

PMNCH Strategy Retreat
16 – 18 February 2020
Geneva, Switzerland

PMNCH 2021 – 2025 Strategy Retreat

Decisions and Recommendations

Context

- Still great need to focus on Women, Children and Adolescents Health (WCAH) and the unfinished agenda; PMNCH has a key role to play in the global health architecture for WCAH and wellbeing (incl continuum of care)
- An update to be undertaken on the presented architecture landscaping work
- Overarching support for the SDGs and the Global Strategy to 2030, but with a more PMNCH-specific vision and results framework (clear added value proposition)
- No merger with 'UHC 2030', but supportive of the Universal Health Coverage (UHC) agenda and need to ensure that it delivers for WCAH and wellbeing
- Set aside the existing six thematic areas, and identify the scope that needs attention, building on PMNCH and EWEC core assets
- Consider a tiered approach to PMNCH's membership, e.g. ranging from simply receiving information (passive), two-way sharing of information (engaged), and co-development and ownership of PMNCH strategies and products (active)
- Importance of aligning PMNCH governance and Secretariat structure to the new Strategy;
- Secretariat to share electronically speaking points on the PMNCH external evaluation and the way forward, as was presented in hard copy to participants at the Retreat

Visions and Mission

Vision

- Current: *“A world in which every woman, child and adolescent, in stable, fragile and humanitarian settings, realizes their right to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.”*
- New: *“A world in which every woman, child and adolescent realizes their right to health and well-being, leaving no one behind.”*

Mission

- Current: *“To increase the engagement, alignment and accountability of partners by creating a multistakeholder platform to support successful implementation of the Global Strategy.”*
- New *“To mobilize and equip partners to advocate for women’s, children’s and adolescents’ health and wellbeing, particularly the most vulnerable.”*

Priority Focus Areas

Put the organization on a campaign footing - Advocate and Amplify

Priority areas of WCAH

- Preventable mortality and morbidity – maternal, newborn, still-birth and child
- Sexual and Reproductive Health and Rights
- Adolescents health and wellbeing

Principles for prioritization

- What are the needs using equity and empowerment lens (focus on leaving no-one behind, incl. in humanitarian / fragile settings)
- Where are the evidence based gaps and opportunities
- What are others doing and what is PMNCH's comparative advantage
- What is the partner demand

Objectives and results

- Need clarity on PMNCH's 'Theory of Change', business model, and value proposition: communicate them in simple language
- Identify the overarching objectives and indicators for priority areas of WCAH:
 - Mortality/morbidity reduction
 - Sexual and Reproductive Health and Rights
 - Adolescents health and wellbeing
- Strategies to achieve these objectives – operating at a 'wholesale' level
- Understanding partner engagement and demand, and optimizing digitization processes as tools for engaging and responding.
- How to differentiate between Secretariat and Partner accountabilities, and ensure that governance structures protect the agreed focus going forward

Functions

- Clear mandate for advocacy (influencing or amplifying) as the core PMNCH function, with other functions (analysis synthesis, accountability and alignment) supporting it
- Focus on reaching and engaging political- and other leaders
- Analysis better described as synthesis and dissemination of knowledge which then should support advocacy
- Assume alignment is implicit in bringing PMNCH together around joint advocacy and consensus building
- Accountability architecture is in a state of flux, including Independent Accountability Platform (IAP)'s functions and hosting – if IAP's scope becomes full UHC, PMNCH will not host / fund
- What could be PMNCH's future role in accountability:
 - Advocate for effective accountability (incl accountability mechanisms)
 - Supporting partners on accountability at country level (CSOs, parliamentarians, etc.)
 - Streamlining global reporting and partnering with Countdown to 2030
 - Probably not commitment tracking (EWEC?)
- Critical to have the advocacy work focus around one or more 'big rallying issue' which may change from one year to another, underpinned by an advocacy and communications plan (as per Evaluation recommendation)

