out the ways in which the Partnership will deepen its knowledge of and relationships with governments and country-based partners. At the global level PMNCH will work with partners on analysis and advocacy issues that bring the concerns of the countries to global platforms, and vice versa. At the country level the Partnership will work with multistakeholder platforms to ensure accountability and alignment.

Finally, a process paper¹³ identifies the key principles and standards to which the Partnership will adhere and outlines the step-by-step process that will enable a systematic and inclusive partner-centric approach to country engagement.

The Partnership's value proposition at country level

Given that country engagement is a new strategic objective for the Partnership in what is already a crowded and complex SRMNCAH landscape in many low- and lower-middle-income countries, it was an urgent imperative to articulate and build consensus around the Partnership's value proposition at country level and to explain how synergies would be achieved with other relevant initiatives. Agreement was reached through a series of consultations with partners, including the H6 (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group).

The consensus is that: "By leveraging the constituency-based linkages of its global partnership, PMNCH will support efforts to strengthen existing country-led multistakeholder platforms for SRMNCAH in order to better harness the contributions of diverse partners in delivering on the *Global Strategy for Women's,*

Children's and Adolescents' Health."¹⁰

This statement reinforces the Partnership's working principle of aligning, supporting and strengthening existing processes and national platforms (for example, the RMNCH Trust Platform and the Global Financing Facility).

Partners agreed on five areas of work where the Partnership can add value, always in the context of each country's needs, ambitions and SRMNCAH strategy (Annex 1).

“ Although the Partnership has a mandate to serve all countries, a decision was taken to focus on four to eight countries at any one time. ”



Looking forward

The Partnership remains committed to placing countries at the centre of its work, with a focus on strengthening national multistakeholder platforms for SRMNCAH, supporting and building on existing structures, shaped by country context and in-country partner guidance. Such platforms are needed to take accountability, advocacy and partner engagement activities forward, and to focus and maintain attention on women's, children's and adolescents' health, at community, district and national levels. In addition to pursuing opportunities for engagement in current focus countries, partners will be mobilized to respond to specific requests from other countries as they arise.

4. Driving accountability for results, resources and rights

When it was launched in September 2015 the *Global Strategy* included a new approach to accountability. The Unified Accountability Framework (UAF) was designed to address new challenges and opportunities in the SDG era, such as the need to improve equity, multistakeholder engagement and multisector action.

The UAF aims to “establish a clear structure and system to strengthen accountability at the country, regional and global levels and between different sectors”¹⁴ and provides a way of organizing and bringing together diverse stakeholders and critical elements to streamline accountability at all levels (Figure 3).

The *Every Woman Every Child* architecture mandates that the Partnership works with other stakeholders towards establishing and/or strengthening and coordinating the processes and platforms that are needed to hold

all partners to account for results, resources and rights, with ultimate accountability to all women, children and adolescents as rights holders.

This section describes the Partnership’s role in operationalizing the UAF in 2016, mostly at the global level. The Spotlight highlights PMNCH’s achievements in advancing accountability at country level through citizens’ hearings.

A major milestone was reached in March when partners, supported by PMNCH, agreed on five priority areas that will guide the implementation of the UAF¹⁵ (Box 4).



Box 4

Key functions of the Unified Accountability Framework

- Facilitate tracking of resources, results and rights, including through multistakeholder commitments and multisector action, to achieve the *Global Strategy* objectives and the SDGs.
- Promote alignment of national, regional and global investments and initiatives in support of the country accountability system and plans, and improve multistakeholder engagement at all levels, including through citizens’ hearings.
- Contribute to national and SDG monitoring through the *Global Strategy* indicator and monitoring framework that covers 9 SDGs and prioritizes 60 indicators: 34 from the SDGs and an additional 26 drawn from established global initiatives to help avoid duplication.
- Support the critical independent review function through the Independent Accountability Panel (IAP). The IAP will produce an annual “State of the World’s Women’s, Children’s and Adolescents’ Health” report which will identify areas needing increased progress and accelerated action.
- Harmonize with other accountability initiatives, such as the Health Data Collaborative, Countdown to 2030 and others, including to strengthen country information systems and to support reporting for national planning and on progress towards the *Global Strategy* objectives and SDGs.

Figure 3

The *Global Strategy's* Unified Accountability Framework



The *Global Strategy's* accountability mandate was further strengthened in May 2016 when Member States of the World Health Assembly adopted a resolution committing to implement the *Global Strategy*. The resolution includes invitations to Member States and others to “strengthen accountability and follow-up at all levels” and requests the WHO’s Director-General to “report regularly on progress towards women’s, children’s and adolescents’ health”.¹⁶ The Partnership played an important facilitating and coordinating role in enabling countries to agree on this significant resolution.

Indicator and monitoring framework for the Global Strategy

The Partnership worked with WHO to provide critical inputs into the *Indicator and Monitoring Framework for the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)*.¹⁷ This report outlines how the *Global Strategy's* Survive, Thrive and Transform objectives and targets will be monitored, and highlights key challenges in strengthening the collection and use of strategic information to ensure “data for action” and accountability at all levels. Significantly, there is an indicator on stillbirths, which is missing from the SDG indicators and for which many PMNCH members advocated strongly. Data systems will need to be strengthened to monitor progress on reducing stillbirths.



