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

## **Report by the Secretariat**

1. In January 2017, the Executive Board at its 140th session noted an earlier version of this report.<sup>1</sup> This updated version takes into account the discussions at that Board session, with revisions in particular to paragraphs 5–10, the section on the High-level Working Group on Health and Human Rights of Women, Children and Adolescents (paragraphs 13–15) and paragraphs 20–24.

2. The United Nations Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)<sup>2</sup> 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 reflected 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.

3. 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 commit, in accordance with their national plans and priorities, to implementing the Global Strategy 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.

4. Pursuant to resolution WHA69.2 this report provides an update on the current status of women's, children's and adolescents' health. It also includes updates in relation to resolution WHA61.16 (2008) on Female genital mutilation, resolution WHA58.31 (2005) on Working towards universal coverage of maternal, newborn and child health interventions, resolution WHA67.10 (2014) on the newborn health action plan, resolution WHA67.15 (2014) and resolution WHA69.5 (2016) on strengthening the health systems response to address interpersonal violence, in particular against women and girls and against children. It is aligned with the Secretariat's report on the progress in the

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<sup>1</sup> See document EB140/34 and the summary records of the Executive Board at its 140th session, fifteenth meeting and sixteenth meeting, section 1.

<sup>2</sup> The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): survive, thrive and transform (<http://globalstrategy.everywomaneverychild.org/>, accessed 17 March 2017).

implementation of the 2030 Agenda for Sustainable Development (document A70/35). In its regular reporting on progress towards women's, children's and adolescents' health the Secretariat 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, the theme is adolescents' health.

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

5. 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.<sup>1</sup> The 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. The 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 three objectives – survive, thrive and transform – of the Global Strategy. This section provides an update on those 16 key indicators. Reporting across the full set of 60 indicators, for all countries, is available from the newly-developed global strategy online portal at the Global Health Observatory.<sup>2</sup> These data will inform the Secretariat's reports to the Health Assembly and support Member States in reviewing progress. In addition, a multistakeholder Global Strategy Progress Report on monitoring the implementation of the Global Strategy will be issued; its production will be coordinated by the Partnership for Maternal, Newborn and Child Health under the auspices of Every Woman Every Child in collaboration with WHO, the H6 Partnership, Countdown to 2030: Maternal, Newborn and Child Survival, the Health Data Collaborative and other partners.

6. An assessment of the latest available data in 2016 on the 16 key indicators for implementing the Global Strategy shows that, for the “survive” objective, in 2015: the estimated maternal mortality ratio globally was 216 per 100 000 live births; 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. To date, 49 countries, territories or areas with the highest burden of newborn mortality have finalized their newborn plans or strengthened the relevant components within their health strategies.<sup>3</sup> Additionally, 14 countries are currently undertaking actions to strengthen newborn health in their

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<sup>1</sup> Available at: <http://www.who.int/life-course/publications/gs-Indicator-and-monitoring-framework.pdf> (accessed 17 March 2017).

<sup>2</sup> Available at: <http://apps.who.int/gho/data/node.gswcah>; see also <http://www.who.int/gho/en/> (accessed 17 March 2017).

<sup>3</sup> Afghanistan,\* Angola,\* Bangladesh,\*\* Benin, Bhutan,\*\* Burkina Faso,\* Cambodia,\* Cameroon,\* China,\* Côte d'Ivoire,\* Democratic Republic of the Congo,\* Djibouti, Egypt,\* Eritrea, Ethiopia,\*\* Ghana,\* Guinea,\* India,\*\* Indonesia,\*\* Iraq, Jordan, Kenya,\* Lao People's Democratic Republic,\* Lebanon, Liberia,\* Malawi,\* Mali,\* Mauritania,\* Mongolia,\* Morocco,\* Myanmar,\* Namibia, Nepal,\*\* Niger,\* Nigeria,\*\* Pakistan (Punjab),\* Papua New Guinea,\* Philippines,\* Rwanda,\* Senegal,\* Sri Lanka,\*\* Solomon Islands,\* Sudan,\*\* Thailand, Timor-Leste,\* Uganda,\* United Republic of Tanzania,\*\* Viet Nam\* and West Bank and Gaza Strip,\* (\* indicates that the plan includes a target for newborn mortality reduction and \*\* indicates that the plan includes targets for reductions in both newborn mortality reduction and stillbirth reduction target). See also Reaching the every newborn milestones by 2020: progress, plans and the way forward. Geneva: World Health Organization; 2017, in press.

national health strategies.<sup>1</sup> The joint WHO/UNFPA report *Maternal Death Surveillance and Response* summarizes progress in implementation: 86% of respondents to a questionnaire have adopted a policy on maternal deaths notification, yet only 46% of countries, territories and areas have a functional mechanism to systematically report, review, and respond to maternal deaths.<sup>2</sup> The establishment of a minimum perinatal data set in every country, territory and area is most important, in order to understand and deal with newborn health-related conditions and emerging health problems such as Zika virus disease. 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 adolescent deaths is estimated to have been 1.2 million in 2015.

