EVERY WOMAN
EVERY CHILD

FOR HEALTHY AND EMPOWERED WOMEN, CHILDREN AND ADOLESCENTS

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

SURVIVE
THRIVE
TRANSFORM

SUSTAINABLE DEVELOPMENT GOALS

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FOREWORD FROM THE UN SECRETARY-GENERAL

I launched the *Global Strategy for Women's and Children's Health* in September 2010 because I believed the global community could and should do more to save the lives and improve the well-being of women and children. I have been greatly encouraged by the response, including the powerful multi-stakeholder *Every Woman Every Child* movement. A surge of new commitments and advocacy has helped to significantly advance the health-related Millennium Development Goals. With the publication of this updated *Global Strategy for Women's, Children's and Adolescents' Health*, and with agreement by Member States on an ambitious 2030 Agenda for Sustainable Development, it is time to build on the momentum achieved over the past five years.

To ensure health and well-being for every woman, child and adolescent, we must build on what has worked in the past and use what we have learned to overcome existing and emerging challenges. Fulfilling the *Global Strategy* and achieving the Sustainable Development Goals (SDGs) will require new evidence-based approaches backed by innovative and sustainable financing mechanisms, such as the Global Financing Facility in support of *Every Woman Every Child*.

The updated *Global Strategy* includes adolescents because they are central to everything we want to achieve, and to the overall success of the 2030 Agenda. By helping adolescents to realize their rights to health, well-being, education and full and equal participation in society, we are equipping them to attain their full potential as adults.

The three overarching objectives of the updated *Global Strategy* are Survive, Thrive and Transform. With its full implementation—supporting country priorities and plans and building the momentum of *Every Woman Every Child*—no woman, child or adolescent should face a greater risk of preventable death because of where they live or who they are. But ending preventable death is just the beginning. By helping to create an enabling environment for health, the *Global Strategy* aims to transform societies so that women, children and adolescents everywhere can realize their rights to the highest attainable standards of health and well-being. This, in turn, will deliver enormous social, demographic and economic benefits.

It is a grand vision. But it is achievable. By implementing the *Global Strategy* we can deliver a historic transformation that will improve the lives of generations to come. To that end, I will continue to mobilize ambitious action from global leaders and promote the engagement of all sectors of society. Together, we can end the preventable deaths of women, children and adolescents everywhere and create a world in which, for the first time in history, all can thrive and reach their full potential.

Ban Ki-moon

AT A GLANCE:

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

VISION

By 2030, 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.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)

SURVIVE *End preventable deaths*

- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being

THRIVE *Ensure health and well-being*

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage,including financial risk protection and access to quality essential services, medicines and vaccines

TRANSFORM *Expand enabling environments*

- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

HIGH RETURN ON INVESTMENTS

Implementing the *Global Strategy*, with increased and sustained financing, would yield tremendous returns by 2030:

- An end to preventable maternal, newborn, child and adolescent deaths and stillbirths
- At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions
- At least US$100 billion in demographic dividends from investments in early childhood and adolescent health and development
- A "grand convergence" in health, giving all women, children and adolescents an equal chance to survive and thrive

ACTION AREAS

Country leadership

Reinforce leadership and management links and capacities at all levels; promote collective action.

Financing for health

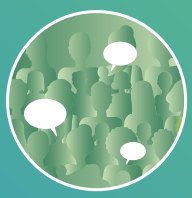
Mobilize resources; ensure value for money; adopt integrative and innovative approaches.

Health system resilience

Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.

Individual potential

Invest in individuals' development; support people as agents of change; address barriers with legal frameworks.



Community engagement

Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.

Multisector action

Adopt a multisector approach; facilitate cross-sector collaboration; monitor impact.

Humanitarian and fragile settings

Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.

Research and innovation

Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.

Accountability

Harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multi-stakeholder engagement.

GUIDING PRINCIPLES

- Country-led
- Universal
- Sustainable
- Human rights-based
- Equity-driven
- Gender-responsive
- Evidence-informed
- Partnership-driven
- People-centred
- Community-owned
- Accountable
- Aligned with development effectiveness and humanitarian norms

IMPLEMENTATION

Country-led implementation supported by the Every Woman Every Child movement and an Operational Framework.
The power of partnership harnessed through stakeholder commitments and collective action.
We all have a role to play.

1

INTRODUCTION

WHY WE NEED AN UPDATED GLOBAL STRATEGY

Today we have both the knowledge and the opportunity to end preventable deaths among all women, children and adolescents, to greatly improve their health and well-being and to bring about the transformative change needed to shape a more prosperous and sustainable future. That is the ambition of this *Global Strategy for Women's, Children's and Adolescents' Health*.

The previous *Global Strategy* achieved great things between 2010 and 2015.[1] It galvanized political leadership, attracted billions of dollars in new financial commitments and created *Every Woman Every Child*, a powerful multi-stakeholder movement for health (see Annex 1).[2] The United Nations Commission on Information and Accountability for Women's and Children's Health[3] resulted in a landmark Accountability Framework and an independent Expert Review Group (iERG)[4], and the United Nations Commission on Life-Saving Commodities for Women's and Children's Health strengthened the availability and supply of essential interventions.[5] Several global action plans and reports were launched to address and bring attention to neglected areas with support for country implementation (see Annex 1). Millions of lives were saved and progress towards the health Millennium Development Goals (MDGs) was accelerated.[2] Strides were made in areas such as increasing access to contraception and essential interventions, reducing maternal and child mortality and malnutrition and combating HIV/AIDS, malaria and tuberculosis.[2,6,7]

However, far too many women, children and adolescents worldwide still have little or no access to essential, good-quality health services and education, clean air and water, adequate sanitation and good nutrition. They face violence and discrimination, are unable to participate fully in society, and encounter other barriers to realizing their human rights.[2,6,7] As a result, as the MDG era draws to a close, the annual death toll remains unacceptably high: 289,000 maternal deaths, 2.6 million stillbirths, 5.9 million deaths in children under the age of five—including 2.7 million newborn deaths—and 1.3 million adolescent deaths.[8-10] Most of these deaths could have been prevented. Many more people suffer illness and disability and fail to reach their full potential, resulting in enormous loss and costs for countries both today and for future generations.

That is why this updated *Global Strategy* is essential. We urgently need it in order to complete the unfinished work of the MDGs, to address inequities within and

between countries and to help countries begin implementing the 2030 Agenda for Sustainable Development without delay.

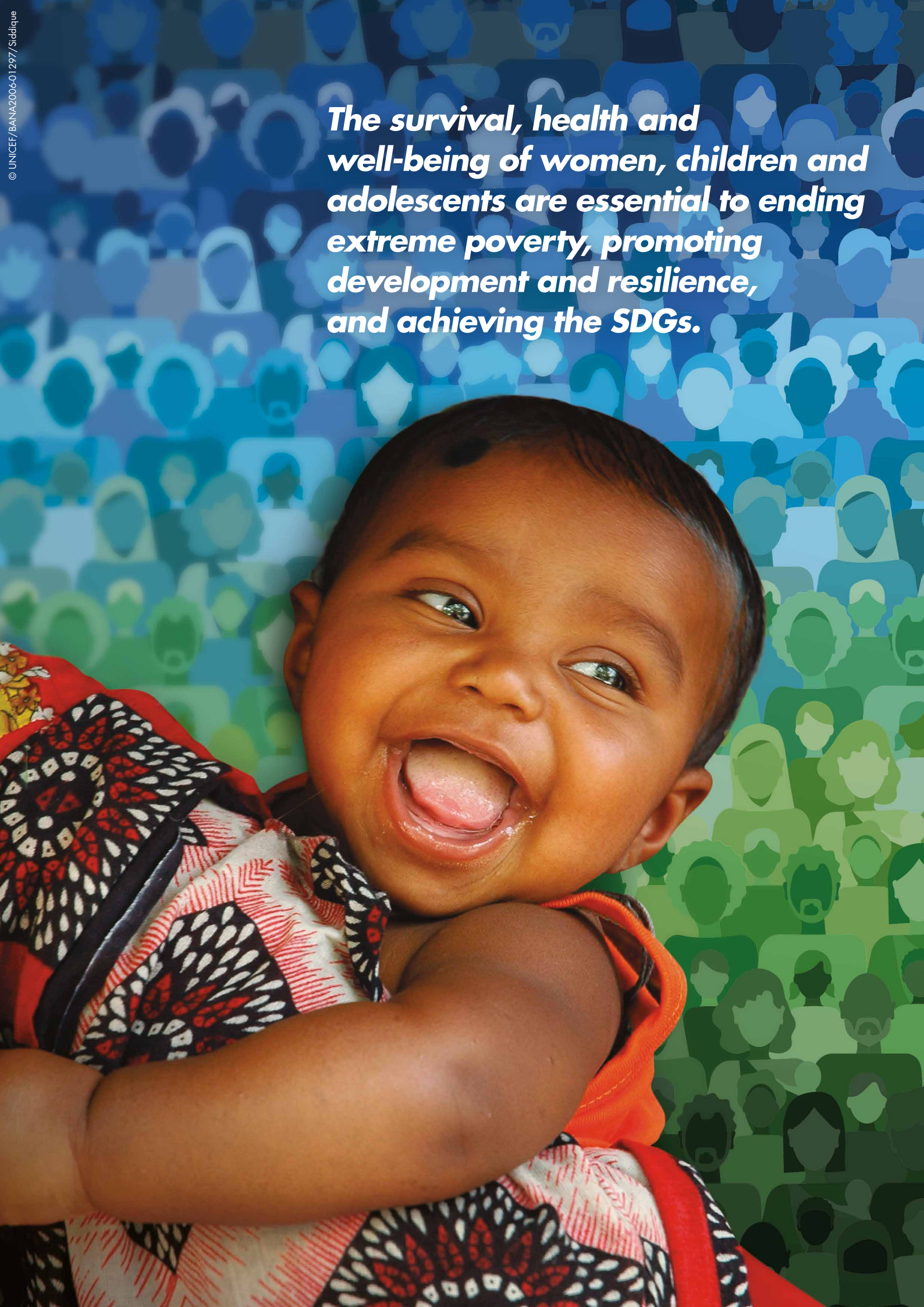
This updated *Global Strategy*, spanning the 15 years of the SDGs,[11] provides guidance to accelerate momentum for women's, children's and adolescents' health. It should achieve nothing less than a transformation in health and sustainable development by 2030 for all women, children and adolescents, everywhere.

WHAT'S NEW IN THE GLOBAL STRATEGY?

This *Global Strategy* is much broader, more ambitious and more focused on equity than its predecessor. It is universal and applies to all people (including the marginalized and hard-to-reach), in all places (including crisis situations) and to transnational issues. It focuses on safeguarding women, children and adolescents in humanitarian and fragile settings and upholding their human rights to the highest attainable standard of health, even in the most difficult circumstances.

For the first time, adolescents join women and children at the heart of the *Global Strategy*. This acknowledges not only the unique health challenges facing young people, but also their pivotal role alongside women and children as key drivers of change in the post-2015 era. By investing in the right policies and programmes for adolescents to realize their potential and their human rights to health, education and full participation in society, we can unleash the vast human potential of this "SDG Generation" to transform our world.

This *Global Strategy* takes a life-course approach that aims for the highest attainable standards of health and well-being—physical, mental and social—at every age. A person's health at each stage of life affects health at other stages and also has cumulative effects for the next generation. Moreover, the *Global Strategy* adopts an integrated and multisector approach, recognizing that health-enhancing factors including nutrition, education, water, clean air, sanitation, hygiene and infrastructure are essential to achieving the SDGs.



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HOW WAS THIS UPDATED GLOBAL STRATEGY CREATED?

The updated *Global Strategy* builds on all the essential elements of its predecessor, including:

- Support for country-led health plans
- Integrated delivery of health services and life-saving interventions and commodities
- Stronger health systems
- Sufficient numbers of skilled and well-equipped health workers
- Good-quality services
- Innovative approaches
- Improved monitoring, evaluation and accountability

More than 7,000 individuals and organizations informed the drafting process through a global consultation supported by *Every Woman Every Child*. The World Health Assembly 2015 and consultative regional meetings hosted by the Governments of India, South Africa and the United Arab Emirates were important occasions for consultation. Several partners developed technical papers that provided a strong evidence base for the *Global Strategy*; these papers were subsequently published in The BMJ.[12] Many stakeholders also participated in public consultations organized by The Partnership for Maternal, Newborn & Child Health (the Partnership).

Details of the consultation process and technical inputs are available at: **www.everywomaneverychild.org**.

2

HIGH RETURNS FROM INVESTING IN WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

Investments in evidence-based interventions throughout the life course, from birth through childhood and adolescence and into adulthood, are bolstered by an enabling environment both within the health system and from other sectors (see Figure 1, with details in Annexes 2-4). The particular interventions to be prioritized and how they are best delivered depend on the specific health needs, development priorities, health system capacities and legal and other considerations of each country.

Investing in such interventions for the health and well-being of women, children and adolescents has many benefits: first and foremost, it keeps them alive and healthy. In addition, it reduces poverty, stimulates economic productivity and growth, creates jobs and is cost-effective (see Box 1).

The economic and social case for investing in women, children and adolescents is clear and evidence-based.[13-17] The legal imperative of upholding their human rights to the highest attainable standard of health, as protected by international law, is indisputable.

Almost one quarter of full income growth in low- and middle-income countries between 2000 and 2011 resulted from improved health outcomes overall.[14]

Implementing the *Global Strategy*, with increased and sustained financing, would yield tremendous returns by 2030:

- **An end to preventable maternal, newborn, child and adolescent deaths and stillbirths[10,18-22]**

- **At least a 10-fold return on investments in the health and nutrition of women, children and adolescents through better educational attainments, workforce participation and social contributions[13,14,16,17,23]**

- **At least US$100 billion in demographic dividends from investments in early childhood and adolescent health and development[16,17]**

- **A "grand convergence" in health, giving all women, children and adolescents an equal chance to survive and thrive[10,14,22]**

Figure 1:

Examples of evidence-based interventions for women's, children's and adolescents' health*

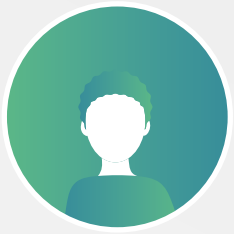
*See Annexes 2-4 for a more detailed list of essential interventions throughout the life course as supported by current evidence. The provision of all interventions depends on the country context, including health needs, supply of related goods and commodities and legal considerations.

LIFE COURSE

Women's health

Pregnancy, childbirth and postnatal care

Child health and development



Adolescent health and development

INTERVENTION PACKAGES

Women's health

- sexual and reproductive health information and services;
- nutrition;
- management of communicable and non-communicable diseases;
- screening and management of cervical and breast cancer;
- gender-based violence prevention and response;
- pre-pregnancy risk detection and management

Pregnancy, childbirth and postnatal care

- antenatal care,
- childbirth care;
- safe abortion and post-abortion care;
- prevention of mother-to-child transmission of HIV;
- management of maternal and newborn complications;
- postnatal care for mother and baby;
- extra care for small and sick babies

Child health and development

- breastfeeding;
- infant and young child feeding;
- responsive caregivingand stimulation;
- immunization;
- prevention and management of childhood illness and malnutrition;
- treatment and rehabilitation of congenital abnormalities and disabilities

Adolescent health and development

- health education;
- supportive parenting;
- nutrition;
- immunization;
- psychosocial support;
- prevention of injuries, violence, harmful practices and substance abuse;
- sexual and reproductive health information and services;
- management of communicable and non-communicable diseases

ENABLING ENVIRONMENT

HEALTH SYSTEM ENABLERS

- policies for universal health coverage; sufficient and sustainable financing;
- health workforce supported to provide good-quality care everywhere;
- commodity supply;
- health facility infrastructure; community engagement;
- mainstreaming emergency preparedness;
- human rights-, equity-and gender-based approaches in programming;
- accountability at all levels

MULTISECTOR ENABLERS

- policies and interventions in key sectors: finance and social protection;
- education;
- gender;
- protection—registration, law and justice; water and sanitation;
- agriculture and nutrition;
- environment and energy;
- labour and trade;
- infrastructure, including facilities and roads;
- information and communication technologies;
- and transport

© Mark Tuschman from the book "Faces of Courage"

"We know what we have to do to save the lives of women and girls everywhere. Needless deaths of women, newborns and children must stop. We must do more and we must do better because every action counts and every life counts."

GRAÇA MACHEL
Chair, The Partnership for Maternal, Newborn & Child Health

Box 1:

Examples of high returns on investments in women's, children's and adolescents' health

The examples below should be read in the context of the need to ensure access to all essential interventions and supplies across the life course, to strengthen health systems and to address all major determinants of health (see Annexes 2-4).

