

The Partnership for Maternal,
Newborn & Child Health

2017
ANNUAL REPORT

A partnership on the move



Acronyms and abbreviations

AYC	Adolescent and Youth Constituency	QED	quality, equity and dignity
ECD	early childhood development	RMNCH	reproductive, maternal, newborn and child health
EWEC	Every Woman Every Child	SBCE	social, behavioural and community engagement
GFF	Global Financing Facility	SDGs	Sustainable Development Goals
Global Strategy	Global Strategy for Women's, Children's and Adolescents' Health	SRHR	sexual and reproductive health and rights
H6	UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group	UHC	universal health coverage
IAP	Independent Accountability Panel	UN	United Nations
ODA	official development assistance	UNAIDS	Joint United Nations Programme on HIV/AIDS
OHCHR	Office of the United Nations High Commissioner for Human Rights	UNFPA	United Nations Population Fund
PMNCH	Partnership for Maternal, Newborn & Child Health	UNICEF	United Nations Children's Fund
		UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
		WHO	World Health Organization

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Message from the Chair of the Board

As we continue to embark on the journey towards the Sustainable Development Goals (SDGs), the Partnership for Maternal, Newborn & Child Health (PMNCH) forges ahead in a relentless endeavour to align and better coordinate resources and efforts behind United Nations Secretary-General António Guterres and Deputy Secretary-General Amina J. Mohammed's vision for the health and well-being of all women, children and adolescents, everywhere.

PMNCH is dedicated to achieving this vision by supporting countries in the implementation of their national plans and by accelerating progress to achieve the targets of the Every Woman Every Child *Global Strategy for Women's, Children's and Adolescents' Health* and the SDGs. In 2017, our partners identified six areas requiring more focused attention and better aligned multistakeholder action: early childhood development; adolescent health and well-being; quality, equity and dignity in services; sexual and reproductive health and rights; empowerment of women, girls and communities; and humanitarian and fragile settings.

Throughout 2017, PMNCH steadfastly pursued efforts to provide leadership, inspire action and foster collaboration to ensure that women, children and adolescents remain at the heart of the SDG agenda.

I was particularly pleased with the Adolescent and Youth Constituency, which made significant progress in shaping and implementing the PMNCH workplan through mobilization, advocacy and accountability to achieve the *Global Strategy's* targets. With an equal position on the PMNCH platform, they have stepped up to make their voices heard, marshalling over 80 youth-led organizations working at country, regional and global levels, and growing in number. I was delighted with the prioritization of adolescent health, including the development and launch of a technical adolescent toolkit – *Advocating for change for adolescents!* The youth movement is rolling out the toolkit in five countries, with plans to scale up to at least five additional countries in 2018. Furthermore, PMNCH has elevated the Adolescent and Youth Constituency platform to better engage with decision-makers at all levels and to hold them accountable for delivering results, particularly with regard to adolescent health and well-being.

The achievements of the Adolescent and Youth Constituency in 2017 are a testament to how PMNCH's work in countries is crucial, especially given the abundance of irrefutable evidence illustrating the broad economic, health and social benefits of investing in women, children (including newborns) and adolescents.

2017 marked my final year as the Chair of the PMNCH board, and I depart with a great sense of pride knowing that I was a part of a movement that thrives in its selfless commitment to delivering the full continuum of care spanning the sexual and reproductive health needs and rights of women and adolescents, pregnancy care, safe delivery, the first weeks of life and the early years of life. There is no doubt in my mind that the work which PMNCH has set out to do to improve the lives of women, children and adolescents will see the emergence of a different and just world – 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. I hope you will find the achievements highlighted in this 2017 Annual Report as encouraging as I have and as impactful steps forward in making our aspirations a reality.

Graça Machel
Chair of the Board
The Partnership for Maternal, Newborn & Child Health

Message from the Executive Director



PMNCH was a partnership on the move in 2017. We kicked off the year determined to get it right by ensuring that all our energies and resources were focused and led to results, and by making a sincere effort to reduce complexity and duplication among our partners. A core group of the Every Woman Every Child (EWEC) movement met early in the year to develop a guiding results framework – the EWEC 2020 Partners' Framework – which was approved by the High-Level Steering Group for EWEC along with six priority areas for increased attention and advocacy through 2020.

By focusing on these priorities we will help countries accelerate progress towards the 2030 targets of the EWEC *Global Strategy for Women's, Children's and Adolescents' Health*, and we will strengthen our collaboration by channelling our collective resources into neglected areas to deliver for women, children and adolescents.

In this annual report you will see how the impetus for closer alignment and collaboration on priority areas and results has started to bear fruit.

In 2017, the PMNCH platform sustained commitments to women, children and adolescents by joining with advocacy networks to advocate for significant investment in and attention to critical issues such as quality, equity and dignity, and supporting UNICEF and WHO in consultations around the development of a nurturing care framework for early childhood development. We shared best practices, producing with Women Deliver the *Advocating for change for adolescents!*, a toolkit designed by – and for – young people to lead their advocacy coalitions and accountability campaigns. We also partnered with WHO and the International Initiative for Impact Evaluation to launch an evidence map of social, behavioural and community engagement interventions for reproductive, maternal, newborn and child health.

Accountability remained at the forefront of our work. At the High-level Political Forum in July, we launched the *2017 Global Strategy progress report* tracking the progress of hundreds of stakeholder commitments pledged to EWEC, and highlighting key gaps and areas of insufficient coverage of essential life-saving interventions. We also supported the Independent Accountability Panel, which launched its 2017 report, *Transformative accountability for adolescents*, at the United Nations headquarters in September, backed by an urgent appeal for strategic investments in 10-19 year olds to achieve the 2030 Agenda for Sustainable Development.

Reflecting on our achievements, it is evident that we did things well in 2017 because we did them together.

In 2018, we will draw on the extensive potential for collaboration that our 1,000 members offer. Our workplan conceived at the end of 2017 through immense partner effort and discussions puts us on track to be even more aligned, more focused, more targeted and more engaged. Together with our partners PMNCH will foster joint action, accountability and dialogue, operating on our age-old premise that we are truly greater than the sum of our parts.

Helga Fogstad
Executive Director
The Partnership for Maternal, Newborn & Child Health

Best of 2017: the year at a glance

The following highlights from 2017 reflect an extraordinary year and showcase the very best of the Partnership for Maternal, Newborn & Child Health.

January – March

Building a movement to improve health services for mothers and babies

The Network for Improving Quality of Care for Maternal, Newborn and Child Health is launched by nine countries to halve maternal and newborn deaths and stillbirths in participating health facilities in five years and to improve patients' experience of care. PMNCH forms the Quality, Equity and Dignity Advocacy Working Group to support the Network.



April – June

Securing high-level political leadership for the health and well-being of women, children and adolescents

United Nations (UN) Secretary-General António Guterres joins the High-Level Steering Group for Every Woman Every Child (EWEC) as a senior co-chair, alongside co-chairs Michelle Bachelet, President of Chile, and Hailemariam Desalegn, Prime Minister of Ethiopia. Members of the High-Level Steering Group meet in April in Washington, DC to inspire and facilitate collective political advocacy, accelerate action and streamline efforts across the EWEC ecosystem.

Defining priorities for collective action

PMNCH, the Executive Office of the Secretary-General and other partners develop the 2020 EWEC Partners' Framework, which defines and aligns action to be taken in six focus areas: early childhood development; adolescent health and well-being; quality, equity and dignity in services; sexual and reproductive health and rights; empowerment of women, girls and communities; and humanitarian and fragile settings. PMNCH initiates and drafts advocacy roadmaps for each focus area to guide collective advocacy efforts until 2020.

Maximizing impact through meaningful civil society engagement

The 150-member Global Financing Facility (GFF) Civil Society Coordinating Group, convened by PMNCH, oversees the development of the GFF Civil Society Engagement Strategy. An implementation plan is developed and approved by the GFF Investors Group in November. Civil society coalitions in five countries start to develop action plans to implement the strategy.

Empowering youth voices

PMNCH cosponsors the Global Adolescent Health Conference in Ottawa, which marks the global launches of *Global accelerated action for the health of adolescents (AA-HA!)* and the *Advocating for change for adolescents!* toolkit, both developed in collaboration with PMNCH's Adolescent and Youth Constituency. PMNCH subsequently supports youth-led organizations in Cameroon, India, Kenya, Malawi and Nigeria to develop and implement country-specific advocacy toolkits and roadmaps for meaningful youth engagement in relevant national programmes and processes.



July – September



Reporting progress on implementing the *Global Strategy Progress in partnership* is developed by PMNCH and launched at the High-Level Political Forum on Sustainable Development in New York in July. The report provides the first snapshot of progress on the *Global Strategy's* indicators, analyses the commitments made by different stakeholder groups, and highlights the need for collective, cross-sectoral efforts to achieve the objectives of the *Global Strategy* and the Sustainable Development Goals (SDGs).

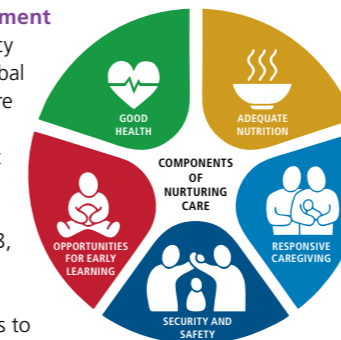
Transforming accountability for adolescents

The Independent Accountability Panel (IAP), hosted by PMNCH, launches its 2017 report, *Transformative accountability for adolescents*, at the UN headquarters in New York in September. Among its recommendations, the IAP appealed urgently to all stakeholders to make adolescents visible, to measure what matters, and to invest in them in order to achieve the SDGs.



Developing a nurturing care framework for early childhood development

PMNCH establishes an advocacy working group and initiates global consultations on a nurturing care framework to scale up action on early childhood development in countries. The framework, due to be launched at the World Health Assembly in 2018, will serve as a guide for policy-makers, programme managers and other relevant stakeholders to prioritize and invest in policies and services that enable young children to reach their full potential.



