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Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): sexual and reproductive health, interpersonal violence, and early childhood development

Report by the Director-General

1. Pursuant to resolution WHA69.2 (2016), the present report highlights new data and initiatives concerning women's, children's and adolescents' health. As indicated by the Secretariat in its report on this subject to the Seventieth World Health Assembly,[1] this report gives special consideration to early childhood development. An earlier version of this report was noted by the Executive Board at its 142nd session.[2] The report has been amended to include information on progress made in implementing Health Assembly resolutions WHA57.12 (2004) and WHA69.5 (2016). More details are available in the 2018 report on progress towards the 2030 targets of the Global Strategy for Women's, Children's and Adolescents' Health, which are aligned with the Sustainable Development Goals. The 2018 report is available on the Global Health Observatory data portal,[3] which also includes the latest available data on the 60 indicators. It assesses progress to date and suggests evidence-based strategic priorities for achieving the Survive, Thrive and Transform objectives for every woman, child and adolescent.

STATUS OF WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

2. Universal health coverage is technically and financially possible. While there exists a range of evidence-based, cost-effective interventions and health systems strategies to support countries as they move towards universal health coverage, the returns are highest when investments are made across the life course, targeting those most often left behind – women, children, adolescents and older people in the poorest communities. These population groups are even more vulnerable in the humanitarian crises and fragile settings that need to be addressed in order to achieve the Sustainable Development Goals. For example, an estimated 26 million women and girls of reproductive age live in emergency situations, and all of them need sexual and reproductive health services. An estimated 246 million children (75 million of whom were aged under 5 years) lived in conflict zones in 2015.[4] As a result of

[1] Document A70/37.

[2] Document EB142/19.

[3] See Global Health Observatory data repository (http://apps.who.int/gho/data/node.gswcah, accessed 22 March 2018).

[4] UNICEF. Early moments matter for every child. (https://www.unicef.org/media/files/UNICEF_Early_Moments_Matter_for_Every_Child_report.pdf, accessed 22 February 2018).

disruption and lawlessness, violence, abuse and neglect, children are exposed to traumatic experiences that pose a major risk to their health and development. Moreover, sexual violence often occurs more frequently during emergencies, exacerbating threats to the health and survival of women and girls, men and boys.

Strengthening data related to women, children and adolescents

3. Work is being done to strengthen existing indicators. For example, indicator 3.1.2 (the proportion of births attended by skilled health personnel) under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), a critical coverage indicator for maternal and newborn survival, is currently difficult to measure at country level because of the lack of clear guidelines and standardized occupation titles and functions. Countries have found large gaps between current standards and the competences and skills of birth attendants, namely, in respect of their ability to correctly manage uncomplicated childbirth and the immediate postnatal period. In order to assess progress in the proportion of births attended by skilled health personnel, at country and global level, definitions and measurements will have to be improved. WHO, UNFPA, UNICEF, the International Confederation of Midwives, the International Council of Nurses, the International Federation of Gynecology and Obstetrics and the International Pediatric Association have tackled this challenge by engaging in a broad Member State and stakeholder consultation, for developing a joint statement on an updated definition of "skilled health personnel".[1] The update is particularly relevant for the Global Strategy and the Sustainable Development Goals, and will inform the revision of the International Standard Classification of Occupations by ILO. Similarly, work is ongoing to strengthen existing early childhood development indicator 4.2.1, "the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex", in partnership with UNICEF and other stakeholders.

Child health

4. The transition from the Millennium to the Sustainable Development Goals provides a timely opportunity to rethink and adapt global strategies on child health and associated programmes. The fact that under-5 mortality has been halved in the past two decades, changes in the age, causes and spatial location of child deaths, and mounting recognition of the importance of taking action to help children who survive grow and thrive are all catalysts for a strategic reconsideration of the global approach to child health.

5. Together with UNICEF, WHO has launched an initiative to redesign child health guidelines, specifically by looking into the changes required to revise the child health policies and programmes that will define universal health coverage during the first 18 years of life. The initiative focuses on "survive" and "thrive" interventions up to the age of 18 and accepts that the diversity of social, epidemiological and demographic conditions requires context-specific approaches; it is therefore working to define a manageable set of new typologies and suggest a series of evidence-based activities that are likely to improve the health status of children.

