THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016-2030)
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SURVIVE
THRIVE
TRANSFORM
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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.

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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.
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. 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). The United Nations Commission on Information and Accountability for Women’s and Children’s Health resulted in a landmark Accountability Framework and an independent Expert Review Group (iERG), and the United Nations Commission on Life-Saving Commodities for Women’s and Children’s Health strengthened the availability and supply of essential interventions. 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. 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.

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. 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. 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, 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.
The survival, health and well-being of women, children and adolescents are essential to ending extreme poverty, promoting development and resilience, and achieving the SDGs.
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. 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.
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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.

**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 caregiving and 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
“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. Population stability would enhance economic sustainability and reduce the risks of climate change.

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).

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.

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. Scaling up nutrition interventions has a benefit-cost ratio of 16. Eliminating undernutrition in Asia and Africa would increase gross domestic product (GDP) by 11 per cent.
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
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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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](http://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
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.

**Child health challenges**

- **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 **INFECTIONOUS 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 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
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. 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. 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.

Humanitarian and fragile settings

The average time a person spends in refugee situations is 25 years.

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.

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. In low- and middle-income countries there can be:

- 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.
“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
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