Galvanizing action on health and human rights

PMNCH, the World Health Organization (WHO) and the Office of the High Commissioner on Human Rights convene a multistakeholder consultation on the implementation and monitoring of the recommendations of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents. Ways in which PMNCH and partners can take the recommendations forward in their 2018 workplans are suggested.

October – December

Strengthening the capacity of young people to shape their future

PMNCH's Adolescent and Youth Constituency develops a mentorship programme (including new guidance materials on mentorship). For the one-year pilot phase, 50 young people are matched with 50 mentors from within PMNCH. The programme is an opportunity for young people to network with the EWEC community, learn about key areas of the *Global Strategy*, build their leadership capacities and learn new skills.



Empowering communities to contribute to better health and well-being

PMNCH, WHO and the International Initiative for Impact Evaluation launch *An evidence map of social, behavioural and community engagement interventions relating to reproductive, maternal, newborn and child health*, including a report and an interactive online tool. The evidence map is a first step towards ensuring decision-makers have access to information on the effectiveness of these interventions, and it helps pinpoint where new research investments can achieve the greatest impact.



Improving alignment among EWEC partners

PMNCH leads a major effort with EWEC core partners to improve alignment and reduce duplication, aiming to improve efficiency and the value added of EWEC. Recommendations to the UN Deputy Secretary-General are based on consultations with nearly 150 PMNCH partner organizations, through written survey and in-depth interviews.

Showcasing successful collaborations across sectors

A major new project is initiated by PMNCH to develop a series of case studies on successful cross-sectoral collaborations relating to the six focus areas set out in the EWEC Partners' Framework. The case studies will be launched at the Partners' Forum in December 2018 and published in a special issue of *The BMJ*.

Gathering strength by the numbers

At the end of 2017, PMNCH had over 1,000 member organizations from 80 countries across the world.



May

World Health Assembly

- 192 Member States discuss progress on implementing the *EWEC Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy)*.
- At a high-level side event, representatives from government, the private sector and civil society discuss progress on implementing the *Global Strategy* and findings from the annual report of the GFF.
- "Innovation and the Private Sector" side event showcases achievements from the EWEC Innovation Marketplace and the Nigerian Innovation Challenge.
- A report by the High-Level Working Group for Health and Human Rights of Women, Children and Adolescents is launched, calling on governments to: step up their action to uphold the right to health in national law; protect people who advocate for rights; and strengthen the collection of rights-sensitive data for better monitoring and reporting.





1. PMNCH: a brief introduction

The Partnership for Maternal, Newborn & Child Health (the Partnership, PMNCH) is the world's most important alliance for the health and well-being of women, children and adolescents, and a leading platform in global health.¹ Established in 2005, it was the first global health partnership to focus on people themselves – not on diseases or interventions.

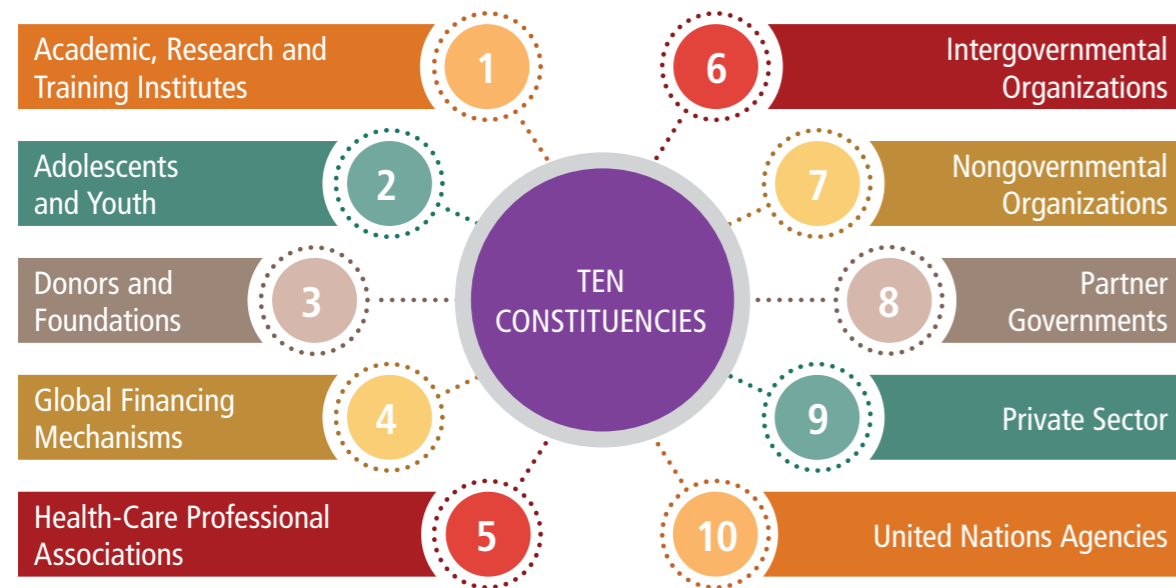
PMNCH galvanizes action and enables partners to achieve together what no single organization could do alone. With over 1,000 partner organizations from 10 different constituencies (Figure 1), the depth and breadth of the Partnership is its strength.

PMNCH offers a seat at the table for everyone – civil society, youth networks, the private sector and others – who wants to be heard in decision-making and governance processes. Through PMNCH, everyone has an opportunity to share innovations and knowledge, to debate priorities, to advocate for overlooked issues, and to insist on better accountability.

Every Woman Every Child (EWEC), developed by PMNCH partners in 2010, brings the voice of women, children and young people to centre stage in the Sustainable Development Goal (SDG) era. In 2015, the United Nations (UN) launched the EWEC *Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy)*, building on momentum under the EWEC movement's first Global Strategy (2010–2015) and aligning with SDGs.

The Partnership strives to achieve the vision of the *Global Strategy*: a world in which every woman, child and adolescent – in every setting – 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 1.
PMNCH's 10 stakeholder groups or constituencies



The Partnership strategically uses alignment, analysis, advocacy and accountability – its functional strengths – to drive progressive change towards realizing this vision (Figure 2).

PMNCH focuses only on areas where collaboration and aligned collective action can accelerate the work already being led by partners at national, regional and global levels. In doing so, PMNCH enhances and amplifies the work of its members through consensus building and networking on a global scale.

These areas came into sharper focus in April 2017 when the High-Level Steering Group for EWEC endorsed the [2020 EWEC Partners' Framework](#).²

The Framework, which will guide the Partnership's work until 2020, defines six focus areas (or priority themes) for intensified and aligned action: early childhood development; adolescents' health and well-being; quality, equity and dignity in services; sexual and reproductive health and rights; empowerment of women, girls and communities; and humanitarian and fragile settings. Each focus area has measurable milestones to be achieved by 2020.

The Framework also includes five cross-cutting areas referred to as "common deliverables", also with milestones: high-level political commitment; increased financing for women's, children's and adolescents' health; cross-sectoral, multistakeholder engagement; strengthened governance, information and accountability at all levels; and improved capacity and management systems at country level.

Finally, to maximize impact and reduce duplication, the Framework delineates roles, functions and activities for each EWEC partner³ by focus area and common deliverable.

This report describes the Partnership's key achievements in 2017, including those relating to the EWEC Partners' Framework. The chapters are organized according to the four interdependent objectives of PMNCH's Strategic Plan for 2016–2020.

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

Figure 2.
PMNCH's functional strengths: alignment, analysis, advocacy and accountability



- 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.





2. Deepening country engagement

Country engagement, shaped by country context and guided by in-country partners, lies at the heart of the EWEC movement and is a priority for the Partnership and its member organizations. PMNCH's various country-level activities are geared towards enabling the participation of all its constituencies in national and subnational efforts to improve women's, children's and adolescents' health and well-being. Such cross-sectoral, multistakeholder engagement is key to accelerating progress towards the *Global Strategy's* objectives and related SDG targets.

PMNCH's country-based work in 2017 began by articulating and building consensus around its "value proposition" at country level, and explaining how synergies would be achieved with other relevant initiatives. Given the crowded and complex global health and development landscape in many low- and lower-middle-income countries, understanding the role of the Partnership is vital.

The consensus, agreed after a series of consultations with partners, including the H6⁴ and the Global Financing Facility (GFF), is that by leveraging its constituencies, PMNCH will support efforts to strengthen relevant existing country-led multistakeholder platforms in order to better harness the contributions of diverse partners in delivering on the *Global Strategy*, with specifically designed support for under-represented constituencies.⁵

Multistakeholder engagement

With national governments taking the lead, PMNCH's work on reinforcing multistakeholder platforms pays particular attention to fostering the engagement of under-represented PMNCH constituencies, such as nongovernmental



Box 1. India's RMNCH Coalition

The RMNCH Coalition seeks to support improvements in health outcomes through alignment and partnership building by: facilitating inclusive multistakeholder engagement; identifying priority areas; identifying and articulating a problem statement for each priority area; developing actionable recommendations based on, inter alia, global recommendations and best practices; and facilitating implementation of selected recommendations.

The Coalition has a well-defined governance mechanism and a set of process and output indicators to track progress. Nine priority areas have been identified:

- early childhood development
- adolescent health and well-being
- quality of care (quality assurance and quality improvement)
- urban areas
- private sector (public-private partnerships)
- accountability mechanisms
- equity (gender, geographic, economic)
- continuum of care
- violence against women.

Working groups with representation from national, state and international partners, and clear terms of reference, have been constituted for each priority area to carry out a situation analysis and develop actionable recommendations.

organizations, youth- and adolescent-led organizations, and health-care professional associations, among others.

In 2017, this work involved:

- building on in-country partners' recent efforts to strengthen coordination mechanisms at national level;
- improving the coordination of civil society and other constituencies to ensure their cohesive representation on national platforms;
- supporting country partners to link local-level social accountability processes with national-level platforms; and
- maximizing opportunities to support EWE priority areas including adolescent health and well-being, and quality, equity and dignity in services.