[1] See http://www.who.int/reproductivehealth/skilled-birth-attendant/en/ (accessed 22 February 2018).

6. As a first step in this direction, new global and regional estimates of adolescent (10–19 years) mortality and disability-adjusted life years lost were released in May 2017, and child mortality figures for under-5s and those aged 5–14 years were released on 19 October 2017.

Adolescent health

7. In its 2017 report, *Transformative accountability for adolescents*,[1] the Every Woman Every Child Independent Accountability Panel issued an urgent appeal for strategic investments in 10–19 year olds, with a view to achieving the 2030 Agenda for Sustainable Development.

8. Following the release of implementation guidance for Global Accelerated Action for the Health of Adolescents (AA-HA!) in May 2017, several Member States have started developing comprehensive national strategies and plans. Intercountry meetings to spearhead use of the guidance have been jointly organized by WHO, the other H6 partners and UNESCO in Caribbean, Latin American and African countries. During the course of 2018, it is planned to undertake capacity-building activities for use of the guidance in other regions. Also, new adolescent health statistics have been released and are available on the Global Health Observatory data portal.

9. WHO is working with other members of the United Nations Inter-Agency Network on Youth Development to develop a United Nations strategy on youth, and an associated results framework. The aim is to ensure adolescents and young adults (aged 10–30 years) are recognized and helped to achieve fulfilling lives and unleash their potential as positive and active agents of change, by 2030. As a first step in this process, in June 2017 an open global survey was made available to each and every young person anywhere in the world. This survey is a way for the United Nations to establish what the priority issues are for young people, what the United Nations can do to tackle these issues and how it can best engage with young people in the process.

10. The Compact for Young People in Humanitarian Action, which was adopted at the World Humanitarian Summit in 2016, will further strengthen the role of young people and empower them as agents of change. It calls for the full inclusion and participation of young people in the prevention, preparedness, and response and recovery processes in relation to humanitarian crises.

Reproductive health

11. The Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets, which was endorsed by the Fifty-seventh World Health Assembly,[2] defines five priority aspects of sexual and reproductive health: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and promoting sexual health.

[1] Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 Agenda (http://iapreport.org/files/IAP%20Annual%20Report%202017-online-final-web_with%20endnotes.pdf, accessed 22 February 2018).

[2] See resolution WHA57.12 (2004).

12. **Maternal health and health care.** Between 1990 and 2015, global maternal mortality fell by almost 44%, dropping from about 532 000 deaths in 1990 to an estimated 303 000 in 2015. This represents a decline in the estimated ratio of maternal deaths per 100 000 live births from 385 in 1990 to 216 in 2015. More than 830 women die daily in childbirth or as a result of pregnancy and delivery. The majority of these deaths are caused by postpartum haemorrhage, hypertensive disorders, infection, and complications of abortion. Others die as a result of the interaction between pregnancy and pre-existing health conditions, or suffer complications from pregnancy that continue after childbirth, such as infection and depression. In 2016, an estimated 78% of women globally were attended by a skilled health worker during childbirth[1] and only 62% of pregnant women had four or more antenatal care visits. Based on data from 92 low- and middle-income countries, only 59% of women received postpartum care between 2011 and 2016.

13. **WHO support for Family Planning 2020 goals.** Under Family Planning 2020, WHO committed to expand contraceptive access, choice and method mix through research and development; to assess the safety and efficacy of new and existing methods; and to scale up the availability of high-quality contraceptive commodities through product prequalification and Expert Review Panel fast-track mechanisms. In 2015 and 2016, therefore, it added the etonogestral-releasing implant, the levonogestral-releasing intrauterine system and the progesterone vaginal ring to the Model List of Essential Medicines. WHO also works to synthesize and make available evidence on effective family planning delivery models and actions including return to fertility, to inform policies, address barriers and strengthen programmes. For example, in order to build a sound understanding of the unmet contraceptive needs of adolescents across countries, it has participated in a literature review and published fact sheets on adolescent contraceptive use in 58 low- and middle-income countries that provide data on contraceptive use among married and unmarried women, the types of contraception they use, where they obtain contraception, and the reasons for not using contraception. Its analyses indicate that contraceptive uptake is usually poor in low- and middle-income countries and that the reasons for non-use are diverse.

