Reproductive, Maternal, Newborn, Child and Adolescent Health: The frontrunner agenda for the SDGs?

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The Partnership for Maternal, Newborn and Child Health

Secretariat Hosted by the World Health Organization and Board Chaired by Mrs Graça Machel
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I. BEYOND THE MDGs: HAS THE SRMNCNAH SPACE BEEN LOST?
Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development
Progress in MDG 4
Progress in MDG 4

Trends in under-5 and neonatal mortality rates, 1990-2013 and MDG4 targets in 49 focus countries

Source: UNICEF analysis based on the intermediate round of estimates of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2015
Progress in MDG 5a

(Maternal deaths per 100,000 live births, women aged 15–49)
Progress in MDG Target 5a

Trends in maternal mortality ratio, 1990-2013 and MDG5a target in 49 focus countries

Progress in MDG Target 5b to achieve universal access to reproductive health

- Contraceptive use has increased but gaps persist
- 225 million people have an unmet need for family planning/contraception

MDG6: Achieved!

Then Now Future
Fifteen years of progress and hope. But miles to go to end the AIDS epidemic by 2030—new milestones to reach, barriers to break and frontiers to cross.

<table>
<thead>
<tr>
<th>People living with HIV on antiretroviral therapy</th>
<th>New HIV infections</th>
<th>New HIV infections among children</th>
<th>Awareness about HIV among young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 million people living with HIV</td>
<td>3 million</td>
<td>580 000 people</td>
<td>25%</td>
</tr>
<tr>
<td>15 million</td>
<td>2 million</td>
<td>220 000 people</td>
<td>35%</td>
</tr>
<tr>
<td>All</td>
<td>0.2 million</td>
<td>&lt;50 000 people</td>
<td>&gt;90%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AIDS-related deaths</th>
<th>Investments for AIDS response</th>
<th>Children orphaned due to AIDS</th>
<th>Countries that criminalize same-sex relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0 million</td>
<td>4.9 million US$ billion</td>
<td>14.4 million</td>
<td>92</td>
</tr>
<tr>
<td>1.2 million</td>
<td>21.7 million US$ billion</td>
<td>13.3 million</td>
<td>76</td>
</tr>
<tr>
<td>0.2 million</td>
<td>32 million US$ billion</td>
<td>0 million, all orphans cared for and well</td>
<td>0</td>
</tr>
</tbody>
</table>

Then 2001 2014 2030
Now 2001 2014 2030
Future 2001 2014 2030
Moving the goalposts?
From the Millennium to Sustainability
Sustainable Development Goals (SDGs)
### SDG 3

**Ensure healthy lives and promote well-being for all at all ages**

| 3.1: | By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births |
| 3.2: | By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births |
| 3.3: | By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases |
| 3.4: | By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being |
| 3.5: | Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol |
| 3.6: | By 2020, halve the number of global deaths and injuries from road traffic accidents |
| 3.7: | By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes |
| 3.8: | 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 |
| 3.9: | By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination |
SDG 2

End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
SDG 5

Achieve gender equality and empower all women and girls

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
SDG 6

Ensure availability and sustainable management of water and sanitation for all

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
Other health-related SDGs

4. **Quality Education**
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

10. **Reduced Inequalities**
Reduce inequality within and among countries

17. **Partnerships for the Goals**
Strengthen the means of implementation and revitalize the global partnership for sustainable development
A historic moment...

THE WORLD WE WANT IN 2030: SUSTAINABLE DEVELOPMENT GOALS (SDGs)

The survival, health and well-being of women, children and adolescents are essential to achieving all the SDGs

Our generation now has the:

Knowledge  Resources  Opportunity
II. GLOBAL STRATEGY AS SDG FRONTRUNNER
Global Strategy (2016-2030): A central role for women, children and adolescents
How the Global Strategy was developed

Through global partnership:

- 7,000+ individuals and organizations contributed inputs
- Technical papers developed by many partners, published in BMJ
- Regional consultations hosted by the Governments of India, South Africa and United Arab Emirates
- World Health Assembly 2015
- Other fora: Inter-Parliamentarian Union, Partners for Population and Development, etc.
- PMNCH public online consultations
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 fully able to participate in shaping sustainable and prosperous societies.
Guiding principles

- Country led
- Universal
- Sustainable
- Human rights-based
- Equity enhancing and gender responsive
- Evidence informed

- Partnership driven
- People centred
- Community owned
- Accountable
- Aligned with development effectiveness and humanitarian norms
Objectives