The Partnership also began the process of identifying appropriate mechanisms to better coordinate its country-based work across its four strategic objectives, and to explore potential modalities for coordinated country activities with the H6 and the GFF.

The sections below include two examples of how the Partnership enhances the impact of in-country partners' ongoing work. The first example shows how PMNCH's efforts are focused on supporting countries and are demand-driven. These efforts vary depending on the specific contexts and priorities of individual countries. The second example shows how the Partnership is enabling civil society to participate meaningfully in GFF priority countries. Chapter 4 includes a section on how PMNCH is fostering the engagement of young people in national processes and platforms and harnessing their contributions in delivering on the *Global Strategy*.

A context-specific approach

The Partnership is providing ongoing support to the Government of India in operationalizing its National Reproductive Maternal Newborn Child Health (RMNCH) Coalition. The Coalition, set up in 2012 by the Ministry of Health and Family Welfare, is a group of policy and programme

leaders committed to achieving better RMNCH outcomes in India by raising awareness, fostering collaboration and advocating for improved programmes. In the context of India's National Health Policy 2017, the SDGs, the *Global Strategy* and the cross-sectoral nature of emerging priorities, it was deemed necessary to revive the RMNCH Coalition. Box 1 describes its objectives, functions and working arrangements.

Enabling a greater role for civil society in the GFF

The GFF Civil Society Coordinating Group, convened by PMNCH, brings together over 150 representatives from civil society organizations at national, regional and global levels in joint planning and advocacy concerning the GFF. The Group was formed in November 2015 following a request from civil society for a platform that would enable their better engagement in national GFF-related processes. Its aims are to:

- advocate for civil society priorities and interests, in particular to create opportunities for meaningful civil society engagement in country-level GFF and national processes for prioritizing women's, children's and adolescents' health;
- 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 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 contribute to various GFF-related working groups; and
- disseminate to and consult broader networks on questions relating to the GFF.

The Coordinating Group is an example of PMNCH's greater focus on aligning partner efforts for more effective action, especially at national and subnational levels, and of its country work to strengthen multistakeholder platforms. The Group's achievements in 2017 show how partners achieve more by working together than by acting alone. Highlights included:

- development of the GFF civil society engagement strategy through a consultative process that reached over 250 civil society organizations, and its approval by the Investors Group in April (Box 2);
- development of a costed implementation plan for the civil society engagement strategy, which was endorsed by the Investors Group in November;
- national consultations in Cameroon, the Democratic Republic of the Congo, Kenya, Liberia, Mozambique, Nigeria, Sierra Leone and Uganda to develop preliminary GFF civil society workplans aimed at identifying civil society actions in support of national investment cases;

Box 2. GFF Civil Society Engagement Strategy

Goal: Civil society is meaningfully engaged in the GFF, from subnational to national to global levels, such that the full breadth of their skills and expertise can contribute to determining and achieving mutual goals and targets, including those laid out by the GFF and GFF countries, the *Global Strategy* and the SDGs.

Objective: GFF stakeholders will agree and act upon a clear set of roles and responsibilities for enhancing civil society engagement in the GFF that contribute to improved GFF systems and processes at all levels, with particular focus on countries, including development, implementation, and accountability for GFF country Investment Cases and health financing strategies.

The strategic approach to implementing the strategy will focus on three areas. First, country platforms will be supported to meaningfully engage civil society, in support of common goals. Second, CSO coalitions at national and global levels will be strengthened to enhance civil society alignment and capacity, and to streamline communications and technical assistance. Finally, GFF accountability will be strengthened through capacity building and support for civil society's role in accountability, and increased transparency and space for accountability in GFF processes.

- a regional workshop bringing together representatives from 12 GFF countries in order to share experiences, develop a scorecard template to be rolled out by civil society in GFF countries, and discuss how to strengthen collaboration with the private sector;
- a template scorecard to be used by national civil society organizations to track the implementation of the investment cases and the GFF process;
- small grants issued to Cameroon, Kenya, Mozambique, Nigeria and Sierra Leone for civil society engagement;
- webinars before and after the two Investors Group meetings – first to consult with civil society on issues to be discussed at the meeting and then to report back and get direction on future work – reached over 400 people;
- bimonthly newsletters aimed at increasing civil society's access to information about how to engage with the GFF; and
- side events organized by national civil society organizations at the World Bank spring meetings in Washington DC, which helped participants better understand the role of civil society organizations in improving health outcomes for women, children and adolescents and how to engage civil society.

Looking forward

PMNCH will continue to engage with and support countries, building on existing structures, with specifically designed support for under-represented constituencies. PMNCH will focus on strengthening civil society coalitions, aligning their accountability and advocacy efforts, and promoting their meaningful engagement in national platforms, programmes and processes for women, children and adolescents and universal health coverage (UHC).

A small grants programme will support coordinated civil society efforts (including earmarked funding for adolescent and youth organizations) and strengthen capacities for advocacy and accountability in support of national priorities and investment cases (including GFF

investment cases) for women, children and adolescents and UHC. The Civil Society Coordinating Group will continue to create opportunities for meaningful civil society engagement in national planning processes to prioritize women's, children's and adolescents' health and GFF investment cases.

The Partnership will continue to underscore opportunities for enhancing synergies between and streamlining the work of EWEC partners in countries, by facilitating inclusive and cohesive constituency engagement in national multistakeholder platforms and processes and promoting cross-sectoral linkages.

PMNCH will also work to strengthen accountability mechanisms at subnational and national levels, including by supporting parliamentary and citizen hearings.





3. Driving accountability for results, resources and rights

The Partnership plays a lead role in operationalizing the Unified Accountability Framework of the *Global Strategy*. The EWEC architecture mandates the Partnership to work with other stakeholders towards establishing and/or strengthening and coordinating the processes and platforms needed to hold all partners to account at all levels for results, resources and rights related to women's, children's and adolescents' health.

As set out in the Unified Accountability Framework, accountability includes tracking results (performance monitoring), resources (financial accountability) and rights (social and political accountability). Robust, fit-for-purpose "monitor, review, act, remedy" accountability mechanisms are required to improve policies and programmes and to accelerate progress, leaving no one behind. Accountability requires that decision-makers have the information they need for planning, investment and implementation; that governments and partners are held responsible for the commitments they have made; and that citizens are enabled to voice their interests, claim their rights and hold duty bearers to account.

This chapter highlights the Partnership's accountability-related achievements in 2017.

Monitoring progress towards achieving the *Global Strategy's* objectives

PMNCH developed and published the first progress report on the implementation of the updated *Global Strategy*, which spans 2016–2030.

Box 3. Towards the *Global Strategy's* objectives: snapshot of progress

Despite general progress, persisting major challenges need to be overcome in order to reach the SDG targets for each of the *Global Strategy's* “survive, thrive and transform” objectives by 2030. Across all 60 indicators, major health- and equity-related disparities within countries and across regions are hindering progress towards the universal agenda of the *Global Strategy* and the SDGs.

For example, concerning the “survive” objective, there are still high tolls of preventable deaths among women, children and adolescents, and of stillbirths. For example, since 1990, the world’s maternal death rate has fallen by 44%. However, in 2015, an estimated 303,000 women died from preventable causes during pregnancy and childbirth, with more than half of maternal deaths occurring in sub-Saharan Africa. From 1990 to 2015, death rates of children under age five declined by 53%. Still, in 2015, an estimated 5.9 million children under age five died, mainly of avoidable causes. In 2015, 2.7 million newborns died within 28 days of birth, representing 45% of all deaths among children under age five. Stillbirth also remains a major neglected problem, with 2.6 million stillbirths estimated in 2015.

Concerning the “thrive” objective, multiple barriers to high-quality health care and health-enhancing services prevent millions of women, children and adolescents from realizing their full potential and their human right to the highest attainable standard of health and well-being. For example, in low- and middle-income countries, 250 million children are at risk of suboptimal development due to poverty and stunting. Additionally, poor-quality health services and inequities in accessing care are major obstacles to improving health outcomes. Gaps are also exacerbated by the worldwide shortage of qualified health workers: global projections to 2030 estimate that an additional 18 million health workers will be needed to meet the requirements of the SDGs. Furthermore, many women and girls do not have access to

comprehensive sexual and reproductive health services and rights, including modern contraceptive methods, safe abortion (where legal), treatment and prevention of infertility, and prevention of sexual violence.

Concerning the “transform” objective, issues such as lack of civil registration of children at birth, poverty, gender inequality, lack of education, lack of adequate water, sanitation and hygiene, air pollution, gender-based violence and discrimination constitute both violations of rights and barriers to progress. For example, the number of out-of-school children of primary school age declined globally from 99 million in 2000 to 59 million in 2013; however, progress has stalled since 2007. Just 1% of the poorest girls in low-income countries complete upper secondary school. Worldwide, almost one third of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner; 30% of adolescent girls (aged 15-19) have experienced physical and/or sexual violence by an intimate partner. Issues such as poverty, gender inequality, poor education, discrimination, and violence often intersect, leading to even greater vulnerabilities and increased risks of preventable death, illness and injury.

Progress requires action across all three interlinked objectives. For example, malnutrition underpins around half of all causes of child mortality; and girls’ education is associated with better women’s health outcomes.

Adolescent health remains a major concern, particularly because lack of earlier focus on this age group has resulted in less rapid progress compared with areas such as maternal and child health.

Efforts to improve equity of coverage and to reach those most in need of health care and health-enhancing services must continue. In addition, a focus on improving the quality of these services is required. This includes respecting the rights and dignity of those seeking care, as well as a strong focus on multisectoral action.



*Progress in partnership*⁶ was launched in July in New York alongside the High-level Political Forum on Sustainable Development. This inaugural report serves as an essential tool for alignment, advocacy and accountability.