14. **Safe abortion.** According to recent estimates, 56 million induced abortions were performed each year worldwide between 2010 and 2014. From 1990 to 2014, the abortion rate declined markedly in developed regions, from 46 to 27 per 1000 women, but remained the same in developing regions.[2]

15. According to recent research on the safety of abortion, about 25 million of the estimated 56 million abortions performed between 2010 and 2014 were unsafe. Over 75% of abortions in Africa and Latin America were unsafe, and in Africa nearly half of all abortions were performed in the least safe circumstances, by untrained persons using traditional and invasive methods.[3]

[1] UNICEF. The State of the World's Children 2017 – Children in a Digital World (https://www.unicef.org/sowc2017/, accessed 22 February 2018).

[2] Sedgh G et al. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. Lancet. May 2006;388(10041):258–267 (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/fulltext, accessed 22 March 2018).

[3] Ganatra B et al. Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model. Lancet. September 2017 (Online First publication, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext, accessed 21 February 2018).

16. In collaboration with the United Nations Department of Economic and Social Affairs, the Special Programme of Research, Development and Research Training in Human Reproduction has launched the open-access Global Abortion Policies Database,[1] containing abortion laws, policies, health standards and guidelines for all WHO and United Nations Member States. In addition to providing data on specific abortion policies, country profiles include sexual and reproductive health indicators, the list of human rights treaties ratified by the country in question, and links to the concluding observations of United Nations treaty bodies with selected extracts relating to abortion.

17. **Combating sexually transmitted infections.** Each year, there are an estimated 357 million new cases of four curable sexually transmitted infections among people aged 15–49 years. The Global health sector strategy on sexually transmitted infections[2] has identified impact targets for 2030 and progress has been made in the generation of global baseline incidence data. Provisional estimates, derived from the Spectrum STI modelling tool and based on country-reported data from 129 countries, suggests that in 2016 there were 1.1 million global maternal syphilis cases, resulting in more than 660 000 cases of congenital syphilis with 350 000 of these occurring as adverse birth outcomes. In 2017, five countries developed baseline incidence data for N. gonorrheae and chlamydia, and a further seven will develop estimates in 2018. Human papillomavirus vaccine for girls was introduced into 71 national immunization programmes by March 2017. Also in 2017, the process to develop guidelines on the use of the syndromic approach for infection management started. Research on new diagnostic tests and vaccines has advanced with an independent laboratory-based evaluation of promising point-of-care tests completed, and new treatment options for syphilis and gonorrhea under exploration.

18. **Cervical cancer.** In 2012, more than 528 000 women developed, and over 266 000 women died from, cervical cancer.[3] Yet, cervical cancer can be eliminated, and no woman should die from it. The political will to prevent the disease is stronger than ever, and cost-effective tools exist (human papillomavirus vaccine and DNA testing, screening and treatment). To spur progress and promote the scaling-up of national action, seven United Nations entities (WHO, IAEA, IARC, UNAIDS, UNFPA, UNICEF and UN Women) established the five-year United Nations' Joint Global Programme on Cervical Cancer Prevention and Control. The Joint Programme aims to help countries prioritize action for optimal results. It brings together the major players involved in cervical cancer prevention. Six priority countries – one from each of the six WHO regions – have been selected for amplified action.

19. **Sexual health.** WHO has worked with partners on the Global Early Adolescent Study, which aims to generate knowledge of the ways in which gender norms are formed in early adolescence and how they subsequently predispose young people to sexual and other health risks. Phase I of the Study, conducted in 15 countries, has generated valuable information and contributed to the development of a tool kit to assess gender norms in early adolescence.[4]

[1] See Global Abortion Policies Database (http://srhr.org/abortion-policies/, accessed 27 February 2018).

[2] Global health sector strategy on Sexually Transmitted Infections, 2016–2021 http://apps.who.int/iris/bitstream/10665/246296/1/WHO-RHR-16.09-eng.pdf?ua=1 (accessed 21 February 2018).

[3] See GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012 (http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx, accessed 22 February 2018).

[4] See http://www.geastudy.org/ (accessed 21 February 2018).

