
Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health

Report by the Secretariat

1. The United Nations Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)¹ in September 2015 as a front-runner implementation platform for the Sustainable Development Goals. The shift from the health-related Millennium Development Goals to Sustainable Development Goals is signalled in the Global Strategy's three objectives: survive, thrive and transform – to end preventable mortality, to promote health and well-being, and to expand enabling environments. The Global Strategy provides a road map for attaining these ambitious objectives with evidence-based action areas for the health sector, other sectors and community action. Its guiding principles include equity, universality, human rights, development effectiveness and sustainability.

2. In May 2016, the Health Assembly adopted resolution WHA69.2 on Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, and invited Member States to implement the Global Strategy in accordance with their national plans and strengthen accountability and follow-up. It requested the Director-General to provide adequate technical support, continue to collaborate in order to advocate and leverage multistakeholder assistance for aligned and effective implementation of national plans, and report regularly on progress.

3. Pursuant to resolution WHA69.2 this report provides an update on the current status of women's, children's and adolescents' health. It is aligned with the report on the Progress in the implementation of the 2030 Agenda for Sustainable Development (document EB140/32). The Secretariat in its regular reporting on progress towards women's, children's and adolescents' health will choose a particular theme each year, focusing on priorities identified by Member States and topics for which there is new evidence to support country-led plans. For reporting to the Seventieth World Health Assembly, adolescents' health is the theme.

STATUS OF WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH – MONITORING PROGRESS AND PROMOTING ACCOUNTABILITY

4. In 2016, WHO working with partner agencies conducted technical reviews and undertook a consultative process to elaborate an indicator and monitoring framework for the Global Strategy.² The

¹ The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): survive, thrive and transform (<http://globalstrategy.everywomaneverychild.org/>, accessed 25 November 2016).

² Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health, (2016–2030). <http://www.who.int/life-course/publications/gS-Indicator-and-monitoring-framework.pdf> (accessed 18 November 2016).

overall framework has 60 indicators and aims to minimize the burden on countries of reporting to the global level by aligning them with 34 Sustainable Development Goal indicators. An additional 26 indicators are drawn from established global initiatives for reproductive, maternal, newborn, child and adolescent health. Together these 60 indicators provide sufficient depth and breadth for tracking progress on implementing the Global Strategy. Sixteen key indicators were selected as a minimum subset to provide a snapshot of progress towards the survive, thrive and transform objectives of the Global Strategy.

5. A baseline assessment of the latest available data in 2016 on these 16 key indicators shows that, for the “survive” objective, the estimated maternal mortality ratio globally was 216 per 100 000 live births in 2015; the under-5 mortality rate was 43 per 1000 live births; the neonatal mortality rate was 19 per 1000 live births; and the still-birth rate was 18.4 per 1000 total births. Although the adolescent mortality rate is a key indicator in the Global Strategy, there are currently few empirical data on that parameter for the many countries without robust civil registration and vital statistics or nationally-representative sample registration systems. The total number of deaths for adolescents aged 15–19 years is estimated to have been around 3.5 million during the five-year period from mid-2010 to mid-2015.

6. With regard to the objective “thrive”, globally in 2015 an estimated 156 million young children (23% of all young children) were affected by stunting and the birth rate was 44.1 per 1000 women in adolescent girls aged 15–19 years. With regard to coverage of essential health services, in 2015, 76% of women had their family planning needs met with modern contraceptive methods, 52% of pregnant women in the developing regions had at least four antenatal care visits, 39% of mothers exclusively breastfed for the recommended six months in low- and middle-income countries, and coverage with three doses of diphtheria-tetanus-pertussis vaccine was 86%. In 2013, 73% of women delivered with a skilled birth attendant. Care seeking for children under 5 years of age with suspected pneumonia was 58% in the period 2007–2014, and 49% of children under 5 years of age with diarrhoea received oral rehydration therapy in the same period. The average country out-of-pocket health expenditure as a share of total health spending in 2014 was 30%, ranging from 40% in low-income countries to 21% in high-income countries.¹ In 2014, the proportion of the population relying on clean fuel remained at 57%. Latest data show that, in 2016, 114 countries had laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education.