The report provides a snapshot of women’s, children’s and adolescents’ health and well-being in relation to the *Global Strategy's* objectives and targets, and assesses progress on commitments, implementation and accountability. It also highlights linkages across sectors and the power of partnership to deliver on a sustainable, inclusive and integrated development agenda.

Chapter 1 emphasizes that, while there has been good progress in improving health outcomes, major disparities persist within and between countries, and often the most vulnerable women, children and adolescents are left furthest behind (Box 3).

The indicator and monitoring framework for the *Global Strategy*, with 60 indicators across health and other sectors, represents an SDG-era multipartner, multisectoral approach to monitoring women’s, children’s and adolescents’ health and well-being. Of the 60 indicators, 34 come directly from the SDGs and an additional 26 are taken from existing indexes and processes.

The 2017 *Global Strategy* progress report is intrinsically linked to data housed on the WHO Global Health Observatory website’s *Global Strategy data portal*,⁷ an open-access online site launched in May 2017 to report progress on the 60 *Global Strategy* indicators – another significant monitoring milestone. The portal offers public access to the latest approved data and estimates for all countries where data are available, and for all the *Global Strategy* indicators. Through dissemination of data from the Global Health Observatory, PMNCH will support greater partner knowledge and action.

Tracking commitments to the *Global Strategy*

PMNCH has led the tracking and analysis of commitments made by stakeholders to the *Global Strategy* since the launch of the first *Global Strategy* in 2010. Chapter 2 of the 2017 progress report gives an overview of the commitments pledged, progress on implementation, and the efforts made by partners at country, regional and global levels. Since 2010, more than US\$ 45 billion of committed money has been disbursed to target a wide range of needs, including midwifery training; improved nutrition for women, children and adolescents; community counselling and education; and improved water and sanitation.

A [supplemental appendix](#) provides a more detailed assessment of all commitments made to the updated *Global Strategy* from its launch in September 2015 until December 2016.⁸ These commitments are accessible on the [EWEC website](#).⁹

The analysis shows that EWEC has mobilized continued support from governments and a diverse group of nongovernmental stakeholders. Commitments, whether financial, in-kind or shared value interventions (policy, advocacy etc.), have increased since 2015.

Between September 2015 and December 2016, 215 commitments were made to the *Global Strategy*, with a total value of US\$ 28.4 billion (excluding non-financial commitments, which have considerable value but are harder to quantify). Governments of low- and lower-middle-income countries committed an estimated US\$ 8.5 billion – more than half the sum committed by high-income countries.

By number of commitments, governments account for 28%; the private sector, 24%; civil society organizations and nongovernmental organizations, 23%; UN agencies, 7%; and joint partnerships, 4%. Private and philanthropic foundations, health-care professional groups, intergovernmental bodies, and academic, research and training institutions pledged the balance. Maternal mortality (54%) and under-5 mortality (51%) are the two most frequently referenced indicators under the commitments to the “survive” objective.

Supporting the Independent Accountability Panel

The Partnership hosts the Independent Accountability Panel (IAP) secretariat and provides financial support for its activities. The IAP is an autonomous group of internationally recognized experts and leaders in the field.¹⁰ It is mandated by the UN Secretary-General to produce the only annual report on the *Global Strategy* that tracks progress from the specific lens of accountability. Guided by its “monitor, review, act and remedy” framework, the IAP’s recommendations are aimed at fast-tracking implementation of the *Global Strategy* and the 2030 Agenda for Sustainable Development.



Its 2017 report, *Transformative accountability for adolescents*,¹¹ strategically brings policy attention to a vast group at considerable risk of being left behind on the roadmap to 2030. It was also the first to assess the global state of accountability to adolescents’ health and rights. The report’s main recommendations are listed

in Box 4. It was launched at a high-level event during the UN General Assembly, attended by ministers and delegates, H6 leaders, civil society representatives, youth leaders and members of other PMNCH constituencies, who welcomed the IAP’s findings and pledged to support follow-up.

The IAP’s report was based on a review of evidence and stakeholder testimonies and contributions. This included a successful interactive consultation organized in May during the World Health Assembly. The IAP’s outreach through its call for evidence and consultative process for developing its report also spurred unexpected initiatives by stakeholders: a positive sign of the keen interest at country level in furthering action on accountability. For the first time, a subregional consultation to craft dedicated inputs into the IAP’s report was convened by the West African Academy of Public Health, and a concluding communiqué was issued.¹²

Another first was a national launch of the IAP’s report in Jordan, following its international release in New York. The launch was co-convened by the Minister of Social Development and the Minister of Health with the participation of senators, and representatives from UN agencies, civil society, and youth-led organizations.

Box 4. The IAP’s 2017 report: summary of recommendations

1. Leverage accountability to achieve the objectives of the *Global Strategy* and the SDGs;
2. Make adolescents visible and measure what matters;
3. Foster whole-of-government accountability to adolescents;
4. Make universal health coverage work for adolescents;
5. Boost accountability for investments, including for adolescents’ health and well-being; and
6. Unleash the power of young people, including by leveraging the full potential of the digital age for their civic participation and accountability for their health and rights.

The recommendations also included calls for EWEC partners to “lock in” accountability from start to finish of commitments, to hold each other to account for implementing the EWEC Partners’ Framework, and to reduce overlaps in functions.

The IAP has also been following up with various stakeholders to take the recommendations forward, including: WHO and other H6 agencies, with an emphasis on making UHC work for adolescents; the Organisation for Economic Co-operation and Development and the Global Partnership for Effective Development Cooperation on official development assistance (ODA); and donors, including the global funds and Gavi, the Vaccine Alliance. The Government of the Philippines has taken most of the IAP recommendations on board in new policies issued related to adolescent health. Of particular note has been PMNCH’s swift initiation of follow-up with global EWEC partners through the EWEC alignment exercise, and the energetic leadership of its Adolescent and Youth Constituency.

In addition, the IAP’s recommendations were disseminated through a range of briefings and public speeches with key audiences (e.g. at the International Association for Adolescent Health World Congress and the health advisory group of the Inter-Parliamentary Union Assembly), a commentary on accountability to adolescents published in *The Lancet*¹³ and a critique of UHC global monitoring.¹⁴

Looking forward

PMNCH will develop a “one-stop” website to direct and increase focus on accountability across results (e.g. *Global Strategy* progress reporting), resources (e.g. ODA, domestic financing for women’s, children’s and adolescents’ health and EWEC commitments) and rights (including of adolescents, young women and people in humanitarian and fragile settings).

PMNCH will work to strengthen the tracking of implementation of EWEC commitments and IAP recommendations; improve and align ODA tracking methodology; and align financial tracking with Countdown to 2030 and other initiatives (e.g. UHC2030, Family Planning 2020 and the GFF).

A guidance brief will be developed to foster alignment around accountability concepts, terminology and roles; and an accountability toolkit will be developed and launched at the Partners’ Forum to support small grant recipients in building strong national coalitions.

PMNCH 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* from the specific lens of accountability. The IAP will focus its 2018 report on private sector accountability for women’s, children’s and adolescents’ health. The IAP’s vision and ambitions for the future are to build on its achievements and encouraging developments, turning its recommendations into tangible actions by stakeholders – most importantly, at country level through increased opportunities for engagement and dialogue, in order to foster a culture of accountability.





4. Advocating action for results

A key focus for PMNCH encompasses advocacy and analysis to accelerate progress towards the achievement of the *Global Strategy's* objectives. Both are used to galvanize investment and action in a defined direction or for a specific purpose. This includes addressing major issues, gaps and challenges, as well as identifying and pursuing frontier/emerging issues which are important to understanding future challenges to and opportunities for women's, children's and adolescents' health and well-being.

The Partnership works at multiple levels (global, regional, national and subnational) but always aims to create change, increase knowledge, strengthen commitment and focus, protect rights and cultivate participation. It promotes synthesis of evidence as the foundation of all strategies and actions, stimulates dialogue and alignment around evidence, and uses a range of communication tools to help translate evidence into policy and practice.

Much of PMNCH's advocacy and analysis in 2017 was connected to the six focus areas of the EWEC Partners' Framework: early childhood development; adolescent health and well-being; quality, equity and dignity in services; sexual and reproductive health and rights; empowerment of women, girls and communities; and humanitarian and fragile settings.

To help guide partners' collective advocacy efforts through 2020, PMNCH and other EWEC partners, with input from the High-Level Steering Group, developed an advocacy roadmap for each focus area.¹⁵ This chapter highlights some of PMNCH's most significant work in 2017 relating to these focus areas.

PMNCH also engages in advocacy and analysis in a number of cross-cutting areas. This report highlights two examples: enabling civil society's participation in national decision-making processes (see Chapter 2), and fostering human rights-based approaches to improving women's, children's and adolescents' health and well-being (see below).

Facilitating work on the Nurturing Care Framework for Early Childhood Development

PMNCH, together with the Early Childhood Development Action Network, provided support to WHO and the United Nations Children's Fund (UNICEF) in the initiation of global, regional and country consultations for the development of a Nurturing Care Framework for Early Childhood Development (ECD). Young children's healthy development depends on nurturing care by parents and other caregivers. Nurturing care involves health, nutrition, early learning, responsive caregiving, and safety and security. The Nurturing Care Framework will be a roadmap for aligned action, focusing on the time from the start of pregnancy to the end of age 3, to enable young children to reach their development potential. Implementation of the Framework will make a vital contribution to the attainment of the objectives of the *Global Strategy*, the SDG 4.2 target¹⁶ and the SDGs more broadly.

Initial consultations on the Framework's content took place in July and at a side event during the UN General Assembly in September. Further consultation will take place in early 2018 and the Framework will be launched at the World Health Assembly in May 2018, with national launches expected to follow.

In addition to leading partner engagement, PMNCH also facilitated the establishment of a Nurturing Care Framework Advocacy and Communications Working Group to support the process and ensure a successful launch and country uptake in 2018.

