Global Strategy for Women’s, Children’s and Adolescents’ Health

ZERO DRAFT FOR CONSULTATION

5 May 2015

Please note: The 2015 Global Strategy builds on the 2010 Strategy and will focus on high-level political, investment and advocacy messages. The document will make action-oriented recommendations, highlight opportunities for stakeholders to engage, and set out an Every Woman Every Child (EWEC) stakeholder engagement and accountability framework that will be further detailed in the 5-year implementation plan.

This draft is based on emerging themes from the Global Strategy Working Papers (currently being finalized), and EWEC and PMNCH stakeholder consultations (over 4500 participants to date). Subsequent drafts will reflect the updated content from the working papers and consultations as these are completed. A consensus process is also underway to finalize the goals and targets for the Global Strategy.

Please engage with the consultation on the Global Strategy 2015 draft, and submit comments at the EWEC online consultation hub: www.WomenChildrenPost2015.org
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Global Strategy for Women’s, Children’s and Adolescents’ Health - First Draft

Zero Draft for Consultation: 5 May 2015
I. EVERY WOMAN, EVERY CHILD AND ADOLESCENT, EVERYWHERE: A HISTORIC JOURNEY AND OPPORTUNITY

Introduction

Today we have both the knowledge and opportunity to end preventable deaths among all women, children and adolescents, to vastly improve their health, and bring about the transformative changes needed to realize their potential in shaping a more prosperous future. After 15 years of the Millennium Development Goals (MDGs), lives have been saved on an unprecedented scale, leaving the global community with better information and better tools than ever before – we know what works and what still needs to be done. Now, under the Sustainable Development Goals (SDGs), we have the opportunity and the responsibility to further transform the way we work in the period from 2016 to 2030, so that we create the conditions for a healthy, prosperous, sustainable future for every person, everywhere.

The SDGs’ transformative agenda will not be achieved unless women, children and adolescents are at its centre, helping drive the comprehensive change that the SDGs envisage. It is their potential that remains largely untapped where resources are scarcest. Expanding their opportunities to realize that potential, and to exercise their rights, is indispensable if we are to attain and sustain the future we all want.

Doing the right thing for women, children and adolescents requires urgent political commitment and investment – in proven interventions and programmes to save lives and to promote their health and well-being. Investment is also needed to remove the structural, political and social barriers that prevent them from exercising healthy choices for themselves and for their families and communities.

The 2015 Global Strategy for Women’s, Children’s and Adolescents’ Health seeks to achieve nothing less than a transformation. It is the front-runner platform for the implementation of the SDGs agenda and provides the foundation for a people-centred movement towards that transformed future. By investing in the potential of women, children and adolescents today, now and over the next 15 years, the global community together can save a generation within a generation – while benefiting the generations to come. But the opportunity and responsibility to act belongs to this generation.

A front runner platform for the SDGs agenda

The Secretary-General of the United Nations, Ban Ki-moon, launched the first Global Strategy for Women’s and Children’s Health in 2010. It refocused attention on the far-too-slow global progress towards Millennium Development Goals 4, 5 and 6 (to improve child and maternal health and combat HIV/AIDS, malaria and other diseases) and highlighted how these goals also play a role in the other MDGs. The Global Strategy called for urgent increases in resources and coordination efforts to accelerate progress for women and children. The first Global Strategy galvanized political leadership and helped shape a new global movement – Every Woman Every Child (EWEC).
Figure 1. Results and milestones on the Every Woman Every Child journey
Five years on, the UNSG’s 2015 EWEC progress report confirmed that the intensified investments and renewed efforts triggered by the 2010 Global Strategy had helped to make a real difference as the health of women and children rose higher on the political agenda.\(^5\)

Globally, progress towards MDGs 4 and 5 picked up pace. The result is that between 1990 and 2013, child mortality fell by 49% and maternal mortality by 45%.\(^6,7\) The number of women with access to modern contraceptives had risen by 8.4 million in 2013 in the 69 lowest resource countries.\(^8\)

Remarkable progress has been made on MDG 6 (to combat HIV/AIDS, malaria and other diseases). Antiretroviral therapy for HIV/AIDS has saved 6.6 million lives since 1995 (about 210,000 children died of AIDS-related causes in 2012, compared to 320,000 in 2005); malaria interventions – such as insecticide-treated nets – saved the lives of 3 million young children between 2000 and 2012; and tuberculosis treatment saved 22 million lives between 1995 and 2012.\(^9\)

Despite the significant progress, we will not meet the MDG 4 and 5 targets of 67% and 75% reductions in child and maternal mortality respectively by the end of 2015.\(^6,7\) 225 million women still have unmet needs for family planning.\(^8\) In some countries, more than half of mothers and children in the poorest 20% of the population have received two or fewer of eight essential preventive interventions.\(^10\) The UNSG’s 2015 progress report estimates that 2.4 million lives of women and children have been saved since 2010 – well short of the 16 million target.\(^5\) We must accelerate progress and improve the quality of data and measurement of progress in the home stretch of the MDGs. We have to sustain this momentum to drive the ambitious, universal agenda for sustainable development to 2030.