1. **SURVIVE**
   End preventable deaths

2. **THRIVE**
   Ensure health and well-being

3. **TRANSFORM**
   Expand enabling environments
## Targets – aligned with the 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 1000 live births in every country
- Reduce under-5 mortality to at least as low as 25 per 1000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases & other communicable diseases
- Reduce by 1/3 premature mortality from NCDs and promote mental health and well-being

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

- End all forms of malnutrition, and address the nutritional needs of adolescent girls, pregnant and lactating women and children
- 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 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 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
A core set of 9 action areas identified as key, based on scientific evidence and country experience, to achieving the Global Strategy objectives.
High returns on investments in women’s, children’s and adolescents’ health

Implementing the Global Strategy, with increased and sustained financing over the next 15 years, would yield tremendous returns:

- An end to preventable maternal, stillbirths, newborn and child and adolescent deaths
- At least a 10-fold return on investments from social and economic benefits
- At least US$ 100 billion in demographic dividends from early childhood development and adolescent health and well-being
- A "grand convergence" in health giving all women, children and adolescents an equal chance to survive and thrive
Life-course: Continuum of Care
## Evidence-based, high-impact interventions: examples across the life course

### Life Course

<table>
<thead>
<tr>
<th>Women’s Health</th>
<th>Pregnancy, Childbirth and Postnatal Care</th>
<th>Child Health and Development</th>
<th>Adolescent Health and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>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</td>
<td>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</td>
<td>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</td>
</tr>
</tbody>
</table>

### Intervention Packages

- **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.
- **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.
- **Responsive Caregiving:** Immunization; prevention and management of childhood illness and malnutrition; treatment and rehabilitation of congenital abnormalities and disabilities.
- **Responsive Caregiving:** Immunization; prevention and management of childhood illness and malnutrition; treatment and rehabilitation of congenital abnormalities and disabilities.

### 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.
What’s new in the Global Strategy and SDGs?

- **Equity:** Focus on reaching the most vulnerable and leaving no one behind
- **Adolescents:** The “SDG generation”
- **Transformation:** The multisectoral approach, achieving joint progress across core sectors
- **Universality:** For all countries, with an explicit focus on humanitarian settings
III. EQUITY
**Equity**

- Despite often impressive average reductions in child deaths, equity analyses reveal severe disparities in health outcomes between the richest and poorest.

- For example, almost half of Brazil’s under-5 deaths occur among the poorest quintile.
India: great aggregate progress

Under-five mortality rate
Deaths per 1000 live births

Maternal mortality ratio
Deaths per 100,000 live births

Socioeconomic inequities in coverage

Source: Countdown to 2015 Country Profiles (2014). Data from WHO/UNICEF.
Solomon Islands

**Under-five mortality rate**
Deaths per 1000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>50</td>
</tr>
<tr>
<td>1995</td>
<td>45</td>
</tr>
<tr>
<td>2000</td>
<td>40</td>
</tr>
<tr>
<td>2005</td>
<td>35</td>
</tr>
<tr>
<td>2010</td>
<td>28</td>
</tr>
</tbody>
</table>

MDG Target: 13

Source: UN IGME 2015

**Maternal mortality ratio**
Deaths per 100,000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>320</td>
</tr>
<tr>
<td>1995</td>
<td>280</td>
</tr>
<tr>
<td>2000</td>
<td>160</td>
</tr>
<tr>
<td>2005</td>
<td>120</td>
</tr>
<tr>
<td>2010</td>
<td>80</td>
</tr>
<tr>
<td>2015</td>
<td>80</td>
</tr>
</tbody>
</table>

MDG Target: 80

Source: MMEIG 2014

**Coverage along the continuum of care**

- **Demand for family planning satisfied**
  - Antenatal care (4 visits): 65%
  - Skilled attendant at delivery: 86%
  - Postnatal care: 74%
  - Exclusive breastfeeding: 74%
  - Measles: 93%

Source: DHS, MICS, Other NS

**Skilled attendant at delivery**
Percent live births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>84</td>
</tr>
<tr>
<td>1999</td>
<td>85</td>
</tr>
<tr>
<td>2007</td>
<td>86</td>
</tr>
</tbody>
</table>

Source: Countdown to 2015 Country Profiles (2014). Data from WHO/UNICEF.
Figure 31. Time trends in wealth-related inequalities for selected indicators, Ghana
Zambia

Cervical Cancer Screening Clinics in Zambia (2015)
IV. ADOLESCENTS
# Adolescent's health challenges