Empowering youth voices: advocating for change for adolescents

Under the direction of the Adolescent and Youth Constituency (AYC), the Partnership worked with greater intensity in 2017 to support youth-led advocacy campaigns and strengthen youth coalitions in countries, with the aim of increasing their capacity for meaningful participation in multistakeholder platforms.

PMNCH and Women Deliver produced a practical toolkit for young people to drive advocacy and accountability for improved adolescent health and well-being at subnational and national levels. It was developed in close collaboration with young people and through country, regional and global consultations with AYC members, technical partners and others working in the area of adolescent health and well-being.

The toolkit, *Advocating for change for adolescents!*,¹⁷ provides guidance to youth networks on the design, implementation and monitoring of an effective national advocacy action roadmap on adolescent health and well-being. It aims to encourage meaningful youth engagement and drive positive advocacy and accountability efforts to influence national health plans and policy processes. Although it is designed with a youthful audience in mind, the toolkit is also relevant to civil society groups, government departments, and anyone passionate about adolescent health and well-being and ensuring that young people are included in multistakeholder partnerships.

The toolkit was launched at the Global Adolescent Health Conference in Ottawa in May 2017, hosted by PMNCH, Women Deliver, the Canadian Partnership for Women and Children's Health, Global Affairs Canada, the EWEC secretariat and WHO.



Following the international launch, five youth-led organizations received small grants to support the roll-out of the toolkit in their respective countries (Cameroon, India, Kenya, Malawi and Nigeria). These organizations, with assistance from in-country partners, are using the toolkit in a variety of ways, including: advocating for increased resources for health and well-being; lobbying for the removal of legal barriers to accessing services as they relate to adolescents and youth; and strengthening mutual accountability of all stakeholders. In 2018, these first five organizations will receive continuation grants, the toolkit will be translated into French and Spanish, and five more countries will be selected to roll-out the toolkit.

Building national coalitions for youth-led advocacy and accountability is another AYC priority. A coordinated coalition is key to mobilizing a cohesive youth voice to “unleash the power of young people”, as recommended by the IAP in its 2017 report (see Chapter 3). Small grants were made available to the AYC Malawi Coordinator to strengthen the coordination and engagement of the country's many youth organizations and networks, and to enable their meaningful participation in relevant district and national technical committees (Box 5). The coordination of youth organizations in Malawi will serve as a model for scale up in an additional nine countries in 2018. A consultation will be organized with the selected coordinators to share lessons learned.

Quality, equity and dignity: agreeing on a joined-up approach for action

The *Network for Improving Quality of Care for Maternal, Newborn and Child Health* (the Quality of Care Network)¹⁸ was launched by nine countries, WHO, UNICEF and the United Nations Population Fund (UNFPA) in February 2017. Its goals are to:

- reduce maternal and newborn mortality in participating health facilities by 50%, and halve intrapartum stillbirths, over five years;
- reduce avoidable morbidity by targeting a 50% reduction in severe postpartum haemorrhage and neonatal sepsis; and
- improve experience of care.

Box 5. Strengthening adolescent and youth coalitions in Malawi

Recognizing the fragmentation and lack of coordination within the youth movement in Malawi, the Partnership contracted the AYC Malawi Coordinator to map and develop a catalogue of youth organizations, to facilitate the appointment of a youth representative on at least 12 district technical committees, and to mobilize at least 200 youth organizations and networks to achieve coordinated action at district and national levels.

This coordination effort is also linked to strengthening youth engagement in the multistakeholder platform for improvement of women's, children's and adolescents' health outcomes in Malawi.

In 2017, three consultations were organized on adolescent health and well-being and youth engagement, bringing together 180 organizations and networks to agree on priorities and to plan and align their actions.

PMNCH established and is coordinating the Quality, Equity and Dignity (QED) Advocacy Working Group (co-chaired by Save the Children and the White Ribbon Alliance) to support the goals of the Quality of Care Network, and as a broader tent for advocacy around QED issues. One of the Working Group's objectives is to generate and showcase demand from local communities for QED both in the provision of care and in patients' experience of care. It will also equip local communities and national coalitions with messages, advocacy tools and knowledge to help them advocate for improved QED in the context of UHC. Global partners will support country coalitions by developing relevant advocacy materials, as well as by identifying and capitalizing on regional- and global-level opportunities to amplify demand from local communities, including through high-profile campaigns that highlight what women themselves want for their own quality reproductive and maternal care.

The Working Group held a series of events and workshops in 2017. Its first face-to-face meeting in November was an opportunity to identify “rally” moments in 2018 and to agree on clear, prioritized deliverables for 2018 and on delineation of work. Based on these discussions, the Working Group began to develop a QED communications strategy together with the Quality of Care Network; a QED advocacy toolkit; and a campaign to showcase demand for QED. Evidence from the 2018 Lancet Global Health Commission on High Quality Health Systems in the SDG Era will be incorporated into QED advocacy messaging to support country-level knowledge sharing.

Prioritizing sexual and reproductive health and rights

To raise awareness of the need for countries and development partners to prioritize sexual and reproductive health and rights (SRHR), and in response to an uncertain funding situation, a time-bound Ad Hoc Working Group on SRHR was established to suggest activities that the Partnership could focus on in 2017 and 2018.

The Working Group mapped out a set of deliverables, including:

- analysing ODA for women’s, children’s and adolescents’ health, including SRHR (Box 6);

- linking the ODA analysis with other relevant activities concerning accountability for resources, as part of the broader scope of *Global Strategy* progress reporting; and
- promoting and building consensus around the recommendations of the Guttmacher-Lancet Commission on SRHR, which are due to be published in 2018. The Commission’s goal is to develop a wide-ranging and evidence-based agenda for SRHR priorities worldwide over the next 15 years.

Making a case for social, behavioural and community engagement

WHO, the International Initiative for Impact Evaluation and PMNCH launched an [evidence map of social, behavioural and community engagement \(SBCE\) interventions for RMNCH](#).¹⁹ Effective SBCE interventions empower individuals, families and communities, enable them to contribute to better health and well-being, and are essential to reach the targets of the *Global Strategy* and the SDGs. The report and interactive online tool show that there is a considerable body of evidence and that much has been learned, but also that significant gaps remain in the evidence base for SBCE interventions. The evidence map is a first step towards ensuring that decision-makers have access to available evidence

on the effectiveness of SBCE interventions for RMNCH and shows where new research investments can achieve the greatest impact.

In addition, a scoping exercise was undertaken to obtain expert opinion and perspectives on the development of an investment case for SBCE interventions for women’s, children’s and adolescents’ health, building on related evidence, such as WHO’s cost estimates of reaching 16 SDG health targets²⁰ and the Global Investment Framework for Women’s and Children’s Health.²¹ Consultations were held with over 25 stakeholders, including governments, national and international nongovernmental organizations, academic research and training institutions, UN agencies, donors and foundations. Most stakeholders agreed that an investment case would be an important tool for building momentum, identifying priorities and mobilizing additional resources for SBCE interventions. The consultations yielded valuable and constructive advice on the scope, methods and process of conducting an investment case. Work will begin in 2018 and will be informed by the interventions included in the evidence map, as well as related SBCE evidence projects led by partners.

Supporting integration of human rights in policies and practice

PMNCH continued to support the integration of human rights in policies and practice in 2017. For example, PMNCH, the Office of the United Nations High Commissioner for Human Rights (OHCHR), Harvard FXB Center for Health and Human Rights, WHO and UNFPA produced the [Guide for the judiciary on applying a human rights-based approach to health](#).²² This is



the fourth in a series of reflection guides on the application of human rights-based approaches to sexual and reproductive health, maternal health and under-5 child health. Guides have been previously published for health policy-makers, health workers and national human rights institutions.



Furthermore, PMNCH, WHO and OHCHR convened a multistakeholder consultation on the implementation and monitoring of the recommendations of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents. There was general agreement on the need for the following:

- advocacy to mobilize high-level political commitment, increased financing and effective global and national oversight for integration of human rights-based approaches to health at the national and subnational levels;
- capacity strengthening of mid-level officials, local service providers and other national partners to align and enable the effective operationalization and integration of human rights-based approaches to health;
- an online open access portal that brings together the wealth of resources, tools and guidance on human rights-based approaches to health;
- development and dissemination of best practice case studies and evidence-based tools and resources for the operationalization of human rights-based approaches to health; and
- a systematic way of making human rights reporting an integral part of the larger EWEC commitment reporting (i.e. in addition to reporting on quantitative final outcome indicators).

Efforts will be made in 2018 to ensure that evidence-based tools and best practices are made available to small grant recipients (as described in Chapter 2) to operationalize human rights-based approaches to health. PMNCH will also continue to report on human rights as part of the EWEC commitment reporting.

Box 6. Analysing ODA for women’s, children’s and adolescents’ health

An analysis of ODA for women’s, children’s and adolescents’ health was undertaken to contribute to the understanding of issues determining future donor funding flows, including for SRHR, and particularly any current or upcoming challenges or bottlenecks that might need to be addressed. Led by the London School of Hygiene & Tropical Medicine and the World Bank Group/GFF, the analysis began in 2017 and concluded in February 2018. Consultations were held with 18 partner organizations (including donors, civil society and multilaterals) supplemented by detailed desk review and data analysis. Initial findings point towards the need for improvements in advocacy, communication and collaboration – all of which are particularly important in a time of considerable uncertainty over future funding. The findings will be used to identify areas for collective action by PMNCH and the global health community to maintain or potentially strengthen funding for women’s, children’s and adolescents’ health, including SRHR programmes.



5. Towards a more aligned, stronger partnership to deliver the *Global Strategy's* objectives

In 2017, the Partnership worked to achieve better alignment, both with EWEC's core partners and internally, and explored how to bolster its partner-centric model. It also began planning for the Partners' Forum, which will take place in December 2018.