Figure 2. Progress in preventing maternal, newborn, child deaths; but accelerated progress is required \(^6,7,11\)

That is why the 2015 Global Strategy for Women’s, Children’s and Adolescents’ Health is so essential. A front-runner platform for delivery of the SDGs, the Global Strategy is based on lessons learned from the MDGs and new evidence on effective investments and action. Over 4500 stakeholders around the world contributed to updating the Global Strategy in technical workstreams and EWEC stakeholder consultations.\(^4\) The updated Strategy is founded on human rights and equity and based on the recognition that healthy people are better able to realize their personal potential and human rights, and to drive the individual, family, community, social, structural and political changes demanded by the SDGs—without which they cannot be achieved.
II. BIG RETURNS TO INVESTING IN WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH

Numerous global and country studies conducted over the past decade provide an overwhelming health, economic and social case for investing in the health and rights of women, children and adolescents. Indeed, it is an investment that yields immeasurable benefits to society and the economy. The primary benefits are saved lives and reduced morbidity, followed by the social progress that accrues from helping all women, children and adolescents to achieve their personal potential. The secondary benefits are economic and result from the increased energy, knowledge and productivity injected into the workforce by investments in the health of women, children and adolescents.

1. SAVED LIVES, IMPROVED HEALTH
- *Investing in women’s and children’s health*. An additional US$5 per person per year would avert 5 million maternal deaths, 147 million child deaths, and 32 million stillbirths in 74 high-burden countries by 2035.
- *Providing contraceptives and skilled care at birth*. Half of all maternal deaths would be prevented; unintended pregnancies would fall from 74 million to 22 million per year, a decline in unsafe abortions from 20 million to 5.1 million, and a 93% drop in mother-to-newborn transmission of HIV.

2. BETTER NUTRITION, BETTER HEALTH AND PRODUCTIVITY
- *Preventing under-nutrition in women and children*. Prevent at least 3 million child deaths every year and reduce overall disease burdens and infections. Children who are stunted are likely to be less healthy and less productive as adults, and to have stunted children, thus perpetuating the cycle.

3. EARLY CHILDHOOD DEVELOPMENT, HIGH RETURNS
- An estimated annual return on investment of 7-10% from better outcomes in education, health, sociability, economic productivity and reduced crime.
- Coordinated birth-to-age-five programmes also prevent chronic disease and reduce healthcare costs.

4. INVEST IN ADOLESCENTS, HUGE DEMOGRAPHIC DIVIDEND
- Huge demographic dividend from investing in adolescents. Integrated set of investments required in: sexual and reproductive health – comprehensive sex education and voluntary family planning, education and vocational training, mental health services, nutrition, sport, youth groups and other services.
- Completing secondary education can result in incomes up to seven times higher than required for basic living needs.
- 70% of preventable adult deaths are linked to risk behaviors that start in adolescence.

5. INCREASED ECONOMIC GROWTH, EXTENSIVE SOCIAL BENEFITS
- 25% of full-income growth in low- and middle-income countries from 2000 to 2011 resulted from improved health overall.
- Increased economic productivity globally by US$15 billion every year.
For US$1 invested in women’s and children’s health there would be up to US$9 of economic and social benefits.
III. WHAT IS NEEDED: OVERCOMING THE CHALLENGES AND DEFINING CLEAR GOALS

Health challenges for women, children and adolescents

Despite widespread progress since 1990, women, children and adolescents face urgent health challenges, with many factors combining together, including risks of preventable death and ill-health from causes related to pregnancy and childbirth, sexual and reproductive health, and limited access and use of health care services. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as the settings in which we live, the state of our environment, genetics, our income and education level, social and political context, and our relationships with friends and family all have considerable impacts on health.

The under-five mortality rate is a key indicator of child well-being, including health and nutrition status. It is also a key indicator of the coverage of child survival interventions and, more broadly, of social and economic development.
The SDGs list healthy behaviours, literacy, technical and vocational skills as resources that are essential to the health and well-being of adolescents. These requirements cannot be addressed separately. Adolescents need access to integrated services if they are to realize their full potential for health and development.

Environmental factors such as clean water and air, healthy workplaces, safe houses and roads all contribute to good health. Conversely, negative environmental factors – from contaminated water, polluted air, industrial waste and other sources – can cause poor health.