7. On the objective “transform”, the proportion of children under 5 years of age whose births have been registered with a civil authority was 74% worldwide in 2014, but only 45% in least developed countries. It is estimated that 30% of ever-partnered women and girls aged 15 years and older have been subjected to physical and/or sexual violence by a current or former intimate partner in their lifetime; the proportion is 29% among 15–19 year olds. It is further estimated that around 120 million girls under the age of 20 years have been subjected to forced sexual intercourse or other forced sexual acts at some point in their lives. In the context of expanding enabling environments, the percentage of the population using improved sanitation facilities was about 68% in 2015.

¹ The figures are the unweighted averages for 192 countries, with source data from the Global Health Expenditure Database.

8. An assessment of the Global Strategy monitoring priorities in 2016 indicates that high-quality data are routinely collected at country level only for a few indicators.¹ As noted in document EB140/32 on progress in the implementation of the 2030 Agenda for Sustainable Development, this gap highlights the urgent need to invest in civil registration and vital statistics and country health information systems, to prioritize indicators and sharpen the focus, to harmonize country, regional and global monitoring efforts, and to galvanize the required political support in order to meaningfully track progress and drive action and accountability at all levels. Every year, WHO with its other partners in the H6 Partnership,² the Partnership for Maternal, Newborn & Child Health, Countdown to 2030, the Health Data Collaborative and other partners will draft a report on monitoring the implementation of the Global Strategy which will form the basis of a Secretariat report to the Health Assembly and support Member States in reviewing progress.

9. In resolutions WHA69.2 (2016) and WHA69.11 (2016) on health in the 2030 Agenda for Sustainable Development, Member States emphasized the importance of improving data and strengthening information systems, and the Secretariat with the Health Data Collaborative and other partners will provide technical support and help to mobilize resources as appropriate. The Partnership for Maternal, Newborn & Child Health will coordinate the multistakeholder Unified Accountability Framework and host the Every Woman, Every Child's Independent Accountability Panel. The Panel's report for 2016³ called for action in three main areas – leadership, resources and institutional strengthening, particularly around human resources for health.⁴

10. By September 2016, more than 60 governments at the Head of State or ministerial level had made commitments to implement the Global Strategy, through the Every Woman, Every Child movement, and there are more than 110 multistakeholder commitments to support country-led implementation.

11. There are established multistakeholder mechanisms to support country-led investment, implementation and monitoring. WHO and the other partners in the H6 Partnership provide technical support to countries preparing new strategies and/or Global Financing Facility investment cases for reproductive, maternal, newborn, child and adolescent health and provided capacity building to health ministries particularly in the African Region. In order to support improvement in care, WHO has developed a framework for improving the quality of care for maternal and newborn care⁵ and is working with countries to introduce evidence-based interventions to improve quality of care for maternal and newborn health supported by a learning system.

¹ Country data, universal accountability: Monitoring priorities for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), available at: <http://www.who.int/life-course/partners/global-strategy/gS-monitoring-readiness-report/en/> (accessed 18 November 2016)

² The H6 Partnership: UNAIDS, UNFPA, UNICEF, UN WOMEN, WHO and the World Bank.

³ Independent Accountability Panel. 2016: Old challenges, new hopes: accountability for the Global Strategy for Women's, Children's and Adolescents' Health, available at: http://www.iapreport.org/downloads/IAP_Report_September2016.pdf (accessed 18 November 2016).

⁴ <http://www.iapreport.org/#Home>.

⁵ Tuncalp Ö, Were WM, MacLennan C, et al. Quality of care for pregnant women and newborns – the WHO vision. *BJOG* 2015; DOI: 10.1111/1471-0528.13451, and WHO. Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016, available at: <http://apps.who.int/iris/bitstream/10665/249155/1/9789241511216-eng.pdf> (accessed 21 November 2016).