Improving alignment among EWEC core partners

In 2016, the global community (including the High-Level Steering Group, the PMNCH Board and the IAP) recognized that, although very successful, the EWEC architecture had become complex, hard to navigate (especially for countries) and duplicative. In response to these concerns, the EWEC Partners' Framework was developed (see Chapter 1). This was the result of an innovative effort by EWEC's core partners to better harmonize and align their respective work in support of national implementation of the *Global Strategy*.

In order to identify additional opportunities for greater alignment, an EWEC Alignment Task Team was established in September 2017, with representatives from PMNCH, the Executive Office of the UN Secretary-General, UNAIDS (acting as the H6 agency chair), the GFF and the Government of India. As a first step, the Task Team commissioned an independent consultant to gather feedback from partners on ideas for greater alignment. Written surveys, face-to-face meetings and 50 in-depth interviews resulted in more than 100 responses being received between September and December.

The consultant's options for achieving closer governance and institutional alignment were presented to PMNCH's Board at its meeting in December 2017.²³ The option of a PMNCH-EWEC secretariat and branding merger reflected the views of most stakeholders consulted during the process. The Board agreed to articulate its position on EWEC alignment in early 2018, and to foster continuing dialogue and delineation of roles between EWEC partners. In 2018, PMNCH will produce a short document setting out its strengths and comparative advantages, both in relation to other EWEC partners and in its own right.

PMNCH's intensive efforts in 2017 to foster greater alignment between EWEC partners produced clear results in terms of greater collaboration and cooperation. For example, at country level PMNCH and the GFF have agreed to establish a joint fund to issue small grants to civil society organizations to strengthen their representation on national multistakeholder policy platforms and to intensify advocacy and accountability efforts.

Adolescent and Youth Constituency: from form to function

The Adolescent and Youth Constituency (AYC) exemplifies the Partnership's convening power and demonstrates what members can achieve by working together towards shared goals. Created in October 2015 and fully operationalized in 2016, the AYC doubled in size in 2017 from 40 to 82 member organizations, and further strengthened its operations.

The AYC provides a platform for institutions to involve young people in the development of tools, in decision-making processes, and in consultations and meetings. In 2017 alone, the AYC was engaged and supported to speak at more than 30 global and regional meetings. Chapter 4 highlights some of the AYC's achievements.

To ensure proper engagement across the Partnership, the AYC has secured representation on all four of the Partnership's strategic objective steering groups and on the nine other constituencies. In addition, AYC members were supported and funded to enable their effective preparation for and participation in all Board meetings and activities, and other relevant events.

Figure 3. PMNCH membership, by WHO region

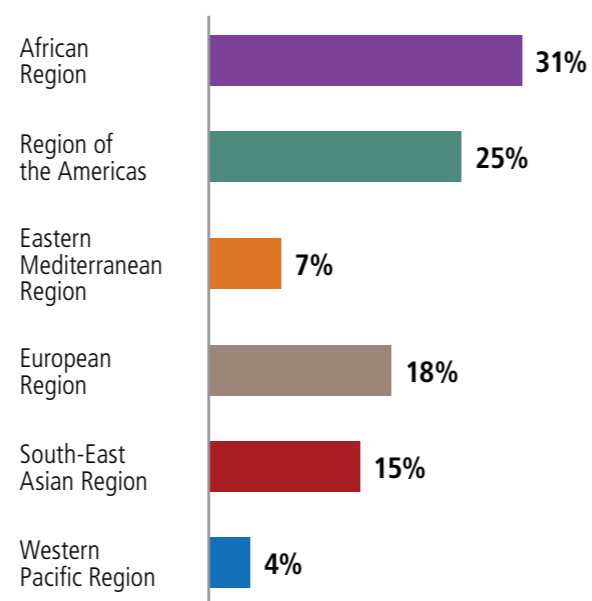
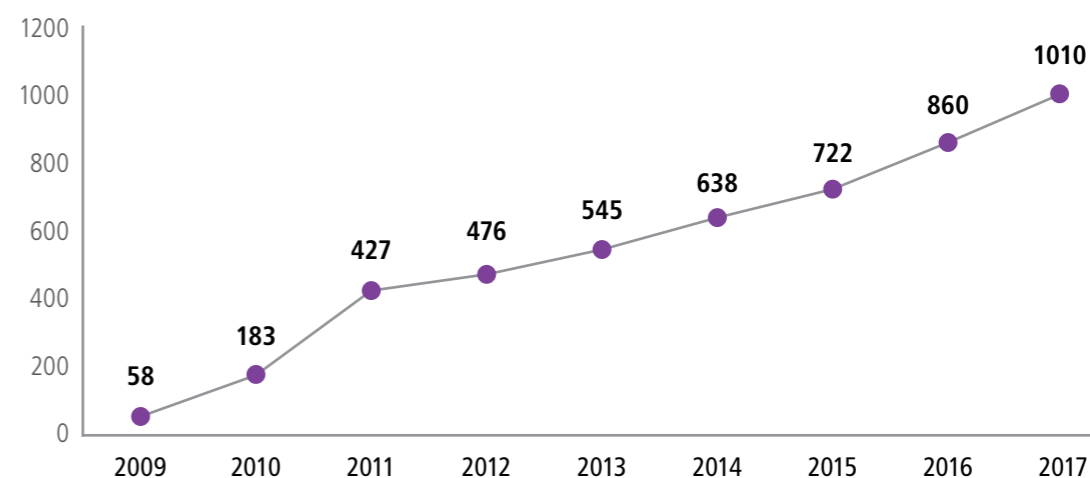


Figure 4. Membership growth, 2009–2017



A member of the AYC serves on the IAP, and plays a key role in raising issues pertinent to the AYC for consideration in the development of the IAP annual report, in particular the 2017 report given its focus on adolescents. In addition, the AYC monitors its members' engagement in accountability activities, and disseminates evidence on the need for and benefits of investments in adolescent health and well-being.

Activities aimed at strengthening its growing constituency included developing a mentorship programme (Box 7) and conducting a stakeholder mapping exercise. The latter provided valuable information about members' thematic and geographic areas of work, as well as areas in which engagement was desired. The exercise led to the development of an AYC engagement plan, which outlines activities and a timeframe for implementation, and identifies lead partners. The AYC also developed an induction programme for new AYC members, including a package of written materials and a recorded webinar.

PMNCH's governing bodies

Key issues in 2017 for the Board and the Executive Committee included reaching an agreement on PMNCH's value proposition for country engagement (see Chapter 2), discussing serious developments around SRHR, and further strengthening the alignment of EWEC's four core partners in an increasing complex architecture, as described above.

Box 7. PMNCH launches a mentorship programme

The development of the mentorship programme (including new guidance materials on mentorship²⁴) was led by the AYC, in consultation with PMNCH's nine other constituencies and with the support of the PMNCH secretariat. PMNCH's Board approved the programme, which was launched in October 2017, and several Board members expressed interest in becoming mentors.

For the first pilot year, 50 mentees and mentors have been matched. Quarterly reports will monitor their experiences. An extensive evaluation report at the end of the pilot year in October 2018 will highlight challenges and lessons learned, and inform further development of the programme and scaling up in the following year.

PMNCH passes 1,000 member milestone

In 2017, approximately 200 new member organizations joined one of PMNCH's 10 constituencies (see Figure 1 in Chapter 1): by the end of the year PMNCH had more than 1,000 members from 80 countries. The two regions with greatest partner representation were Africa (31%) and the Americas (25%) (Figure 3). Membership has grown steadily since 2009 (Figure 4). The two fastest growing constituencies in 2017 were those for adolescents and youth, and academic, research and training institutions.

The Board held two face-to-face meetings and one virtual meeting.²⁵ The virtual meeting was held in April, when Board members endorsed the 2020 EWEC Partners' Framework and the plans for the 2018 Partners' Forum. The second Board meeting took place in May in Ottawa, just after the Global Adolescent Health Conference, and the third Board meeting was held in December in Lilongwe.

Annex 1 lists all PMNCH Board members and notes those who are also members of different PMNCH committees. Leadership of the Board underwent a transition in 2017. PMNCH welcomed Preeti Sudan, Secretary of India's Ministry of Health and Family Welfare. She replaced Chandra Kishore Mishra as Board vice-chair, who stepped down when he was appointed Secretary of India's Ministry of Environment, Forests and Climate Change.

PMNCH also welcomed Gillian Turner, Senior Health Advisor in the policy division of the United Kingdom's Department for International Development, as the vice-chair of the Board and chair of the Executive Committee. She replaced Ann Starrs, President and Chief Executive Officer of the Guttmacher Institute, who served as acting Board vice-chair and Executive Committee chair for several months.

PMNCH extends heartfelt thanks to Mr Mishra, with very best wishes in his new role, and to Ms Starrs, with gratitude for her continued role as chair of the Governance and Nominations Committee.

Establishing the Strategy and Finance Committee

The Board endorsed a proposal by the Governance and Nominations Committee to establish a Strategy and Finance Committee combining the roles of the Finance Committee and the Ad Hoc Strategy Group. Its five to seven members will be drawn from PMNCH's constituencies and independent experts. Members will act, not on behalf of their institutions, but in an independent expert capacity and as representatives of their constituencies.

Overseen by the Executive Committee and the Board, the Strategy and Finance Committee will identify specific topics and strategic directions relevant to the attainment of the *Global Strategy's* objectives and targets. Its roles will include: assessing PMNCH's contributions within the EWEC architecture; developing the 2019–2020 Business Plan; providing financial, operations and budgetary oversight; reviewing annual financial reports; and supporting PMNCH resource mobilization efforts.

Improving PMNCH's partner-centric model

PMNCH's partner-centric approach means its activities are overseen, guided and implemented by partners themselves: the Partnership's objectives are set by its partners, approved by the Board and executed by the partners themselves, with support from the PMNCH secretariat. The focus is always on those areas where working in partnership will yield more than working alone.