**Humanitarian and fragile settings**

Within the series of urgent health challenges facing women, children and adolescents, those posed by humanitarian and fragile settings are among the most acute. Over half of all maternal, newborn and child deaths occur in the 51 countries categorized as fragile states due to natural disasters, conflict or post-conflict situations, and socio-economic and political instability.6, 7, 18
**Inequities within and across countries**

Women, children and adolescents who live in marginalized and underserved rural, urban and peri-urban settings – especially those with the lowest income and least education – are more likely to have difficulty accessing health care, and have worse health outcomes; for instance:

- up to 80% difference in the proportion of births attended by skilled health personnel between the richest and poorest groups within countries
- at least an 18% gap in care-seeking for children with pneumonia symptoms between the poorest and richest groups within countries
- at least 25% difference in antenatal care coverage (at least four visits) between the most and least educated, and the richest and poorest groups within countries

These inequalities reflect significantly in women’s, children’s and adolescents’ health outcomes globally and within countries.

**Figure 3. Stark disparities persist both across and within countries: global inequities in lifetime risk of maternal death and average numbers of child deaths**

![Figure 3. Stark disparities persist both across and within countries](image)

**Figure 4. In-country inequities in under-five deaths by multiple dimensions of inequity in low-income countries**

![Figure 4. In-country inequities in under-five deaths by multiple dimensions of inequity in low-income countries](image)

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*Source: DHS, 2005–2012 in 49 lowest income countries. **Education data are not available for 10 countries*
DEFINING CLEAR GOALS

A front-runner implementation platform for the SDGs, the 2015 Global Strategy will underpin inclusive, sustainable development with women’s, children’s and adolescents’ health and well-being. It intends to engage and mobilize partners to achieve the SDGs² by delivering on women’s, adolescents and children’s health. Within the SDGs, three pillars – Survive, Thrive, Transform – encompass the most urgent global goals of ending preventable maternal, child and adolescent mortality (Survive); enabling all newborns, children and adolescents to achieve their full potential, physically, mentally and socially (Thrive); and generating a global people-centred movement for comprehensive change in women’s, children’s and adolescents’ health and sustainable development (Transform).

The Global Strategy will put forward a limited number of ambitious high-level targets, ideally a total of nine – i.e. three under each of the Survive, Thrive, Transform themes. They will be in line with the following principles:

- SDGs as the overarching framework, with the Global Strategy as an implementation and accountability platform for women’s, children’s and adolescents’ health;
- Clear, concise, measurable, and focused on driving action through Global Strategy accountability systems;
- Equity- and human-rights-based, including relevance to fragile contexts;
- Build on past work, including the 11 indicators from the Commission on Information and Accountability (CoIA)²¹ that were at the heart of the first Global Strategy;
- Focused at the impact-level, with most outcome- and output-level targets covered in the 5-year implementation plans accompanying the Global Strategy;
- Clearly articulate and distinguish the core targets that EWEC will deliver, from secondary targets that EWEC will help deliver, e.g. other SDGs relevant to the EWEC goals of Survive, Thrive, and Transform.

Please note: A broad-based process to develop consensus around targets for the 2015 Global Strategy is underway under the auspices of the Partnership for Maternal, Newborn & Child Health (PMNCH) and the Global Strategy Accountability workstream led by the Governments of Canada and Tanzania.

1. SURVIVE: End preventable deaths (mortality-related targets)

Examples of current SDG targets:

- SDG 3.1 Maternal Mortality Ratio of 70/100,000 live births by 2030
- SDG 3.2 End preventable deaths of newborns and children under 5 years of age
- SDG 11.5 By 2030, significantly reduce the number of deaths and the number of people affected and decrease by [x] per cent the economic losses relative to gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
2. THRIVE: Realize the highest attainable standard of health (health sector targets)

Examples of current SDG targets:

- SDG 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
- SDG 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- SDG 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- SDG 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- SDG 5.6 Ensure universal access to sexual and reproductive health and rights (SRHR) as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences lifestyles, human rights, gender equality

3. TRANSFORM: Achieve transformative and sustainable change (multisector targets)

Examples of current SDG targets:

- SDG 3.9 By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- SDG 4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- SDG 4.2 Ensure all girls and boys have access to quality early childhood development care and pre-primary education
- SDG 5.5 Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- SDG 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- SDG 6.2: Ensure access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- SDG 10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions
IV. HOW TO ACHIEVE THE GOALS – 7 TRANSFORMATIVE ACTIONS

Overcoming challenges, building on evidence of effective approaches, and seizing new opportunities is at the heart of 2015 Global Strategy. The 2015 Global Strategy seeks to achieve a worldwide people-centred movement for comprehensive change in women’s, children’s and adolescents' health. It is shaped around an integrated set of 7 transformative actions. These are designed to create opportunities for people to realize their own potential and overcome the structural and social barriers that prevent them from participating fully in decisions about their health and well-being and in sociocultural, economic and political activities. Human rights and equity principles underpin the 7 transformative actions in the 2015 Global Strategy. This recognizes the right of every person, everywhere to enjoy their full human rights and to live with dignity, security and free from discrimination, oppression or persecution.