7. 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 2016, 77% of women had their family planning needs met with modern contraceptive methods, 58% 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 2016, 78% 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.<sup>3</sup> In 2014, 57% of the global population were reliant primarily on clean fuels for cooking, and the remaining 43% were primarily using polluting fuels: biomass, kerosene and coal, which contribute significantly to poor health. 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.

8. 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. Tackling violence against women and girls has been identified as an important priority by Member States for improving the health of women, children and adolescents. In May 2016, the Health Assembly in resolution WHA69.5 endorsed the WHO global plan of action to strengthen the role of the health system within a multisectoral response to address interpersonal violence, in particular against women and girls and against children. In increasing numbers, Member States are strengthening their health systems’ response to violence against women by using the WHO

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<sup>1</sup> Azerbaijan, Central African Republic, Chad, Guinea-Bissau, Iran (Islamic Republic of), Lesotho, Mozambique, Pakistan, Republic of Moldova, Sierra Leone, South Sudan, Syrian Arab Republic, Zambia, and Zimbabwe.

<sup>2</sup> WHO. *Time to respond: a report on the global implementation of maternal death surveillance and response*. Geneva: World Health Organization; 2016 (<http://apps.who.int/iris/bitstream/10665/249524/1/9789241511230-eng.pdf?ua=1>, accessed 4 April 2017).

<sup>3</sup> The figures are the unweighted averages for 192 countries, territories and areas, with source data from WHO’s Global Health Expenditure Database (<http://apps.who.int/nha/database>, accessed 28 March 2017).

clinical and policy guidelines for responding to intimate partner violence and sexual violence<sup>1</sup> to develop or update national protocols and train health care workers in first-line support and clinical response, including mental health care for survivors. Currently about 100 countries have population-based data on prevalence of intimate partner violence. Similarly, recognizing that 200 million women and girls globally have undergone female genital mutilation,<sup>2</sup> the Sustainable Development Goals include target 5.3: eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. This requires that Member States implement policies and programmes to address this issue, and that progress towards its achievement is monitored. The relevant indicator in the monitoring framework for tracking progress in this target (the proportion of women and girls aged 15–49 years who have undergone female genital mutilation/cutting, by age) is also included among the indicators for measuring progress in implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).<sup>3</sup> Overall, the practice of female genital mutilation has been declining over the past three decades. Availability of survey data from 30 Member States in Africa, Asia and the Middle East has resulted in improved global prevalence figures. Since 2014, two additional countries (Indonesia and Iraq) have carried out surveys, and eight countries have carried out repeat surveys on female genital mutilation. Rapid declines in the practice among girls aged 15–19 have occurred across countries, with varying rates of prevalence of female genital mutilation, including Burkina Faso, Egypt, Kenya, Liberia and Togo.<sup>4</sup> Since 2014, Gambia and Nigeria have adopted legislation, and in total 24 of the 30 high-prevalence countries now have legislation against female genital mutilation in place. Member States continue to carry out various activities to change the social norm towards abandonment at the community and national levels, including community declarations of abandonment, alternative rites of passage, youth-focused awareness raising, mass media and social media campaigns, and engagement of community and religious leaders. In response to evidence of increasing trends of medicalization of female genital mutilation in eight countries for which data are available, WHO actively works with partners in efforts to prevent health care providers from carrying out female genital mutilation. Activities include promoting and enforcing health policies to prevent such medicalization, implementing programmes to empower health care providers by building skills and knowledge, conducting research to understand the motivations of health care providers to perform female genital mutilation, and developing and testing health sector-based interventions towards the abandonment of medicalized female genital mutilation. In May 2016, the Secretariat in collaboration with the UNFPA–UNICEF Joint Programme on Female Genital Mutilation/Cutting issued the first evidence-based guidelines on the management of health complications from female genital mutilation.<sup>5</sup> In the context of expanding enabling environments, the percentage of the global population using improved sanitation facilities was about 68% in 2015.

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<sup>1</sup> WHO. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization; 2013 ([http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf?ua=1), accessed 28 March 2017).

<sup>2</sup> This figure for 2016 has increased since 2013 owing to population growth and the inclusion of data from an additional country. The reporting of absolute numbers of women and girls affected gives the impression of an increase in the practice, but the prevalence rates in many countries are reportedly decreasing.