“ Identifying critical gaps in accountability and intensifying policy attention and investments are at least as important as showcasing promising models. ”

The monitoring framework ensures that *Global Strategy* indicators are harmonized with the SDG indicators, thereby reducing the reporting burden on countries for the most important indicators of progress. PMNCH supported the extensive consultative process underpinning this report, including working with stakeholders to organize post-2015 working group consultations.

PMNCH also supported partners in an assessment of monitoring readiness for global reporting on

the indicators included in the monitoring framework. *Monitoring priorities for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*¹⁸ was launched in September 2016 on the sidelines of the UN General Assembly (Box 5).

The Independent Accountability Panel

The Independent Accountability Panel (IAP) is another vital part of the UAF. It is mandated by the UN Secretary-General to provide independent and transparent analysis and review of progress towards and challenges to the implementation of the *Global Strategy*. The IAP is the leading independent accountability mechanism established by the United Nations under the rubric of *Agenda 2030*.

In 2016 the Partnership facilitated the establishment of the IAP, assisting the UN Secretary-General's Office to identify and select members, and set up a Secretariat

to support the IAP. The 10 members include legal, human rights and health specialists, government representatives, statisticians, academics, and advocates for gender equality and young people.

The IAP does not have a direct monitoring function: its objectives are to provide a snapshot of progress, in part using the *Global Strategy Progress Report*, to help harmonize reporting, and to make recommendations to accelerate progress towards the *Global Strategy's* targets. Importantly, the IAP has added "remedy" to the UAF's monitor, review and act functions. This addition has contributed to a wider awareness of the need for both preventative and reparative measures at all levels in order to establish meaningful accountability. Identifying critical gaps in accountability and intensifying policy attention and investments are at least as important as showcasing promising models.



Box 5

Global Strategy monitoring priorities

The monitoring priorities report¹⁸ highlights the worldwide state of readiness to use the *Global Strategy's* Indicator and Monitoring Framework. It identifies key areas of health information systems that need strengthening to ensure that the monitoring of progress is as accurate, timely, representative and ultimately as useful for countries as possible. Currently, health information systems in many countries are weak and do not systematically collect some of

the data that are required to inform programmes at all levels on how to target interventions better and accelerate progress. Strengthening national routine data collection systems (which in turn strengthens estimates) is an urgent priority. This includes improving data collection and monitoring in humanitarian and fragile settings. Health information systems must also be able to provide data that can be disaggregated by sex, age and



other equity stratifiers to identify who is not being reached and to monitor progress among the most vulnerable populations.



Box 6

The Independent Accountability Panel's first year highlights

The IAP report¹⁹ was launched at a side event during the UN General Assembly convened in collaboration with PMNCH and Countdown to 2030. World experts addressed key issues of IAP concern, including inequalities, citizen- and youth-led accountability, data improvements and strategies for unified accountability initiatives under the SDGs. The IAP also pointed to the need for transparency in financing and expanding fiscal space for investments in health, improved donor coordination, and funding for national capacity development for enhanced accountability systems.

In line with its mandate and principles of inclusive accountability and transparency, the IAP

disseminated a survey to hundreds of stakeholders to garner assessments and views on its first report, as well as recommendations for developing its 2017 report. As part of its outreach efforts, the IAP made strong calls to the new UN Secretary-General and the next WHO Director-General to uphold and continue high-level commitments to the *Global Strategy* and to improved accountability at all levels for its realization.

The Partnership, which hosts this important initiative, contributed critical inputs into the development of the IAP's first report, including the commitment tracking analysis. After publication, the Partnership provided a platform for the report's



dissemination and circulated a survey to all 10 PMNCH constituencies to solicit structured feedback from members on the IAP's recommendations. Based on the feedback, the PMNCH workplan was revised to take on board some of the recommendations from the IAP.

In September 2016 the IAP submitted its inaugural report, *Old Challenges, New Hopes*, to the UN Secretary-General.¹⁹ The report paid particular attention to humanitarian and fragile settings, adolescents and human resources for health. It

placed emphasis on addressing inequities, going beyond the usual analysis of wealth inequalities to include those based on age, and calling for expanded disaggregation across other variables (see Box 6 for more highlights from 2016).



Looking forward

The Partnership will continue to track partner commitments to the *Global Strategy*. It will coordinate—with the support of partners, including WHO, the H6 and the Health Data Collaborative—the development of the first *Global Strategy Progress Report*, which will be launched during the World Health Assembly in May 2017. In addition to reporting to Member States, the report will also serve as a harmonized monitoring input to the IAP's second annual report. The Partnership will continue to host and support the IAP, and to promote its independent review function and role in ensuring progress towards implementing the *Global Strategy*.





Spotlight

Citizen-led accountability



Both the UAF and the IAP's report identify social or citizen-led accountability as being central to the *Global Strategy* and vital to the achievement of the SDGs. A fundamental element of human rights-based accountability is that beneficiaries are active agents of change. The *Global Strategy* calls for a world in which women, children and adolescents are able to fully participate in shaping sustainable and prosperous societies, and community engagement is one of its nine areas of action.