HEALTH INTERVENTIONS ACROSS THE LIFE COURSE

MODERN CONTRACEPTION AND GOOD QUALITY OF CARE FOR PREGNANT WOMEN AND NEWBORNS:

If all women who want to avoid a pregnancy used modern contraceptives and all pregnant women and newborns received care at the standards recommended by the World Health Organization (WHO), the benefits would be dramatic. Compared with the situation in 2014, there would be a reduction in: unintended pregnancies by 70 per cent; abortions by 67 per cent; maternal deaths by 67 per cent; newborn deaths by 77 per cent; and transmission of HIV from mothers to newborns would be nearly eliminated. The return on investment would be an estimated US$120 for every US$1 spent.[15,24] Population stability would enhance economic sustainability and reduce the risks of climate change.[25]

GOOD QUALITY OF CARE AT CHILDBIRTH:

This produces a triple return on investment, saving mothers and newborns and preventing stillbirths. The provision of effective care for all women and babies at the time of birth in facilities could prevent an estimated 113,000 maternal deaths, 531,000 stillbirths and 1.3 million neonatal deaths annually by 2020 at an estimated running cost of US$4.5 billion per year (US$0.9 per person).[19,20]

IMMUNIZATION:

This is among the most cost-effective of health interventions. Ten vaccines, representing an estimated cost of US$42 billion between 2011 and 2020, have the potential to avert between 24 and 26 million future deaths as compared with a hypothetical scenario under which these vaccines have zero coverage during this time.[26]

BREASTFEEDING AND NUTRITION:

Promoting and supporting breastfeeding in the first two years of life could avert almost 12 per cent of deaths in children under five, prevent undernutrition and ensure a good start for every child.[27] Scaling up nutrition interventions has a benefit-cost ratio of 16.[28] Eliminating undernutrition in Asia and Africa would increase gross domestic product (GDP) by 11 per cent.[29]

EARLY CHILDHOOD DEVELOPMENT:

Enabling children to develop their physical, cognitive, language and socioemotional potential, particularly in the three first years of life, has rates of return of 7-10 per cent across the life course through better education, health, sociability, economic outcomes and reduced crime.[16]

ADOLESCENTS AND YOUNG PEOPLE:

If countries in demographic transition make the right human capital investments and adopt policies that expand opportunities for young people, their combined demographic dividends could be enormous. In sub-Saharan Africa, for example, they would be at least US$500 billion a year, equal to about one third of the region's current GDP, for as many as 30 years.[17]

HEALTH SYSTEM ENABLERS

HEALTH SYSTEM AND WORKFORCE INVESTMENTS:

With enhanced investments to scale up existing and new health interventions—and the systems and people to deliver them—most low-income and lower-middle-income countries could reduce rates of deaths from infectious diseases, as well as child and maternal deaths to levels seen in the best-performing middle-income countries in 2014. A "grand convergence" in health is achievable by 2035.[14]

For women's and children's health, health system investments alongside investments in high-impact health interventions for reproductive, maternal, newborn and child health, at a cost of US$5 per person per year up to 2035 in 74 high-burden countries, could yield up to nine times that value in economic and social benefits. These returns include greater GDP growth through improved productivity and preventing 32 million stillbirths and the deaths of 147 million children and 5 million women by 2035.[13]

The health workforce is a critical area for investment. An ambitious global scale-up would require at least an additional 675,000 nurses, doctors and midwives by 2035, along with at least 544,000 community health workers and other cadres of health professionals.[13] Other key health systems investments include: programme management; human resources; infrastructure, equipment and transport; logistics; health information systems; governance; and health financing.[14]

MULTISECTOR ENABLERS

EDUCATION:

Investments to ensure girls complete secondary school yield a high average rate of return (around 10 per cent) in low- and middle-income countries. The health and social benefits include, among others, delayed pregnancies and reduced fertility rates, improved nutrition for pregnant and lactating mothers and their infants, improved infant mortality rates and greater participation in the political process. School curricula should include elements to strengthen the self-esteem of girls and increase respect for girls among boys.[30]

GENDER EQUALITY:

Closing the gender gap in workforce participation by guaranteeing and protecting women's equal rights to decent, productive work and equal pay for equal work would reduce poverty and increase global GDP by nearly 12 per cent by 2030.[24]

PREVENTING CHILD MARRIAGE:

A 10 per cent reduction in child marriage could contribute to a 70 per cent reduction in a country's maternal mortality rates and a 3 per cent decrease in infant mortality rates.[31] High rates of child marriage are linked to lower use of family planning, higher fertility, unwanted pregnancies, higher risk for complications during childbirth, limited educational advancement, and reduced economic earnings potential.

WATER, SANITATION AND HYGIENE:

Investments in these sectors return US$4 for every US$1 invested and would result in US$260 billion being returned to the global economy each year if universal access were achieved.[32]

INDOOR AIR POLLUTION:

Globally, more than 3 billion people cook with wood, dung, coal and other solid fuels on open fires or traditional stoves. If 50 per cent of people who use solid fuels indoors gained access to cleaner fuels, health-system cost savings would amount to US$165 million annually. Gains in health-related productivity would range from 17 to 62 per cent in urban areas and 6 to 15 per cent in rural areas.[33]

3

CHALLENGES TO OVERCOME

Although widespread progress has been made in recent decades, women, children and adolescents still face numerous health challenges, with many factors often affecting each other. Causes of preventable death and ill-health include communicable and non-communicable diseases, mental illness, injuries and violence, malnutrition, complications of pregnancy and childbirth, unwanted pregnancy and lack of access to, or use of, quality health-care services and life-saving commodities.[8,9,34] Underlying structural causes include poverty, gender inequality (manifested in discrimination in laws, policies and practice) and marginalization (based on age, ethnicity, race, caste, national origin, immigration status, disability, sexual orientation and other grounds) that are all human rights violations.[35,36]

Other factors that significantly influence health and well-being include: genetics; families, communities and institutions; underlying unequal gender norms within households; income and education levels; social and political contexts; the workplace; and the environment.[34]

SPOTLIGHT ON HEALTH CHALLENGES

The data in the following infographics highlight some of the most pressing health challenges faced globally by women, children and adolescents at the time of the *Global Strategy* launch in September 2015. The challenges have their roots, to a very great extent, in human rights failures. The statistics and sources for the infographics are available at: **www.everywomaneverychild.org**.

Women, children and adolescents still face numerous interrelated health challenges, underpinned by poverty, inequality and marginalization.

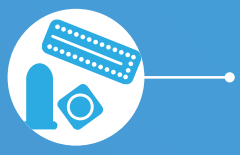
Women's health challenges

Despite progress, societies are still failing women, most acutely in poor countries and among the poorest women in all settings. Gender-based discrimination leads to economic, social and health disadvantages for women, affecting their own and their families' well-being in complex ways throughout the life course and into the next generation. Gender equality is vital to health and to development.

An estimated

289,000

died in 2013 in ***PREGNANCY AND CHILDBIRTH****, with more than one life lost every 2 minutes*



225 MILLION

women have an ***UNMET NEED FOR FAMILY PLANNING***

52%

of maternal deaths (in pregnancy, at or soon after childbirth) are attributable to ***THREE LEADING PREVENTABLE CAUSES*** *– haemorrhage, sepsis, and hypertensive disorders*

28%

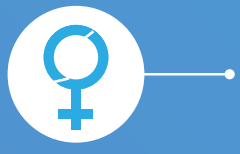
of maternal mortality results from non-obstetric causes such as ***MALARIA, HIV, DIABETES, CARDIOVASCULAR DISEASE AND OBESITY***

8%

of maternal mortality is attributable to ***UNSAFE ABORTION***

270,000

women die of ***CERVICAL CANCER*** *each year*



1 IN 3

women aged 15–49 years experiences ***PHYSICAL AND/OR SEXUAL VIOLENCE*** *either within or outside the home*

Child health challenges

The high rates of preventable death and poor health and well-being of newborns and children under the age of five are indicators of the uneven coverage of life-saving interventions and, more broadly, of inadequate social and economic development. Poverty, poor nutrition and insufficient access to clean water and sanitation are all harmful factors, as is insufficient access to quality health services such as essential care for newborns. Health promotion, disease prevention services (such as vaccinations) and treatment of common childhood illnesses are essential if children are to thrive as well as survive.

2.7 MILLION

*children who die are **NEWBORNS. 60 - 80%** are **PREMATURE** and/or **SMALL** for gestational age.*

5.9 MILLION

*children under the age of five died in 2014 from mostly **PREVENTABLE CAUSES***

43%

*due to **INFECTIOUS DISEASES** with pneumonia, diarrhoea, sepsis and malaria as leading causes*

In addition

2.6 MILLION

*babies die in the last 3 months of pregnancy or during childbirth **(STILLBIRTHS)***

NEARLY HALF

*of under-five child deaths are directly or indirectly due to **MALNUTRITION**. Globally, **25%** of children are stunted and **6.5%** are overweight or obese.*

LESS THAN 40%

*of infants are **BREASTFED** exclusively up to 6 months*

1 IN 3

*children (200 million globally) fails to reach their full physical, cognitive, psychological and/or socioemotional potential due to **POVERTY, POOR HEALTH AND NUTRITION, INSUFFICIENT CARE AND STIMULATION,** and other risk factors to early childhood development*

Adolescent health challenges

Globally, millions of adolescents die or become sick from preventable causes. Too few have access to information and counselling and to integrated, youth-friendly services, and especially to sexual and reproductive health services without facing discrimination or other obstacles. In many settings, adolescent girls and boys face numerous policy, social and legal barriers that harm their physical, mental and emotional health and well-being. Among adolescents living with disabilities and/or in crisis situations, the barriers are even greater.

1.3 MILLION

million adolescents died in 2012 from ***PREVENTABLE OR TREATABLE CAUSES.*** *The five leading causes of death in adolescent boys and girls are* ***ROAD INJURIES, HIV, SUICIDES, LOWER RESPIRATORY INFECTIONS AND INTERPERSONAL VIOLENCE***

In adolescent girls aged 15-19 the two leading causes of death are ***SUICIDE AND COMPLICATIONS DURING PREGNANCY AND CHILDBIRTH***

2.5 MILLION ***UNDER 16 GIVE BIRTH***

15 MILLION ***UNDER 18 ARE MARRIED***

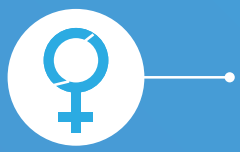
Globally

80%

of adolescents are ***INSUFFICIENTLY PHYSICALLY ACTIVE***

70%

of preventable adult deaths from ***NON-COMMUNICABLE DISEASES*** *are linked to risk factors that* ***START IN ADOLESCENCE***



Around

1 IN 10

girls (about 120 million) under the age of 20 has been a victim of ***SEXUAL VIOLENCE***

30 MILLION

are at risk of ***FEMALE GENITAL MUTILATION*** *in the next decade*

Environmental health challenges

Environmental factors such as clean water and air, adequate sanitation, healthy workplaces and safe houses and roads all contribute to good health. Conversely, contaminated water, polluted air, industrial waste and other environmental hazards are all significant causes of illness, disability, and premature deaths. They contribute to and result from poverty, often across generations.

1 IN 8

*deaths worldwide is linked to **AIR POLLUTION**, including around **50%** of child deaths due to **PNEUMONIA***

*Every year **LEAD EXPOSURE** is linked to about*

600,000 *new cases of **INTELLECTUAL DISABILITIES** in children, and to*

143,000 *deaths in the population*

32%

*of the global population lacks access to **ADEQUATE SANITATION***

9%

*of the global population lacks access to **SAFE DRINKING WATER***

***WATER** is not readily available in about **40%** of **HEALTH FACILITIES** in 59 low- and middle-income countries. More than*

30% *lack **SOAP** for hand washing, and*

20% *lack **TOILETS**, which significantly affects quality of care, including for childbirth*

In Sub-Saharan Africa, women and girls spend

40 BILLION

*hours each year **COLLECTING WATER** — equal to a year's work of the entire labour force in some high-income countries*

Humanitarian and fragile settings

The SDGs will not be reached without specific attention to countries with humanitarian and fragile settings that face social, economic and environmental shocks and disasters.[37] Risks include conflict and violence, injustice, weak institutions, disruption to health systems and infrastructure, economic instability and exclusion, and inadequate capacity to respond to crises.[38] It is crucial and urgent for the international community to better support countries in upholding fundamental human rights across the life course in every setting.

60% *of maternal deaths,* **53%** *of child deaths, and* **45%** *of newborn deaths occur in* ***FRAGILE STATES AND HUMANITARIAN SETTINGS***

Almost 60% of the

1.4 BILLION *people living in* ***FRAGILE STATES*** *are under 25 years of age*

Women and children are up to

14 TIMES *more likely than men to die in a* ***DISASTER***

There were

59.5 MILLION

FORCIBLY DISPLACED *persons and* **19.5 million** ***REFUGEES IN 2014***

In refugee camps, millions of women and girls are at risk of sexual violence, disease or death when they have to access ***TOILETS OR SHOWERS, OR SEARCH FOR WATER AND FIREWOOD*** *in unsafe areas*

AT LEAST 1 IN 5

female refugees and internally displaced persons in countries affected by conflict are victims of ***SEXUAL VIOLENCE***

The average time a person spends in refugee situations is

25 YEARS

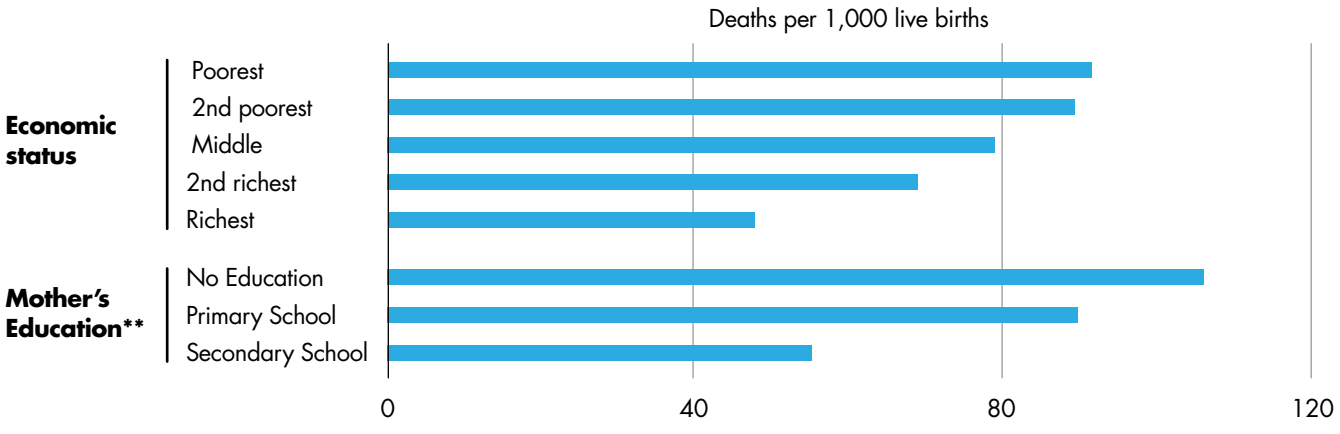
THE HEALTH EQUITY GAP WITHIN AND BETWEEN COUNTRIES

Health outcomes among women, children and adolescents are worse when people are marginalized or excluded from society, affected by discrimination, or live in underserved communities—especially among the poorest and least educated and in the most remote areas.[6] In low- and middle-income countries there can be:[34]