<sup>3</sup> Every Woman Every Child. Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Geneva, 2016 (<http://www.who.int/life-course/publications/gs-Indicator-and-monitoring-framework.pdf?ua=1>, accessed 5 April 2017).

<sup>4</sup> UNICEF. Female genital mutilation/cutting: a global concern; 2016 (<http://data.unicef.org/resources/female-genital-mutilation-cutting-a-global-concern.html>, accessed 28 March 2017).

<sup>5</sup> WHO. WHO guidelines on the management of health complications from female genital mutilation. World Health Organization: Geneva; 2016 ([http://apps.who.int/iris/bitstream/10665/206437/1/9789241549646\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/206437/1/9789241549646_eng.pdf?ua=1), accessed 28 March 2017).

9. 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.<sup>1</sup> As noted in document A70/35 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.

10. In resolutions WHA69.2 (2016) on Committing to the implementation of the Global Strategy 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. The Secretariat, with the Health Data Collaborative and other partners, will provide technical support and help to mobilize resources as appropriate. The Secretariat established an expert group, Maternal and Newborn Information for tracking Outcomes and Results (MONITOR) to harmonize maternal and newborn measurement efforts and provide guidance for improving data collection national capacities, based on evidence. 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 2016<sup>2</sup> called for action in three main areas: leadership, resources, and institutional strengthening, particularly around human resources for health.

11. By March 2017, 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.

12. 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 published standards for improving the quality of maternal and newborn care in health facilities<sup>3</sup> and developed a framework for improving the quality of maternal and newborn care.<sup>4</sup> In February 2017 WHO together with the UNICEF, UNFPA and partners from all stakeholder groups launched the Network for Improving Quality of Care for Maternal, Newborn and Child Health to introduce

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<sup>1</sup> 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/gm-monitoring-readiness-report/en/> (accessed 5 April 2017).

<sup>2</sup> 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](http://www.iapreport.org/downloads/IAP_Report_September2016.pdf) (accessed 4 April 2017).

<sup>3</sup> Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016 ([http://www.who.int/maternal\\_child\\_adolescent/documents/improving-maternal-newborn-care-quality/en/](http://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/), accessed 28 March 2017).

<sup>4</sup> Tunçalp 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 (<http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13451/full>) and WHO. Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization, 2016 <http://apps.who.int/iris/bitstream/10665/249155/1/9789241511216-eng.pdf> (accessed 28 March 2016).

evidence-based interventions to improve quality of care for maternal and newborn health supported by a learning system.<sup>1</sup>

## **HIGH-LEVEL WORKING GROUP ON HEALTH AND HUMAN RIGHTS OF WOMEN, CHILDREN AND ADOLESCENT HEALTH**

13. Health and the human rights of women, children and adolescents form the cornerstone of the global development agenda. Over the past 20 years, governments have taken steps towards implementing the commitments made in relation to these health and human rights. Although progress has been made, women, children and adolescents worldwide continue to face challenges in accessing essential, good-quality health services. They often face violence and discrimination, are unable to participate fully in society, and encounter other barriers to realizing their health and human rights, especially sexual and reproductive health and rights.<sup>2</sup> As a result, they continue to experience tragically high rates of mortality and morbidity: in 2015 it was estimated that more than 300 000 maternal deaths, 2.6 million stillbirths, 5.9 million deaths in children under the age of 5 – including 2.7 million newborn deaths – and 1.2 million adolescent deaths occurred.<sup>3</sup> About 250 million children younger than 5 years in low- and middle-income countries are at risk of suboptimal development and fail to reach their full potential due to poverty and stunting alone.

14. This preventable mortality and morbidity has its roots, to a very great extent, in failure of governments to protect the human rights of their citizens. A powerful instance of this failure are the high rates of preventable death and poor health of newborns and children under the age of 5, which represent uneven availability of, and access to, life-saving interventions but, more broadly, inadequate social and economic development and a denial of children's right to health, education and development. Furthermore, despite progress, discrimination against women remains one of the most widespread human rights violations taking place in every country of the world, with severe impacts on their health and well-being.<sup>4</sup>

15. In recent years, the health and human rights of women, children and adolescents have come under unprecedented attack in several countries owing to restrictive legal and policy considerations, conflict, violence and disaster, especially in the context of their sexual and reproductive health. The High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents met (Geneva, 7 and 8 February 2017) to address challenges in implementation of health and human rights for these populations, and to underscore the urgency of promoting and protecting health and human rights in order to achieve the relevant targets set out in the Sustainable Development Goals and

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<sup>1</sup> See [http://www.who.int/maternal\\_child\\_adolescent/topics/quality-of-care/network/en/](http://www.who.int/maternal_child_adolescent/topics/quality-of-care/network/en/) and <http://www.qualityofcarenetwork.org/about/network-activities> (accessed 4 April 2017); countries that have initially joined are Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Uganda, and United Republic of Tanzania.