To make progress in this area, the Partnership's NGO board members organized over 100 citizens' hearings in more than 10 countries to build citizens' capacities to claim their rights. Citizens' hearings give marginalized and vulnerable communities a voice in government priority setting, policy-making and programmatic planning at local, national, regional and global levels. They can lead to more effective services and policies in health and many other sectors, and they can help to close the gap between commitments made and the realities of citizens' lives.²⁰

For example, a county (district) citizens' hearing in **Kenya** was held to give women and young adults a say in decisions concerning the county health budget, in which they have traditionally not been included. Citizens' priorities included strengthening community health volunteers' capacities and providing them with comprehensive kits to enable them to diagnose and treat a wider array of ailments. Another priority was the need to ensure that family planning commodities are

offered freely in all public health facilities. A third priority was to clamp down on service providers charging a fee for free services. To this end they requested the placement of a notice at the entrance of all public hospitals indicating which services are offered for a fee and which ones are free.

In **Mauritania**, citizens' hearings in three districts in May 2016 gave citizens from marginalized populations an opportunity to make their needs known to key decision-makers, including members of parliament, mayors, municipality counsellors and religious and other community leaders. Participants included women living with HIV and sex workers, who said they are stigmatized and rejected by service providers and usually denied access to services. Young people were also included because as a group they are denied access to sexual and reproductive health services. Participants in all three citizens' hearings called for greater efforts to combat stigma and discrimination at all levels. At the end of each hearing, a coalition was formed to follow up the realization of commitments made by government officials in attendance in regard to these and other issues that were raised.

At the **global level**, under the leadership of the NGO board

members, the Partnership helped to convene a Global Dialogue for Citizen-led Accountability for Women's, Children's and Adolescents' Health during the World Health Assembly. Richard Horton, editor-in-chief of *The Lancet*, in his opening remarks at the event co-hosted by Bangladesh, Sweden and Zambia, described the movement as an "explosion in citizen-led accountability ... which feels like not just a transformation but something of a revolution taking place in the dialogue around health and well-being in countries".

The NGO board members, with support from the Secretariat, also led a workshop in Mozambique to build the capacity of civil society representatives to implement social accountability. This followed a strategy workshop aimed at developing a joint strategy to institutionalize social accountability efforts.

In future the Partnership will continue to support key constituencies' activities to strengthen social accountability mechanisms and human rights-related forums (from the Universal Periodic Review, UN treaty bodies, regional courts, etc.) as vital elements of accountability for women's, children's and adolescents' health.

5. Focusing on strategic action for results

Action for results, the third objective of the Strategic Plan 2016–2020, enables programmes, policies and financing to deliver health and well-being outcomes for women, newborns, children and adolescents, especially the poorest and most excluded, sustaining their needs and rights at the centre of the development agenda. Specifically, the aim is to maximize the Partnership's strengths in: galvanizing commitments to the *Global Strategy* and SRMNCAH; curating and disseminating evidence across the continuum of care in user-friendly traditional and newer formats; and leading advocacy campaigns on priority SRMNCAH issues, both neglected and emerging.

In 2016 the Partnership focused its advocacy on adolescent health and continued to strengthen constituency-specific engagement in improving health outcomes, working with civil society and parliaments to strengthen advocacy for improved SRMNCAH planning and implementation and accountability for results and resources. Achievements in these and other areas are described below. (see also section 2 and Spotlights).

Securing new commitments to the *Global Strategy* and to SRMNCAH

Through concerted, multifaceted advocacy efforts at global, regional and national levels, the Partnership actively contributed to securing over US\$ 5 billion through 40 additional commitments to the *Global Strategy* in 2016. PMNCH organized seven high-level events in support of *Every Woman Every Child*, bringing together over 850 people. Its associated communications efforts reached 9.5 million social media accounts, had over 1,380 mentions and gained over 350 new followers. The Partnership also coordinated, and through its constituencies implemented, partner commitment outreach.

Notable 2016 pledges included the creation of the BabyWASH Coalition, a multistakeholder platform to intensify the focus on integrating programmes for children and their caretakers in the first 1,000 days of life. This coalition, launched by World Vision International, WaterAid, FHI360, WHO, UNICEF and Action Against Hunger, is committed to action, bringing together nearly 30 partners from different PMNCH constituencies in a common effort to advocate for and facilitate integration through programme guidance.



The Partnership also acted to raise the profile of SRMNCAH in broader global health and development agendas. For example, PMNCH aligned and coordinated a major advocacy effort across partners, including a letter to Japan's Prime Minister Shinzō Abe with 192 signatories, that helped to convince the G7 to include a section on prioritizing women's, children's and adolescents' health in its final communiqué in 2016.

Because of continuing interest in universal health coverage (UHC) the G7 working group was converted into a UHC and SRMNCAH working group, which advocated to both the SRMNCAH and UHC communities on the interlinkages between these movements. This involved webinars and joint statements, among other activities. The advocacy messages were derived from *A Common Cause*, a report co-published by

Save the Children and PMNCH in 2016, which outlines the evidence-based rationale for a shared agenda between women's, children's and adolescents' health and UHC.²¹

Advocacy highlights

As co-chairs of the Every Newborn Action Plan and Ending Preventable Maternal Mortality joint subcommittee on advocacy, PMNCH, the FCI Programme at Management Sciences for Health, Save the Children and White Ribbon Alliance developed a framework for Quality, Equity and Dignity (QED) for maternal and newborn health. Its purpose is to promote the roles of civil society and nongovernmental organizations, women and health workers in planning and accountability for efforts to improve the quality, equity and dignity of care. This is a starting point for a conversation with broader global and national



stakeholders, in order to support and guide advocacy planning and action at the national and subnational levels. The framework attempts to integrate advocacy efforts across the newborn health, maternal health, stillbirth, breastfeeding and midwifery communities. Additional examples of advocacy efforts and their impacts are described in Box 7.