The practical power of human rights and equity approaches

Principles of human rights and equity may be summarized as: availability, accessibility, acceptability, and quality of health facilities, services, commodities and information – as well as participation, equity and non-discrimination, and accountability. Principles of informed choice and non-coercion, health equity and risk assessment, and data disaggregation to identify and tackle inequities are also important.

In practice, these principles are powerful tools. Women, children and adolescents can use a human rights approach to drive change, to participate meaningfully, and have their interests represented, in the development, implementation and evaluation of laws, policies and services. For countries, there is now practical technical guidance on implementing human rights in policies and programmes to improve health and wellbeing. Importantly, there is also growing evidence of the positive impact of human rights-based approaches on health and equity outcomes.

The practical power of the human rights framework is strengthened by its legal basis; people can hold governments legally accountable for violations of their rights. Following a complaint alleging systematic violation of women’s reproductive health rights in health facilities, Kenya’s National Human Rights Institution initiated a public inquiry into causes of high maternal mortality.

SHARED HEALTH AND HUMAN RIGHTS COMMITMENTS

Building on the foundations of the 2010 Global Strategy, the 2015 Global Strategy is based on established and agreed human rights commitments made by countries and partners at several events: the Programme of Action agreed at the International Conference on Population and Development; the Beijing Declaration and Platform for Action agreed at the Fourth World Conference on Women; the ECOSOC Ministerial Review on Global Health; and the Commission on the Status of Women.

It also builds on regional commitments and efforts, such as the Maputo Plan of Action, the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), and the African Union Summit Declaration 2010 for Actions on Maternal, Newborn and Child Health.

Women’s and children’s health is recognized as a fundamental human right in international treaties such as the International Covenant on Economic, Social and Cultural Rights (CESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC).

Since the launch of the 2010 Global Strategy, the UN Human Rights Council adopted specific resolutions on maternal and child mortality, recognizing the unacceptably high global rate of preventable mortality and morbidity as a health, development and human rights challenge, and the integration of a human rights perspective in international and national responses could contribute positively to the common goal of reducing this rate, with a view to eliminating preventable maternal and child mortality and morbidity. The Human Rights Council has also issued practical technical guidance to assist countries in ensuring that actions to improve the health and wellbeing of women, children and adolescents are systematically informed by human rights standards and principles.
The Commission had successful engagement with the Ministry of Health throughout the entire process and used the inquiry recommendations as a mechanism to improve the government’s response.

Governments have an obligation under international human rights law to make the best available use of resources, even if limited, to ensure people’s rights are realized in a progressive manner, including through international assistance. Upholding the rights of health workers is also important to ensure their safety and security when providing essential health services. All stakeholders can examine country laws, policies and budgets to determine whether maximum available resources are dedicated to realizing rights and reducing inequities.

The human rights framework requires cooperation across sectors to address the multiple factors that affect the realization of rights. While the 7 transformative actions place these factors in categories such as the determinants of health, the life-course approach to health care, and the role of health-enhancing sectors, they are all interrelated and link back to human rights. Civil, political, economic, social, health and cultural rights, and the provision of related services, goods and information, are mutually reinforcing and indivisible, especially from a people-centred perspective.

Accountability is central to human rights, and in particular the idea of independent accountability. To ensure constructive and corrective change, an independent accountability process should feed its assessments and recommendations into a clear national political process, as in the example from Kenya. Regional and international opportunities for countries to learn from shared experiences and strengthen good practices are also important.

From the foundation of human rights and equity, the 7 transformative actions in the 2015 Global Strategy are intended as a package of measures that will work best when implemented comprehensively and in parallel.

### Seven Transformative Actions for Women’s, Children’s and Adolescents’ Health

1. **REALIZE POTENTIAL AND EXPAND OPPORTUNITIES**
2. **GAIN AND SUSTAIN PROGRESS THROUGH COUNTRY LEADERSHIP AND RESOURCES**
3. **STRENGTHEN THE RESILIENCE AND EFFECTIVENESS OF HEALTH SYSTEMS**
4. **PARTNER ACROSS SECTORS FOR HEALTH AND SUSTAINABLE DEVELOPMENT**
5. **TACKLE INEQUITIES AND FRAGILITIES ACROSS SETTINGs**
6. **ACCELERATE PROGRESS WITH INNOVATION AND RESEARCH**
7. **AMPLIFY ACCOUNTABILITY WITH COUNTRY DATA & MULTISTAKEHOLDER INTIATIVES**

All the transformative actions are underpinned by human rights-and equity

The following text under each action sets out the evidence-based rationale for the action, gives examples of what is required, and provides a supporting graphic to illustrate some of the main considerations.
1. REALIZE POTENTIAL AND EXPAND OPPORTUNITIES