<sup>2</sup> Every Woman Every Child. Saving lives, protecting futures: progress report on the Global Strategy for Women's and Children's Health 2010–2015. New York: United Nations; 2015.

<sup>3</sup> WHO, UNICEF, UNFPA, The World Bank, United Nations Population Division. Trends in maternal mortality: 1990 to 2013. Geneva: World Health Organization; 2014; UNICEF, WHO, World Bank, UN-DESA Population Division. Levels and trends in child mortality 2015, and Levels and trends in child mortality 2014. New York: UNICEF; 2015 and 2014; WHO. Health for the world's adolescents: a second chance in the second decade. Geneva: World Health Organization; 2014.

<sup>4</sup> United Nations Human Rights: Office of the High Commissioner. Women's Rights are Human Rights. United Nations: New York; 2014 (<http://www.ohchr.org/Documents/Events/WHRD/WomenRightsAreHR.pdf>, accessed 5 April 2017).

the Global Strategy for Women's, Children's and Adolescents' Health. The Working Group emphasizes that we stand at a crossroads; how we address these inequalities and injustices will determine the extent to which peoples' lives are improved everywhere but specifically the ability of societies to harness the dividends of the demographic transition and create a new paradigm of health, dignity and well-being for the next generation of women, children and adolescents. The Working Group cautioned that a failure to promote and protect the health and human rights of women, children and adolescents will translate into the inability to achieve the goals set in the 2030 Agenda for Sustainable Development. To address these issues and create a new model for the promotion and protection of health and human rights, the Working Group identified a set of key recommendations (Annex). The Working Group issued an urgent call to all actors to reaffirm their commitment to universal values of health, dignity and human rights for all and to champion the cause of women's, children's and adolescent's health and rights through action, advocacy and activism. It called on the health and human rights communities to work together to support accelerated action for the health and human rights of women, children and adolescents.

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

### **Global adolescent health is coming of age**

16. 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 adolescents' health merits greater attention.

17. 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 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, eating poor diets, alcohol use, physical inactivity and drug use, which have their impact later in life, has declined very little or has even increased.

18. 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.

19. 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**

20. 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 are already starting to use these opportunities and are including adolescent health in their plans and programmes. For example, by February 2017, Cameroon, Liberia and Uganda had already included adolescent health within their investment cases for the Global Financing Facility, and several other countries were working to do so.

21. 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 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 March 2017, 60 countries had made formal commitments to the Global Strategy, of which 35 included specific commitments related to adolescent health.

## **Secretariat's contributions to providing support to Member States**

22. In response to a request from Member States at the Sixty-eighth World Health Assembly in May 2015,<sup>1</sup> the Secretariat, in collaboration with WHO's other partners in the H6 Partnership, UNESCO and an External Advisory Group, is finalizing guidance on implementing global accelerated action for the health of adolescents (AA-HA!).<sup>2</sup> 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. It 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. The final version will be made available by the time of the Seventieth World Health Assembly. Several Member States have expressed interest in using this document as the basis for developing or updating national adolescent health strategies and programmes, and the Secretariat has been working with early adopter countries to support their application of the guidance.

23. 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 System-wide 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 are being used in the preparation of a comprehensive global report on the United Nations' work on youth. This report will contribute to strengthening United Nations-supported programming and will bolster inter-agency collaboration in the area of youth.

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<sup>1</sup> See the summary records of the Sixty-eighth World Health Assembly, Committee A, tenth meeting and eleventh meeting, section 3 (document WHA68/2015/REC/3).

<sup>2</sup> See [http://www.who.int/maternal\\_child\\_adolescent/topics/adolescence/framework-accelerated-action/en/](http://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/) (accessed 28 March 2017).



24. WHO is collaborating on related initiatives with UNICEF (for example, the 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 technical guidance for prioritizing adolescent health<sup>1</sup>), and the Committee on the Rights of the Child.<sup>2</sup> It will support the Young Voices Count 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. To support adolescents and youth in becoming effective advocates for their health and well-being, the Adolescent and Youth Constituency of the Partnership for Maternal, Newborn and Child Health is developing a practical advocacy and accountability toolkit for young people on how to advance adolescent health and well-being at country level.