Box 7

PMNCH's advocacy in 2016, selected examples



Efforts by the stillbirths advocacy working group resulted in the

inclusion of stillbirth as an indicator in the *Global Strategy* monitoring framework and in a recommendation concerning stillbirths in the IAP's report. The Partnership ensured that voices of parents who have experienced a stillbirth were heard at its events during the UN General Assembly, the World Health Assembly and Women Deliver, among others.



A side event co-hosted by the Partnership and its members at the Global Fund's 5th Replenishment Conference

addressed the challenges to improving women's, children's and adolescents' health and survival in fragile contexts and humanitarian crises. At a side event of the 135th Inter-Parliamentary Union (IPU) Assembly, co-hosted by the Partnership, IPU and WHO, parliamentarians discussed how they could leverage their core functions to ensure effective emergency responses and continuity of care for women, children and adolescents in humanitarian and fragile settings, including migration crises.



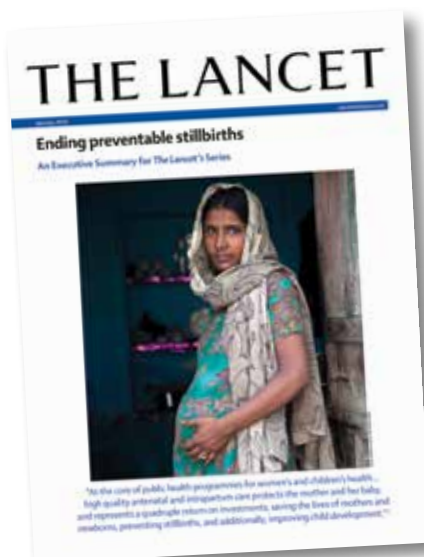
The World Prematurity Day advocacy group's efforts aligned

action by over 50 partners that led to 224 buildings being lit with messages and 130 events in 60 countries, Facebook reach of 2.3 million engaging 131,600 users, 38,683 thousand Twitter tweets—including from 6 celebrities—with 247,333,400 impressions, 62,000 profile pictures changed to include Twibbons and 2,100 thunderclap users.

Sharing evidence for action across the continuum of care

Ensuring that policy-makers, donors, implementers and advocates have access to the latest evidence about what needs to be done to improve the health of women, newborns, children and adolescents has been a critical role for the Partnership since its creation. It presents research findings in user-friendly forms (adapting material from partners, as required) and disseminates them as widely as possible to support policy and programme changes. In addition to printed materials, face-to-face meetings and webinars, the Partnership reaches constituencies, stakeholders, the public and the media through its website and social media channels.

Examples from 2016 include the publication of PMNCH's 35th Knowledge Summary, "Act now for adolescents",²² which was developed under the guidance of an advisory group of 14 organizations and launched at Women Deliver. This short, user-friendly summary sets out why action on adolescents' health is important, and why it is needed as a matter of urgency. The Knowledge Summary was accompanied by a brief on adolescent-led accountability, seeking to facilitate meaningful youth engagement in improving adolescent health.



In addition, the Partnership hosted a number of events presenting key findings from the various *Lancet* series launched in 2016 concerning the SRMNCAH continuum of care, in order to inform and equip advocates, programme managers and policy-makers to accelerate their work in support of the *Global Strategy* and the *Every Woman Every Child* movement. The purpose was to present findings from the *Lancet* series on stillbirths (launched in January), breastfeeding (January), maternal health (September) and early childhood development (October), and the *Lancet* Commission on Adolescent Health and Well-being (May).²³⁻²⁷ Examples included a session for advocates and planners at Women Deliver, a side event at the World Health Assembly for policy-makers, and an event at the American Public Health Association's annual meeting for health professionals.

The Partnership complemented its continuum of care-focused events with thematic webinar series including sessions on humanitarian settings, UHC, adolescents and stillbirths, which provided the latest evidence to thousands of advocates, academics, policy-makers and implementers.

“ In addition to printed materials, face-to-face meetings and webinars, the Partnership reaches constituencies, stakeholders, the public and the media through its website and social media channels. ”

Developing its first multi-year advocacy and communications strategy

PMNCH led a partner-centric effort to develop the multi-year strategy under the guidance of a 20-person steering group, which identified how the Partnership can maintain momentum for women's, children's and adolescents' health and incite effective action by all stakeholders. The strategy was informed by 141 responses to a survey asking partners about their advocacy priorities and communications channels (Box 8) and by a partner perception survey carried out in 2015 to identify gaps in PMNCH communications and advocacy.



Looking forward

The Partnership's first advocacy and communications strategy²⁸ will form the bedrock of advocacy and communications activities in 2017 and 2018. It will focus on four areas:

- Advocating at all levels for quality, equity and dignity throughout the continuum of care and increasing attention on neglected populations such as adolescents and all women, newborns, children and adolescents in humanitarian settings
- Promoting awareness of and consensus around the latest evidence on the continuum of care, curating information and serving as a centralized repository, and advocating for research to remedy SRMNCAH knowledge gaps
- Providing a "one-stop shop" for SRMNCAH advocacy and knowledge and increasing use of social media and other effective communication tools and formats
- Continuing and increasing the discussion of women's, children's and adolescents' health in the media, including online social media.