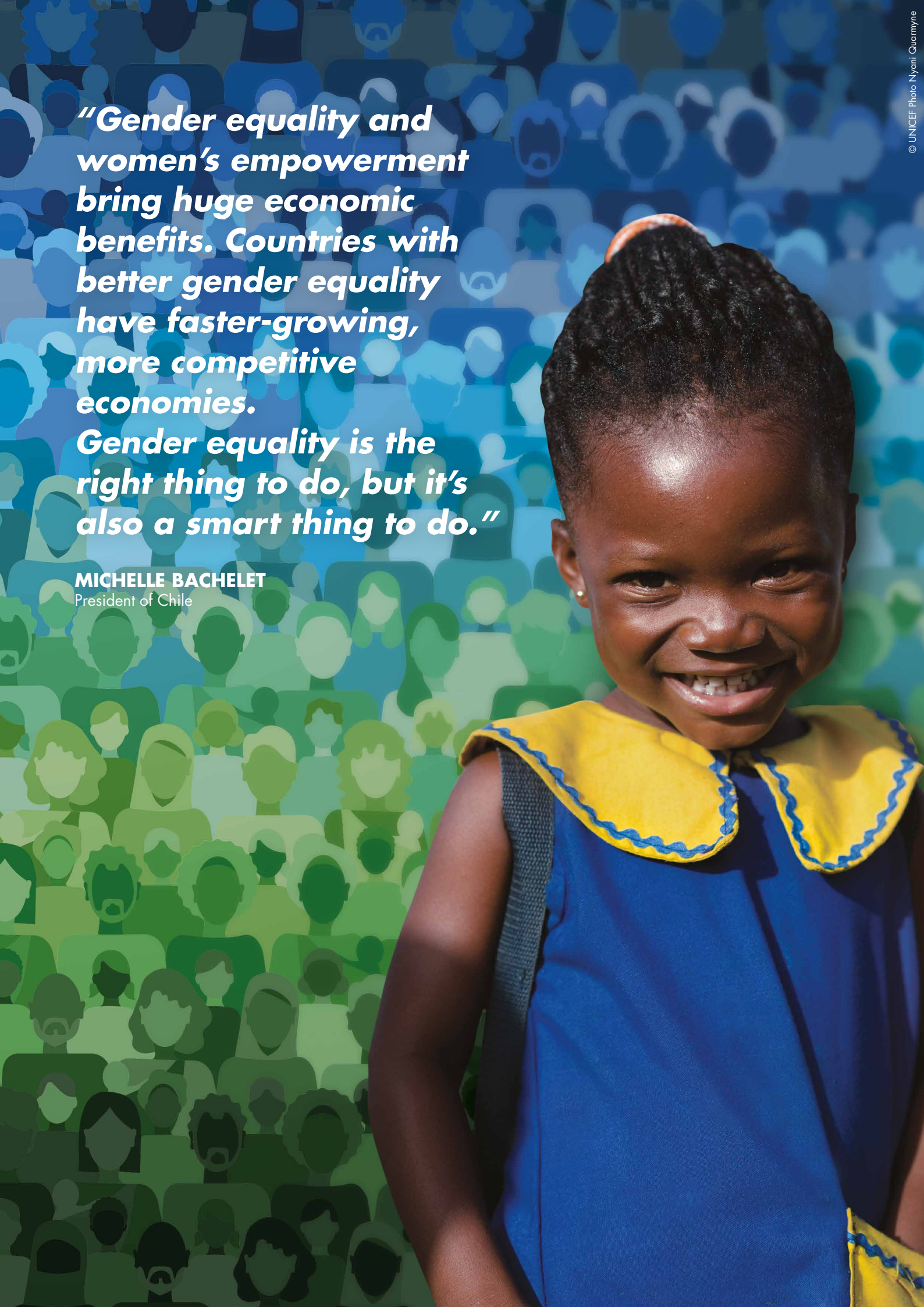
- Up to three times more pregnancies among teenage girls in rural and indigenous populations than in urban populations
- Up to an 80 percentage point difference in the proportion of births attended by skilled health personnel between the richest and poorest groups within countries
- At least a 25 percentage point difference in antenatal care coverage (at least four visits) between the most and least educated and the richest and poorest groups within countries
- At least an 18 percentage point gap in care-seeking for children with pneumonia symptoms between the poorest and richest groups within countries, with low care-seeking rates overall
- Up to 39 percentage points higher stunting prevalence in children of mothers with no formal education compared with those children whose mothers completed secondary school or higher education

This equity gap is clearly visible when comparing health outcomes for women, children and adolescents within countries (Figure 2) and across regions (Figure 3).

Figure 2:
The in-country equity gap in under-five deaths by economic status and mother's education*



* Data from national Demographic and Health Surveys in 49 low- and middle-income countries, 2005–2012.
** Education data are not available for 10 countries.[39]

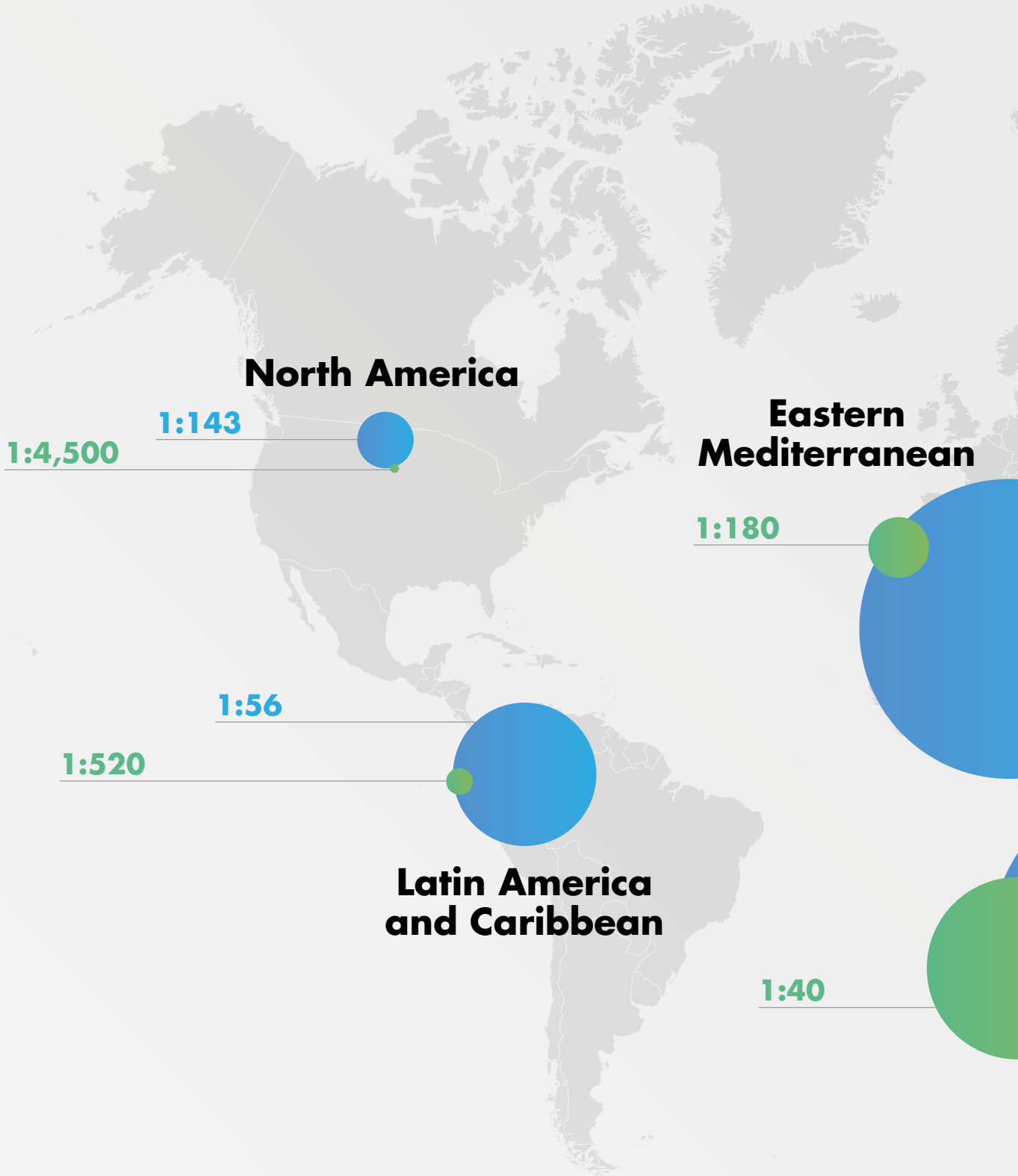


"Gender equality and women's empowerment bring huge economic benefits. Countries with better gender equality have faster-growing, more competitive economies.
Gender equality is the right thing to do, but it's also a smart thing to do."

MICHELLE BACHELET
President of Chile

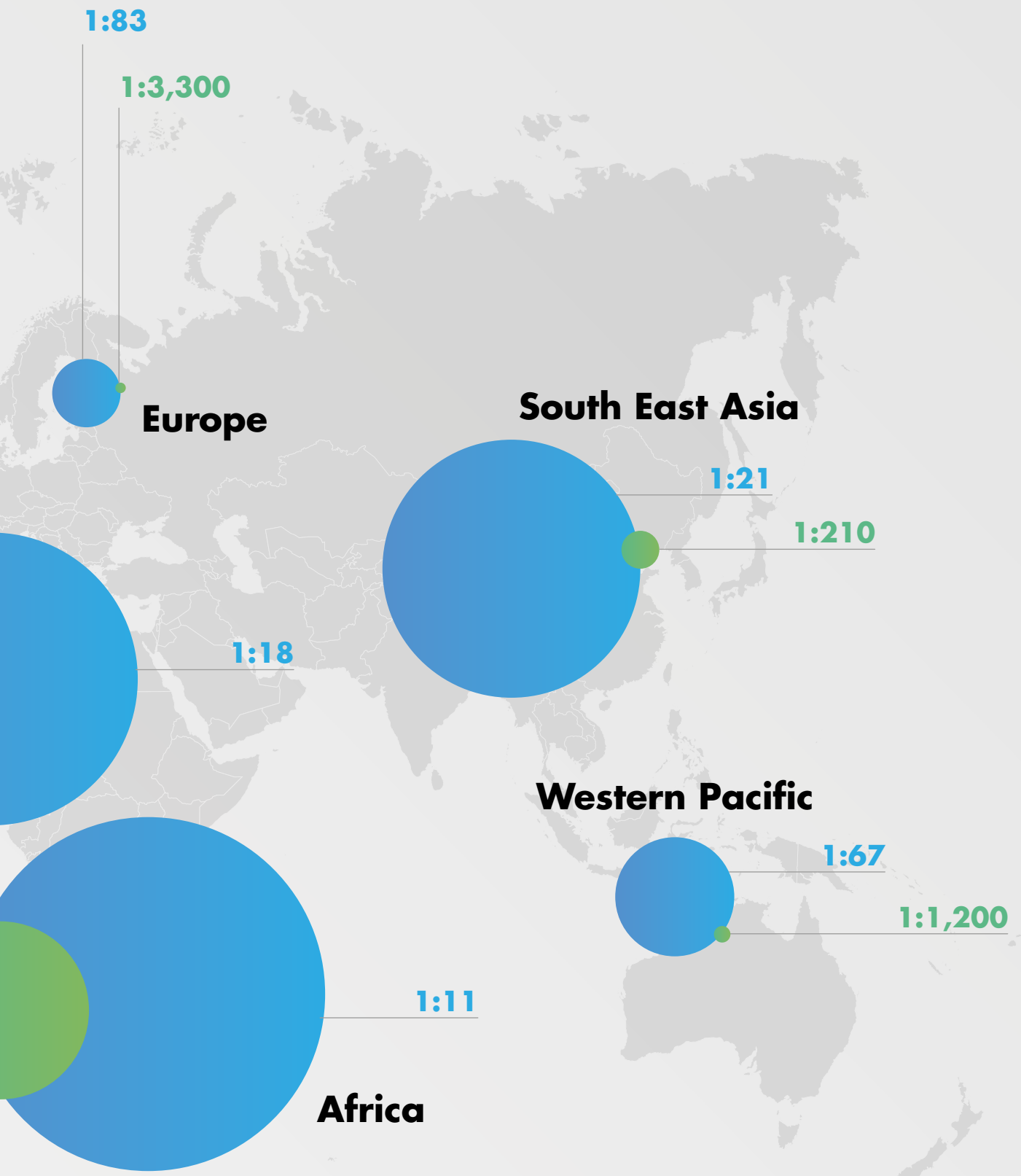
© UNICEF Photo Nyani Quarmyne

Figure 3:
Inequitable risks of maternal and child death across regions*



The size of each bubble corresponds to the risk in each region that:

- A child will die before the age of five
- A 15-year-old girl will eventually die from a maternal cause over her lifetime



* These data are based on the 2014 United Nations Interagency Estimates and the WHO regional grouping of countries with separate data for North America and Latin America.[8,9] Data on individual countries, and by alternative regional groupings, are available in the related references. MM=maternal mortality—lifetime risk (probability that a 15-year-old female will die eventually from a maternal cause assuming that current levels of fertility and mortality, including maternal mortality, do not change in the future, taking into account competing causes of death); U5M=under-five mortality—proxy measure of the risk of a child dying before the age of five (calculated by dividing 1,000 live births by the average under-five mortality rate for each region). [8,9]

4

AN UPDATED GLOBAL STRATEGY FOR THE POST-2015 ERA

The survival, health and well-being of women, children and adolescents are essential to ending extreme poverty, promoting development and resilience, and achieving all the SDGs. In recognition of this, the updated *Global Strategy* sets out a vision, guiding principles, three objectives and a set of core targets, in line with the SDG framework. It identifies key actions and lays the groundwork for country-led implementation planning. The *Strategy* is fully aligned with the priorities of the SDGs, and builds on the evidence of what is needed and what works. It encompasses all locations, social groups and settings, in particular marginalized, excluded and hard-to-reach communities.

VISION

By 2030, 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 sustainable and prosperous societies.

GUIDING PRINCIPLES

The *Global Strategy* is guided by several well-established principles of global health and sustainable development. It is: country-led, universal, sustainable, human rights-based, equity-driven, gender-responsive, evidence-informed, partnership-driven, people-centred, community-owned and accountable to women, children and adolescents. All aspects of the *Global Strategy* are aligned with development effectiveness and humanitarian norms. As well as being important in their own right, human rights and gender equality are vital enablers for positive change (see Boxes 2 and 3).

Box 2:

A central role for human rights

The Global Strategy is rooted in established human rights treaties and commitments. Women's, children's and adolescents' health are recognized as fundamental human rights in several international treaties such as the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

It also builds on global-level consensus, including the International Conference on Population and Development Programme of Action; the Beijing Declaration and Platform for Action agreed at the Fourth World Conference on Women; the United Nations Economic and Social Council Ministerial Review on Global Health; and the agreements of the Commission on the Status of Women.

Health is a human right under international law that is interdependent with, and indivisible from, other human rights. Key human rights interventions include those in the areas of policy and legislation, equality and non-discrimination, service delivery, participation, the underlying determinants of health, sociocultural, political and economic affairs, and accountability.

Implementation of the Global Strategy will be informed by the United Nations Statement of Common Understanding on Human Rights-Based Approaches to Development Cooperation and Programming. The Human Rights Council has also issued practical technical guidance to help countries apply human rights standards and principles in health programmes for women, children and adolescents. In addition to fulfilling legal obligations, there is evidence that using a human rights-based approach has a positive impact on women's, children's and adolescents' health. Assessing the impact of human rights-based approaches, alongside impact assessments of health and sustainable development, can help improve implementation and accountability.

Box 3:

Gender equality: a precursor to realizing the right to health

The Global Strategy recognizes the critical role of gender equality for women and girls to make informed choices about their health and to seek and receive services they want and need. Women, and others facing discrimination because of their gender identity or sexual orientation, often have unequal access to, and uptake of, basic health services and resources. Unequal gender norms and gender stereotypes also create biases in policies, institutions and programming, with grave consequences for effectiveness of services.

Removing discrimination in health-care settings, and ensuring women and adolescent girls are aware of their rights and are able to demand gender-sensitive and stigma- and discrimination-free services, is fundamental. Furthermore, the collection of sex-disaggregated data and gender-sensitive indicators is essential to monitoring and evaluating the results of health policies and programmes. Gender-responsive health policies and interventions require a thorough analysis of barriers to the achievement of women's health, including other inequalities based on ethnicity, class, geographic location and sexual orientation or gender identity.[41]

Enabling environments for gender equality are inextricably linked to positive health and broader societal outcomes.[42] *Successful implementation of the Global Strategy requires an effective response to unequal gender norms and action to develop clear synergies and alignment across other sectors.*

Every woman, child and adolescent has the right to make informed choices about their health, and seek and receive services they want and need.

OBJECTIVES: SURVIVE, THRIVE, TRANSFORM

Survive, Thrive, Transform drive the *Global Strategy*. Its over-arching objectives are to end preventable mortality and enable women, children and adolescents to enjoy good health while playing a full role in contributing to transformative change and sustainable development.

- ***SURVIVE:***
  End preventable deaths

- ***THRIVE:***
  Ensure health and well-being

- ***TRANSFORM:***
  Expand enabling environments

TARGETS

The targets to be achieved by 2030 under each of the objectives are drawn from the targets for the SDGs (see Table 1). They build on the globally agreed goals and targets of specific strategies and action plans, many of which have been endorsed by Member States of the World Health Assembly in recent years.

SURVIVE

End preventable deaths

- ***Reduce global maternal mortality***
  to less than 70 per 100,000 live births
- ***Reduce newborn mortality***
  to at least as low as 12 per 1,000 live births in every country
- ***Reduce under-five mortality***
  to at least as low as 25 per 1,000 live births in every country
- ***End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases***
  and other communicable diseases
- ***Reduce by one third premature mortality from non-communicable diseases***
  and promote mental health and well-being

THRIVE

Ensure health and well-being

- ***End all forms of malnutrition***
  and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- ***Ensure universal access to sexual and reproductive health-care services***
  (including for family planning) and rights
- ***Ensure that all girls and boys have***
  access to good-quality early childhood development
- ***Substantially reduce pollution-related deaths and illnesses***
- ***Achieve universal health coverage***
  including financial risk protection and access to quality essential services, medicines and vaccines

- ***Eradicate extreme poverty***
- ***Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education***
- ***Eliminate all harmful practices and all discrimination and violence against women and girls***
- ***Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene***
- ***Enhance scientific research upgrade technological capabilities and encourage innovation***
- ***Provide legal identity for all including birth registration***
- ***Enhance the global partnership for sustainable development***

ANSFORM

Expand enabling environments

5

ACTION AREAS

Only a comprehensive human rights-based approach will overcome the varied and complex challenges facing women's, children's and adolescents' health. To succeed, countries and their partners will have to take simultaneous action in nine interconnected and interdependent areas: country leadership; financing for health; health systems resilience; individual potential; community engagement; multisector action; humanitarian and fragile settings; research and innovation; and accountability.