For the SDGs era, women, children and adolescents are the most powerful drivers of the transformative change required. There is extensive evidence that health and socioeconomic outcomes improve when women are able to realize their personal potential and participate fully in social, political and economic activities. Emphasizing this point, women constitute 64% of parliamentarians in Rwanda. The country’s accelerated progress towards achieving the MDGs is no coincidence, and an enabling environment for women’s, children’s and adolescents’ health is created with laws such as the recent provision that ensures women receive 100% of their salary while on maternity leave.27

Everyone is born with a unique biological potential for health – from genetics and physiology – and also gains acquired potential from social interactions, education and skills.28 The settings in which individuals are born and live, the opportunities they have, and the social and structural barriers they face, affect whether or not they can realize their potential and maximize their health and well-being. These processes continue throughout life, so a new focus in the 2015 Global Strategy on developing the health and potential of adolescents, as well as of women and children, can reap a huge demographic dividend.

For every woman, child and adolescent to realize their potential, collective action is required through partnerships in countries, regions and globally to expand people’s opportunities and break down structural and social barriers.29 Investments are needed across all the determinants of health – for access to quality health care, education, gender equality, innovation and accountability – as set out in the linked transformative actions in the Global Strategy.

This transformative action requires a people-centred movement; a social pact in every country and with the EWEC community worldwide. With this social pact, women, children and adolescents should be able to demand access and accountability for their rights to quality services, goods and information, for opportunities to participate in sociocultural, economic and political activities, to drive sustainable development and to achieve the transformative change required for the health and well-being of every woman, child and adolescent, everywhere.

Figure 5. A social pact for every woman, child and adolescent, everywhere

I BELIEVE THAT EVERY WOMAN, CHILD AND ADOLESCENT, EVERYWHERE, SHOULD BE ABLE TO:

SURVIVE
End preventable deaths – maternal, newborn, stillbirths, child and adolescent deaths

THRIVE
Realize their full potential—physically, mentally and socially, and their rights to sexual and reproductive health and the highest attainable standard of health

TRANSFORM
Drive a global people-centred movement for comprehensive change for women’s, children’s and adolescents’ health and sustainable development

REALIZE HUMAN RIGHTS, SECURITY AND DIGNITY

TO ACHIEVE THESE GOALS BY 2030, I AM PART OF THE EVERY WOMAN EVERY CHILD MOVEMENT TO:
1. Realize potential and expand opportunities
2. Gain and sustain progress through country leadership and resources
3. Strengthen the resilience and effectiveness of health systems
4. Partner across sectors for health and sustainable development
5. Tackle inequities and fragilities across settings
6. Accelerate progress with innovation, research and learning
7. Amplify accountability with country data and multistakeholder initiatives

PROMOTE HUMAN RIGHTS AND EQUITY
2. GAIN AND SUSTAIN PROGRESS THROUGH COUNTRY LEADERSHIP AND RESOURCES

Committed and sustained country leadership and resources are two powerful means of driving transformative change. A central theme of the 2015 Global Strategy is to build leadership, governance and management capacities at all levels and to mobilize resources. This is particularly important to address key challenges such as weak legislation and institutions, inadequate infrastructure and capacities, limited resources, and lack of quality data for decision-making.

Senior political leaders have the authority to deliver costed national plans, develop clear, evidence-based policies, and legislate when necessary. By strengthening governance and institutions and harmonizing stakeholder efforts, they can give direction and impetus to improvements in the health system and society. In this way, and by strengthening country leadership capacities, they can create a stronger foundation for transformative change in women’s, children’s and adolescents’ health.

Leadership on health is not limited to the political sphere. It includes leaders from across sectors and society, including health providers, communities, the private sector, faith-based groups, civil society and citizens. Active citizenship can be a transformative force in the design of health services and in creating demand for those services.

Country leaders have a vital role to play in transitioning health budgets from an emphasis on development assistance to a greater reliance on domestic financing. By 2025, 15 of the 36 countries currently classified as low-income may gain middle-income status as their economies grow. In theory this should enable them to increase domestic health financing. However, when a country becomes middle-income, international funding for health declines. Experience shows that countries may fail to compensate by increasing domestic health expenditure.

The spending that does occur often masks significant inequities in access to health services and financial protection between rich and poor groups. These inequities are higher in the provision of RMNCAH services than in any other area of health. To change this, country leaders need to create the fiscal space to ensure that RMNCAH expenditures are sufficient, sustainable and used effectively, with high impact. They should also promote thriving partnerships, across sectors and stakeholders, to advance RMNCAH. In parallel, development partners should ensure that international funding is not phased out too quickly as countries transition and adapt to middle-income status.

Figure 6. Creating the fiscal space for country health investments and expenditures

Note: Health sector-specific assessments of fiscal space can be visualized using a spider plot. In this case it shows that the government is doing well on reprioritization but needs to progress in other areas.
3. STRENGTHEN THE RESILIENCE AND EFFECTIVENESS OF HEALTH SYSTEMS

Goal 3 of the SDGs calls for “universal health coverage and health and well-being for all at all ages”. These aims can only be achieved through strong and resilient health workforce and systems. When present, they create momentum for progress in women’s, children’s and adolescents’ health by providing an integrated continuum of effective health care focused on each individual’s needs across the life course. Their impact is further enhanced when integrated with services in other sectors that promote health.