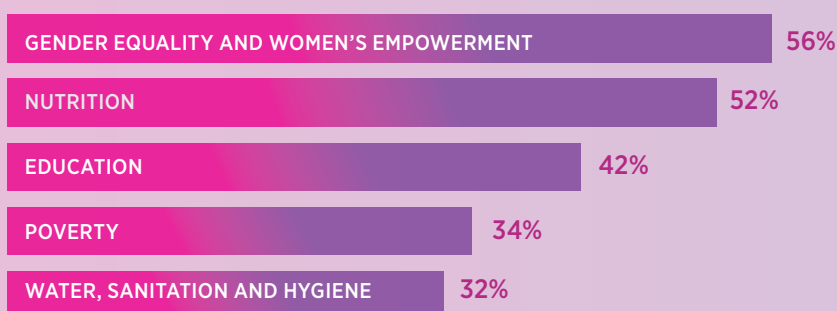
Box 8

Results from the PMNCH survey on partners' advocacy and communications priorities

The most common theme raised by respondents was the lack of attention to quality, equity and dignity (QED) in health care by policy-makers and service providers and the need for these to run through all parts of the health system, at all levels. Adolescents were also identified as needing more attention. Both QED and adolescents are priorities in the new 3-year strategy.

Among non-health issues, gender equality and women's empowerment were the most important issues identified (56% of respondents). 52% placed nutrition next, followed by education (42%), poverty (34%) and water, sanitation and hygiene (32%). This highlights the importance of working across sectors, in line with the multisectoral SDG approach.

Although PMNCH's partners work fairly evenly across global, regional and national levels, their advocacy efforts are directed more towards NGOs, training institutions and donors/foundations. National policy-makers are the target of only one quarter of advocacy efforts, highlighting the need to step up national-level advocacy significantly, either by coalitions of national partners or through case studies of lessons learned in priority countries. Finally, the survey confirmed the importance of engaging on Twitter and Facebook, and identified YouTube as offering potential for expanded engagement in future.





Working with parliamentarians

The Partnership has helped various constituencies to participate in improving health outcomes. For example, it has collaborated for some years with the Inter-Parliamentary Union (IPU) in advocating to parliaments for increased action on SRMNCAH. In 2016 PMNCH supported parliamentary seminars in Sierra Leone, Uganda and Rwanda, allowing citizens to voice their priorities and concerns related to SRMNCAH and to urge their members of parliament (MPs) to elevate women's, children's and adolescents' health to the top of legislative agendas.

Forty MPs in Sierra Leone received in-depth training at a workshop in Freetown on ending the discrimination and stigmatization experienced by some survivors of the deadly Ebola outbreak in West Africa. Many survivors are marginalized by their communities: a survey suggests that 96% of Ebola survivors have experienced

some form of discrimination. The workshop also provided key information on tackling violence against women and girls, and improving their health outcomes by increasing access to health services. The MPs then disseminated the messages on Ebola and violence at two-day outreach events in Freetown and the eastern town of Kenema. More than 80 people took part in each event, including local leaders, police and legal officials, health, education and social workers, civil society organizations and groups representing women and youth.

On 21 November 2016 an inception seminar on women's, children's and adolescents' health for the 10th Parliament of Uganda was attended by 42 MPs (26 women) and representatives of government, academia, civil society and NGOs. As a result MPs from across party lines agreed to draft a new MNCH advocacy strategy for the current parliament,

focusing on seven priority areas where MPs could make a difference: providing incentives for women to give birth in hospitals, as well as access to antenatal and postnatal care; ensuring that government funding to increase access to family planning and counselling services is put to best use; countering local bans on sexuality education in schools; setting targets for increased access to and uptake of family planning; overseeing implementation of the health worker retention strategy and advocating for increased recruitment and training of midwives; increasing interaction with local partners to facilitate sharing of information; and seeking intersectoral partnerships to coordinate the implementation and oversight of government programmes, plans and strategies.

On 26 November 2016 47 Rwandan MPs (31 women) met with their constituencies to learn about the challenges involved in accessing family planning services and modern contraceptives. During these interactive discussions local leaders and health service providers gave detailed information about the availability of sexual and reproductive health services. Issues which need increased advocacy from MPs, and interventions that need to be scaled up, were documented and included in the recommendations which will be submitted to Rwanda's parliament in 2017 for increased oversight activities. Citizens took this opportunity to address MPs on other issues, such as health insurance, access to roads and access to clean water, which also affect SRMNCAH. This has sparked a number of initiatives by the Rwandan parliament on women's, children's and adolescents' health in 2017.²⁹



6. Deepening partnerships

A key objective of the Partnership is to engage and align a broad range of partners, driving collective action towards more effective policies, programmes, finance and accountability. The aim is to build strong, diverse, inclusive and balanced coalitions of partners who are committed to the *Every Woman Every Child* movement and are actively involved in implementing the *Global Strategy*.

To foster participation in the different work streams over the five years of the Strategic Plan, communities of practice, steering groups and co-convenor groups have been established for the four strategic objectives (Figure 4). Partners lead each group in close collaboration with the Secretariat. This partner-centric approach proved very successful in 2016: 800 partners engaged in PMNCH work through the different groups, and 49 meetings were held for this purpose.