These nine action areas were identified as key to achieving the *Global Strategy* objectives, based on the scientific evidence and practical experience gained from implementing the first *Global Strategy* and the MDGs, on new research on effective interventions and approaches, and on new thinking about the integrated nature of health and sustainable development. The evidence shows that making progress across a core set of interlinked action areas is critical and cost-effective, as no sector or intervention can singly achieve the objectives.[43-46] This will require a more integrated and holistic way of working across sectors, as envisioned by the SDGs.

The importance of context cannot be overstated: the specific details of each action in different settings will depend on political environments, power dynamics, economics, religion, social norms and factors affecting health literacy and care-seeking behaviours among women, children and adolescents.

1. COUNTRY LEADERSHIP

Effective country leadership is a common factor across those countries making the fastest progress on improving the health of women, children and adolescents.[2,43] Strong leadership is provided through meaningful collaboration between different arms of government working closely with communities, civil society, young people and the private sector to achieve health targets. Leadership is visible in the role of parliament (and often among women parliamentarians) through policy- and law-making, budgeting and increased accountability for women's, children's and adolescents' health.[47]

Political leadership at the highest level is vital to prioritizing the needs and rights of women, children and adolescents across government sectors. Government leadership (from politicians, parliamentarians and civil servants) is the only way to ensure that health systems are built on a solid foundation of strong national institutions and management capacity, comprehensive legislation, a well-equipped workforce, functioning infrastructure, sufficient funding, robust data for decision-making, transparency and accountability.

ACTIONS

1. ***REINFORCE THE LINKS BETWEEN POLITICAL AND ADMINISTRATIVE LEADERS.***

   Set up or improve coordination mechanisms to ensure the active participation of administrative leaders in policy formulation and decision-making. Strengthen subnational (district level) political and administrative capacity and leadership and the relationship between central and state authorities. Put in place or improve systems for performance management and to ensure continuity despite political and administrative turnover, and in the event of emergencies such as disasters or crises.

2. ***STRENGTHEN LEADERSHIP AND MANAGEMENT CAPACITIES.***

   Identify and address barriers to more effective leadership such as accessing and using data for decision-making; essential skills in negotiation, budgeting, building consensus, planning and programme management; collaborating across sectors; coordinating multi-stakeholder action; mobilizing resources; and ensuring accountability. Increase the number of women leaders and managers at all levels.[43] Collaborate with academic institutions on leadership and management programmes and through south-south cooperation to promote learning and share best practices.

3. ***DEVELOP MULTI-STAKEHOLDER ACCOUNTABILITY AND OVERSIGHT.***

   Recognize the critical role of civil society organizations, academia, the business community, media, funders and other stakeholders in holding each other and governments to account for health outcomes. Foster active citizenship, advocacy and collective action. Make disaggregated data and information on women's, children's and adolescents' health publically available. Engage with stakeholders to ensure participation in developing plans and programmes and monitoring and review of implementation. Strengthen the judiciary and autonomous regulatory mechanisms to provide oversight, with policies to protect "whistle blowers".

2. FINANCING FOR HEALTH

Existing financing falls far short of the sums needed to fund all the measures envisioned in this *Strategy*. To scale up from current coverage to the targets for 2030 requires US$33.3 billion in 2015 alone across 63 high-burden, low-income and lower-middle-income countries, equivalent to US$10 per capita.[18] Closing this gap requires an approach that combines domestic financing, external support and innovative approaches, as well as making better use of existing resources. An estimated 20-40 per cent of health spending "is consumed in ways that do little to improve people's health due to technical or allocative inefficiencies".[48]

Domestic sources are by far the largest contributors of financing for women's, children's and adolescents' health services.[49] However, the majority of health expenditure in many countries comes from the private sector and from individuals through out-of-pocket expenditures, which can cause economic hardship that is particularly exacerbated by crises. Economic growth creates important opportunities to increase government spending on health.

Development assistance for health provides important complementary resources, but has historically been fragmented and inefficient and too often displaces domestic financing.[49] Innovative financing mechanisms (domestic and international) are playing an increasingly important role, mobilizing nearly US$100 billion for health and development between 2001 and 2013 and growing by about 11 per cent per year.[50]

ACTIONS

1. ***MOBILIZE SUFFICIENT AND SUSTAINABLE RESOURCES.***

   Increase government spending on health in line with GDP growth and towards agreed targets. Facilitate policy dialogue between ministries of finance and subnational bodies to expand tax capacities, reduce subsidies that do not benefit the poor and reallocate the freed resources to programmes targeted towards the poor. Explore new ways to generate domestic health revenues, such as expanding "sin" taxes (for example on tobacco and alcohol), debt swaps and the floating of bonds marketed to diaspora communities. Incentivize private-sector investments in health, directly and through partnerships with governments or civil society.

2. ***ENSURE VALUE FOR MONEY WHILE INCREASING FINANCIAL PROTECTION FOR WOMEN, CHILDREN AND ADOLESCENTS LIVING IN POVERTY.***

   Reduce out-of-pocket expenditures for health and instead increase the share of total health expenditure that is pooled (e.g. in national health insurance schemes). Pooling resources reduces risk, facilitates the use of subsidies to ensure equity and enables strategic purchasing, which improves efficiency. Reduce barriers to the integrated planning and reallocation of these funds towards evidence-based priority services and beneficiaries, and implement strategic purchasing and performance-based financing. Foster more effective dialogue between ministries of health and finance in order to leverage more efficient and equitable domestic financing, including health insurance, to achieve universal health coverage.

3. ***ADOPT INTEGRATED AND INNOVATIVE APPROACHES TO FINANCING.***

   Break down silos between the financing flows for women's, children's and adolescents' health, including for nutrition, communicable and non-communicable diseases. Enhance collaboration between international agencies around health systems strengthening and universal health coverage to reach poor, underserved and marginalized populations, and strengthen financial instruments in fragile settings. Increase funding for high-impact programmes. Explore innovative financing models at the global, regional and national levels, using, for example, health bonds as a bridge to meet upfront financing needs. Secure credit enhancement mechanisms (e.g. pooled financing, guarantees) through multilateral development banks or bilateral agencies and target endowment and sovereign wealth funds, which are increasingly looking for investments with joint economic and social returns. Use the Global Financing Facility in support of Every Woman Every Child as a dedicated financing response to the Global Strategy (see Box 4), and leverage existing innovative health financing mechanisms, such as Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to complement domestic financing as required.

Box 4:

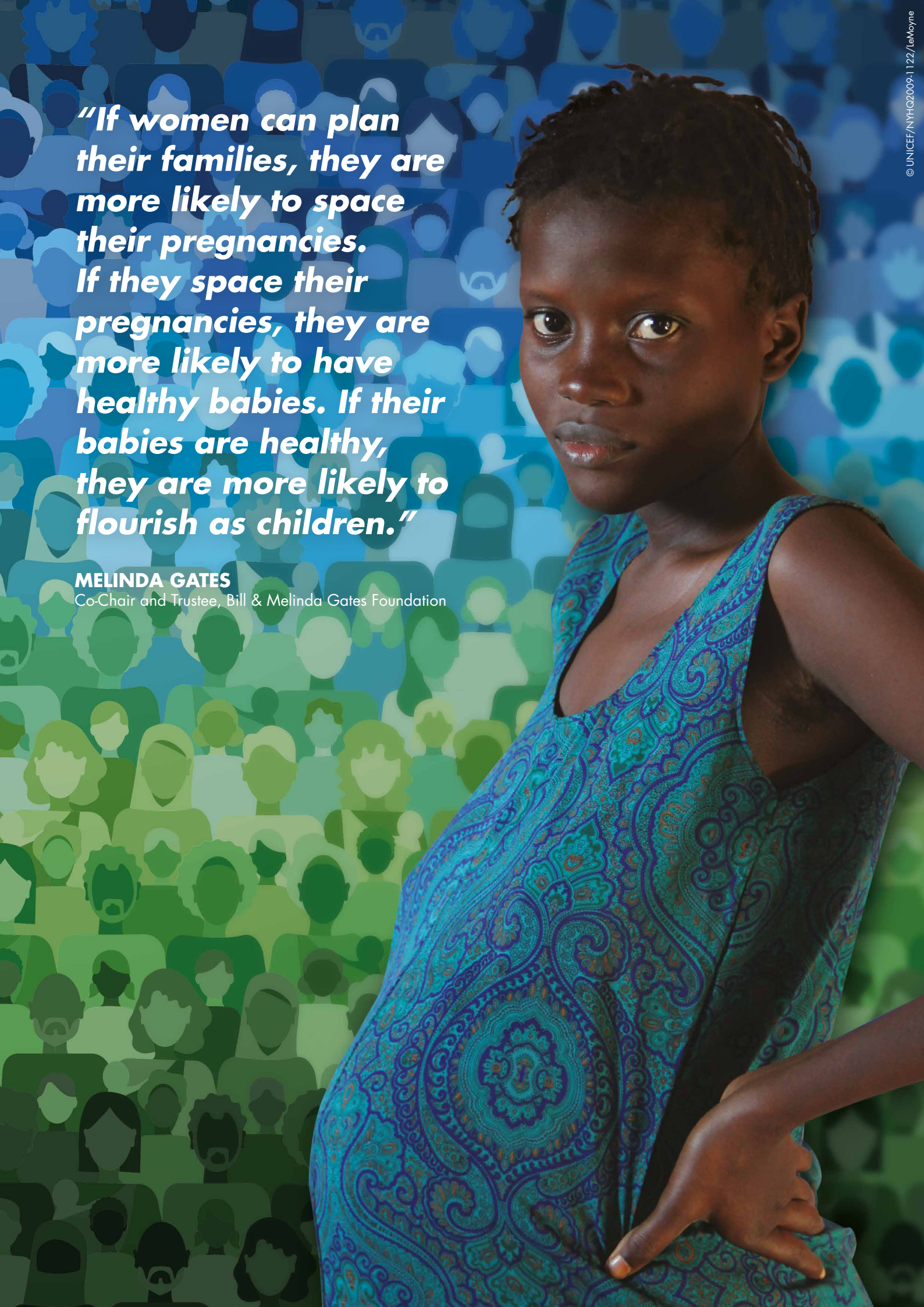
The Global Financing Facility in support of Every Woman Every Child

The Global Financing Facility (GFF) was launched in July 2015 as an important financing platform for the Global Strategy, to provide smart, scaled and sustainable financing to support country-led investment plans for women's, children's and adolescents' health. Coordinated by the World Bank and involving a broad range of partners, the GFF has adopted a model that shifts focus away from official development assistance towards an approach that combines domestic and international funding and innovative sources for resource mobilization and delivery, including the private sector. This new model acts as a pathfinder for financing for development in the post-2015 era. The GFF operates at the country level by utilizing existing structures and processes while embodying the principles of inclusivity and transparency.18 It aims to secure universal access to essential services for every woman, child and adolescent by:

Ensuring that evidence-based, high-impact interventions—whether clinical and preventive interventions, health systems strengthening or multisector interventions—are prioritized and delivered in an efficient, results-focused manner

Fully financing women's, children's and adolescents' health by mobilizing more than US$57 billion through domestic resources, new external support and improved coordination of existing assistance

Promoting sustainability by assisting countries to capture the benefits of economic growth and addressing the challenges of transitioning from low- to middle-income status[18]



"If women can plan their families, they are more likely to space their pregnancies. If they space their pregnancies, they are more likely to have healthy babies. If their babies are healthy, they are more likely to flourish as children."

MELINDA GATES
Co-Chair and Trustee, Bill & Melinda Gates Foundation

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3. HEALTH SYSTEM RESILIENCE

Health systems are weak in many countries with a high burden of maternal and child mortality. Quality of care is undermined by limited human resources and infrastructure, lack of political will, and inadequate long-term planning, emergency preparedness and sustainable financing.[51]

Institutional and human capacities are the bedrock of a strong health system. They are essential to create the resilience needed to withstand health system shocks and to ensure continuity in the universal delivery of effective, quality services to all people at all stages of life and in all settings.[52] When health systems and health workers are well prepared for emergencies, and to anticipate the health needs of the population, they can respond more promptly and effectively in the event of a crisis. In the 2014-2015 Ebola epidemic in West Africa, many health workers died and already fragile health systems were weakened, which resulted in increased maternal, infant and child deaths.[52] Health system emergency preparedness is critical to protect health workers, provide essential health services and improve health outcomes in all settings.

Governments should lead the development of a national health strategy that aims to strengthen all the building blocks of the health system to deliver universal health coverage: leadership and governance; health workforce; medical products; vaccines and technology; health information; health financing; and service delivery.[53] It is also critical to define clear roles and responsibilities for all providers (public, private and not-for-profit) and to monitor performance.

Health systems strengthening brings collateral benefits. Employment opportunities in health and social care can drive broader socioeconomic development, improve gender equality and lead to youth empowerment. Community health work, an entry point into the labour market for many women, is an essential component of health system resilience.[54]

ACTIONS

1. ***EQUIP THE HEALTH WORKFORCE EVERYWHERE TO PROVIDE GOOD-QUALITY, NON-DISCRIMINATORY CARE.***

   Develop a plan to identify structural bottlenecks and build health system capacity at institutional, organizational and individual levels. Reform governance and stewardship, incorporating the public and private sectors and communities. Invest in improving health workforce competencies, numbers, working conditions and rewards. Invest in procurement capacity and supply-chain management for life-saving commodities across the health system. Integrate health services delivery and monitor and evaluate health services regularly for availability, accessibility, acceptability and quality in every setting.

2. ***PREPARE ALL PARTS OF THE HEALTH SYSTEM TO COPE WITH EMERGENCIES.***

   Strengthen emergency preparedness capacities at all levels in accordance with the International Health Regulations, in areas such as legal and institutional frameworks for multisector emergency management; human resources and medical supplies and equipment for emergency response; information management systems for surveillance, risk communication and emergency management; financing and social protection; and service delivery to provide continuity of essential health services and management of mass casualties in crises.[55] Underpinning all of these aspects of preparedness is the ability of the health system to ensure the availability of essential health services.

3. ***ENSURE UNIVERSAL COVERAGE OF ESSENTIAL HEALTH INTERVENTIONS AND LIFE-SAVING COMMODITIES.***

   Prioritize services for women, children and adolescents in efforts to ensure universal health coverage, guided by recommendations on evidence-based health interventions, life-saving commodities and health system requirements (see Box 5 and Annexes 2, 3, 5 and 6), adjusted for country contexts. Provide equitable financial protection for individuals and households to prevent catastrophic out-of-pocket health expenditures.[56] Strengthen the availability of disaggregated data and information to acquire a detailed understanding of where and how health inequities occur, who is affected, and what barriers prevent different groups of women, children and adolescents from accessing and demanding essential health services.[34]

Box 5:

The United Nations Commission on Life-Saving Commodities for Women's and Children's Health

Commodities are an integral part of strong and resilient health systems. In 2012, the United Nations Commission on Life-Saving Commodities made ten recommendations to improve the availability of, and access to, 13 underutilized, low-cost, high-impact commodities[5] (see Annex 6). The Commission's recommendations have translated into support to countries in their efforts to improve distribution systems, create demand for the 13 commodities, and build know-how on when and how to use them. At the global level the recommendations are helping to improve their availability and supply.

The Commission's recommendations remain valid. Efforts to scale up access and reduce barriers to life-saving commodities must be accelerated in order to avert preventable deaths and improve the health and well-being of women, children and adolescents. Efforts to pool commodity procurement and secure price reductions for low- and middle-income countries beyond the 13 commodities must continue. Improvements in regulatory efficiency such as joint inspections and "fast-track" applications for pre-qualified products will ensure essential medicines are introduced more quickly where they are needed most. Ensuring all countries have the laboratory capacity to test the quality and safety of medicines is essential. Supply chains are too often weak and fragmented, and further work to reduce stock-outs is required. Finally, robust and sustained technical support should be made available to countries to ensure access to the latest evidence, guidelines, tools and best-practice materials.

"Having a healthy and well-educated population is more important than ever for fostering economic growth and building communities and societies that are resilient to shocks of various kinds."

