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

UPDATED Draft for Discussion—including reflections from the EWEC Stakeholders’ meeting November 6-7, 2014

1 December 2014 draft

• Introduction
• Rationale, political process and timeline
• Conceptual Framework & Content Areas
• Operating principles, overview and next steps
MDG 4 – Reduce child mortality

Since 1990 the global under-five mortality rate has dropped 49 percent

Overall reduction in U5MR from 90 deaths per 1,000 live births in 1990 to 46 per 1,000 live births in 2013

Source: UN Inter-agency Group for Child Mortality Estimation. 2014.
MDG 5 - Improve Maternal Health

Globally, the maternal mortality ratio dropped by 45% between 1990 and 2013; Unmet need for family planning declined from 17% to 12%

Countries in categories by their maternal mortality ratio, 2013

Maternal mortality ratio dropped globally from 380 deaths per 100,000 live births in 1990 to 210 deaths per 100,000 live births in 2013. 222 million women have an unmet need for family planning.

10 Leading Causes of Deaths in Adolescents

Some milestones on the Every Woman Every Child journey

- 2000
  - Millennium Development Goals
  - GAVI Alliance
- 2002
  - Global Fund
  - GAIN
- 2005
  - Partnership for Maternal, Newborn and Child Health (PMNCH)
- 2006
  - UNITAID
- 2007
  - IHP+
  - World Bank hosted Health Results Innovations Trust Fund
- 2008
  - PEPFAR
- 2010
  - Global Strategy for Women’s and Children’s Health
    - Muskoka Initiative
    - Every Woman Every Child
    - Innovation Working Group (IWG)
- 2011
  - Commission on Information and Accountability (CoIA)
  - independent Expert Review Group (iERG)
- 2012
  - UN Commission for Life Saving Commodities
    - Committing to Child Survival: A Promise Renewed (APR)
    - Family Planning 2020 (FP2020)
- 2013
  - UN Special Envoy for financing health related MDGs
    - Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea
    - RMNCH Steering Committee and proposed ‘RMNCH Trust Fund’
    - PMNCH Financing Harmonisation Group for RMNCH initiatives
- 2014
  - Every Newborn: An Action Plan to End Preventable Deaths
    - Ending Preventable Maternal Mortality
    - Proposed Global Financing Facility
    - Sustainable Development Goals – Open Working Group
Women’s, children’s and adolescents’ health within the Sustainable Development Goals (SDGs)

SDG Goal 3. Ensure healthy lives and promote well-being for all at all ages

A subset of goal 3:

- Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- End preventable deaths of newborns and under-five children
- 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
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Other post-2015 goals and targets for women’s, children’s and adolescents’ health

• Endorse global targets for 2030 to reduce child mortality to 25 or fewer deaths per 1,000 live births, newborn mortality to 12 of fewer deaths per 1,000 live births, and to reduce maternal mortality in all countries to a global ratio of less than 70 per 100,000 live births and a minimum of 75 percent of demand for contraceptives is met by modern methods.

• Invest in universal access to integrated sexual and reproductive health information, education, services and supplies.

• Recognize the right of marginalized and underserved groups, including young people, to actively participate as partners in the design of policies and strategies that affect their lives and health and note the recommendations in the PMNCH youth pre-forum outcome document.

• Establish shared goals with health-enhancing sectors, such as education, nutrition, water and sanitation, rural electrification, roads, skills and employment.

• Commit to differentiated targets and indicators to guarantee focus on key populations including adolescents, marginalized and underserved groups, and to take into account different levels of development in countries.