12. Over the past few years great strides have been made in the development of standards for health and human rights related to women, children and adolescents. In addition, evidence is starting to emerge that using a human rights-based approach has a positive impact on women's, children's and adolescents' health. However, recent studies highlight that the implementation of approaches that are human rights-based, equity-focused and that transform gender relations to promote equity is still patchy and many women, children and adolescents continue to be denied their health and human rights. The translation of internationally-agreed human rights into changes in the way policies and interventions are designed, implemented and monitored on the ground remains a major challenge.

13. These realities were recognized in 2014 by the independent Expert Review Group in its third annual report,¹ which therefore recommended the establishment of a global commission on the health and human rights of women and children to propose ways to protect, augment and sustain their health and well-being. More recently, other global challenges such as humanitarian crises and climate change have drawn attention to underlying global inequalities that are rooted in gender, poverty, education and age and need to be addressed in order to mitigate the effects of these crises. To respond to these challenges, and to realize the pledge of the 2030 Agenda for Sustainable Development to leave no one behind, the Global Strategy sets out an agenda of integrated, multisectoral actions whose ambition extends to the creation of "enabling environments" and transformational change.

14. To ensure that the Global Strategy delivers its promise of more rights-based approaches, WHO and OHCHR have convened the High Level Working Group for the Health and Human Rights of Women, Children and Adolescents.² The working group's final report will include recommendations for ways in which human rights can be integrated into health programming, and how we can better measure the impact of human rights on health outcomes.

SPECIAL THEME: ADOLESCENT HEALTH – THE NEW FRONTIER IN GLOBAL PUBLIC HEALTH

Global adolescent health is coming of age

15. In his call for action related to the Global Strategy for Women's, Children's and Adolescents' Health, the United Nations Secretary-General said: "The updated Global Strategy includes adolescents because they are central to everything we want to achieve, and to the overall success of the 2030 Agenda." This statement reflects the widespread realization that adolescent health merits greater attention.

16. There are sound public health reasons for this increased attention to adolescents. First, although it is true that the global mortality rate is not as high for adolescents as it is for infants and young children, it is neither negligible nor declining as rapidly as in under 5 year olds. Between 2000 and 2012, the global under-5 mortality rate declined by 38%, whereas the adolescent mortality rate declined by only 12%. In the same period, the rate of disability-adjusted life years lost per 100 000 adolescents decreased by only 8%, less than half the 17% decline for all age groups combined, and the rate for unipolar depression, the top cause of disability-adjusted life years lost in

¹ Every woman, every child: a post-2015 vision: the third report of the independent Expert Review Group on Information and Accountability for Women's and Children's health. Geneva: World Health Organization; 2014, available at: http://apps.who.int/iris/bitstream/10665/132673/1/9789241507523_eng.pdf?ua=1 (accessed 21 November 2016).

² Full details of Working Group Membership available at <http://www.who.int/life-course/news/events/human-rights-working-group-for-women-children-adolescents/en/> (accessed 21 November 2016).

adolescents in 2012, increased by 1% over this period. Furthermore, the frequency of health-related behaviours that begin or are consolidated during adolescence, such as unprotected sex (compounded by a lack of access to contraception), tobacco use, poor diets, alcohol use, physical inactivity and drug use, which have their primary impact later in life, has declined very little or has even increased.

17. Furthermore, there have never been more compelling economic reasons to invest in adolescent health. Broadening opportunities to develop skills and use them productively will ensure that adolescents become a valuable resource and not an economic burden or threat to social harmony. Sound investment in adolescent health in low-income countries will provide the “demographic dividend” to energize their economies and lift their standards of living.

18. The Global Strategy highlights the health and social challenges that adolescents face and lists evidence-informed health and social interventions needed to address them at different levels and by different sectors for these interventions to be effectively and equitably delivered. Finally, it provides high-level advice on what is needed at national and international levels to translate these ideas into action.