Country and partnership-centric operations

- Noted message from MoH Afghanistan on behalf of the Country Engagement Working Group calling for continued PMNCH engagement in country level Multi-Stakeholder Platforms (MSP) and small grant programmes
- Advocacy needs to reflect country level priorities and needs, and, as such, there are strong voices for PMNCH to continue to engage with countries through MSPs and small grants
- However, another view is that small grants have high transaction costs and are a “*retail solution to a wholesale problem*”, and that big partners should step up and scale up
- More information is needed on the PMNCH budget share of small grants and operational modalities
- To also consider:
 - What alternatives are there to PMNCH’s country engagement with small grants and MSPs
 - MSPs and small grants just started; important to consider results and learn
 - Country Working Group to look at options for inclusion of this work in new Strategy
 - Potential for small grants to focus on MSP countries, based on CSO need
- Consider choice of country to be equity driven, with focus on differentiated strategy
- Continue shift from Secretariat-driven to Partner-driven in terms of PMNCH work at country

Strategy draft outline

- Context
- Value proposition
- Vision and Mission
- Goals
- Functions
- Outcomes
- Main activities / Flagship outputs
- Modus operandi
- Results framework
- Budget

Timetable – Option A, Strategy by June 2020

Deliverable	Audience	Date
Draft Strategy Outline	Entire partnership via Board and Committees	10 March 2020
Feedback from consultations	Strategy Committee	17 April 2020
Full draft of the Strategy	Entire partnership via Board and Committees	18 May 2020
Feedback from consultations	Strategy Committee	05 June 2020
Draft final of the Strategy	Board	15 June 2020
Approved Strategy	The Partnership	30 June 2020

In parallel, Governance and Nominations Committee to work with the Strategy Committee on governance strengthening and remodeling – dates to be confirmed

Timetable – Option B, Strategy by December 2020

Deliverable	Audience	Date
Draft Strategy Outline	Entire partnership, Board and Committees	20 March 2020
Feedback from consultations	Strategy Committee	17 April 2020
First full draft of the Strategy	Entire partnership, Board and Committees	18 May 2020
Presentation on emerging themes from consultations	PMNCH virtual Board meeting	30 June 2020
Feedback from first full draft consultations, virtual Board meeting	Strategy Committee	31 July 2020

Detailed timeline beyond July 2020 to be decided at the time and depending on feedback

Final Strategy document	PMNCH Board meeting	December 2020
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In parallel, Governance and Nominations Committee to work with the Strategy Committee on governance strengthening and remodeling – dates to be confirmed

Annex 1 – Brainstormed ideas on Objectives and Results

- **What do we want to achieve in 5 years?**

- Need to be clear on what success will look like, what targets will we contribute to?
- Strengthen partner engagement
- PMNCH agenda in Humanitarian and Fragile settings (HFS) and stakeholder workplans
- All strategies (both national and global initiatives) should have evidence-based WCAH interventions embedded
- Put neglected/controversial issues (stillbirths, LGBTQ) on global stage and engage partners to come together
- Advocate for health system strengthening (HSS) in areas key to PMNCH agenda (Human Resources for Health, data + supply)

- **What is required? How do we measure?**

- Triage who can do what best and develop a partnership engagement plan
- Increase PMNCH visibility at country level (who needs small grants?)
- Continue to engage and support youth and adolescent led organizations
- Develop strategic engagement plan / advocacy plan that includes technical, political actors and different target groups
- Gap analysis on HSS is needed to ensure partners embed it into their agenda
- Align donors, funders, tech partners, implementers on PMNCH agenda at country level – find out how best to do this (e.g small grants or other mechanisms)?

Annex 1 – Brainstormed ideas on Objectives and Results

- At political level – advocate for increased commitment and scale
- Amplify efforts of partners
- Technical Advocacy (MoH)
 - Increasing adoption of essential package or RMNCAH at country level with specific focus on most vulnerable
- Adolescents health and wellbeing
 - Delivery on framework will increase the action at country level
- Focus on quality – e.g. increase specific cadre, e.g. midwives and nurses at country and global levels
- Advocate for improvements in Human Resources for Health (quality, integrated service deployment, compensation, etc.) in support of RMNCAH outcomes
- ‘Buckets’ of outcomes:
 - Political – public declarations by Head of State on
 - Domestic Resource Mobilization (DRM) for SRHR
 - Reflect equity in these and rights results
 - Increase role of parliaments’ accountability for WCAH (focus on legislation)
 - Increase financing for WCAH
 - Encourage multi-sectoral approaches (whole of government)
 - Multi-Stakeholder platforms must be understood to include constituencies often not at the table and focus on joint advocacy and accountability
 - Amplifying /increasing voice and representation in policy-making: context specific and at all levels