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

ANNOTATED OUTLINE HIGHLIGHTS

Dr. Flavia Bustreo, World Health Organization on behalf of the Global Strategy 2015 Writing Team

London, April, 2015
Annotated Outline Structure

i. Every Woman Every Child everywhere: a global journey

ii. The world we want in 2030: goals & targets

iii. Strategic framework and 5 transformative actions

iv. Governance and implementation mechanisms

v. Join the global movement
Every Woman Every Child everywhere: a global journey
The MDGs and the Global Strategy 2010

The UNSG’s 2015 progress report:

• Health of women and children is now higher on the political agenda.
• Over 300 stakeholders from all constituencies made 400 commitments
• US$45 billion in new financing, almost 60% (US$ 34.2 billion) disbursed
• New global initiatives were launched
• 1000 innovations have been selected and supported
• Landmark accountability framework for women and children’s health
Milestones on the Every Woman Every Child journey

2016
- Global Strategy 5-year implementation plan launched
  - World Health Assembly
  - Women Deliver Copenhagen conference

2015
- GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH
  - UN General Assembly launch of SDGs
  - Global Financing Facility launched in Addis
  - World Health Assembly event - draft of updated Global Strategy
  - EWEC Johannesburg stakeholders’ meeting
  - EWEC London Strategy and Coordination Group meeting
  - UNSG’s Progress Report launched
  - EWEC Delhi stakeholders’ meeting
  - EWEC New York workstream meeting
  - Global Strategy (GS) public consultations and events roadmap

2014
- EWEC principals’ call on workstreams and roadmap
  - EWEC Geneva stakeholders’ meeting
  - EWEC UNGA event, iERG recommendation for a new Global Strategy
  - Sustainable Development Goals – Open Working Group and consultations
  - Proposed Global Financing Facility
  - Every Newborn: An Action Plan to End Preventable Deaths
  - Ending Preventable Maternal Mortality

2013
- UN Special Envoy for Financing Health MDGs and Malaria
  - Global Action Plan for the Prevention and Control of Pneumonia and Diarrhea
  - RMNCH Steering Committee and “RMNCH Trust Fund”
  - PMNCH Financing Harmonisation Group for RMNCH initiatives
  - Global Investment Framework for Women’s and Children’s Health (GIF)

2012
- UN Commission for Life Saving Commodities
  - Committing to Child Survival: A Promise Renewed (APR)
  - Family Planning 2020 (FP2020)

2011
- Commission on Information and Accountability (CoIA)
  - Independent Expert Review Group (iERG)

2010
- GLOBAL STRATEGY FOR WOMEN’S AND CHILDREN’S HEALTH
  - Muskoka Initiative
  - Every Woman Every Child
  - Innovation Working Group (IWG)

2008
- PEPFAR
  - H4+ Partnership

2007
- IHP+
  - World Bank hosted Health Results Innovations Trust Fund

2006
- UNITAID

2005
- Partnership for Maternal, Newborn and Child Health (PMNCH)

2002
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
  - GAIN

2000
- Millennium Development Goals
  - GAVI Alliance
Progress in reducing maternal and child mortality, but acceleration required

Under-five and newborn deaths 1990-2030 (estimated and projected)

Maternal deaths 1990-2030 (estimated and projected)

2030 TARGETS:

- U5MR of ≤ 25/1000 live births
- NMR of ≤ 12/1000 live births
- Stillbirths ≤ 12/1,000 total births

2030 TARGETS:

- Global MMR of < 70 per 100,000 live births
- Individual country MMR of < 140 per 100,000 live births
Global inequalities in lifetime risk of maternal deaths and average numbers of child deaths

United States
MMR - 1:1,800
U5M - 1:145

Latin America & Caribbean
MMR - 1:520
U5M - 1:56

Europe
MMR - 1:3,300
U5M - 1:83

South Asia
MMR - 1:200
U5M - 1:21

Sub Saharan Africa
MMR - 1:38
U5M - 1:11

Sources: Trends in Maternal Mortality, 1990-2013; UN Mortality Estimation Interagency Group (MMEIG); Interagency maternal mortality estimates (1990-2013); USAID, 2015 Realizing the vision, EWEC Delhi meeting.
The SDGs and the Global Strategy 2015

Emerging themes for Women’s, Children’s and Adolescents’ Health

**Adolescent health**
- National leadership and effective partnerships
- Sexual and reproductive health and rights
- Violence

**Women’s health**
- Preventable newborn mortality and stillbirths

**Humanitarian and fragile settings**
- Early Childhood Development

**Child health**
- Reproductive health cancers
- Nutrition
- Demographics and the environment

**Inequalities**
- Sufficient and sustained financing

**Health & sustainable development links**
ii. The world we want in 2030: goals & targets
1. **SURVIVE**  
End preventable deaths

2. **THRIVE**  
Realize health and rights in all settings

3. **SUSTAIN**  
Achieve interrelated health & sustainable development goals

*Note: The GS Goals and Targets will be finalized through a PMNCH consensus process*
iii. Strategic framework and 5 transformative actions
The Global Strategy framework

HUMANITARIAN AND FRAGILE SETTINGS

RIGHTS, GENDER, EQUITY

NATIONAL LEADERSHIP & PARTNERSHIPS
Enabling Environment:
Governance, Multi-stakeholder partnerships, Advocacy
Capability, Humanitarian and Development Effectiveness Approaches

INTERRELATED SECTORS
Sustainable Development Determinants:
Social; Economic; Environment

HEALTH SECTOR
Universal Coverage of Quality Health Care:
Effective Interventions; Strong Workforce; Resilient Systems

WOMEN, CHILDREN AND ADOLESCENTS, FAMILIES AND COMMUNITIES
Potentials and participation:
Driving transformative change