INTERPERSONAL VIOLENCE, IN PARTICULAR AGAINST WOMEN AND GIRLS, AND AGAINST CHILDREN

20. **Violence against women and girls.** Millions of women and adolescent girls globally experience violence, primarily from partners and other family members and with grave consequences to their health. In May 2016, the Health Assembly adopted resolution WHA69.5, which endorsed the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. The Secretariat is working with Member States to facilitate the uptake of clinical and policy guidelines and training tools for responding to violence against women. An increasing number of Member States are developing or updating their national protocols for a health response to violence against women in line with WHO guidelines. Of the 106 countries that fully reported on availability of post-rape care services in 2016, 43% provided all four elements of comprehensive care in accordance with WHO guidelines (post-exposure prophylaxis for HIV and sexually transmitted infections, emergency contraception, safe abortion and first-line psychological support) and 86% provided three of the four elements. Coverage, however, remains a challenge. The collection of prevalence data on violence against women has increased; between 2010 and 2017, 46% of 194 Member States had conducted population-based surveys on violence against women. This momentum needs to be maintained to achieve the objectives of the Global plan of action, the "transform" objective of the Global Strategy for Women's, Children's and Adolescents' Health, and targets 5.2 and 5.3 of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls).

Quality of care

21. Member States are committed to achieving universal health coverage with quality, equity and dignity for all women, newborns and children in line with relevant Health Assembly resolutions.[1] Recognizing the need for action, 10 countries, led by WHO, in collaboration with UNICEF, UNFPA, implementation partners and other stakeholders, have established the Network for Improving Quality of Care for Maternal Newborn and Child Health. These pathfinder countries aim to halve maternal and newborn deaths and stillbirths and improve experience of care in participating health facilities within five years of implementation, by developing and implementing national quality strategies and policies.

Financing investment in women, children and adolescents

22. Resources from the Global Financing Facility Trust Fund have currently been allocated to 26 countries. As at July 2017, US$ 525 million had been contributed to the Trust Fund. The first replenishment was launched in September 2017 followed by a series of events and aimed to mobilize an additional US$ 2 billion to enable the Facility process to be expanded over the period 2018–2023 to the 50 countries facing the most significant needs (the 26 current beneficiaries plus 24 other countries).[2] WHO has been an active partner of the Facility and has played a key role in helping Member States to prepare their investment cases.

[1] Resolutions WHA64.9 (2011), WHA67.10 (2014) and WHA69.24 (2016).

[2] See https://www.globalfinancingfacility.org/ (accessed 22 March 2018).

Health and human rights

23. Pursuant to the recommendations of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents, issued in 2017, WHO and the Office of the United Nations High Commissioner for Human Rights have concluded a framework cooperation agreement to implement the Working Group's recommendations, build institutional capacity and expertise, and ensure ongoing monitoring of progress.

Environmental Health

24. Environmental risk factors, such as air pollution, unsafe water, poor sanitation, inadequate hygiene and exposure to chemicals, are important determinants of child health, and account for some 25% of the disease burden among children under 5. Following the release of Inheriting the world: The atlas of children's health and the environment, which summarizes the actions needed from the health sector and others to prevent childhood diseases with environmental origins, a subsequent publication on avoidable early life environmental exposures[1] summarized the most relevant and actionable environmental health policies in the context of the Global Strategy for Mothers, Children and Adolescents' Health. Updated information on child health and environment has been included in the Global Health Observatory and training tools and strategies are being developed to empower health professionals to protect children health against environmental risk factors. Work has continued on primary prevention, particularly with regard to two major neurotoxicants; several States have banned lead paint and have ratified the Minamata Convention to reduce exposure to mercury. A total of 37 cities have now joined the Breathe Life Campaign led by WHO and the Climate and Clean Air Coalition, which supports cities with the aim of achieving safe air quality levels by 2030 (currently 92% have air pollution levels above WHO guidelines) and thereby protecting children's respiratory health. The first WHO Air pollution and health conference is currently under preparation, and technical guidance and training tools on air pollution and child health are due to be published in the course of 2018.

EARLY CHILDHOOD DEVELOPMENT

25. Early childhood experiences have a profound impact on brain development, affecting learning, health, behaviour and ultimately adult social relationships and earnings. Investing in early childhood development is one of the most effective and efficient ways in which countries can eliminate extreme poverty, boost shared prosperity, and create the human capital needed for economies to diversify and grow.

26. Early childhood development covers the period from conception to 8 years of age. It encompasses cognitive, physical, language, temperamental, socioemotional and motor development. The first 1000 days from conception are particularly important as during this time the brain develops at an astounding pace and is most sensitive to harm, as well as to interventions that mitigate risks and optimize development.