ERNA SOLBERG
Prime Minister of Norway

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4. INDIVIDUAL POTENTIAL

Women, children and adolescents are potentially the most powerful agents for improving their own health and achieving prosperous and sustainable societies. They can also pass this health and social capital on to future generations. But they cannot fulfil this crucial role unless country leaders and societies uphold human rights, ensure access to essential commodities, services and information, and expand opportunities for social, economic and political participation.[57]

Everyone is born with a unique biological potential for health and then acquires potential from education, skills and life experience.[58] Environmental factors in early development can influence later health.[59] Individuals at all ages draw on their biological and acquired potential to meet individual, social and environmental demands on their health and well-being. Having the right resources and opportunities can help people make informed choices about their health.[58]

A child's brain and other systems develop most rapidly through the first three years of life, so investments in early development are essential to promote the physical, mental and social development that shape each individual's present and future health.[16]

Adolescence is a second critical developmental stage.[10] The physical, mental and social potential acquired in childhood can blossom into skills, behaviours and opportunities that contribute to better health and well-being in adolescence and later to a more productive adulthood. The right investments and opportunities may consolidate early gains, or offer a second chance to young people who missed out during childhood. Moreover, as possible future parents, adolescents can transfer health potentials and risks to future generations.

As adults, women contribute to society, politics and the economy in many ways that can promote health and well-being and advance sustainable development.[60] Their invaluable, but often overlooked, contributions include: knowledge; resilience in the face of adversity; leadership for their own and their families' health; contributions to the workforce; participation in cultural and political life; and the ability to mobilize themselves and their communities to prevent and mitigate crises, rebuild communities and achieve transformative social change and peace.

Many of the barriers individuals face in realizing their potential are related to violations of their human rights, including violence, abuse and discrimination. An experience of violence can disrupt development and cause immediate and long-term physical, mental, emotional and social harms.

ACTIONS

1. ***INVEST IN CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT.***

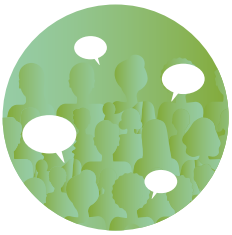
   Develop and finance integrated health and development programmes for early childhood and adolescence that combine efforts across sectors (including health, nutrition, responsive caregiving, social and mental stimulation, education, environment, water, sanitation and hygiene, employment and economic development programmes) and by a range of partners (including government, civil society, the private sector and communities). Support people caring for young children to provide nurturing care with stimulation and opportunities for learning in the first years of life. Ensure that young people achieve literacy and numeracy and have relevant technical and vocational skills for employment and entrepreneurship.

2. ***SUPPORT WOMEN, CHILDREN AND ADOLESCENTS AS AGENTS FOR CHANGE.***

   Identify context-specific needs—including barriers to realizing rights—and promote access to essential goods, services and information. Expand age-appropriate opportunities for socioeconomic and political participation. Ensure that these activities are funded in country plans and budgets.

3. ***REMOVE BARRIERS TO REALIZING INDIVIDUAL POTENTIAL AND PROTECT FROM VIOLENCE AND DISCRIMINATION.***

   Identify the root causes of exclusion, discrimination and deprivation, including inadequate civil registration and vital statistics systems. Strengthen legal frameworks to register and address human rights violations, promote human rights literacy and provide age- and gender-appropriate protection services and safe spaces for women, children and adolescents, including in humanitarian and fragile settings. Expand civil registration and vital statistics systems to increase access to services and entitlements in order for women and children to realize their rights to proper health care, education and basic social benefits, including housing and social protection.



5. COMMUNITY ENGAGEMENT

"Community" is a broad term that includes local, national or international groups of people who may or may not be spatially connected, but who share interests, concerns or identities.

Several countries offer strong evidence of the effectiveness of community engagement. Examples include women's groups supporting those who are pregnant or new mothers,[61] involvement of men and boys in health programmes,[62] and involvement of patients in quality-improvement activities within urban health services.[63] Ideally, the whole community, including adolescents, should be engaged in the process of deciding on health priorities and shaping health services for people of all ages.

For instance, community health workers are trusted community members in many countries, yet are under-recognized and remain peripheral in many national health systems. Civil society organizations, faith-based organizations and local, faith and traditional leaders also play important roles in addressing sociocultural barriers to the promotion of healthy behaviours.

Women, children and adolescents are the most powerful agents for improving their own health and achieving prosperous and sustainable societies.

ACTIONS

1. ***PROMOTE LAWS, POLICIES AND SOCIAL NORMS THAT ADVANCE WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH.***

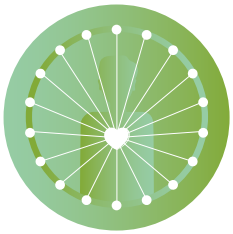
   Create legal and policy frameworks to promote positive social norms, for example to prohibit violence against women and girls and promote the full inclusion in society of individuals living with disabilities. Remove legal and policy barriers to adolescents' access to services. Improve community engagement through improved health literacy, dialogue, learning and action and community engagement strategies. Tailor mass-media campaigns to different social contexts, resources and needs to promote health literacy and positive behaviours in areas such as comprehensive sexuality education for adolescents and adults; breastfeeding and good nutrition; water, sanitation and hygiene practices; and decision-making related to health.

2. ***STRENGTHEN INCLUSIVE COMMUNITY ACTION THAT RECOGNIZES THE ROLES OF DIFFERENT GROUPS.***

   Involve community and political leaders and planners alongside other community members. Develop a more integrative and holistic approach to the continuum of health care by involving civil society organizations, including humanitarian actors, community and faith-based leaders and traditional birth attendants in dialogue and participatory learning and action. Formalize the contribution of community leaders and health workers within national health systems, with appropriate devolution of responsibility, support, supervision and remuneration. Encourage communities to participate in defining their health needs. Reorient health and development services in response.

3. ***ENSURE WOMEN AND GIRLS CAN FULLY PARTICIPATE, AND ENGAGE MEN AND BOYS IN HEALTH PROGRAMMES.***

   Involve women, children and adolescents and the organizations that support them in decision-making for health policies and programmes that affect their health and well-being. Include age and context-specific mechanisms in health programmes to ensure their participation. Promote supportive attitudes and behaviour from health workers for engaging men and boys and provide space for male partners in health facilities.



6. MULTISECTOR ACTION

Around 50 per cent of the gains in the health of women, children and adolescents result from investments outside of the health sector.[10,43,45] These include interventions and policies in education, nutrition, water, sanitation and hygiene, social protection and poverty reduction, child protection, labour, transport and energy. Cross-sector action—such as increasing women's political and economic participation and mitigating and adapting to climate change—also contributes significantly to health outcomes while contributing co-benefits across sectors.[25]

Interventions beyond the health sector must therefore be considered as core to national strategies on women's, children's and adolescents' health, and monitored in the same way as health sector interventions such as immunizations or provision of bednets. Annex 4 presents a prioritized list of key policies and interventions across different sectors. These policies and interventions correspond to many of the SDG targets listed under the Thrive and Transform objectives of this *Strategy*, which are mostly beyond the domain of the health sector.

Many countries have successfully adopted a multisector approach to health and development. For example, India finally eradicated polio by targeting the multisector causes of diarrhoeal disease in children (lack of clean water, sanitation etc.), which was reducing the efficacy of the polio vaccinations.[64] The Senegal River Basin Project, a multisector collaboration for economic development in the region, also resulted in 83 per cent of children aged under five sleeping under mosquito nets, drastically reducing malaria rates.[65]

ACTIONS

1. ***ADOPT A MULTISECTOR APPROACH TO IMPROVING THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND ADOLESCENTS.***

   Identify and incorporate policies and interventions (see Annex 4) led by different single sectors as core to national health strategies. Identify key structural forces that affect health and drive disparities, including gender-related structural and institutional biases. Enact broad-ranging cross-sector policies to advance shared goals and address challenges that lone sectors cannot resolve, driven by heads of government. Assess policies and interventions in different sectors to identify potential health risks.[46]

2. ***BUILD GOVERNANCE AND CAPACITY TO FACILITATE MULTISECTOR ACTION AND CROSS-SECTOR COLLABORATION.***

   Strengthen coordination, financing and accountability mechanisms to manage multisector action and cross-sector collaboration and promote related accountability at all levels. Identify strategic areas for cross-sector collaboration and create incentives to expedite the work. Eliminate bureaucratic and financial disincentives and barriers to multisector action and cross-sector collaboration, not only in governments but also among international agencies, the private sector and non-governmental organizations.

3. ***MONITOR THE IMPACT OF MULTISECTOR ACTION AND CROSS-SECTOR COLLABORATION ON HEALTH AND SUSTAINABLE DEVELOPMENT.***

   Enact joint monitoring of policies and interventions in different sectors that impact on health and consider and report on them as core health indicators. Promote shared monitoring of cross-sector action and impact across health and other sectors, as well as shared contributions towards achieving the SDGs.

7. HUMANITARIAN AND FRAGILE SETTINGS

More than half of all maternal, newborn and child deaths occur in humanitarian settings, including conflict and post-conflict situations, transnational crises, countries that have experienced one or more serious natural disasters and situations of protracted socioeconomic and political instability.[8,9,37]

Health challenges are particularly acute among mobile populations, those in refugee or temporary camps and among internally displaced communities. Almost 60 per cent of the 1.4 billion living in humanitarian settings are young people under 25 years of age. Women and adolescent girls in particular are vulnerable in such settings to exclusion, marginalization and exploitation, including sexual and gender-based violence.

Humanitarian emergency responses have historically given insufficient attention to protecting women, children and adolescents, who in crises face increased risks of poor physical and mental health outcomes, harassment, assault and rape. However, lessons have been learned. A devastating earthquake in Nepal in April 2015 killed thousands and affected more than half of the country's districts. An estimated 2 million women and girls of reproductive age and 126,000 pregnant women were among the survivors. Local, national and international responders across sectors—including health, protection, gender-based violence, HIV/AIDS and water, sanitation and hygiene—coordinated to uphold rights and ensure provision of essential sexual and reproductive health services. Their activities included ensuring safe births, supplying reproductive health and hygiene kits, and preventing gender-based violence, which is known to increase in the aftermath of disasters.[66] Applying a sustainable, human-centred approach to humanitarian efforts in crisis situations, whether short or protracted in duration, can strengthen the resilience of women, children and adolescents and their communities.

Given that a focus on humanitarian and fragile settings is an addition to this *Global Strategy,* the humanitarian and development sectors, while fulfilling their respective mandates, should collectively explore means of working more effectively to build resilience among women, children and adolescents and break down silos between humanitarian response and development efforts. Such efforts can be advanced through the following actions.

ACTIONS

1. ***SUPPORT USE OF HEALTH RISK ASSESSMENTS, HUMAN RIGHTS AND GENDER-BASED PROGRAMMING TO BETTER PROTECT THE SPECIFIC NEEDS OF WOMEN, CHILDREN AND ADOLESCENTS IN HUMANITARIAN SETTINGS.***

   Use a gender perspective when assessing risk and mapping community safety. In partnership with civil society and communities, build multi-hazard risk assessment and disaster risk reduction, including emergency preparedness, into country plans and budgets for women's, children's and adolescents' health. Ensure that the Minimum Initial Service Package includes up-to-date evidence-based interventions (see Annex 2). Deliver comprehensive packages that meet the unique, context-specific needs of women, children and adolescents in the full range of humanitarian, disaster, outbreak and conflict situations. Empower and support civil society actors to access populations where government actors cannot do so.

2. ***FULLY INTEGRATE EMERGENCY RESPONSE INTO HEALTH PLANS AND PROVIDE ESSENTIAL HEALTH INTERVENTIONS.***

   Analyse how, when and where health and other services should be made available in ways that protect access to all essential health services for all individuals in all settings, without discrimination or unnecessary risk. Ensure effective emergency response and continuity of care through essential health service provision for women, children and adolescents (see Annex 2).

3. ***ADDRESS GAPS IN THE TRANSITION FROM HUMANITARIAN SETTINGS TO SUSTAINABLE DEVELOPMENT.***

   In this transition phase, prioritize the health and well-being of women and young people, who are key to the ability of communities to withstand crises and recover from them. Invest in strengthening governance, health systems, institutions and financing to support this transition phase. Develop new approaches and mechanisms to finance the immediate, intermediate and longer-term health needs of all people living in humanitarian settings and increase accountability for results across all activities that span the transition from humanitarian relief to sustainable development.

8. RESEARCH AND INNOVATION

The full spectrum of research is required to understand and overcome the barriers to health for women, children and adolescents. Policy, implementation and operational research can lead to stronger systems and to improved service quality, efficiency and effectiveness.[67-69] Clinical research and systematic reviews of the evidence are essential to develop and update effective interventions (see Annex 2) and combat emerging challenges. These challenges include antimicrobial resistance, as well as neglected tropical diseases, particularly as they relate to women's, children's and adolescents' health.[70,71] More and better data are needed from monitoring and evaluation to increase the timeliness and accuracy of accountability tools and information.

Research is needed to understand the determinants and barriers that continue to restrict the access of many women, children and adolescents to health services.[34] Likewise, evidence is needed on the most effective approaches to reduce these inequities, across a range of contexts.[34] Social, behavioural, anthropological and community research helps to increase understanding of how to promote positive behaviour for health[72]—such as breastfeeding and hand washing with soap—and how to prevent harmful practices such as child marriage and female genital mutilation. Political and social sciences are also suited to capture evidence related to important health-related human rights and social goals, such as health equity, empowerment and eliminating discrimination.[40,73]

Evidence shows that knowledge and technological advances can be at least as important as economic resources in improving health and well-being.[74] Innovation is the starting point of a process that translates powerful new ideas and scientific evidence into effective, widely used interventions and commodities. To identify and take them to scale, the *Every Woman Every Child* movement has adopted the concept of integrated innovation. This states that scientific and technological, social, business and financial innovations are all needed and can often be combined to achieve transformative effects (see Box 6).[75] Innovations in low-income countries are a vital source of progress and should be supported by global partnerships and south-south cooperation. Community-based organizations have a critical role to play, particularly for innovations that go beyond health service delivery to address harmful social norms, build institutional capacity and reduce inequities.

ACTIONS

1. ***INVEST IN A WIDE RANGE OF RESEARCH, PRIORITIZING LOCAL NEEDS AND CAPACITIES.***

   Build country capacity to generate and use robust and relevant research evidence for the development of more effective policies, practices and advocacy for women's, children's and adolescents' health.

2. ***LINK EVIDENCE TO POLICY AND PRACTICE. INVEST IN AND NURTURE THE CYCLE OF RESEARCH, EVIDENCE, KNOWLEDGE, POLICY AND PROGRAMMING.***

   Develop "knowledge brokering" and knowledge translation mechanisms to ensure the latest evidence is available to all stakeholders at country, regional and global levels. Invest in global and national research networks, knowledge platforms and data hubs to provide accurate, timely and transparent evidence, knowledge, data analysis and synthesis.

3. ***TEST AND TAKE INNOVATIONS TO SCALE.***

   Actively engage governments, the public and private sectors, academia, civil society, foundations, donors, socially-minded investors and other relevant stakeholders to develop and bring successful innovations to scale. Create a positive business environment that recognizes the value of innovation to society. Prioritize innovations that have the greatest potential to reduce inequities in health, and to ensure that progress on women's, children's and adolescents' health benefits disadvantaged populations at least as much as more affluent ones. Encourage the sharing of expertise and experiences.

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"As we embark on the new development agenda, due consideration must be given to make sure that nobody is left behind in acquiring the adequate measurement tools. A data revolution is within our reach of today's technological advances."

ELLEN JOHNSON SIRLEAF
President of Liberia

Box 6:
An Innovation Marketplace

The pipeline of innovation is more robust than it has ever been for women's, children's and adolescents' health. More than 1,000 innovations are currently in research and development.2 The bottleneck is at the "transition to scale" stage, requiring more than US$1 million in funding for each promising pilot or proof-of-concept innovation. An Every Woman Every Child Innovation Marketplace in support of the Global Strategy aims to address this bottleneck, providing a mechanism and a conducive environment—backed by a global partnership of stakeholders—to curate the pipeline of innovations, identify the most promising, and broker investment to accelerate their path to scale, sustainability and impact. The goal is to transition at least 20 investments to scale by 2020 and to see at least ten of these innovations widely available and producing significant benefits for women, children and adolescents by 2030.

9. ACCOUNTABILITY FOR RESULTS, RESOURCES AND RIGHTS

Accountability is essential to accelerating progress for women's, children's and adolescents' health. It enables the tracking of resources, results and rights and provides information on what works, what needs improvement, and what requires increased attention. Accountability ensures that decision makers have the information required to meet the health needs and realize the rights of all women, children and adolescents and to place them at the heart of related efforts.