These and other goals are set out in the PMNCH post-2015 position statement (endorsed by 250 organizations) and the 2014 Partners’ Forum Communiqué.
i. Rationale, political process and timeline
The unfinished MDG agenda

• Maintain and accelerate unprecedented progress – end all preventable maternal, newborn and child deaths within a generation, and promote universal access to sexual and reproductive health and rights

• Need to reach the poorest and most vulnerable - progress differs across and within counties (inequalities, low-income countries and fragile states)

Develop, secure wide political support for, and begin to implement a global plan during 2014-15 to end all preventable reproductive, maternal, newborn, child, and adolescent mortality for the 2016-2030 period—a new, broader, and more inclusive Global Strategy for Women’s and Children’s Health.

iERG 2014, Recommendation 1
Supporting countries to realize the Sustainable Development Goals (SDGs)

- Keep women’s, children’s and adolescents’ health and rights politically visible within overall health goal and the SDGs
- People-centered goals
- Holistic and inclusive agenda
- Integrative approach recommended within and across sectors
- Evidence on cost-effective SDG investments e.g. Copenhagen Consensus process
Lessons learned from the Global Strategy since 2010

• **What worked well**
  – Political leadership and commitment
  – Multi-stakeholder partnerships
  – Focus on accountability
  – Every Woman Every Child global movement

• **What could have worked better**
  – Country plans and priorities to lead global collective action
  – Coordination and reducing fragmentation with existing and new initiatives, including funding
  – Coordinated efforts with other sectors
  – Sufficient and effective financing for women’s and children’s health
Key issues to consider for the Global Strategy 2016

Focus
• One vision for women’s, children’s and adolescent’s health and development to 2030. Convergence to ensure that women, children and adolescents in low-income countries are not at a higher risk of dying than those in high-income countries

Timeline
• 2016-2030 timeline in-line with SDGs and investment frameworks
• 5-year operational plan, with 5 yearly updates

Updating the conceptual framework
• Build upon strong political recognition, consensus statements, priorities and plans
• Existing content still relevant; integrate new evidence on what works

Political mandate
• Member State endorsement – World Health Assembly, welcomed in SDG Summit outcome document - UN General Assembly (GA), or pursue a GA Resolution?
• Regional bodies, civil society, private sector and other multi-stakeholder partners endorsement through consultations

Operationalizing the Global Strategy
• Need to consider from beginning: global architecture and governance, financing mechanisms, communications and advocacy, accountability
ii. Conceptual Framework & Content Areas

Leadership

Health workers

Access

Interventions

Accountability
New evidence on ‘what works’: Rationale for updates

Focus on women and children in the most fragile and underserved contexts, including humanitarian settings:

1. **Investing in health saves lives and has socioeconomic benefits** (e.g. CIH, GIF)
2. **Health-enhancing effects in other sectors** (e.g. WASH, education, infrastructure)
3. **Making the right investments for each country’s unique context**
4. **Evidence for decision-making and accountability** (reliable, relevant, timely)
5. **Innovations that accelerate progress** (interventions and implementation)
6. **Political vision for health and development and effective management over time**
7. **A ‘triple planning approach’ to: address immediate needs; work towards a long-term vision; and adapt to change**
8. **People’s power: women’s political and economic participation; community ownership of efforts; rights and legal entitlements, leadership across society**

Note: See slide references for further details.
Conceptual framework for the updated Global Strategy
Draft for discussion

Health Interventions
for women’s, children’s and adolescents’ health and well-being

Realizing Rights
Women, children and adolescents realize their rights—for health and well-being

Enablers
Resilient health systems;
Financing;
Civil registration, vital statistics;
Research and Innovation;

Determinants
Political; Socioeconomic;
and Environmental, Equity

Accountability for Resources and Results

National Leadership and Partnerships
Considerations for the conceptual framework and content

• **National Leadership and Development Partnerships** – National plans; parliamentarians, public, private, civil society partnerships and alignment

• **Health Interventions** – end preventable mortality, improve women’s, children’s, adolescents’ health, inc. sexual and reproductive health and rights, well-being

• **Enablers** – build resilient health systems; improve financing, CRVS, and promote and use research and innovation across all areas

• **Determinants** – political, socioeconomic, environmental determinants; address inequities; work with health-enhancing sectors

• **Accountability** – for resources and results at all levels, and effective, efficient mechanisms

• **People’s capacities and rights** – recognizing and supporting people’s capacities and realization of rights, including in lowest income and underserved contexts

Note: See Working Group Reports slides for further details.
Accessibility and relevance of the Global Strategy for women, children and adolescents

**Real people**, for example:
Children around the world who will be 10 years old in 2015, school class 5, will be the first generation of adults in 2030