Where health systems are weak, strengthening the governance of the health sector is key. This should include ensuring that momentum towards universal health coverage starts with, and prioritizes, services for women, children and adolescents. Ensuring quality, continuum of care for sexual, reproductive, maternal, newborn, child and adolescent health is the cornerstone of the 2015 Global Strategy, and includes essential health interventions such as in the figure below.

Figure 7. Essential health interventions for women, children and adolescents, at critical stages in the life course

National plans and policies need to take full account of the needs of the whole population – and especially people in marginalized and disadvantaged communities, such as refugees. It is important to ensure that all programmes are integrated into national health systems, and can thus be reconfigured to meet changing threats. For example, health systems should be resilient to epidemics and other health shocks, and able to respond rapidly and efficiently while continuing to deliver uninterrupted care to the whole population.

It is vital for countries to build capacity at local level to monitor the performance of health service delivery, including quality, and to be able to “course correct”, so they can understand why people are not receiving effective coverage of services. They require robust disease surveillance and response mechanisms to identify health risks as they emerge. Investment in the health workforce is essential. Countries need to address the health workforce gap, and fully realize the potential of the community health workers, midwives and other practitioners who provide services close to where people live.
4. PARTNER ACROSS SECTORS FOR HEALTH AND SUSTAINABLE DEVELOPMENT

There are powerful arguments for regarding sectors beyond health as core to the 2015 Global Strategy, as well as to monitoring and accountability. Evidence shows that gains in the health of women, children and adolescents since 1990 resulted from investments in the health sector as well as in other sectors.\textsuperscript{34, 35}

Health-enhancing sectors, such as education, nutrition and water, sanitation and hygiene, as well as factors such as reduced poverty and inequity and importantly women’s political and economic participation, significantly contribute to health outcomes. Countries need to build the capacity of their health sectors to work with other sectors, and vice versa to maximise synergies and achieved shared goals for health and sustainable development.

Many countries have successfully adopted a multi-sector approach to health and development. For example, the Senegal River Basin Project has improved fish stocks in the Senegal River and reclaimed land for agriculture, while also benefiting child health. In the project area, 83% of children under-five now sleep under mosquito nets, drastically reducing malaria rates. By investing in water and sanitation, Peru increased sanitation coverage in urban areas from 54% in 1990 to 72% in 2011; and Lao PDR increased the proportion of the population with access to clean water from 40% in 1994 to 70% in 2011\textsuperscript{34}; and India eradicated the last cases of polio by focusing on the need for water, sanitation and hygiene.\textsuperscript{35}

To achieve results of this kind, high-impact investments are needed in sectors known to influence health, such as education, water and sanitation, nutrition and rural infrastructure. An educated woman is more able to access health services. A paved road may make it easier for a mother to reach a skilled birth attendant, and clean water may reduce the risk of diarrhoea in infants. These are good things in themselves, but evidence indicates that the overall benefit is magnified if improvements occur in parallel across the health-enhancing sectors. This requires a coordinated, multi-sector response, involving many actors at different levels and the elimination of long-standing bureaucratic and financial disincentives that impede cross-sector work among international agencies, governments and the non-governmental sector. It is important that countries build management capacity in their health sectors to work with other health-enhancing sectors, and vice versa.

Figure 8. Progress across sectors can accelerate improvements in women’s and children’s health\textsuperscript{34}
5. TACKLE INEQUITIES AND FRAGILITIES ACROSS SETTINGS

Significant inequities in women’s, children’s and adolescents’ health exist around the world. One of the priorities in tackling inequities and fragilities is to acquire a detailed understanding of where they occur, who is affected, and what bottlenecks and obstacles prevent people from accessing the services and care they are entitled to as rights-holders. This requires investment in comprehensive national systems to gather, disaggregate and analyse population data. The process will enable a better understanding of how services and programmes are distributed within populations – especially among marginalized or minority groups – and will inform programming decisions.

The threat and inequities resulting from humanitarian and fragile settings require a strategy focused on: targeting existing gaps in resources and institutions that prevent a joined-up approach to humanitarian aid and development assistance; building crisis preparedness into health systems strengthening; fully integrating humanitarian and development action for more targeted and sustainable impact; deploying intervention packages tailored to the needs of women, children and adolescents in humanitarian crises; and encouraging and enabling a demand-driven approach from people in crisis situations.

Figure 9. Identifying inequities to focus policies and programs

Each of the four distinct patterns of inequality prompts a different general policy response.