MANY MEMBER STATES ARE EXPANDING THEIR INVESTMENT IN ADOLESCENT HEALTH

19. The Sustainable Development Goals and the Global Strategy for Women’s, Children’s and Adolescents’ Health, with its linked Global Financing Facility, provide a strong platform for accelerated action on adolescent health. Member States, for example Cameroon, the Democratic Republic of the Congo, Liberia, Mozambique and Uganda, are already starting to use these opportunities and are including adolescent health in their plans and programmes.

20. Increasingly, countries have stepped up their commitments to adolescent health. A tangible example is the introduction or expansion of national multisectoral programmes to end child marriage. The African Union and the South Asian Association for Regional Cooperation have launched high-profile initiatives to end child marriage in their member countries, 14 countries of which have developed comprehensive national strategies to reduce the health and social consequences of this practice. Another example is that a growing number of low- and middle-income countries such as Argentina, India and South Africa have updated and considerably increased the human and financial resources allocated to their national adolescent health programmes. By September 2016, 60 countries had made formal commitments to the Global Strategy, several including specific commitments related to adolescent health.

SECRETARIAT’S CONTRIBUTIONS TO PROVIDING SUPPORT TO MEMBER STATES

21. In response to a request from Member States at the Sixty-eighth World Health Assembly in May 2015,¹ the Secretariat, in collaboration with WHO’s other partners in the H6 Partnership and UNESCO and an External Advisory Group, is preparing guidance on implementing global accelerated

¹ See document WHA68/2015/REC/3, summary records of Committee A, tenth meeting and eleventh meeting, section 3.

action for the health of adolescents (AA-HA!).¹ The guidance document aims to support countries on how to plan, implement and monitor a response to the health needs of adolescents in national plans with the objectives of survive, thrive and transform, in line with the Global Strategy. The guidance document has drawn on inputs received during extensive consultations with Member States, bodies in the United Nations system, adolescents and young people, civil society and other partners. A draft will be opened for public consultation in December 2016, with the intention of making the final version available in mid-2017. Several Member States have already expressed interest in using this document as the basis for developing or updating national adolescent health strategies and programmes.

22. WHO's efforts to advance adolescent health are also embedded in other United Nations-wide and other partners' initiatives. To enhance the coherence and coordination of United Nations bodies' activities on youth, the first United Nations Systemwide Action Plan on Youth was developed, with health as one of five key areas of focus. In 2016 a survey was carried out across the United Nations system to take stock of recent and ongoing initiatives, including joint activities, on youth. Data collected through the survey will feed into a comprehensive global report on the United Nations' work on youth, which is expected to be published in March 2017 and will contribute to strengthening United Nations-supported programming and will bolster inter-agency collaboration in the area of youth.

23. WHO is collaborating on related initiatives with UNICEF (e.g. Adolescent Country Tracker), UNFPA and the United Nations Secretary-General's Envoy on Youth (for example, the development of the Sustainable Development Goals Global Youth Index and Guidance for Prioritizing Adolescent Health Interventions), and the Committee on the Rights of the Child. It will support the YouthTrackChange initiative in which adolescents and young people themselves will monitor and help to shape progress towards their health and the attainment of the Sustainable Development Goals.

FUTURE DEVELOPMENTS

24. The importance of early childhood development as a foundation for life-long health, educational attainment, economic productivity, social cohesion and peace is increasingly documented and understood. The Global Strategy provides a unique opportunity to catalyse investment in that area. The health sector has a special responsibility to play as it has the capacity to reach carers and families during the earliest years of a child's life, deliver essential interventions and serve as a platform for multisectoral collaborations that promote and support early childhood development. To explore the full remit of what can and needs to be done, it is proposed that the Secretariat's report on implementation of the Global Strategy to a future session of the Executive Board feature early childhood development.

ACTION BY THE EXECUTIVE BOARD

25. The Board is requested to note the report.

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¹ See http://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/ (accessed 21 November 2016).