**Real words**, for example:

i. **Leadership** (Governance and Leadership)
ii. **Health** (Health Interventions and Enablers)
iii. **Education** (Social Determinants)
iv. **Environment** (Environmental Determinants)
v. **Justice** (Women’s and Children’s Rights and Accountability)

For Every Woman Every Child

**Leadership**  **Health**  **Education**  **Environment**  **Justice**

Adapted from the Chime for Change campaign
iii. Operating principles, Overview and Next steps
Operating principles for the Global Strategy, 2016

- **National leadership**: Strategy structured so that it is led by national plans and priorities, supported by multistakeholder partner alignment, including to reduce fragmentation of efforts and financing mechanisms.

- **Engagement of all stakeholders**: governments and parliamentarians; multilateral agencies; donors and foundations; private sector; health care professionals – public and private; civil society, youth and media, and women, children and adolescents, especially in underserved contexts.

- **Constituencies beyond RMNCH**: both within the health sector e.g. with communicable and non-communicable diseases; and with health-enhancing sectors e.g. nutrition, education, water, sanitation and hygiene, infrastructure.

- **Communication**: effective communication with all stakeholders and constituencies, including the general public, to ensure the accessibility and relevance of the Global Strategy for women, children and adolescents.

- **Human rights-based approach**: in the development, implementation and review of the Global Strategy, including participation and legal entitlements for women’s, children’s and adolescents’ health.

- **Accountability at all levels**: efficient and effective mechanisms with a foundation in existing national accountability processes, an independent review component, and harmonization of accountability initiatives.
Draft outline for a new Global Strategy document

- The current situation of women’s and children’s health
- Forecasts and scenarios on drivers, challenges and opportunities for women’s and children’s health
- Rationale for updating the Global Strategy for Women’s and Children’s Health
- Conceptual framework for an updated Global Strategy
- Investment case and projected impact
- Operationalizing an updated Global Strategy
  - National leadership and plans
  - Global architecture to support national leadership
  - Financing mechanisms
  - Innovation and research
  - Advocacy, resource mobilization and stakeholder commitments
  - Accountability for resources and results
- Renewed collective action for women’s and children’s health
Proposed work streams for the Global Strategy update

1. STRATEGY AND COORDINATION
2. CONCEPTUAL FRAMEWORK AND OPERATIONALIZATION
3. FINANCING, INCLUDING THE GLOBAL FINANCING FACILITY
4. ADVOCACY AND COMMUNICATIONS
5. ACCOUNTABILITY

RESEARCH AND INNOVATION AS CROSS-CUTTING THEMES ACROSS WORK STREAMS
# Initial thoughts on timeline and next steps

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<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
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<tr>
<td>Establish a small number of focused, time-bound and interlinked work streams; work streams start</td>
<td>End-Nov. 2014</td>
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<tr>
<td>Review UNSG report on the current Global Strategy – results and lessons</td>
<td>Feb. 2015</td>
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<td>Reconvening EWEC stakeholders to review progress</td>
<td>End-Feb. 2015</td>
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<td>Greentree retreat with senior world leaders to set the new Global Strategy direction–convened with UN Secretary-General</td>
<td>Mar. 2015</td>
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<td>UN Secretary-General report back to Member States on progress and impact of the <em>Global Strategy</em> for 2010-2015</td>
<td>Apr 2015</td>
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<tr>
<td>World Health Assembly: Draft <em>Global Strategy</em> presented to Member States</td>
<td>May 2015</td>
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<td>Consultation process, meetings, workstreams for the Global Strategy</td>
<td>Ongoing</td>
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<td>Launch updated Global Strategy, with implementation plan, at the 70th UN General Assembly – SDG Summit</td>
<td>Sept. 2015</td>
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<tr>
<td>Implementation roadmap reviewed with further discussions and recommendations at Women Deliver 2016</td>
<td>May 2016</td>
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References (selected)


References (continued)


Thank you

For further information:

• Every Woman Every Child website: www.everywomaneverychild.org

November 2014 Stakeholder meeting documents available at:


Please also see the link to the online PMNCH Consultation Platform where you are invited to participate in the consultations and provide feedback.

http://www.womenchildrenpost2015.org/