- A complete coverage pattern is shown by Line 1. Universal coverage has been achieved. Ongoing monitoring may be warranted to ensure that the situation remains favourable for all.
- A marginal exclusion pattern is represented by Line 2. There is much lower coverage in the poorest quintile. This calls for a targeted approach, with resources directed at the most disadvantaged.
- An incremental linear (or queuing) pattern is apparent in Line 3. There is an equal increases across quintiles, moving from the poorest to the richest. This pattern requires an approach that combines population-wide and targeted interventions.
- A mass deprivation pattern is indicated by Line 4. Health service coverage is low or very low in all but the richest quintile. Interventions to address mass deprivation should target the whole population, investing resources in all (or most) subgroups.
6. ACCELERATE PROGRESS WITH INNOVATION, RESEARCH AND LEARNING

Innovations that contribute to progress in women’s, children’s and adolescents’ health come from a diversity of sectors and take many different forms. EWEC has adopted the concept of integrated innovation, which states that science and technology, social, business and financial innovations are all needed, and can often be combined to transformative effect.  

Innovations are essential to accelerate progress and to reduce mortality. One of the simplest health innovations, the insecticide-treated bednet, has been shown to halve malaria cases among children, who account for 78% of all deaths from the disease.

Most successful innovations are based on research and learning. They are also informed by new thinking in implementation research, for example on supporting and scaling-up of innovations, and on social and behavioural change research.

The EWEC Innovation Working Group estimates that over 1000 innovative technologies for RMNCAH are currently in the R&D pipeline. While this is a “sea change” since 2010, when comparatively few new technologies were in development, it is not enough. The Lancet Commission on Investing in Health believes that “the discovery, development, delivery, and widespread adoption of new technologies will be essential [to achieve global health goals].”

Many innovations stall at the development stage due to lack of funding, unfavourable markets and restrictions on trade. To counter this, global investments and formal structures are needed to support research and ensure that effective RMNCAH innovations are identified, developed, scaled up and made available where and when needed. Less formal structures, such as South-South knowledge exchange and learning, are also essential.

Figure 10. Technology-enabled programmes, by health focus

Source: Center for Health Market Innovations.
7. **AMPLIFY ACCOUNTABILITY WITH COUNTRY-LED AND MULTISTAKEHOLDER INITIATIVES**

Effective accountability – the process of monitoring, review and action – is critical if women, children and adolescents are to survive, thrive and achieve the transformative change envisaged by the SDGs.

Governments, development partners, public and private health providers and civil society alike must be held accountable. Data is crucial at all levels to ensure accountability, whether national or international. Yet many countries still lack functioning systems of civil registration and vital statistics. In other countries, health management information systems and other vital data sets are either incomplete or out of date. Information and data must be “open-source” – available in real time, at the right place and accessible to all people. Processes of accountability also need to be open, inclusive and transparent. The Global Strategy 2015 needs to help all countries take advantage of the global “data revolution” by achieving functioning CRVS and other vital data systems by 2020.

Country leadership is vital. As domestic resources provide an ever-increasing proportion of financing for RMNCAH, the demand for data must be country-led, researched and owned. The private non- and for-profit sectors, which provide the bulk of health services and even financing in many countries, need to be engaged.

Independent review mechanisms that feed into political processes for course correction are critical. This human rights idea was an integral part of the Commission on Information and Accountability (CoIA)\(^2\) and led to the establishment of the independent Expert Review Group (iERG)\(^4\) under the 2010 Global Strategy.

In addition to independent review, the 2015 Global Strategy accountability framework – at country, regional and global levels – should be centred on resources and results for the most underserved populations and disadvantaged socioeconomic groups. Models and principles of multistakeholder and people-centred accountability processes have been established and should be expanded and replicated.

**Accountability principles**

<table>
<thead>
<tr>
<th>Country</th>
<th>Global</th>
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<tr>
<td><strong>Accountability</strong>: A dynamic process of “monitor, review and action”, involving the free, active and meaningful participation of all citizens, at all stages</td>
<td><strong>Clear and unambiguous</strong>: Purpose, functions, actions and deliverables</td>
</tr>
<tr>
<td><strong>Leadership</strong>: Highest levels of political authority, President/PM and parliaments</td>
<td><strong>Legitimacy</strong>: Political legitimacy e.g. from a formal regional or intergovernmental body</td>
</tr>
<tr>
<td><strong>CoIA recommendations</strong>: Ensure full implementation, including national accountability mechanisms and CRVS</td>
<td><strong>Strong linkages</strong>: With other relevant established review mechanisms</td>
</tr>
</tbody>
</table>
| **Mechanisms, institutions and processes**:  
- Country compacts, CoIA  
- Non-government actors, include CSO and private sector  
- Rights and equity  
- Data from a variety of sources, including independent | **Independence**: Reviews by independent experts that then feed into political processes, learning |
| **National reviews**:  
- Span all administrative levels where services are delivered  
- Participatory accountability mechanisms at local, sub-national and national levels | **Open, established procedures**: Open, engagement with key constituencies |
| **Country reports**: Should include resources and specific actions | **Regular and open reporting**: Data, scorecards, reports etc. should be accessible, usable and verifiable |
| **Appropriate resources**: Data collection, report, publication and dissemination | **Appropriate resources**: Data collection, report, publication and dissemination |
| **Monitoring impact**: Mechanism should itself be regularly reviewed | **Open accountability**: Usable and verifiable data that are accessible to all, including civil society and researchers |
| **Unified accountability mechanism**: Based on best practice | |
V. WE ALL HAVE A ROLE TO PLAY