Reflecting this approach, a wide range of partner consultations took place in 2017, including an online survey from September to November. Virtual and face-to-face meetings and retreats were held on a number of topics including: early childhood development, accountability, country engagement, adolescents and youth, humanitarian settings, sexual and reproductive health and rights, empowerment, and quality, equity and dignity.

Discussions began in 2017 to review progress and develop the 2018 workplans in line with the agreed consensus among partners on PMNCH's added value at country level in terms of what PMNCH should do and how it should work with its partners (see Chapter 2).

PMNCH also explored whether its organizational structure was fit for purpose and able to respond effectively to a host of issues: emerging opportunities, country needs, shifting global development priorities (e.g. peace, security, climate change etc.), the evolving EWEC architecture, ensuring women's, children's and adolescents' health are prioritized within UHC,

and the cross-sectoral approaches needed to achieve the SDGs. Responding to the many constructive suggestions arising from consulting extensively with partners in 2017, including online surveys and a two-day retreat, the Board meeting in Lilongwe in December called for a fresh look at the organizational model through which PMNCH delivers its partner-centric workplans.

The Partnership gained more than **2,000** new Twitter followers: an increase of nearly **20%** in 2017, from 16,500 to more than 19,000 by the end of the year. Its website continued to be a focal point for live coverage and news: nearly **400,000** visitors viewed developments, stories, videos and updates on special events. PMNCH brought highlights from the World Health Assembly in May, the launch of the Global Strategy Progress Report at the High-Level Political Forum in July, and events at the UN General Assembly in September to the attention of partners, and also supported thematic consultations throughout the year. PMNCH's monthly e-blast reached more than **6,000** subscribers: with more than 50% of the content dedicated to partners' work, it is a powerful tool for engaging partners, sharing resources and highlighting opportunities for collaboration.

The Board established an ad-hoc working group that was requested to ensure:

- that women, children and adolescents in countries are at the centre of everything that PMNCH does;
- that the value-add of PMNCH is delivered through a partner-centric way of working, focusing on those activities where more can be achieved when partners work together rather than individually;
- that PMNCH does not replicate, duplicate or displace what partners do themselves; and
- that PMNCH's organizational structure is designed so that "form follows function", ensuring that the purpose of PMNCH's work, and the intended results, define its operational structures.

Showcasing the work of our partners

In 2017, PMNCH did more to raise the profile of its partners, using its social media and web channels to support partner initiatives, disseminate knowledge and highlight success stories. The Partnership increased its efforts to rally the community around key events and priorities for the EWEC movement.



Looking forward

In 2018, the PMNCH communication tools and platform will begin the process of a radical makeover, based on an updated digital communications strategy. At the December Board meeting, members called for considerable investment to develop more effective internal and external communication tools and processes to share information and updates between partners on joint work and upcoming opportunities. This is to be achieved by the creation of a new accountability portal – a modern, interactive PMNCH digital platform that will strengthen partners' collaboration and further enhance their work.

The road to New Delhi: the 2018 Partners' Forum

Building on successful forums in 2007, 2010 and 2014, the fourth PMNCH Partners' Forum will take place 12-13 December 2018 in New Delhi, hosted by the Indian Government's Ministry of Health and Family Welfare. With more than 1,200 participants expected, including country policy-makers, global experts and leaders in health and development, advocates and youth leaders, the Forum presents an unparalleled opportunity to accelerate progress on improving the lives of women, children and adolescents.

The 2018 Forum will centre on cross-sectoral action for results at national and subnational levels, emphasizing best practices and sharing country solutions and lessons learned. Inspirational examples of successful collaborations between health and other sectors (e.g. education, gender, employment, water, sanitation and hygiene) will shed light on what has worked and why, on how challenges have been overcome, and on how policies, programmes and interventions can be adapted in different contexts.

Twelve "Success Factors" country case studies, selected from responses to a global call for proposals (two for each of the six priority themes set out in the EWEC Partners' Framework) will shape the agenda for the Partners' Forum.

PMNCH and the H6 will collaborate in producing the case studies, which will be published in a special issue of *The BMJ*, and widely promoted and disseminated through traditional and digital media channels.

These and other examples of multisectoral policies, programmes and interventions that have had a positive impact on women's, children's and adolescents' health and well-being will send a powerful message about the urgent need for and the feasibility of country-based context-specific solutions, and about the importance of broad-based partnerships and champions – both local and global – for accelerating progress towards achieving the targets of the *Global Strategy* and the SDGs.

In addition, the Forum will emphasize the importance of people-centred accountability by amplifying the voices of women, children and adolescents and describing the realities of their lives through innovative and interactive programming and creative projects that will reach and engage a worldwide audience.

Specific goals of the Partners' Forum include:

- greater consensus and alignment among PMNCH's 1,000+ partners and 10 constituency groups on priorities, strategies and technical approaches to accelerate implementation of the *Global Strategy* through the EWEC Partners' Framework at subnational, national, regional and global levels;
- greater knowledge of best practices to support required action and accountability, including across health-related sectors and the six thematic priorities of the EWEC Partners' Framework; and
- increased political attention to and concrete commitments for EWEC priorities, supporting the work of the EWEC High-Level Steering Group champions.





6. Resource mobilization

In a challenging and uncertain global financial climate, the continued support provided by the donor community reflects its recognition of the value of the Partnership's work. Bilateral donors and private foundations, together with all the other partners and stakeholders, have continued to support the Partnership during its transition from the 2012–2015 Strategic Framework to its 2016–2020 Strategic Plan.

In terms of resource mobilization, 2017 was an exceptionally important and successful year. The Partnership made major progress in this area, almost doubling the total available resources for the 2016–2019 period as compared with its position at the end of 2016 for the same time period, from around US\$15 million to around US\$30 million. In 2017, the Partnership was able to draw on resources from 12 different donors. A total of US\$7.9 million was earmarked by donors to be used against the 2017 workplan. This was US\$1.1 million less than the approved essential budget of US\$9 million. The expenditure in 2017 was US\$7.83 million, which represents an implementation rate of 100% against allocated resources. Details on the Partnership's financial position are presented in its financial reports, available on the [PMNCH website](#).

In addition to financial support from donors, the partner-centric model of operations has translated into ongoing in-kind contributions in time and effort from PMNCH members, without which the achievements in 2017 would not have been possible.

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2. EWEC Partners' Framework is available at: https://drive.google.com/file/d/0B6F0e_DjgW1aZUVpT1hoMmpmcUU/view
3. The EWEC movement's core partners are: the High-Level Steering Group for EWEC; the Executive Office of the UN Secretary-General; PMNCH; the H6 –UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group; and the Global Financing Facility. Other EWEC partners include: the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, the EWEC Innovation Marketplace, Family Planning 2020 and Countdown to 2030.
4. H6: UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank Group.
5. The Board-approved country engagement value proposition is available at: http://www.who.int/pmnch/activities/countries/partnership_value_add.pdf
6. EWEC and PMNCH. Progress in partnership: 2017 progress report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health. Geneva: WHO; 2017. <http://gsprogressreport.everywomaneverychild.org/wp-content/uploads/2017/07/GS-update-2017.pdf>
7. The data portal for the Global Strategy is available at: <http://apps.who.int/gho/data/node.gswcah>. The portal is a collaborative product of the H6 and other UN and technical partners supporting the monitoring of the Global Strategy and related SDG targets.
8. Schäferhoff M, Kraus J, Martinez S, et al. Commitments to the Global Strategy for Women's, Children's, and Adolescents' Health – focus and progress in implementation. Supplementary materials to the Global Strategy Progress Report. Berlin: SEEK Development, Strategic and Organizational Consultants; 2017. <http://gsprogressreport.everywomaneverychild.org/wp-content/uploads/2017/07/PMNCH-2017-Supplementary-materials-SEEK-Final.pdf>
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10. Information about IAP's nine members is available at: <https://iapewec.org/about/members/>
11. IAP. Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 Agenda. Geneva: WHO; 2017. The Summary of Recommendations was also issued in Arabic, French, Russian and Spanish as part of the outreach plan. <https://iapewec.org/reports/2017report/>
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14. Stakeholder voices on tracking UHC: 2017 global monitoring report. UHC2030; 12–14. https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_Official_documents/GMR_on_UHC_Commentaries_Publication_11_Dec_WEB__4_.pdf
15. The advocacy roadmaps are available at: <https://www.everywomaneverychild.org/advocacy-roadmaps/>
16. SDG 4.2: by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
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19. WHO, International Initiative for Impact Evaluation and PMNCH. An evidence map of social, behavioural and community engagement interventions for reproductive, maternal, newborn and child health. Geneva: WHO; 2017. <http://apps.who.int/iris/bitstream/10665/259399/1/9789240697263-eng.pdf?ua=1>
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23. The consultant's presentation is available at: <http://www.who.int/pmnch/about/governance/board/EWEC-alignment-consultation-2017.pdf?ua=1>
24. All documents relating to the mentorship programme are available at: <https://drive.google.com/drive/u/0/folders/0B9CmbzKsSqYpalg4SGNhX0d4X1k>
25. All board meeting presentations are available at: <http://www.who.int/pmnch/about/governance/board/boardmeetings/en/>

Annex 1. PMNCH Board Members

As noted in the following list, some Board members also serve on one or more of PMNCH's four committees: Executive Committee (EC), Finance Committee (FC), and Governance and Nominations Committee (GNC).