## **FUTURE DEVELOPMENTS**

25. 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 Health Assembly feature early childhood development.

## **ACTION BY THE HEALTH ASSEMBLY**

26. The Health Assembly is invited to note the report.

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<sup>1</sup> UNFPA and WHO for the Adolescent Working Group under Every Woman, Every Child. Technical guidance for prioritizing adolescent health. New York: UNFPA; 2017 (<http://www.unfpa.org/publications/technical-guidance-prioritizing-adolescent-health>, accessed 28 March 2017).

<sup>2</sup> Committee on the Rights of the Child. CRC General comment No. 20 (2016) on the implementation of the rights of the child during adolescence. Geneva: United Nations Convention on the Rights of the Child; 2016, document CRC/C/GC/20.

## ANNEX

**RECOMMENDATIONS OF THE HIGH-LEVEL WORKING GROUP  
ON HEALTH AND HUMAN RIGHTS****Enable the realization of human rights to health and through health****• Uphold the right to health in national law**

All States should strengthen legal recognition of human rights to health and through health, including sexual and reproductive health and rights, in their national constitution and other legal instruments. Remedies for violations of these obligations should be effective. Sufficient financial and human resources should be allocated for designing and implementing legislative and policy measures and social initiatives to ensure the realization of rights to health and through health are realized and to facilitate universal access to health care.

**• Establish a rights-based approach to health financing and universal health coverage**

All States should develop national and subnational financing strategies with clear timelines that contribute directly to the realization of rights, including Universal Health Coverage. These strategies should apply the human rights principles of equality, inclusiveness, non-discrimination and participation. Redress should be available where these universal standards are not reasonably met. States should take steps to allocate at least 5% of GDP for public health spending, which is the recognized prerequisite for Universal Health Coverage.

**• Address human rights as determinants of health**

All States should undertake periodic human rights-based assessments of the determinants of women's, children's and adolescents' health, with particular attention to gender inequality, discrimination, displacement, violence, dehumanizing urbanization, environmental degradation and climate change, and develop rights-based national and subnational strategies to address these determinants.

**• Remove social, gender and cultural norms that prevent the realization of rights**

All States should implement legal, policy and other measures to monitor and address social, gender and cultural norms and to remove structural and legal barriers that undermine the human rights of women, children and adolescents. Urgent attention must be given to developing national frameworks that prohibit and adequately punish gender-based violence, end female genital mutilation and child, early and forced marriage, and remove barriers to the enjoyment of sexual and reproductive health and rights.

**Advance human rights to health and through health; partner with people****• Enable people to claim their rights**

All States should take concrete measures (through, for example, awareness-raising campaigns and community outreach) to better enable individuals (particularly women, children and

adolescents), communities and civil society to claim their rights, participate in health-related decision making, and obtain redress for violations of health-related rights.

- **Empower and protect those who advocate for rights**

All States should take concrete measures to better enable, support and protect defenders, champions and coalitions advocating for human rights to health and through health.

- **Ensure accountability to the people for the people**

All States should ensure that national accountability mechanisms (for example courts, parliamentary oversight, patients' rights bodies, national human rights institutions and health sector reviews) are appropriately mandated and resourced to uphold human rights to health and through health. Their findings should be regularly and publicly reported by States. Technical guidance in support of this should be provided by WHO and OHCHR.

### **Strengthen evidence of and public accountability for the realization of human rights to health and through health**

- **Collect rights-sensitive data**

All States should take concrete steps to enhance data concerning human rights to health and through health, particularly with respect to women, children and adolescents, in line with the 2030 Agenda for Sustainable Development and the Global Strategy for Women's, Children's and Adolescents' Health. These data should enable disaggregation by all forms of discrimination prohibited under international law, paying particular attention to those who are rendered invisible by current data methodologies.

- **Report systematically on health and human rights**

All States should report publicly on progress made towards the implementation of the recommendations of this report at the World Health Assembly, in their Universal Periodic Reviews and as part of their implementation of the 2030 Agenda for Sustainable Development and the Global Strategy for Women's, Children's and Adolescents' Health. Technical guidance in support of this should be provided by WHO and OHCHR.

To achieve greater momentum in this global effort, we call on **the WHO Director-General and the High Commissioner for Human Rights to:**

- establish a joint programme of work to support the implementation of these recommendations, including at regional and country levels;
- build institutional capacity and expertise at their headquarters and at regional and country levels to assist States to advance their realization of human rights to health and through health, particularly for women, children and adolescents;
- ensure ongoing coordination of, and tracking of progress towards, the realization of human rights to health and through health, particularly for women, children and adolescents, which will enable prompt dissemination of good practices.

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