The United Nations Commission on Information and Accountability for Women's and Children's Health (CoIA) defined accountability as a cyclical process aimed at learning and continuous improvement and involving three principal stages: monitor, review and act (see Annex 5).[3,4] The CoIA placed the focus for action "soundly where it belongs: at the country level", but acknowledged that accountability is the responsibility of all partners and spans the local, country, regional and global levels.[3]

The enhanced Accountability Framework for the *Global Strategy* (see Figure 4) builds on the CoIA's principles, framework and recommendations. The Accountability Framework is aligned with the High-level Political Forum on Sustainable Development, which will have the central role in overseeing follow-up and review of progress on the SDGs at the global level.[76] It is also aligned with the Roadmap for Health Measurement and Accountability and its 5-Point Call to Action, which was adopted by WHO, USAID, the World Bank, countries and partners in June 2015 to advance a common agenda for health measurement.[77] Its overarching aim is to establish a clear structure and system to strengthen accountability at the country, regional and global levels and between different sectors. Ultimately, the *Global Strategy* is accountable to all women, children and adolescents as rights holders, including the underserved and marginalized.

ACTIONS

1. ***HARMONIZE MONITORING AND REPORTING.***

   Minimize the reporting burden on countries by harnessing existing data sources disaggregated by gender, geography and income to track progress on implementing the Global Strategy, and by repurposing reports and scorecards already in use for women's, children's and adolescents' health. Develop these reports by countries with support from the H4+—the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Entity for Gender Equality and Women's Empowerment (UN Women) and the World Bank—through a collaborative and transparent process. Report on progress in implementing the CoIA recommendations, including tracking reproductive, maternal, newborn, child and adolescent health expenditures and results against the agreed targets and indicators. Use regional peer review and regional reports to link accountability at the global and country levels.

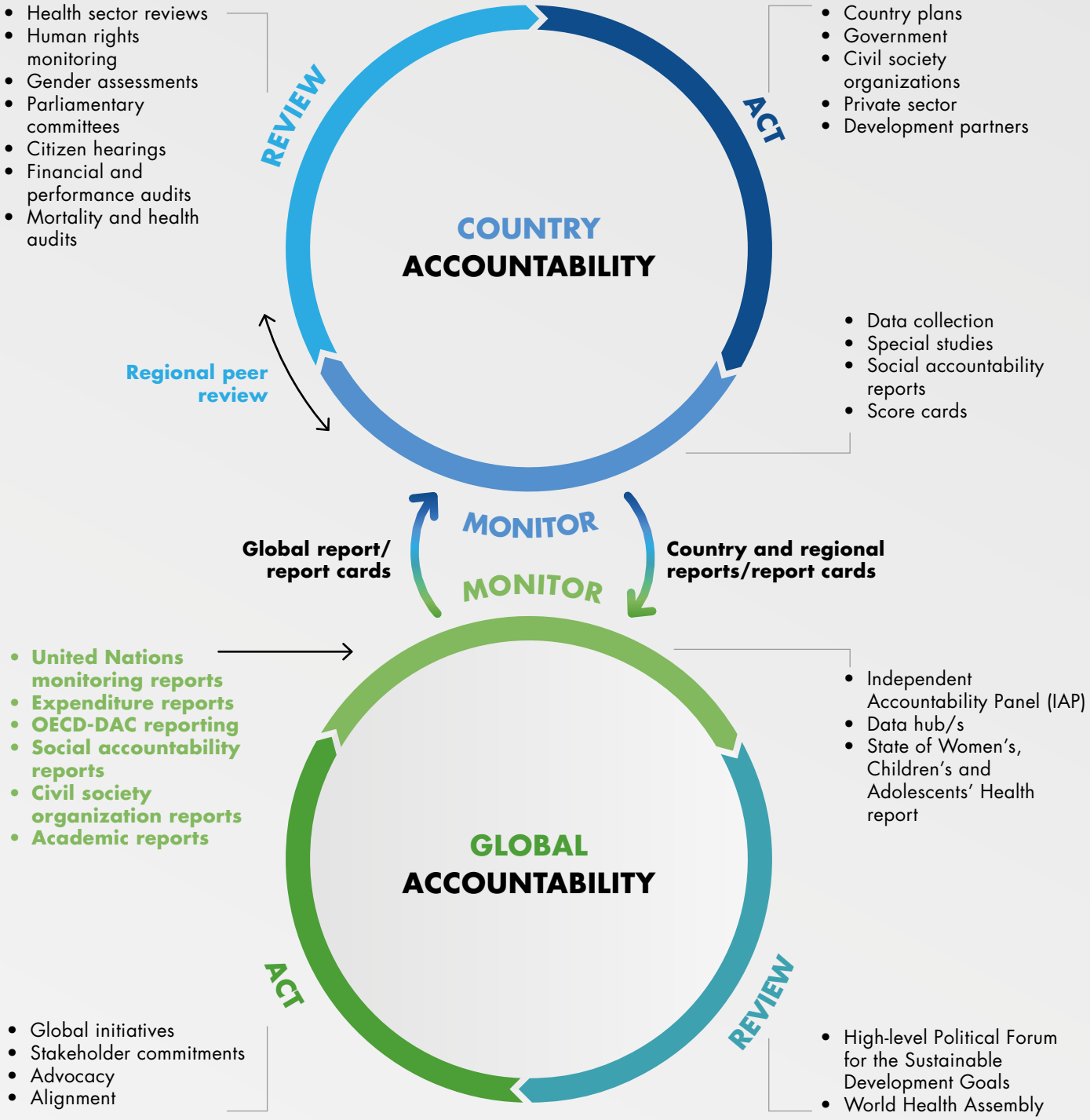
2. ***STRENGTHEN CIVIL REGISTRATION AND VITAL STATISTICS.***

   Support countries' efforts to strengthen their accountability mechanisms and institutions, including monitoring and reporting on results. Ensure that all countries have a functioning civil registration and vital statistics system so that births, marriages and deaths and their causes can be registered and monitored. Ensure that the deaths of women, children and adolescents are monitored and audited, so that appropriate follow-up actions can be taken.

3. ***PROMOTE MULTI-STAKEHOLDER ENGAGEMENT TO MONITOR, REVIEW AND ACT.***

   Promote multi-stakeholder engagement and cross-sector collaboration for follow-up actions at all levels. Health sector reviews involving all stakeholders can provide a platform for monitoring, review and action. Parliamentarians and civil society can monitor and hold governments accountable, thereby ensuring citizens' voices are heard. To ensure a transparent and independent review, an Independent Accountability Panel will prepare an annual report on the State of Women's, Children's and Adolescents' Health (see Box 7). The Partnership for Maternal, Newborn & Child Health will play a coordination role in the global Accountability Framework to ensure all stakeholders can act on recommendations.

Figure 4:
The *Global Strategy's* Accountability Framework



Box 7.

The State of Women's, Children's and Adolescents' Health annual report and the Independent Accountability Panel

Global accountability for the implementation of the Global Strategy will be brought together in a unified framework. In an effort to harmonize global reporting, minimize the reporting burden on countries and support cost-effectiveness, a comprehensive synthesis report of the State of Women's, Children's and Adolescents' Health will be produced using information routinely provided from United Nations agencies and independent monitoring groups. This annual report will be developed in an independent and transparent manner and will provide the global community with the best evidence for progress on women's, children's and adolescents' health towards achieving the Global Strategy objectives and the SDGs. The report will provide recommendations and guidance to all stakeholders on how to accelerate progress for improved health outcomes for women, children and adolescents.

The Independent Accountability Panel will take the lead in writing the annual report with support from a small secretariat housed at the Partnership. The annual report should not require additional data collection.

Each report will have a theme based on the findings of the previous year's report and be submitted to the United Nations Secretary-General. Member States and other stakeholders will be encouraged to discuss the report at the High-level Political Forum on Sustainable Development, which will be reviewing progress on the SDGs, the World Health Assembly, meetings of human rights treaty bodies and other high-level political assemblies and events, and to take appropriate actions.

6

IMPLEMENTATION: WE ALL HAVE A ROLE TO PLAY

The *Global Strategy* can only be implemented through collective action and collaborative effort: everyone has a critical role to play in improving the physical and mental health of women, children and adolescents, everywhere.

OPERATIONAL FRAMEWORK

The *Global Strategy* will be accompanied by a five-year Operational Framework, to be updated regularly until 2030. Building on ongoing efforts and existing structures, it will guide countries as they develop and refine their plans for women's, children's and adolescents' health based on country-identified needs and priorities. All stakeholders—including multi-stakeholder partnerships at all levels—should use it as a guide to tangible action. The Operational Framework will be developed in consultation with governments, civil society, the private sector, international agencies and other constituencies and partners.

EVERY WOMAN EVERY CHILD ARCHITECTURE

The *Every Woman Every Child* architecture for the *Global Strategy* will support countries to implement their unique national priorities and plans for improving women's, children's and adolescents' health by 2030 (see Figure 5).

Governments and national leaders will own and drive the process to achieve national targets by developing investment and implementation plans, establishing one coherent system for monitoring and evaluation and ensuring accountability, and harnessing existing country-level multi-stakeholder engagement platforms. Regional bodies and mechanisms, especially those that foster south-south collaboration, should bolster and align with national policy and country efforts (e.g. cross-border cooperation issues and knowledge and technology transfer).

Globally, the United Nations Secretary-General leads the *Every Woman Every Child* movement, supported by a High-Level Advisory Group. The Advisory Group will be informed by the work in the three pillars of the global architecture (see below) and will provide political steering and advice on realizing the vision of *Every Woman Every Child* and achieving the *Global Strategy* objectives. The movement is co-ordinated by the Executive Office of the Secretary-General and serves as the multi-stakeholder platform to support the implementation of the *Global Strategy.*

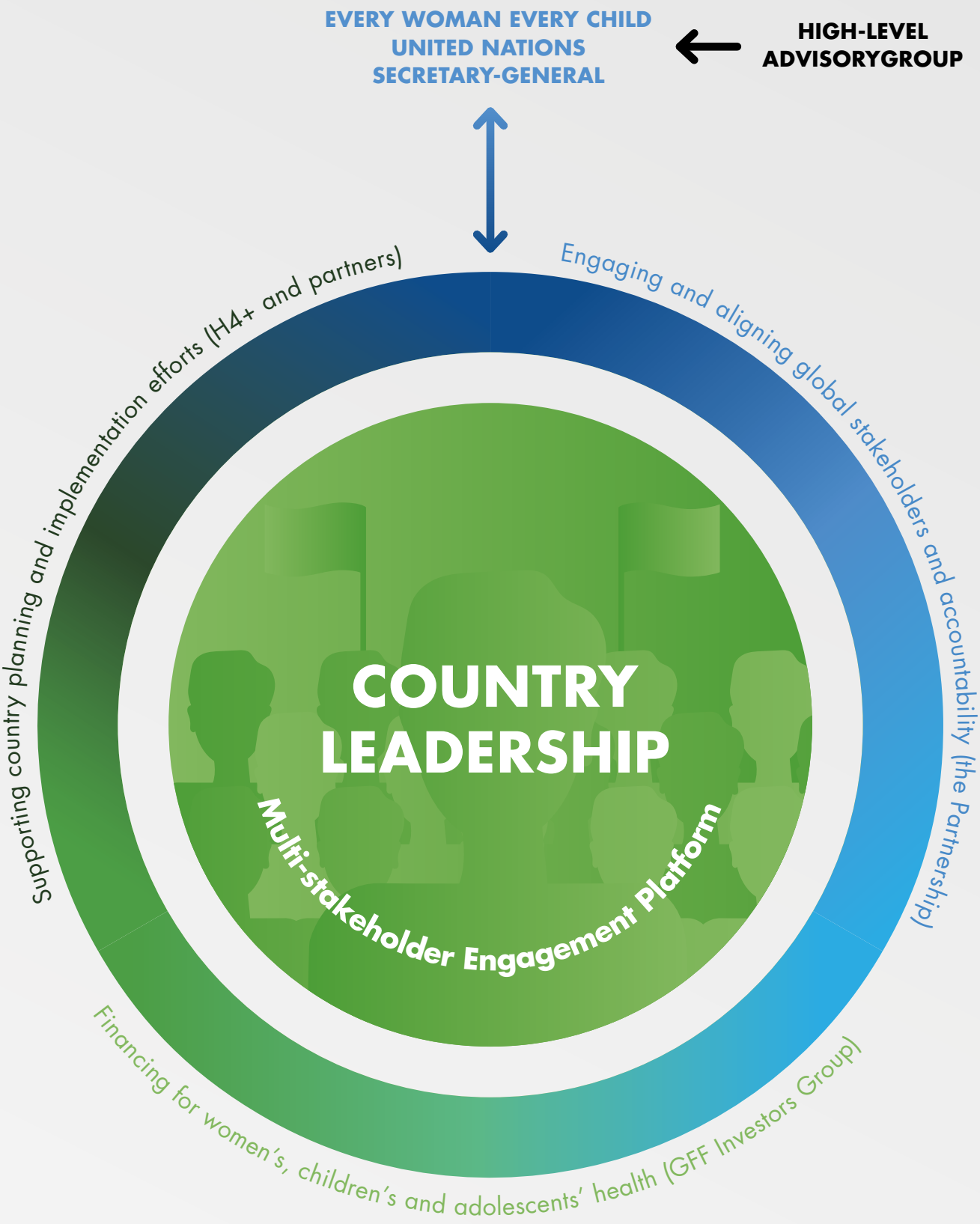
Three interconnected pillars of the global architecture underpin the delivery of the *Global Strategy.*

1. **Country planning and implementation** efforts drive the delivery of the *Global Strategy*, supplemented by regional and global technical inputs. A key source of technical support for the *Global Strategy* is the H4+ partnership (WHO, UNFPA, UNICEF, UNAIDS, UN Women and the World Bank). The H4+ partnership at the global level interfaces closely with the Executive Office of the Secretary-General and provides support at country level. Bilateral development agencies, civil society groups and the private sector also contribute vital technical support to complement and enhance capacities at the country level. South-south cooperation and academic and research collaboration will also play important roles. This support should be delivered through the existing country-level multi-stakeholder engagement platforms in a coordinated and coherent way and ensure coordination among the various supportive initiatives under the *Every Woman Every Child* movement, such as A Promise Renewed, Family Planning 2020, Every Newborn Action Plan and Eliminating Preventable Maternal Mortality. National health strategies and investment plans will be the basis for financing decisions in the second pillar.

2. **Financing for country plans and implementation** is primarily driven by domestic resources from governments, the private sector and civil society. The Global Financing Facility in support of *Every Woman Every Child* is a new effort to better leverage financing for women's, children's and adolescents' health and enhance domestic resources. To scale up financing of national health strategies and investment plans, it is essential to ensure collaboration between existing global financing mechanisms such as Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank's International Development Association and International Bank for Reconstruction and Development; multilateral institutions; regional banks; and the private sector. The Global Financing Facility Investors Group has been established to facilitate this.

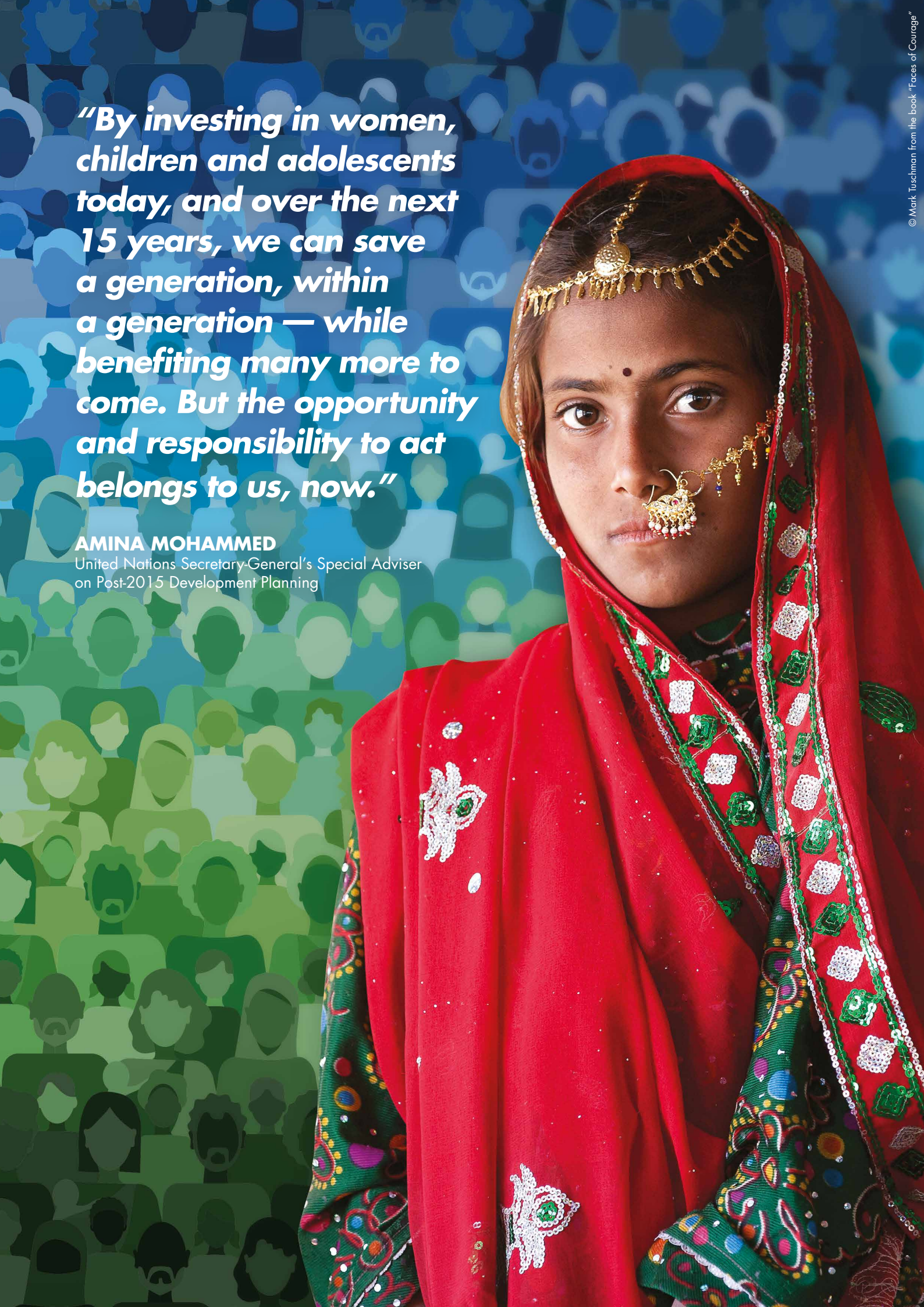
3. **Engagement and alignment of global stakeholders** is critical to ensure more effective and coherent support to countries, as well as strengthened accountability, and will be supported by The Partnership for Maternal, Newborn & Child Health. Country leadership will seek to align advocacy across all stakeholders operating at country level, while tapping into regional and global resources.