Creating the conditions for a healthy, prosperous, sustainable future for every person, everywhere will require the proactive participation of many and diverse actors around the world. Women, children and adolescents must be at the centre of this movement, helping drive the comprehensive change that the SDGs and the 2015 Global Strategy envisage.

We can only succeed with strong partnerships at all levels, between people and communities, between civil society and government, between the government and private sectors, and at the regional and international levels. The emerging partnership around the Global Financing Facility is expected to play an important role by generating additional funding through innovative mechanisms and the EWEC Innovation Working Group has proposed a global innovation marketplace. These partnership platforms will streamline the process of identifying and assessing innovations and attracting investment.

The challenge for countries is to provide an enabling environment for the partnership approach, by ensuring that every person and every stakeholder has a voice and can play their part.

Women, children and adolescents are active players in the fight to survive and thrive and to transform society, and thus are at the core of the 2015 Global Strategy. Social groups, women’s and youth movements, faith-based organizations and many others play a vital, active role as stakeholders advocating for human rights and better services, increasing demand, ensuring community support and holding policymakers to account to deliver on their commitments.

Country leadership at national and sub-national level is also crucial. National political leaders and parliamentarians create the resources, the enabling environment and the consensus which allows for sustainable financing and effective implementation of policies and actions to improve women’s, adolescent’s and children’s health. But political leadership is not enough. It needs to be accompanied by the active leadership of civic organizations (including faith-based organizations) and the private sector to drive innovation, quality and ensure equity of access.

Regional and economic alliances and South-South cooperation can ensure that best practice is rapidly communicated and scaled up. Regional and inter-governmental initiatives can identify emerging issues, bring joint action to bear and ensure that evidence and learning are shared.
Advocacy is essential to create an enabling environment for women’s, children’s and adolescents’ health. It helps communicate evidence to inform political agendas and ensures that information gets into the hands of people who have the authority to make decisions and take action on a large scale. It can directly shape political will to mobilize resources and deliver RMNCAH services and programmes. Advocacy also promotes alignment among partners, and amplifies the voice and agency of women, children and adolescents by attracting political attention to their cause, by mobilizing action and resources required for transformative change and ensuring accountability for the same. A core task for the post-2015 era is to scale up national and regional advocacy, and continue the strong EWEC advocacy globally.

The Every Women Every Child Movement, led by the UNSG and many global partners, will play a vital role to coordinate global support through targeted global initiatives, advocacy, finance and ensuring high-level political engagement. There is ample precedent for this kind of global effort, such as the work of the 2005 Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT). Effective, equitable and sustainable financing is essential across all areas of the Global Strategy. For 2016-2030, a large funding gap remains – about US$7.7 per capita per year in low- and lower-middle-income countries, or US$30 billion to US$50 billion between 2016 and 2020. This can only be addressed by dramatic increases from domestic and international public and private sources. The Global Financing Facility (GFF) has been created to facilitate fully-scaled and smart financing of RMNCAH services in different countries. It will help countries identify their immediate and longer-term RMNCAH resource needs, and to mobilize domestic funding (public and private) and international funding (bilateral and multilateral). The GFF will also position itself as a major investor through mobilization of development assistance. Through a dedicated financing window, it will support plans to develop CRVS systems.

**Figure 11. Anticipated RMNCAH funding gap to 2030**

![Figure 11 - Anticipated RMNCAH funding gap to 2030](image)

**Please get involved with the Global Strategy**

Visit the EWEC website at [www.everywomaneverychild.org](http://www.everywomaneverychild.org) for more information about the 2015 Global Strategy and how to get involved. If you would like to make a commitment – financial, resources, policy, service delivery or other – please go to the Make a Commitment page on the EWEC website.

**Please Note:** The 2015 Global Strategy will present a five-year coordination plan to be updated every five years. Details of governance and accountability mechanisms that can assist in successful implementation with be further detailed as these plan are developed. These mechanisms will be in a later version of the 2015 Global Strategy to be issued after the EWEC consultation process that concludes in June 2015.


27. AllAfrica. Rwanda: Kagame Approves Bill Seeking 100 Percent Payment for Mothers On Maternity Leave. News of Rwanda (Kigali).


33. The Lancet Every Newborn Series, May 2014.