## Adolescent Health Challenges

<table>
<thead>
<tr>
<th><strong>1.3 MILLION ADOLESCENTS</strong></th>
<th>DIED IN 2012 FROM PREVENTABLE OR TREATABLE CAUSES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN ADOLESCENT GIRLS AGED 15-19</strong></td>
<td>THE TWO LEADING CAUSES OF DEATH ARE SUICIDE AND COMPLICATIONS DURING PREGNANCY AND CHILDBIRTH</td>
</tr>
<tr>
<td><strong>THE FIVE LEADING CAUSES OF DEATH IN ADOLESCENT BOYS AND GIRLS ARE,</strong></td>
<td>ROAD INJURIES, HIV, SUICIDES, LOWER RESPIRATORY INFECTIONS AND INTERPERSONAL VIOLENCE</td>
</tr>
<tr>
<td><strong>2.5 MILLION UNDER 16 GIVE BIRTH</strong></td>
<td><strong>15 MILLION UNDER 18 MARRIED</strong></td>
</tr>
<tr>
<td><strong>AROUND 1 IN 10 GIRLS (AROUND 120 MILLION) UNDER THE AGE OF 20 HAVE BEEN VICTIMS OF SEXUAL VIOLENCE</strong></td>
<td><strong>GLOBALLY 80% OF ADOLESCENTS ARE INSUFFICIENTLY PHYSICALLY ACTIVE</strong></td>
</tr>
<tr>
<td><strong>30 MILLION ARE AT RISK OF FEMALE GENITAL MUTILATION IN THE NEXT DECADE</strong></td>
<td><strong>70% OF PREVENTABLE ADULT DEATHS FROM NON-COMMUNICABLE DISEASES ARE LINKED TO RISK FACTORS THAT START IN ADOLESCENCE</strong></td>
</tr>
</tbody>
</table>

Sources: Health for the World’s Adolescents. 2014 [www.who.int/maternal_child_adolescent/topics/adolescence/second-decade](www.who.int/maternal_child_adolescent/topics/adolescence/second-decade)
Adolescents

- Globally, 1 in 6 people is an adolescent (10-19), and 1 in 3 people is under the age of 20.

- The ‘SDG generation’ holds enormous potential to transform popular opinion on key issues and drive policy change in years to come.

**Global population by age group**

**SSA population by age group**
Adolescents

- Implementing the Global Strategy, with increased and sustained financing for adolescents, would yield at least US$100 billion in demographic dividends by 2030 through improved:
  - educational attainments;
  - workforce participation; and
  - social contributions
## Adolescents and the life-course

<table>
<thead>
<tr>
<th>Selected health problems during adolescence</th>
<th>Age when Health Problem has its Major Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adolescence</td>
</tr>
<tr>
<td>Accidents and violence</td>
<td>++++</td>
</tr>
<tr>
<td>Adolescent pregnancy</td>
<td>++</td>
</tr>
<tr>
<td>Depression</td>
<td>++</td>
</tr>
<tr>
<td>Human papilloma virus</td>
<td>+</td>
</tr>
<tr>
<td>Water-based helminths</td>
<td>+</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>+</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>++</td>
</tr>
<tr>
<td>HIV</td>
<td>++</td>
</tr>
</tbody>
</table>
Adolescents and HIV

- Globally, AIDS-related deaths fell by almost 40 per cent between 2005 and 2013 for all age groups except adolescents.

- It is estimated that 2.1 million adolescents were living with HIV in 2013, more than 80% of whom live in Sub-Saharan Africa and many of whom still do not know their HIV status.
Adolescents, teenage marriage and pregnancy

- 1 in 3 girls in developing countries will probably be married before age 18
- Early marriage ends childhood/adolescence, and negatively impacts social engagement and educational outcomes
- It also increases teenage pregnancies (11% of births worldwide; approx 90% of these are in married girls) and the risk of contracting HIV and other sexually transmitted infections
V. TRANSFORMATION
Multisector approach

- Gains in health outcomes are highly dependent on health-enhancing investments in other sectors
Multisector approach

- The level of mother’s education can have a more significant influence on children’s survival than economic status.

* Data from national Demographic and Health Surveys in 49 low- and middle-income countries, 2005–2012.

** Education data are not available for 10 countries.
Lao PDR

- Lao PDR made significant progress towards MDG4 and has met MDG5a

- Progress has been driven by a 40% reduction in poverty in the last 20 years, and improvements in education and access to improved water and sanitation
Multisectoral approach – cornerstone of AIDS responses

- Global Fund CCMs engage a variety of stakeholders from all sectors in the development of proposals, decisions on fund allocation and utilization, and monitoring of implementation
- National AIDS Councils also employ a multi-sector approach to engaging and coordinating stakeholders
Australia’s HIV response: “The Partnership”

- Australia successfully contained the HIV epidemic in the mid-1980’s through a multistakeholder partnership approach.

- The partnership, coordinated by advisory structures, allowed for quick and innovative policy development that was crucial to lowering infection rates.

