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
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 measurable 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

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

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 (CoLS)
  ○ 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

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
  - 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\textsuperscript{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);\textsuperscript{78} the Global Investment Framework for Women’s and Children’s Health (2014);\textsuperscript{13} Every Newborn: an Action Plan to End Preventable Deaths (2014);\textsuperscript{20} Strategies Towards Ending Preventable Maternal Mortality (2015);\textsuperscript{19} and Disease Control Priorities 3 (in preparation).\textsuperscript{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
- 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.

<table>
<thead>
<tr>
<th>HEALTH SECTOR INVESTMENT AREA</th>
<th>POLICY ON:</th>
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<tbody>
<tr>
<td>Constitutional and legal entitlements</td>
<td>• Human right to the highest attainable standard of health</td>
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<td></td>
<td>• Universal access to health care and services, including sexual and reproductive health and rights</td>
</tr>
<tr>
<td>Human rights-, equity- and gender-based approaches</td>
<td>• Ensure universal access to sexual and reproductive health information, services and goods</td>
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<td></td>
<td>• Integrate human rights-, equity- and gender-based approaches into health sector policies and programmes</td>
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<td></td>
<td>• Improve the equity orientation of health information systems and their capacity to collect, analyse and report health inequality data</td>
</tr>
<tr>
<td>Strategies and plans</td>
<td>• National strategy and scale-up plan for women’s, children’s and adolescents’ health integrated into National Health Strategy and Plan</td>
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<tr>
<td></td>
<td>• Prioritized and well-defined health targets and indicators for women, children and adolescents</td>
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<td></td>
<td>• Prioritized national and subnational annual implementation plans</td>
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<td></td>
<td>• Institutional arrangements for implementation and coordination across the health system</td>
</tr>
<tr>
<td>HEALTH SECTOR INVESTMENT AREA</td>
<td>POLICY ON:</td>
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</tbody>
</table>
| 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 |
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<thead>
<tr>
<th>HEALTH SECTOR INVESTMENT AREA</th>
<th>POLICY ON:</th>
</tr>
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</table>
| 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 policies 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 and A policy guide for implementing essential interventions for reproductive, maternal, newborn and child health (RMNCH): a multisectoral policy compendium (2014).

<table>
<thead>
<tr>
<th>SECTOR(S)</th>
<th>KEY POLICIES AND INTERVENTIONS</th>
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| 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) |
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<th>SECTOR(S)</th>
<th>KEY POLICIES AND INTERVENTIONS</th>
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| 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. While much progress was made, several targets were missed. 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.

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. 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 life-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.
REFERENCES

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