FINANCING, INNOVATION, ACCOUNTABILITY

SUSTAINABLE DEVELOPMENT
Five Transformative Actions

A. Create an enabling environment for women’s, children’s and adolescents’ health (Enabling)

B. Achieve universal coverage of quality health care in all settings (Supply)

C. Maximize potentials and participation for realizing health and rights (Demand)

D. Advance the determinants of health and sustainable development (Determinants)

E. Ensure resources and results through financing, innovation and accountability (Resources and Results)
iv. Governance and implementation mechanisms
National leadership framework to operationalize the Global Strategy

- **National Leadership & Partnership**
  - Supportive legislation & policies
  - Good governance
  - Costed-National Health Plan for integrated planning, mobilisation & allocation of funds

- **Value for Money**
  - Costed-National Health Plan for integrated planning, mobilisation & allocation of funds

- **Health system strengthening**
  - Health workforce
  - Product & technology
  - Health management
  - Health information

- **Delivery of high-impact essential package of health services**
  - Task shifting
  - Integrated service delivery
  - Performance management

- **Testing & scaling innovations**
  - Enabling environment though entrepreneurial leadership, collaborative partnership, and flexible financing
  - New research and development, e.g. use of ICT
  - Documentation of results, measurement & evaluation

- **Multi-sector approach/ options for health influencing sectors**
  - Education
  - Nutrition
  - WSH & Environment
  - Gender
  - Infrastructure

- **Accountability at all levels**

- **Core elements - Leadership & Accountability**

- **Planning & resource mobilisation**

- **Demand & supply side considerations**

- **Implementation-health sector**

- **Implementation- health influencing sectors**
v. Join the global movement for Every Woman Every Child everywhere and next steps
Join the global movement for Every Woman Every Child everywhere

• Every one has a role to play

• EWEC guidance on how stakeholders can make commitments

• Guidance being finalized: http://www.everywomaneverychild.org/about/how-can-you-contribute
<table>
<thead>
<tr>
<th>Date</th>
<th>Workstream Papers</th>
<th>Global Strategy Development</th>
<th>Events</th>
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<tbody>
<tr>
<td>8 Jan</td>
<td>Workstreams, substreams leads and focal points determined, and ideas for Woking Papers presented</td>
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<td>Meeting of Workstream leads (New York)</td>
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<td>26-27 Feb</td>
<td>Initial draft concept notes for the GS Working Papers presented and discussed</td>
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<td>EWEC stakeholders consultation (Delhi)</td>
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<td>24 March</td>
<td>Revised draft concept notes shared, taking into account comments from Delhi, and posted online</td>
<td>GS Writing Team starts drafting main document</td>
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<td>2 April</td>
<td>PMNCH online survey and consultation synthesis report shared with the workstreams</td>
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<td>15-20 April</td>
<td>Online public consultation for papers closed (15 April); receive GS annotated outline for Workstream comments</td>
<td>Global Strategy annotated outline shared with the SCG and Workstreams (17 April)</td>
<td>Strategy &amp; Coordination Group meeting (20 April, London) before PMNCH Board Meeting</td>
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<td>22-23 April</td>
<td>Workstream papers revised based on consultation comments (22 April); submit comments on GS outline (23 April)</td>
<td>SCG submits comments on GS outline (23 April)</td>
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<td>29 April</td>
<td>Feedback provided to workstreams on revised drafts for publication</td>
<td>Global Strategy drafted based on SCG and Workstream feedback</td>
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<td>5-7 May</td>
<td>Workstream reviews submitted on GS First Draft; draft workstream papers submitted for BMI review process (10 May)</td>
<td>Global Strategy (First Draft) posted online for public consultation (5 May - 5 June)</td>
<td>EWEC stakeholders consultation (6-7 May, South Africa)</td>
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<td>mid May</td>
<td>Workstreams submit comments on GS draft (5 June) and receive feedback on their papers from BMJ review process (15 June)</td>
<td>GS Writing Team meeting to review feedback from WHA, Greentree, Workstreams, and online consultations</td>
<td>Greentree retreat (14-15 May, New York); World Health Assembly side session (18 May, Geneva)</td>
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<td>early June</td>
<td>Final drafts of workstream papers submitted to BMI (6 July)</td>
<td>PMNCH releases synthesis report on consultation period (12 June)</td>
<td>SCG submits comments on GS draft (5 June)</td>
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<td>mid June</td>
<td>Final Global Strategy approved by Secretary General; prepared for editing, translation, layout, and printing</td>
<td>Global Strategy (Final Draft) shared for review (3 July)</td>
<td>SCG submits comments on GS final draft (12 July); SCG meeting at FfD (18 July, Addis) for final consensus on GS</td>
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<td>early July</td>
<td>Workstream paper articles published in BMJ supplement (14 Sept) and as GS Web Annexes</td>
<td>Final Global Strategy approved by Secretary General; prepared for editing, translation, layout, and printing</td>
<td>UN General Assembly, Launch of the SDGs (New York)</td>
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<td>May 2016</td>
<td>Endorsement of the GS 2.0 and 5-year implementation plan</td>
<td>Launch of the Global Strategy for Women’s, Children’s and Adolescents’ Health</td>
<td>World Health Assembly (Geneva)</td>
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SCG Guidance requested

1. Should there be a global financial ask?

2. What are the governance mechanisms, roles and responsibilities required?

3. How should the Global Strategy goals, targets and indicators be framed and at what level?

4. The SDGs agenda is universal, for all countries, and as such is the overarching framework for the Global Strategy too.
   – Could any prioritization, e.g. on focus countries, scope etc, be reflected in the 5-year implementation plan?
Thank you

For further information:
Every Woman Every Child website
www.everywomaneverychild.org