Graça Machel (Board Chair)
Graça Machel Trust

Peter Kazembe
Executive Director
Baylor College of Medicine Children's Foundation

Ann Starrs (EC member and GNC Chair)
President
Guttmacher Institute

Kishwar Azad
Project Director, Perinatal Care Project and Professor of Paediatrics
BIRDEM and Ibrahim Medical College, Diabetic Association of Bangladesh

Núria Casamitjana Badia (EC and FC member)
Director of Training and Education
Barcelona Institute for Global Health

Tikhala Itaye (GNC member)
President
African Youth and Adolescent Network on Population & Development

Gogontlejang Phaladi (EC member)
Founder and Executive Director
Gogontlejang Phaladi Pillar of Hope Project

Gillian Turner (Board Vice-Chair and EC Chair)
Senior Health Adviser
Department for International Development Government of the United Kingdom

(continued on next page)

Lars Grønseth
Senior Advisor
The Norwegian Agency for Development Cooperation

John Borrazzo (EC member)
Deputy Director, Office of Maternal, Newborn, and Child Health and Nutrition
United States Agency for International Development

Anders Nordstrom
Ambassador for Global Health
Swedish Ministry for Foreign Affairs

Nosa Orobato
Deputy Director, Maternal, Newborn and Child Health
Bill & Melinda Gates Foundation

Anuradha Gupta
Deputy Chief Executive Officer
Gavi, the Vaccine Alliance

Franka Cadée
President, Director of Learning, Research and Practice Development and International Office
International Confederation of Midwives

C. N. Purandare
President Elect FIGO and Dean Indian College of Obstetricians and Gynaecologists, Purandare Hospital
International Federation of Gynaecology and Obstetrics (FIGO)

Zulfiqar Bhutta (EC member)
Robert Harding Chair in Global Child Health and Policy; Co-Director, Centre for Global Child Health, Peter Gilgan Centre for Research and Learning
Sick Kids Canada

Thiago Luchesi
Advocacy Advisor, Child Survival and Health
Save the Children

Betsy McCallon (EC member)
Executive Director
White Ribbon Alliance

Mariam Claeson (EC member)
Director
The Global Financing Facility Secretariat

Angela Chaudhuri
Director
Swasti Health Resource Centre

David Fleming
Vice President of Global Health Programs
PATH

Nila F. Moeloek
Honourable Minister of Health
Government of Indonesia

Umy Mwalimu
Honourable Minister of Health, Community Development, Gender, Elderly and Children
Government of Tanzania

Isaac Adewole
Honourable Minister of Health, Federal Minister of Health
Government of Nigeria

Preeti Sudan (Board Vice-Chair and EC member)
Honourable Secretary, Health and Family Welfare, Ministry of Health and Family Welfare
Government of India

Mary-Ann Etiebet
Executive Director
Merck Sharp & Dohme (MSD) for Mothers

Jan-Willem Scheijgrond (EC member)
Vice President, Global Head of Government and Public Affairs
Royal Philips

Natalia Kanem (FC Chair)
Deputy Executive Director (programme) and Assistant Secretary-General – later in the year: Executive Director
United Nations Population Fund (Permanent seat)

Ted Chaiban
Director of Programmes Division
United Nations Children's Fund (Permanent seat)

Nothemba (Nono) Simelela (EC member)
Assistant Director General, Family, Women's and Children's Health
World Health Organization (Permanent seat)

Timothy G. Evans (EC member)
Senior Director, Health, Nutrition and Population Global Practice
World Bank Group (Permanent seat)

Nana Taona Kuo (EC observer)
Senior Manager, Every Woman Every Child Team
Executive Office of the United Nations Secretary-General



Annex 2. PMNCH Secretariat

Javier Arina-Iraeta	Administration and Finance Officer	Miriam Sabin	Technical Advisor
Emanuele Capobianco	Deputy Executive Director	Abir Shady	Governance and Board Relations Manager
Anna Gruending	Project Officer	Mehr Shah	Technical Officer
Tammy Farrell	Assistant	Nacer Tarif	Programme Assistant
Helga Fogstad	Executive Director	Kadi Toure	Technical Officer
Rachael Hinton	Technical Officer	Veronic Verlyck	Technical Officer
Lori McDougall	Coordinator	Michael Wong	Technical Officer
Mimi Melles	Consultant		
Anshu Mohan	Technical Adviser		
Nebojsa Novcic	Resource Mobilization Officer		
Alix Rethoret	Consultant		
		IAP Secretariat	
		Maria Jose Alcala	Director
		Ilza Kalnina	Project Manager
		Harry Lacsamana	Programme Assistant



Annex 3. PMNCH supported publications

Every Woman Every Child and Partnership for Maternal, Newborn & Child Health. Progress in partnership: 2017 progress report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health. Geneva: World Health Organization; 2017. <http://gsprogressreport.everywomaneverychild.org/wp-content/uploads/2017/07/GS-update-2017.pdf>

The Independent Accountability Panel. Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 Agenda. Geneva: World Health Organization; 2017. <https://iapewec.org/reports/2017report/>

World Health Organization, International Initiative for Impact Evaluation and Partnership for Maternal, Newborn & Child Health. An evidence map of social, behavioural and community engagement interventions for reproductive, maternal, newborn and child health. Geneva: World Health Organization; 2017. <http://apps.who.int/iris/bitstream/10665/259399/1/9789240697263-eng.pdf?ua=1>

Partnership for Maternal, Newborn & Child Health and Women Deliver. Advocating for change for adolescents! A practical toolkit for young people to advocate for improved adolescent health and well-being. Geneva: World Health Organization; 2017. http://www.who.int/pmnch/knowledge/publications/advocacy_toolkit.pdf?ua=1

Guide for the judiciary on applying a human rights-based approach to health. Geneva: Office of the United Nations High Commissioner for Human Rights; 2017. <http://www.ohchr.org/Documents/Issues/Women/WRGS/JudiciaryGuide.pdf>

Every Woman Every Child advocacy roadmaps

Early childhood development
http://www.everywomaneverychild.org/wp-content/uploads/2017/02/ECD_EWEC-Advocacy-Roadmap-2017_final.pdf

Adolescent health and well-being
http://www.everywomaneverychild.org/wp-content/uploads/2017/02/Adolescents_EWEC-Advocacy-Roadmap-2017_final.pdf

Quality, equity and dignity in services
http://www.everywomaneverychild.org/wp-content/uploads/2017/11/QED_EWEC-Advocacy-Roadmap-2017_final.pdf

Sexual and reproductive health and rights
http://www.everywomaneverychild.org/wp-content/uploads/2017/02/SRHR2_EWEC-Advocacy-Roadmap-2017_final.pdf

Empowerment of women, girls and communities
http://www.everywomaneverychild.org/wp-content/uploads/2017/02/Empowerment_EWECAdvocacy-Roadmap-2017_final.pdf

Humanitarian and fragile settings
http://www.everywomaneverychild.org/wp-content/uploads/2017/02/Humanitarian_EWEC-Advocacy-Roadmap-2017_final.pdf

Financing
http://www.everywomaneverychild.org/wp-content/uploads/2017/02/Financing_EWEC-Advocacy-Roadmap-2017_final.pdf

Annex 4.

PMNCH supported events

Accountability

Launch of the report and recommendations of the Working Group for the Health and Human Rights of Women, Children and Adolescents

22 May 2017 | Geneva, Switzerland

Every Woman Every Child *Global Strategy for Women's, Children's and Adolescents' Health* progress report consultation and launch of the Global Financing Facility 2016–17 annual report

23 May 2017 | Geneva, Switzerland

3rd annual global citizens' dialogue on citizen-led accountability to achieve health for all – adolescents as agents of change

24 May 2017 | Geneva, Switzerland

Launch of the *Global Strategy* progress report

18 July 2017 | New York, United States

Transforming accountability for the health and human rights of women, children and adolescents

18 September 2017 | New York, United States

Universal Health Coverage: The core driver to achieve the Sustainable Development Goals

18 September 2017 | New York, United States

Technical consultation: Implementation and monitoring of human rights in practice for women, children's and adolescents' health

19 September 2017 | New York, United States

Sexual and reproductive health and rights in humanitarian settings: Data and accountability

19 September 2017 | New York, United States

Private sector accountability for women, children and adolescents

17 September 2017 | New York, United States

Quality, Equity and Dignity Advocacy Working Group retreat

7–8 November 2017 | Geneva, Switzerland

Advocacy

Launch of the Network to improve Quality of Care for mothers, newborns and children

14–16 February | Lilongwe, Malawi

Women's G7 Forum: "Starting from girls," focused on strengthening young women's rights

7 April 2017 | Rome, Italy

136th Inter-parliamentary Union Assembly: Breaking down barriers for improved health of young generations: a multisectoral approach

2 April 2017 | Dhaka, Bangladesh

Global Adolescent Health Conference

16–17 May 2017 | Ottawa, Canada

Developing a nurturing care framework for early childhood development

22 September 2017 | New York, United States

Quality, equity and dignity: Improving quality of care in health services for maternal, newborn and child health

24 May 2017 | Geneva, Switzerland

The Global AA-HA! Framework side event

25 May 2017 | Geneva, Switzerland

Launch of World Vision International global campaign: It takes a world to end violence against children

13 June 2017 | Geneva, Switzerland

International Confederation of Midwives Triennial Congress: Quality, equity and dignity for all mothers and babies everywhere

21 June 2017 | Toronto, Canada

Advocating for change for adolescents! A side event on youth-led advocacy for adolescent health and well-being

18 September 2017 | New York, United States

International Association for Adolescent Health – 11th World Congress side event

27–29 October 2017 | New Delhi, India

Alignment

Every Woman Every Child High-Level Steering Group meeting

20 Apr 2017 | New York, United States

PMNCH 20th Board meeting

18–19 May 2017 | Ottawa, Canada

Every Woman Every Child private sector working session

24 May 2017 | Geneva, Switzerland

PMNCH cross-SO (strategic objective) retreat

6–7 November 2017 | Geneva, Switzerland

GFF civil society workshop

6–7 November 2017 | Maputo, Mozambique

PMNCH adolescent health and well-being retreat

21–22 November 2017 | Geneva, Switzerland

PMNCH 21st Board meeting

13–14 December | Lilongwe, Malawi

Analysis

Community health and empowerment at the Institutionalizing Community Health Conference

28 March 2017 | Johannesburg, South Africa

Launch of evidence map for better research on social, behavioural and community engagement interventions for women's and children's health

6 November 2017 | London, United Kingdom



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