- This inclusive policy approach built broad parliamentary and public understanding and acceptance of the need to respond robustly to contain HIV and AIDS.

- The policies have been used by successive national governments to develop and fund national HIV/AIDS strategies.

VI. UNIVERSALITY
Universality

- There are considerable disparities in the risks of maternal and child deaths across countries.

Women's health challenges

WOMEN'S HEALTH CHALLENGES

307,000 women died in 2014 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.

1 in 3 women aged 15–49 years experiences physical and/or sexual violence either within or outside the home.

Children's health challenges

**CHILD HEALTH CHALLENGES**

5.9 MILLION CHILDREN UNDER THE AGE OF FIVE DIED IN 2014 FROM PREVENTABLE CAUSES

52% DUE TO COMMUNICABLE DISEASES WITH PNEUMONIA, DIARRHOEA AND MALARIA AS LEADING CAUSES

2.7 MILLION CHILDREN WHO DIE ARE NEWBORNS

MORE THAN 80% WERE PREMATURE AND/OR SMALL FOR GESTATIONAL AGE

IN ADDITION, 2.6 MILLION BABIES DIE IN THE LAST 3 MONTHS OF PREGNANCY OR DURING CHILDBIRTH (STILLBIRTHS)

45% OF UNDER-FIVE CHILD DEATHS ARE DIRECTLY OR INDIRECTLY DUE TO MALNUTRITION

GLOBALLY, 25% OF CHILDREN ARE STUNTED AND 6.5% ARE OVERWEIGHT OR OBSE

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 SOCIO-EMOTIONAL POTENTIAL DUE TO POVERTY, POOR HEALTH AND NUTRITION INSUFFICIENT CARE AND STIMULATION AND OTHER RISK FACTORS TO EARLY CHILDHOOD DEVELOPMENT

Sources:
Universality (Washington DC)

Percentage of D.C. residents living with HIV or AIDS

<table>
<thead>
<tr>
<th>Race and Sex</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black men</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>Hispanic men</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>White men</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>Black women</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>Hispanic women</td>
<td>0.7</td>
<td>More than 1% is considered &quot;generalized and severe&quot; by the Federal Centers for Disease Control and Prevention.</td>
</tr>
<tr>
<td>White women</td>
<td>0.2</td>
<td></td>
</tr>
</tbody>
</table>

By ward, through 2007

By current age

Prevalence of HIV, total (% of population ages 15-49) in 2008*

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDCS</td>
<td>2.0</td>
</tr>
<tr>
<td>Haiti</td>
<td>1.5</td>
</tr>
<tr>
<td>Angola</td>
<td>2.7</td>
</tr>
<tr>
<td>South Sudan</td>
<td>2.3</td>
</tr>
<tr>
<td>Washington DC</td>
<td>3.5</td>
</tr>
<tr>
<td>Togo</td>
<td>2.5</td>
</tr>
<tr>
<td>Chad</td>
<td>2.8</td>
</tr>
<tr>
<td>Rwanda</td>
<td>3.8</td>
</tr>
</tbody>
</table>

* Estimates for Washington DC are for all ages

VII. PARTNERSHIP
Every Woman Every Child architecture

- **Countries** are the lead drivers to implement their unique national plans
- The **UN Secretary-General** continues to play a central leadership role
- A **High-level Advisory Group** will be appointed to provide political guidance and independent oversight
- **Every Woman Every Child** will continue as a global multistakeholder platform to support country implementation
The Partnership for Maternal, Newborn & Child Health: Our vision

“A world in which every woman, every child and adolescent in every setting realize their rights to physical and mental health and wellbeing, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies”
Strategic Objectives – High level results

**Prioritise engagement in countries:** Multi-stakeholder processes align partners and most affected communities in inclusive dialogue to shape priorities, financing & programmes in places of greatest need.

**Drive accountability:** Unified, independent and mutual accountability processes hold partners to account for results, resources and rights with advocacy and follow-up action for impact.

**Focus action for results:** Policies, programmes & financing deliver outcomes especially for the excluded, marginalised and lagging, sustaining their needs and rights at the centre of the development agenda.

**Deepen Partnership:** Collective action to drive effective policies, programmes, finance & accountability draws on the strengthened balanced and inclusive engagement of diverse and committed Partners.
Accountability
The Way Forward: Implementation

- Global Strategy Operational Framework – five year scope, regularly updated. To be launched in November 2015 for discussion at WHA 2016

- The Partnership for Maternal, Newborn and Child Health
  - Accelerating action on the unfinished business of the MDGs
  - Accelerating action and, where needed, learning and evidence gathering on “frontier” and other critical challenges
  - Building knowledge and experience with intersectoral collaboration
Thank you