Figure 5:
Every Woman Every Child Architecture Framework



"By investing in women, children and adolescents today, and over the next 15 years, we can save a generation, within a generation — while benefiting many more to come. But the opportunity and responsibility to act belongs to us, now."

AMINA MOHAMMED
United Nations Secretary-General's Special Adviser
on Post-2015 Development Planning



© Mark Tuschman from the book "Faces of Courage"

COMMITTING TO ACTION

Concrete commitments and collective action are needed to harness the power of partnership and achieve the objectives of the *Global Strategy* for the health and well-being of every woman, child and adolescent. The following list highlights some key commitments required from different stakeholder groups. *Please note this list is not comprehensive.*

Governments, parliamentarians, decision makers and policymakers at all levels will:

- Make the health of women, children and adolescents a political priority
- Fund and implement comprehensive, evidence- and human rights-based national health plans, with a focus on strengthening health systems and reaching marginalized people
- Protect women, children and adolescents from the effects of catastrophic out-of-pocket health expenditures
- Allocate more funds for the cross-sector action and research and innovation needed to improve health outcomes
- Ensure the meaningful participation of all constituencies, including health-care professionals, the private sector, civil society, communities most affected by health inequities, adolescents and young people
- Create transparent monitoring and accountability mechanisms for resources, results and rights
- Ensure donor funding targets country priorities and track commitments, disbursement and impact
- Introduce or amend legislation and policies in line with human rights principles, including gender equality for all
- Strengthen the capacity of parliament to move towards universal health coverage and uphold the right of all women, children and adolescents to the highest attainable standard of health and well-being

Regional organizations, south-south partnerships and economic alliances will:

- Share knowledge and communicate best practices rapidly to ensure that the latest evidence is used for effective national planning and implementation
- Encourage collaboration around priority issues such as cross-border cooperation and regulations, knowledge and technology transfer
- Create transparency and mutual accountability among member countries for results, resources and rights

The United Nations and other multilateral organizations at all levels and global health initiatives will:

- Mobilize resources to fill funding gaps at country level, including through innovative financing mechanisms, and invest in global public goods that improve women's, children's and adolescents' health
- As requested, provide technical support for countries to develop and cost their national plans and to implement them by working with a full range of stakeholders in the spirit of trust, accountability and integrity
- Define evidence-based norms, regulations and guidelines to underpin efforts to improve the health of women, children and adolescents and encourage their use by partners
- Create a dedicated space where the voices of women, children and adolescents can be heard at global level, e.g. through citizens' hearings
- Support and participate in systems that track progress and identify gaps to strengthen action and accountability for women's, children's and adolescents' health

Bilateral development partners and philanthropic institutions will work with others to:

- Mobilize additional resources for health, including through innovative financing, to complement domestic investments, and align these resources with country plans and priorities
- Deliver effective technical support for country-identified priorities, while enhancing local capacities to develop, finance, implement and monitor evidence-based national plans and programmes
- Invest in innovation and research, including implementation research, to better meet country needs through effective health interventions, tools and delivery mechanisms
- Enhance cross-sector collaboration in line with best practice; integrate health, nutrition, water and sanitation interventions and strengthen links with sectors such as education and gender equity

Communities will:

- Participate meaningfully in health-related decision-making
- Generate demand for health programmes and support their implementation
- Actively support positive changes to social norms and attitudes that impede progress
- Advocate for women's, children's and adolescents' health and hold governments and duty-bearers to account

Health-care workers, managers and professional associations at all levels will:

- Provide the highest possible quality of care and treat all women, children and adolescents with confidentiality and respect, without exception
- Audit clinical practice, provide information to track progress and ensure effective remedy and redress at facility and community levels
- Advocate for better training, deployment and retention of health workers

- Integrate human rights standards and principles into the design and delivery of health services and interventions and into training and education
- Develop, test and evaluate innovative ways of delivering community health-care services, focusing on the most pressing needs of the most underserved populations

Civil society at all levels will:

- Advocate for increased attention to, and investment in, women's, children's and adolescents' health
- Strengthen community capabilities to implement the most appropriate and affordable interventions and to participate meaningfully in the governance of services
- Ensure all people and communities have an equal voice in shaping high-quality health-care services
- Track progress and hold itself and all other stakeholders accountable for commitments
- Forge multisector partnerships for women's, children's and adolescents' health
- Support efforts to close gaps in data about marginalized populations and in humanitarian and fragile settings
- Lobby governments to exempt essential drugs and health commodities from taxation

Academic and research institutions at all levels will:

- Advocate for targeted in-country research and increased budgets for research and innovation
- Build institutional research capacity in low- and middle-income countries
- Generate, translate and disseminate evidence and best practices to shape effective and equity-oriented policies and programmes
- Strengthen networks of academics and researchers to promote knowledge exchange

The business community at all levels will:

- Support government policies aimed at universal health coverage, better nutrition, healthier foods and cleaner energy
- Identify and address with partners the external consequences of business actions that might harm the health of women, children and adolescents
- Protect and promote the health and well-being of employees and their families
- Support efforts to improve access to good-quality health services and life-saving commodities
- Explore new drugs, technologies and interventions to improve health in resource-limited settings, address emerging global challenges, such as antimicrobial resistance, and bring the most promising innovations to market
- Use business expertise to create and scale up interventions that promote health, such as essential interventions and education on sanitation and hygiene and access to improved nutrition

The media at all levels will:

- Position the health of women, children and adolescents as a priority item on the news agenda

- Give women, children and adolescents a voice by developing social media and digital platforms
- Publish more evidence-based stories about the health of women, children and adolescents, human rights abuses, coverage gaps and people who miss out on needed services
- Communicate responsibly and accurately on public health issues, particularly in emergencies, using information received from academia and the government in a careful and considered way

New, ambitious and concrete commitments will be required by all stakeholders, embodying the energy and action needed to fully implement the *Global Strategy* by 2030 and to guarantee measureable results.

THE WAY FORWARD

This updated *Global Strategy* serves as an important guide and step forward to reaching our vision of ensuring that all women, children and adolescents not only avoid deaths from preventable causes but also thrive and transform societies. Women, children and adolescents all over the world look to us, the global community, to deliver on this agenda. They will not wait for us to act—because they themselves are the most important agents for transforming the health and development landscape—but they do require our active partnership to ensure that we achieve our shared goals for survival, health and well-being and a prosperous and sustainable future.

Governments should maintain their leading role, but also collaborate with stakeholders across societies and sectors to create an enabling environment for health and well-being, taking a cue from the holistic spirit and scope of the SDGs. In addition to providing the financial, technical and human resources needed to strengthen health systems, stakeholders should develop additional resources and infrastructure in other areas known to improve health outcomes, such as interventions on nutrition, education, water, clean air and sanitation. And actions should be taken to enable women, children and adolescents to realize their human rights and their full potential for health and well-being. In this way, a "grand convergence" in health can be achieved, ensuring that every woman, child and adolescent, in every setting, has an equal chance to survive, thrive and contribute to the transformative change envisioned by the SDGs.

Survive, Thrive, Transform: these three objectives must guide our actions in the years to 2030. The time for action is now and action by everyone—each making their own contribution—is needed to realize our vision.

ANNEXES

ANNEX 1:
Results and milestones on the *Every Woman Every Child* journey, 2010-2015

+ Results
○ Key Initiatives, Events and Reports

2012

+ **COLSC:** us$ 200 million disbursed for better access to 13 low-cost high-impact commodities in 19 countries
+ **APR:** 29 country strategies launched by 2015
+ **FP2020:** 8.4 million more women and girls using modern contraception by 2015
○ UN Commission on Life-Saving Commodities (CoLSC)
○ Committing to Child Survival: A Promise Renewed (APR)
○ Family Planning 2020 (FP2020)
○ Public-Private Partnership to End Child Diarrheal Deaths
○ Human Rights Council technical guidance on maternal morbidity and mortality

2011

+ **UN Commission on Information and Accountability:** Ten recommendations that launched an unprecedented accountability initiative
○ UN Commission on Information and Accountability (CoIA)
○ Independent Expert Review Group (iERG)
○ Saving Lives at Birth
○ Global Plan Towards the Elimination of New HIV Infections Among Children and Keeping Their Mothers Alive
○ UN Political Declaration on Non-communicable Diseases
○ UN Political Declaration on HIV and AIDS
○ State of the World's Midwifery Report 2011

2010

+ **Launch of Global Strategy:** Over us$ 40 billion in resources and nearly 200 stakeholders made commitments
+ **IWG:** by 2015, over 1,000 innovations selected, representing us$ 255 million in investments
○ **Global Strategy for Women's and Children's Health**
○ Canada-led G8 Muskoka Initiative on Maternal, Newborn and Child Health
○ **Every Woman Every Child**
○ Innovation Working Group (IWG)
○ Human Rights Council Resolution on the human rights to water and sanitation
○ Scaling Up Nutrition (SUN) Movement

2000-2009

+ Countries advance towards mdgs, but insufficient progress on MDGs 4 and 5 to improve child and maternal health
○ **Millennium Development Goals (MDGs), 2000-2015**

2015

+ **Progress Report on the 2010 Global Strategy:**
  - 400 commitments by over 300 partners us$ 60 billion committed, 60% disbursed
  - In 49 target countries (2010–2015): 2.4 million lives of women & children saved 870,000 additional health workers trained and more
- **Sustainable Development Goals (sdgs), 2016-2030**
- **Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)**
- Global Financing Facility in support of Every Woman Every Child
- Lancet Commission on Women and Health: the key for sustainable development
- WHO State of Inequality for RMNCH report
- Strategies for Ending Preventable Maternal Mortality
- Abu Dhabi Declaration on humanitarian and fragile settings
- Commission on the Status of Women 59/Beijing+20

2014

+ **Every Newborn Action Plan**
  16 countries launched/developing newborn action plans by 2015
- Every Newborn: An Action Plan to End Preventable Deaths
- Saving Every Woman, Every Child: Within Arm's Reach Summit, Toronto
- Second International Conference on Nutrition (ICN2), Rome
- State of the World's Midwifery Report 2014
- Lancet Series on Stillbirths; Lancet Series on Midwifery
- Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition
- Saving Brains Partnership
- Human Rights Council technical guidance on child mortality and morbidity

2013

+ The **MDG Health Alliance**, led by a group of accomplished private sector leaders, develops innovative approaches to accelerate global progress towards achieving the health MDGs
- UN Special Envoy for Financing Health MDGs and Malaria, MDG Health Alliance
- Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
- RMNCH Steering Committee and "RMNCH Fund"
- PMNCH Financing Harmonisation Group for RMNCH initiatives
- Global Investment Framework for Women's and Children's Health
- Nutrition for Growth Summit, London

ANNEX 2.
Evidence-based health interventions for women's, children's and adolescents' health

This annex draws on the series of technical papers written to inform the *Global Strategy*[12] and on comments and reviews received in the course of public consultations. In addition, it is based on evidence syntheses previously conducted for a range of reports, including: Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health (2012);[78] the Global Investment Framework for Women's and Children's Health (2014);[13] Every Newborn: an Action Plan to End Preventable Deaths (2014);[20] Strategies Towards Ending Preventable Maternal Mortality (2015);[19] and Disease Control Priorities 3 (in preparation).[79] This list of essential interventions should be seen as a "living resource" that should be adapted to different country contexts. It will be updated online at: www.everywomaneverychild.org as new evidence on high impact interventions and more effective delivery approaches become available.

Criteria for selection of interventions:

1. Interventions that address major causes of morbidity and mortality for women, children and adolescents

2. Interventions proven to be highly effective in improving the health and development of women, children and adolescents

3. Interventions critical for the overall health and well-being of women, children and adolescents (e.g. interventions related to harmful practices and violation of human rights)

WOMEN (including pre-pregnancy interventions)	• Information, counselling and services for comprehensive sexual and reproductive health including contraception • Prevention, detection and treatment of communicable and non-communicable disease and sexually transmitted and reproductive tract infections including HIV, TB and syphilis • Iron/folic acid supplementation (pre-pregnancy) • Screening for and management of cervical and breast cancer • Safe abortion (wherever legal), post-abortion care • Prevention of and response to sexual and other forms of gender-based violence • Pre-pregnancy detection and management of risk factors (nutrition, obesity, tobacco, alcohol, mental health, environmental toxins) and genetic conditions

PREGNANCY (antenatal care)	• Early and appropriate antenatal care (four visits), including identification and management of gender-based violence • Accurate determination of gestational age • Screening for maternal illness • Screening for hypertensive disorders • Iron and folic acid supplementation • Tetanus immunization • Counselling on family planning, birth and emergency preparedness • Prevention of mother-to-child transmission of HIV, including with antiretrovirals • Prevention and treatment of malaria including insecticide treated nets and intermittent preventive treatment in pregnancy • Smoking cessation • Screening for and prevention and management of sexually transmitted infections (syphilis and hepatitis B) • Identification and response to intimate partner violence • Dietary counselling for healthy weight gain and adequate nutrition • Detection of risk factors for, and management of, genetic conditions • Management of chronic medical conditions (e.g. hypertension, pre-existing diabetes mellitus) • Prevention, screening and treatment of gestational diabetes, eclampsia and pre-eclampsia (including timely delivery) • Management of obstetric complications (preterm premature rupture of membranes, macrosomia, etc.) • Antenatal corticosteroids for women at risk of birth from 24-34 weeks of gestation when appropriate conditions are met • Management of malpresentation at term
CHILDBIRTH	• Facility-based childbirth with a skilled birth attendant • Routine monitoring with partograph with timely and appropriate care • Active management of third stage of labour • Management of prolonged or obstructed labour including instrumental delivery and caesarean section • Caesarean section for maternal/ foetal indications • Induction of labour with appropriate medical indications • Management of post-partum haemorrhage • Prevention and management of eclampsia (including with magnesium sulphate) • Detection and management of women with or at risk of infections (including prophylactic use of antibiotics for caesarean section) • Screening for HIV (if not already tested) and prevention of mother to child transmission • Hygienic management of the cord at birth, including use of chlorhexidine where appropriate
POSTNATAL (mother)	• Care in the facility for at least 24 hours after an uncomplicated vaginal birth • Promotion, protection and support of exclusive breastfeeding for 6 months • Management of post-partum haemorrhage • Prevention and management of eclampsia • Prevention and treatment of maternal anaemia • Detection and management of post-partum sepsis • Family planning advice and contraceptives