The dynamic, ongoing process of deepening partnership is both inward- and outward-looking. In 2016 the Partnership made significant progress in three areas: strengthening governance; establishing and operationalizing new constituencies; and increasing partner engagement.

Strengthening governance

In 2014 the Partnership's overall performance and the achievement of its goals and strategic objectives for 2009–2013 were externally

Figure 4

Partner-centric approach



evaluated.³⁰ In the area of governance, the evaluation acknowledged the importance of the Board's diversity, the successful leveraging of Board meetings for advocacy purposes and the Partners' Forum as a flagship project. However, the evaluation recommended a review of the Board's composition and its decision-making processes, including a review of the Board committees, and particularly of the Executive Committee. The Board agreed,³¹ and in 2016 the Partnership completed its comprehensive governance strengthening process. The process was overseen by the Ad Hoc Governance Group, which later became the Governance and Nominations Committee.



In total, 15 governance elements were reviewed and strengthened, including the Partnership's governance structure, Board and Executive Committee mandates, Board composition and ways of working, among other issues. The result: more inclusive governance and decision-making processes and better aligned priorities and coordinated actions among the constituencies represented on the Board.

Establishing and operationalizing new constituencies

As noted in section 2, the Partnership fully operationalized the Adolescents & Youth constituency in 2016, the first of its kind among the global health platforms aimed at supporting the delivery of the *Global Strategy*. In addition, two new constituencies were established, further expanding and strengthening the Partnership's membership base.

The Global Financing Mechanisms (GFM) constituency includes the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, the Vaccine Alliance and the Global Financing Facility. GFM members play a crucial role in advancing the SRMNCAH agenda towards the *Global Strategy* and the SDGs through their influence and ability to drive prioritization of funding, deliverables and accountability, particularly at country level. The Board approved establishing this constituency with the aim of increasing alignment and coordination among key partners and of increasing financing for the SRMNCAH agenda, including domestic financing.

The Inter-Governmental Organizations (IGO) constituency, led by the Inter-Parliamentary Union and Partners in Population and Development, aims to increase

“ In 2016 the Partnership made significant progress in three areas: strengthening governance; establishing and operationalizing new constituencies; and increasing partner engagement. ”

engagement at regional level and to amplify impact at country level. The IGO constituency adds value to the Partnership by providing insights into regional needs and expectations in order to shape strategies, and to drive accountability and advocacy, particularly at country level.

“ By joining the Partnership, members pledge commitment to its vision, mission and strategy. ”

Increasing and improving partner engagement

The Partnership’s strength lies in its broad, diverse and inclusive range of partners, which is vital for implementing the *Global Strategy and Agenda 2030*. However, the 2014 external evaluation identified low partner engagement as a key area for improvement. The need to review its partners’ base and their engagement also stemmed from the beginning of the SDG era, and the repositioning of PMNCH as “The Partnership in support of *Every Woman Every Child*”.

In response, PMNCH developed a Partner Engagement Strategy as a first step in the endeavour to fully leverage the strength of its platform by:

- having the right partners/ members to catalyse the impact sought at global, regional and country levels
- fully engaging the current base of partners (through PMNCH’s constituencies, strategic objectives, and members’ own actions)
- addressing the challenges some constituencies face in engaging their members meaningfully
- engaging and coordinating with other partnerships influencing SRMNCAH (for example, in nutrition, education, water and sanitation).

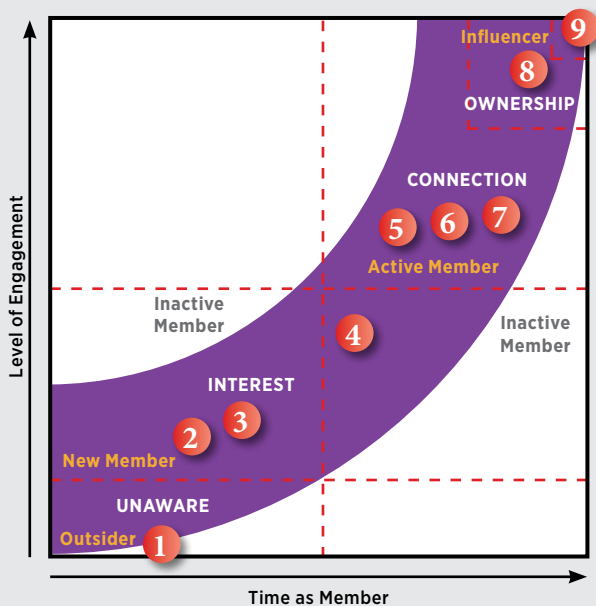
The first phase of implementing the Partner Engagement Strategy involves carrying out a stakeholders’ mapping exercise, followed by a gap analysis, to facilitate developing an engagement improvement plan. This will ultimately help to recruit new members purposefully, ensure inclusivity and alignment, and encourage active participation in the Partnership’s work.

To facilitate the process illustrated in Figure 5, entry criteria for participation in the Partnership were developed. In addition to constituency-specific criteria, members are required to sign a pledge to advance SRMNCAH. By joining the Partnership, members pledge commitment to its vision, mission and strategy. Members also commit to the *Every Woman Every Child* movement to help fulfil the aims of the *Global Strategy* and achieve better health for women, children and adolescents around the world. Members commit to regularly contributing to the work of the Partnership and of their constituency, as laid out in the workplans, and to engage with other constituencies and partners.