[1] See http://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(17)30048-7/fulltext (accessed 22 March 2018).

27. The most formative experiences of newborns and young children come from nurturing care, which is characterized by a stable environment that promotes health and optimal nutrition, protects children from threats and provides opportunities for early learning through affectionate interactions and relationships. Parents and other primary caregivers are the main providers of nurturing care; policies, information and services must therefore be designed to give them the knowledge, time and material resources needed for appropriate child care.

28. Poverty, any form of malnutrition, low levels of parental education, violence in the home and community, and poor environmental health are among the major risk factors for suboptimal child development. According to conservative estimates based on the risk factors of poverty and stunting alone, 249 million children (43%) in low- and middle-income countries are at risk of not attaining their full development potential,[1] resulting in massive potential costs for individuals, societies, and current and future generations. Those affected by a poor start in life are estimated to suffer a loss of about a quarter of average adult income per year, while countries may forfeit a sum that can be as much as twice the amount of their current gross domestic product expenditure on health and education.

29. Given the critical importance of enabling children to make the best start in life, the health sector has a responsibility to support nurturing care. Many interventions for reproductive, maternal, newborn, child and adolescent health (including antenatal care, newborn care, nutrition, immunization, management of childhood illness, parental mental health, HIV prevention and care, and environmental safety and security) have a direct impact on child development. Moreover, the health sector is in a unique position to have regular contacts and reach out to families and caregivers during the early years.

30. In support of the Sustainable Development Goals, in particular target 4.2 (ensure that all girls and boys have access to good-quality early childhood development), and the Global Strategy objectives (survive, thrive and transform), WHO and UNICEF, supported by the Partnership for Maternal, Newborn and Child Health, and the Action Network for Early Childhood Development, have developed a global framework for nurturing care. The framework provides a road map for action and outlines how to support parents and other caregivers in providing nurturing care for young children. It describes policies and services and the roles of various sectors, with a particular focus on the unique and important role of the health sector. It calls for attention to be paid to communities where children are at greatest risk of suboptimal development, in particular those in extreme poverty, or living with violence, conflict or displacement. It also sets out the special needs of children with developmental difficulties and disabilities, and of their caregivers. A two-phased open online consultation process has enabled a wide array of stakeholders to provide inputs.[2] All comments were carefully synthesized, examined and used.

31. To support implementation of the framework, WHO and partners are also developing guidelines and operational guidance for nurturing care in early childhood, which will be available in the near future. It will illustrate how existing services can be strengthened to support early childhood development and attain greater quality and coverage, including by integrating interventions such as care for child development and care for maternal mental health. WHO, in collaboration with UNICEF and other experts, is also leading a global effort to develop a measurement framework and additional

[1] See http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30266-2/fulltext (accessed 22 February 2018).

[2] Consultations were held on the concept draft (24 January–6 February 2018), followed by consultation on a complete draft (12–26 March 2018).

indicators to assess development in children under the age of 3 years. The World Bank and other leading institutions estimate that financial investments in early childhood development are still minimal in most countries. Strong accountability is therefore required at all levels, to motivate and track political and financial commitments, monitor implementation, and assess the impact of relevant policies and interventions on children's development and the reduction of inequities.

FUTURE DEVELOPMENTS

32. Midwifery care is essential to improve maternal and newborn health.[1] Evidence suggests that midwife-led continuity-of-care models, in which a midwife or a small group of midwives support women throughout pregnancy, in childbirth and during the postnatal period, identifying and referring them only when needed for higher level emergency care, can lead to better maternal and newborn outcomes.[2,3] To explore what can and needs to be done in full, it is proposed that the Secretariat report on implementation of the Global Strategy to a future session of the Health Assembly, with a particular focus on how to strengthen midwifery care towards universal health coverage.

ACTION BY THE HEALTH ASSEMBLY

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

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[1] Renfrew MJ, McFadden A, Bastos MH, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. Lancet 2014; 384: 1129–45.

[2] WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016 (http://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf;jsessionid=55AB6E107F133BBBBB02C7EDBA770D73?sequence=1, accessed 22 March 2018).

[3] WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (http://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf?sequence=1, accessed 22 March 2018).