POSTNATAL (mother)	• Routine post-partum examination and screening for cervical cancer in appropriate age group • Screening for HIV and initiation or continuation of antiretroviral therapy • Identification of and response to intimate partner violence • Early detection of maternal morbidities (e.g. fistula) • Screening and management for post-partum depression • Nutrition and lifestyle counselling, management of inter-partum weight • Postnatal contact with an appropriately skilled health-care provider, at home or in the health facility, around day 3, day 7 and at 6 weeks after birth
POSTNATAL (newborn)	• Care in the facility for at least 24 hours after an uncomplicated vaginal birth • Immediate drying and thermal care • Neonatal resuscitation with bag and mask • Early initiation of breastfeeding (within the first hour) • Hygienic cord and skin care • Initiation of prophylactic antiretroviral therapy for babies exposed to HIV • Kangaroo mother care for small babies • Extra support for feeding small and preterm babies with breast milk • Presumptive antibiotic therapy for newborns at risk of bacterial infection • Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome • Detection and case management of possible severe bacterial infection • Management of newborns with jaundice • Detection and management of genetic conditions • Postnatal contact with a skilled health-care provider, at home or in the health facility, around day 3, day 7 and at 6 weeks after birth
CHILD HEALTH AND DEVELOPMENT	• Exclusive breastfeeding for 6 months; continued breastfeeding and complementary feeding from 6 months • Dietary counselling for prevention of undernutrition, overweight and obesity • Responsive caregiving and stimulation • Routine immunization (including *Haemophilus influenzae*, pneumococcal, meningococcal and rotavirus vaccines) • Periodic vitamin A supplementation where appropriate • Iron supplementation where appropriate • Prevention and management of childhood illnesses including malaria, pneumonia, meningitis and diarrhoea • Case management of severe acute malnutrition and treatment for wasting • Management of moderate acute malnutrition (appropriate breastfeeding, complementary feeding; and supplementary feeding where necessary) • Comprehensive care of children infected with, or exposed to, HIV • Case management of meningitis • Prevention and response to child maltreatment • Prevention of harmful practices including female genital mutilation • Care for children with developmental delays • Treatment and rehabilitation of children with congenital abnormalities and disabilities

ADOLESCENT HEALTH AND DEVELOPMENT	• Routine vaccinations (e.g. human papillomavirus, hepatitis B, diphtheria-tetanus, rubella, measles) • Promotion of healthy behaviour (e.g. nutrition, physical activity, no tobacco, alcohol or drugs) • Prevention, detection and management of anaemia, especially for adolescent girls • Comprehensive sexuality education • Information, counselling and services for comprehensive sexual and reproductive health including contraception • Psychosocial support and related services for adolescent mental health and well-being • Prevention of and response to sexual and other forms of gender-based violence • Prevention of and response to harmful practices such as female genital mutilation and early and forced marriage • Prevention, detection and treatment of communicable and non-communicable diseases and sexually transmitted and reproductive tract infections, including HIV, TB and syphilis • Voluntary medical male circumcision in countries with HIV generalized epidemics • Detection and management of hazardous and harmful substance use • Parent skill training, as appropriate, for managing behavioural disorders in adolescents • Assessment and management of adolescents who present with unintentional injury, including alcohol-related injury • Prevention of suicide and management of self-harm/ suicide risks

HUMANITARIAN AND FRAGILE SETTINGS	• Develop and use a health and humanitarian risk assessments approach to identify priority needs and focus interventions
	• In the event of humanitarian emergency, ensure deployment of essential health interventions (included above). Adapt, implement and co-ordinate use of the minimum initial service package. Pay specific attention to interventions such as:
	  • Sexual and gender-based violence prevention, contraceptives (short-acting and long-acting emergency contraceptives), post-exposure prophylaxis
	  • Ensuring that policies and practices in emergencies and humanitarian crises promote, protect and support breastfeeding and other essential interventions for women's, children's and adolescents' health, based on context and need

ANNEX 3.
Health systems policies and interventions, including those for emergency preparedness

This annex sets out specific areas of health systems policies and interventions that require the attention and leadership of country governments. The health systems policy areas for this *Global Strategy* build on the 2010 *Global Strategy*,[1] the Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health (2012)[78] and the accompanying policy guide for implementing essential interventions for reproductive, maternal, newborn and child health (RMNCH): a multisectoral policy compendium (2014).[80]

To build health systems resilience, it is essential to strengthen emergency preparedness at all levels of the health system. This annex highlights the key components of emergency preparedness across the health system, drawn from the WHO manual "Strengthening health-system emergency preparedness".[55] This recommends that a Ministry of Health should: record and classify information regarding its capacity to manage crises; establish responsibility for specific tasks; determine the relationship between those involved in these tasks (partners, sectors, disciplines) with the aim of making best use of resources; identify shortcomings and gaps; and monitor progress.

HEALTH SECTOR INVESTMENT AREA	POLICY ON:
Constitutional and legal entitlements	• Human right to the highest attainable standard of health • Universal access to health care and services, including sexual and reproductive health and rights
Human rights-, equity- and gender-based approaches	• Ensure universal access to sexual and reproductive health information, services and goods • Integrate human rights-, equity- and gender-based approaches into health sector policies and programmes • Improve the equity orientation of health information systems and their capacity to collect, analyse and report health inequality data
Strategies and plans	• National strategy and scale-up plan for women's, children's and adolescents' health integrated into National Health Strategy and Plan • Prioritized and well-defined health targets and indicators for women, children and adolescents • Prioritized national and subnational annual implementation plans • Institutional arrangements for implementation and coordination across the health system

HEALTH SECTOR INVESTMENT AREA	POLICY ON:
Financing	• Adequate fiscal space for health generally and women's, children's and adolescents' health specifically • Sustainable financing of women's, children's and adolescents' health with effective and efficient use of domestic and external resources • Financing compacts between country governments and all major development partners • Annual tracking and reporting of total health expenditure by financing source, per capita; and total reproductive, maternal, newborn, child and adolescent health expenditures by financing source and per capita
Human resources	• National health workforce management plan • Adequate recruitment, training, deployment and retention of health personnel • Accreditation and certification of health personnel • Process and guidelines to authorize rational redistribution of tasks among health workforce teams (task shifting) • Adequate managerial and leadership capabilities at all levels of the health sector • Standards for supportive supervising of health personnel established and monitored
Essential health infrastructure	• Plan for the establishment of new health facilities, based on need • Water, sanitation, electricity and safe disposal of medical waste in all health facilities • Functional health facilities well-equipped to deliver anticipated health services
Essential medicines and commodities	• National list for the supply of essential medicines, commodities and equipment • Standards for procurement and distribution • Quality assurance and measures to maintain supplies at required levels
Service equity, accessibility and quality	• Women's, children's and adolescents' health services defined by level of health service delivery (primary, secondary or tertiary) • Equitable access to women's, children's and adolescents' health services • Functional referral systems • Functional quality improvement and assurance mechanisms • Removal of financial barriers to accessing health services • Performance-based financing
Community capacity and engagement	• Community participation in planning and monitoring of health services that ensures women and girls can fully participate and engages men and boys • Community engagement in learning programmes to increase health literacy and care-seeking behaviours • Inclusive community partnerships, including with local leaders, traditional healers, civil society and faith-based organizations • Support for community health personnel, including through favourable working conditions, incentives, skills development and supply of commodities and equipment

HEALTH SECTOR INVESTMENT AREA	POLICY ON:
Accountability	• Universal registration of births, deaths and causes of death • Functional health information system providing data disaggregated for age and gender • Systems of facility- and community-based maternal and perinatal death review and response, which are linked to subnational and national policy and accountability systems • Annual independent national and subnational women's, children's and adolescents' health/health sector review • National accountability mechanism that is inclusive of all stakeholders and that recommends remedial action as required • Annual public sharing of information on commitments, resources and results by all stakeholders, at national, regional and international levels • Citizen participation in accountability with mechanisms for remedy and redress
Leadership and governance	• Legal framework for health-sector emergency management • Legal framework for national multisector emergency management • Institutional framework for health-sector emergency management • Institutional framework for multisector emergency management • Health-sector emergency-management programme components
Health workforce	• A human resources framework for health-sector emergency management
Medical products, vaccines and technology	• Dedicated medical supplies and equipment for emergency-response operations
Heath information	• Information-management systems for risk-reduction and emergency-preparedness programmes • Information-management systems for emergency response and recovery • Risk communication strategies and mechanisms, within and outside the health system
Health financing	• National and subnational strategies for financing health-sector emergency management
Service delivery	• Response capacity and capability • Emergency medical services (EMS) system and mass casualty management • Management of hospitals in mass casualty incidents • Continuity of essential health programmes and services • Logistics and operational support functions in emergencies

ANNEX 4.
Multisector polices and interventions on determinants of women's, children's and adolescents' health

Multisector policies and interventions are essential to achieving the aims of the Global Strategy and must therefore form part of national strategies on women's, children's and adolescents' health. They should be monitored in the same way as health sector interventions, linked to corresponding SDG targets. Government leadership is required to ensure there is progress across sectors and to facilitate cross-sector collaborations where required. This Annex draws on the series of technical papers written to inform the *Global Strategy*[12] and A policy guide for implementing essential interventions for reproductive, maternal, newborn and child health (RMNCH): a multisectoral policy compendium (2014).[78]

SECTOR(S)	KEY POLICIES AND INTERVENTIONS
Finance and social protection	• Reduce poverty, including through the use of gender- and child-sensitive cash transfer programmes designed to improve health • Implement social protection and assistance measures ensuring access for women, children and adolescents • Strengthen access to health insurance to decrease the impact of catastrophic out-of-pocket health spending, and to insurance related to other essential services and goods
Education	• Integrate early child development interventions in child health services, childcare services and preschool education • Enable girls and boys to complete quality primary and secondary education, including by removing barriers that suppress demand for education • Ensure access to education in humanitarian settings and in marginalized and hard-to-reach areas, including for individuals with disabilities
Gender	• Promote women's social, economic and political participation • Enforce legislation to prevent violence against women and girls and ensure an appropriate response when it occurs • Promote gender equality in decision-making in households, workplaces and communities and at national level • Prevent discrimination against women in communities, education, political, economic and public life
Protection: registration, law and justice	• Strengthen systems to register every birth, death and cause of death and to conduct death audits • Provide protection services for women, children and adolescents that are age- and gender-appropriate • Establish and enact a legal framework for protection, ensuring universal access to legal services (including to register human rights violations and have recourse to remedial action against them)

SECTOR(S)	KEY POLICIES AND INTERVENTIONS
Water and sanitation	• Provide universal access to safely managed, affordable and sustainable drinking water • Invest in education on the importance of safely managed water use and infrastructure in households, communities, schools and health facilities • Provide universal access to improved sanitation facilities and hygiene measures and end open defecation • Encourage implementation of sanitation safety plans
Agriculture and nutrition	• Enhance food security, especially in communities with a high poverty and mortality burden • Protect, promote and support optimal nutrition, including legislation on marketing of breast milk substitutes and of foods high in saturated fats, trans-fatty acids, sugars, or salt
Environment and energy	• Reduce household and ambient air pollution through the increased use of clean energy fuels and technologies in the home (for cooking, heating, lighting) • Take steps to mitigate and adapt to climate changes that affect the health of women, children and adolescents • Eliminate non-essential uses of lead (e.g. in paint) and mercury (e.g. in health care and artisanal mining) and ensure the safe recycling of lead- or mercury-containing waste • Reduce air pollution and climate emissions and improve green spaces by using low-emissions technology and renewable energy
Labour and trade	• Expand opportunities for productive employment • Ensure gender equality • Enforce decent working conditions • Provide entitlements for parental leave and for childcare for working parents, and promote incentives for flexible work arrangements for men and women • Detect and systematically eliminate child labour • Create a positive environment for business and trade with regulations to protect and promote the health and well-being of individuals and populations
Infrastructure, information and communication technologies and transport	• Build health-enabling urban environments for women, children and adolescents, through improved access to green spaces and walking and cycling networks that offer dedicated transit, safe mobility and physical activity • Develop healthy, energy-efficient and durable housing that is resilient to extremes of heat and cold, storms, natural disasters and climate change • Ensure that home, work and leisure spaces are accessible to people with disabilities • Ensure adequate health, education and work facilities and improve access by building roads • Provide safe transportation to health, education and work facilities, including during emergencies • Improve access to information and communication technologies, including mobile phones • Improve road safety, including through mandatory wearing of seat-belts and cycle and motorcycle helmets • Improve regulation and compliance of drivers, including introduction of a graduated driving licence that restricts driving options for inexperienced drivers

ANNEX 5.

United Nations Commission on Information and Accountability for Women's and Children's Health: Ten recommendations

The United Nations Commission on Information and Accountability for Women's and Children's Health reported to the United Nations Secretary-General in May 2011 making ten time-bound recommendations for 2012-2015.[3] While much progress was made, several targets were missed.[4,6] All the recommendations, with minor revisions, remain valid throughout 2016-2030 (the timeframe of the updated *Global Strategy for Women's, Children's and Adolescents' Health*). Below are the revised recommendations.

Better information for better results

1. **Vital events:** By 2020, all countries have established a system for registration of births, deaths and causes of death and have well-functioning health information systems that combine data from facilities, administrative sources and surveys.

2. **Health indicators:** By 2016, all stakeholders have agreed on ten measurable umbrella-level or global-level indicators on women's, children's and adolescents' health, disaggregated for gender and other equity considerations, to facilitate high-level political monitoring of progress towards the objectives of the *Global Strategy*. These political-level indicators would complement the much longer technical indicator list at the target level for the *Global Strategy* and the Sustainable Development Goals.[11]

3. **Innovation:** Between 2016 and 2030, all countries integrate as appropriate new information and communication technologies (including e-health and m-health) into their national health information systems and health infrastructure.

Better tracking of resources for women's, children's and adolescents' health

4. **Resource tracking:** From 2016-2030, all countries track and report, at a minimum, two aggregate resource indicators: (i) total health expenditure by financing source, per capita; and (ii) total women's, children's and adolescents' health expenditure by financing source, per capita.

5. **Country compacts:** From 2016-2030, in order to facilitate resource tracking, "compacts" between country governments and all major development partners are in place that require reporting, based on a format to be agreed in each country, on externally funded expenditures and predictable commitments.

6. **Reaching women, children and adolescents:** By 2020, all governments have the capacity to regularly review health spending (including spending on women's, children's and adolescents' health) and to relate spending to commitments, human rights, gender and other equity goals and results.

Better oversight of results and resources: nationally and globally

7. **National oversight:** By 2016, all countries have established national accountability mechanisms that are transparent, that are inclusive of all stakeholders and that recommend remedial action as required.

8. **Transparency:** From 2016-2030, all stakeholders publicly sharing information on commitments, resources provided and results achieved annually, at both national and international levels.

9. **Reporting aid for women's, children's and adolescents' health:** By 2017, a system is in place to capture, in a timely manner, all spending on women's, children's and adolescents' health by development partners.

10. **Global oversight:** Starting in 2016 and ending in 2030, the Independent Accountability Group reports annually to the United Nations Secretary-General on the results and resources related to the *Global Strategy* and on progress in implementing this Commission's recommendations.

ANNEX 6:
United Nations Commission on Life-saving Commodities for Women and Children: Ten recommendations

The Commission reported to the United Nations Secretary-General in September 2012 and made ten recommendations to increase availability and access to 13 low-cost, high-impact life-saving commodities.[5] While much progress has been accomplished already, these recommendations target long-term systemic and commodity-specific barriers, and so remain valid. Below are the recommendations, with minor revisions for the period 2016-2030 (the timeframe of the updated *Global Strategy for Women's, Children's and Adolescents' Health*).

Improved markets for life-saving commodities

1. **Shaping global markets:** Effective global mechanisms such as pooled procurement and aggregated demand are in place to increase the availability of quality, life-saving commodities at an optimal price and volume.

2. **Shaping local delivery markets:** Local health providers and private-sector actors are incentivized to ensure uninterrupted supply, distribution and appropriate production and promotion of essential life-saving commodities.

3. **Innovative financing:** Innovative financing mechanisms, including results-based financing, are in place to rapidly increase access to life-saving commodities by those most in need and to foster innovations.

4. **Quality strengthening:** The number of manufacturers producing and marketing quality-certified and affordable life-saving commodities has increased.

5. **Regulatory efficiency:** All countries have standardized and streamlined their registration requirements and assessment processes for live-saving commodities with support from regulatory authorities, the World Health Organization and regional collaboration.

Improved national delivery of life-saving commodities

6. **Supply and awareness:** All countries have improved the supply of life-saving commodities and built on information and communication technology (ICT) best practices for making these improvements.

7. **Demand and utilization:** All countries, in conjunction with the private sector and civil society, have plans to implement at scale appropriate interventions to increase demand for and utilization of life-saving health services and products, particularly among underserved populations.

8. **Reaching women, children and adolescents:** All countries are addressing financial barriers to foster equity and ensure the poorest and marginalized members of society have access to the life-saving commodities (including in fragile and humanitarian settings).

9. **Performance and accountability:** All countries have proven mechanisms to ensure health workers are trained in the latest guidelines, with job-aids and checklists in place at the point of service to support effective delivery of essential interventions.

Improved integration of private-sector and consumer needs

10. **Product innovation:** Research and development (including policy and implementation research) to strengthen the pipeline of life-saving commodities, and bring successful innovations to scale, is prioritized, funded and commenced.

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