Both the Partner Engagement Strategy and the entry criteria were informed by consultations in 2016 with all PMNCH members. As part of this process all members’ profiles were reviewed, resulting in 200 profiles being updated.

Figure 5

The partner engagement journey



Illustrative Partner Activities at Different Levels of Engagement

- 1 Potential member not aware/interested or low awareness/interest
- 2 Member is aware of the Partnership, makes decision to join, and goes through the application process successfully
- 3 Read communications/publications; limited engagement
- 4 Adopt and apply knowledge products
- 5 Participate in constituency consultations on strategy, decision-making and other work-related matters
- 6 Attend Partners’ Forum and other events
- 7 Enrolled in one or more of 50 Communities of Practice and other working groups
- 8 Contribute financial or in-kind resources to the Partnership, and/or become a member of a Strategic Objective (SO) Steering Group
- 9 Active role in internal Partnership activities (e.g., SO Co-Conveners, board, committees, etc.)

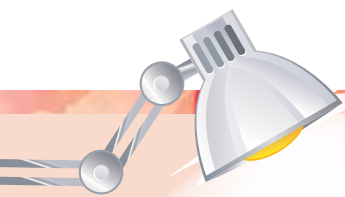


Looking forward

The Partnership strives to enable its members to achieve more together than any individual partner can do alone. To that end, the process of increasing the frequency, depth and breadth of interactions between partners around the world will continue in 2017. The first PMNCH Partner

Satisfaction Survey will be launched to provide baseline information on the quantity and quality of partner engagement. Engagement improvement plans will be developed for all 10 constituencies and implemented in four: Academic, Research and Training Institutes, Adolescents & Youth, Non-Governmental Organizations and the Private Sector.

In addition, the Partner Engagement Strategy will be applied in the focus countries, including carrying out stakeholders' mapping and developing recommendations for partner engagement at country level. Closer alignment with the *Every Woman Every Child* movement will be a priority in 2017, as well as engaging other sectors and strengthening engagement at regional level.



Spotlight

Engaging civil society in the Global Financing Facility

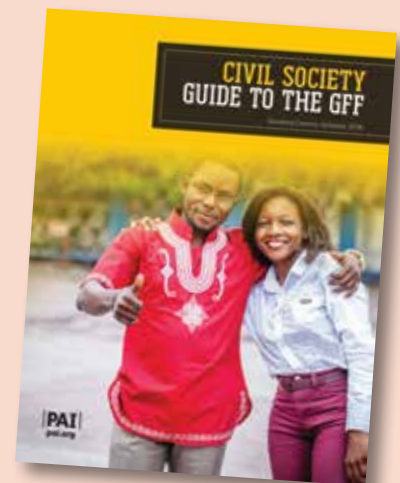
The Partnership's Global Financing Facility (GFF) civil society coordinating group brings together over 30 organizations in joint planning and advocacy around the GFF. The group was formed in November 2015 following concern from civil society about suboptimal engagement in GFF-related processes in countries. The aims of the group are to:

- Advocate for civil society priorities and interests, in particular to create opportunities for meaningful civil society engagement in country-level GFF processes
- Coordinate GFF-related civil society efforts to ensure efficient use of limited civil society resources
- Promote access to information by civil society for optimal engagement in the GFF processes at all levels
- Act as a resource group for the GFF civil society Investors Group representatives

- Act as a pool of experts to work on various GFF-related working groups
- Disseminate to and consult broader networks on questions related to the GFF.

The coordinating group is an example of the Partnership's greater focus on aligning partner efforts for more effective action. Its achievements in 2016 (some of which are listed below) are a testament to how partners can achieve more by working together than by acting alone:

- Sent bi-monthly newsletter co-branded by group members to the Africa Health Budget Network listserv of about 100,000 recipients
- Held webinars before and after each GFF Investors Group meeting so that over 100 civil society organizations could contribute to the positions of the GFF Investors Group representatives and hear outcomes of the meetings³²



- Produced a civil society guide about the GFF³³
- Supported civil society consultations in Cameroon and Senegal³⁴ which resulted in increased civil society representation on national platforms in both countries
- Organized a regional meeting of civil society organizations ahead of the GFF Investors Group meeting
- Started developing a civil society engagement strategy to be presented for endorsement by the Investors Group in 2017.³⁵

7. Resource mobilization

The Partnership's ability to deliver an extensive body of work was made possible by financial support from 10 bilateral and private foundation donors, who made available more than US\$ 9 million in grant funding. In addition, the partner-centric model of operations has translated into ongoing in-kind contributions in time and effort from PMNCH members in delivering its 2016 workplan.

In a difficult and uncertain global funding climate, the support provided by the donor community reflects their recognition of the value of the Partnership's work.

The vast majority of these resources were provided as un-earmarked funds, enabling the Partnership to effectively manage resources and

increase the integration of the workplan. Some donors provided multi-year funding at the start of this strategic planning period, while others, whose operational modalities do not allow for multi-year grants, pledged to continue funding the Partnership in the future. Table 1 below summarizes the grant funding made available in 2016.

Table 1

Grant funding made available in 2016

Donor	2016 (US\$)
Bill & Melinda Gates Foundation	2,430,800
Government of Canada	787,591
Children's Investment Fund Foundation	200,010
Government of Germany	93,990
Government of India	1,000,000
MacArthur Foundation	500,000
Government of the Netherlands	800,000
Government of Norway	1,048,644
Government of Sweden	339,125
Government of the USA	650,000
Balances brought forward	408,322
Total	8,258,482

THE PARTNERSHIP BOARD MEMBERS

As of January 2017



Isaac Adewole
Government of Nigeria



Kishwar Azad
BIRDEM and Ibrahim Medical College,
Diabetic Association of Bangladesh



Núria Casamitjana Badia
Barcelona Institute for Global Health
(ISGlobal)



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Robert Harding Inaugural Chair in Global
Child Health, Hospital for Sick Children,
Canada



John Borrazzo
U.S. Agency for International
Development (USAID)



Flavia Bustreo
World Health Organization (WHO)



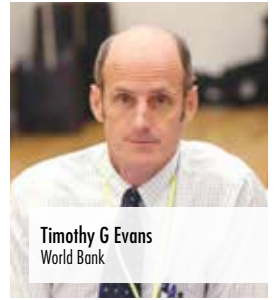
Ted Chaiban
UNICEF



Mariam Claeson
Global Financing Facility (GFF)



Frances Day-Stirk
International Confederation of
Midwives (ICM)



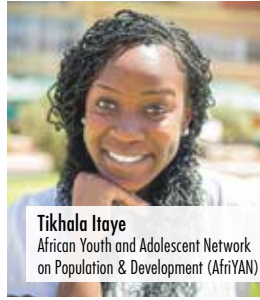
Timothy G Evans
World Bank



Lars Grønseth
The Norwegian Agency for Development
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Cooperation Agency (SIDA)



Tikhala Itaye
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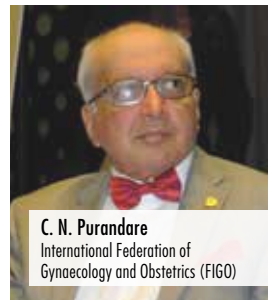
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United Nations Secretary-General Office



Nosa Orobato
Bill & Melinda Gates Foundation



Gogontlejang Phaladi
Gogontlejang Phaladi Pillar of Hope
Project (GPPHP)



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Federation (IPPF)



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Department for International
Development (DFID)

ANNEX 1.

THE PARTNERSHIP'S VALUE-ADD AT COUNTRY LEVEL: FIVE AREAS OF WORK

1. Promote inclusive and meaningful multistakeholder engagement	<ul style="list-style-type: none">• Facilitate multistakeholder consultations to review the SRMNCAH partner landscape: Drawing on existing documentation, tools, and/or recent reviews, support in-country partners to assess existing multistakeholder platforms, jointly take stock of the country SRMNCAH partners' landscape, and identify:<ul style="list-style-type: none">a) under-represented stakeholder groups (e.g. civil society, private sector and youth groups, health-care professional associations, academic and research institutions) and ways to facilitate their engagement; andb) opportunities to strengthen existing partner coordination mechanisms, promoting alignment and streamlining accountability processes; and priorities for joint advocacy.• Catalyse constituency-building and strengthen existing partner networks: including by convening and linking under-represented stakeholder groups with their respective PMNCH constituency networks, facilitating exchange and mobilizing support for building those groups' organizational, coordination and/or advocacy capacities to increase their inclusion and engagement in country-led multistakeholder platforms.• Reinforce coordination mechanisms to facilitate multistakeholder engagement and cross-sectoral linkages, as appropriate: focusing, in particular, on strengthening the effectiveness and sustainability of convening/coordination capacities and functions within the Ministry of Health (MOH) in alignment with existing governance structures and processes, building on the capacities of designated SRMNCAH-related coordinating focal points within the MOH (e.g. those coordinating GFF processes).
2. Strengthen and align accountability processes	<ul style="list-style-type: none">• Review existing accountability mechanisms at national, subnational and local levels to identify opportunities for:<ul style="list-style-type: none">a) promoting broader engagement in existing processes for tracking progress on the <i>Global Strategy</i>; andb) supporting efforts to streamline and unify accountability processes including through joint monitoring of agreed milestones and results; harmonizing data gathering and management, reporting, review and oversight processes; and linking social accountability initiatives and citizens' hearings with national/subnational SRMNCAH accountability frameworks.
3. Strengthen cross-sectoral linkages	<ul style="list-style-type: none">• Facilitate dialogue between health sector SRMNCAH partners, health ministries and those in health-allied sectors: identify specific priorities and opportunities for collaborative action, and strengthen existing mechanisms for cross-sectoral coordination and exchange.
4. Support joint advocacy	<ul style="list-style-type: none">• Foster a concerted approach to advocacy for women's, children's and adolescents' health: strengthen and sustain commitments to SRMNCAH priorities by leveraging PMNCH's global SRMNCAH advocacy strategy and the collective expertise and resources of its vast network of partners to:<ul style="list-style-type: none">a) support consultations among in-country partners to identify key SRMNCAH priorities for joint advocacy and build local advocacy capacities; andb) amplify country-identified SRMNCAH priority advocacy messages through broader advocacy efforts in regional and global forums.
5. Facilitate learning and exchange across countries	<ul style="list-style-type: none">• Support and facilitate learning through regular consultations among country representatives, including between GFF-supported and other countries, to share experiences in strengthening country-led multistakeholder platforms, accountability processes and joint advocacy efforts, including by synthesizing evidence and best practices across countries for global dissemination to foster multistakeholder action for enhanced impact in other countries.

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