
Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health

Committing to implementation

Report by the Secretariat

1. Pursuant to the request in resolution WHA67.14 (2014) to continue to inform Member States about the positioning of health in the post-2015 development agenda, this report highlights key aspects of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030,¹ with particular focus on country leadership and implementation. It proposes milestones for the updating of national plans, investing resources in health, strengthening implementation through resilient health systems, promoting multistakeholder partnership and enhancing accountability. It also solicits commitments from many stakeholders in countries to the Global Strategy including the overall goal of achieving universal health coverage.

2. In September 2015, not only did the United Nations General Assembly adopt the Sustainable Development Agenda, but the United Nations Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030. The survival, health and well-being of women, children and adolescents are essential to achieving all the Sustainable Development Goals. The Global Strategy, an updated version of the Global Strategy on Women's and Children's Health, 2010–2015, includes new areas of focus and encompasses 17 health and health-related targets, among the 169 targets of the Sustainable Development Goals, that align with global action plans that have been previously endorsed by WHO's Member States (see Annex 1 for a synopsis of the targets of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030).

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030)

3. The Global Strategy envisages a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities and is fully able to participate in shaping prosperous and sustainable societies. Its three main objectives are:

¹ The Global Strategy for Women's, Children's and Adolescents' Health, (2016–2030): survive, thrive and transform (<http://globalstrategy.everywomaneverychild.org/> accessed 2 December 2015).

- Survive: End preventable deaths
- Thrive: Ensure health and well-being
- Transform: Expand enabling environments.

4. The Global Strategy provides a road map for attaining these ambitious objectives and supporting countries in starting to implement the post-2015 agenda without delay – based on the evidence of what is needed and what works. It is relevant to all countries, including those that have already reached some of the proposed absolute national targets. Reducing subnational inequities, ensuring universal health coverage, and progressively realizing the right to health and health care of every woman, every child and every adolescent everywhere all remain challenges in most settings.

5. Full implementation of the Global Strategy, with increased and sustained financing over the next 15 years, would yield tremendous social and economic returns, including ending preventable deaths, a 10-fold return on investments and at least US\$ 100 billion in demographic dividends.¹ However, large funding gaps remain in low- and lower middle-income countries with high burdens of maternal and child mortality that can only be filled by dramatic increases in financing from both domestic and international sources. The Addis Ababa Action Agenda lays out the purpose of domestic and international financing for development, in particular to provide fiscally sustainable and nationally appropriate social protection systems, including those for health.²

6. The Global Strategy was developed under the auspices of the United Nations Secretary-General. It was supported by discussions at the Sixty-eighth World Health Assembly in May 2015, the Group of Seven summit (Kriin, Germany, 7–8 June 2015), and the Inter-Parliamentary Union at its 132nd assembly (Hanoi, 28 March–1 April 2015). Consultations to develop the Global Strategy were hosted by the Governments of India, South Africa, and the United Arab Emirates, as well as by the Partners in Population and Development intergovernmental network and the Partnership for Maternal, Newborn and Child Health. More than 7000 organizations and individuals provided written comments and participated in the Global Strategy consultations. Furthermore, a special supplement of a British medical journal, prepared by a diverse group of global experts under WHO's leadership, provides details on the rationale and evidence for the interventions and strategies proposed in the Global Strategy.³

NEW CHALLENGES

7. Implementation of the Global Strategy will call for attention to areas that have received relatively less attention in the past, including early child development and adolescent health, health of women, children and adolescents in humanitarian and fragile settings, and multisectoral responsibilities to tackle underlying determinants of ill health. Overall, it argues that nobody should be

¹ The Global Strategy for Women's, Children's and Adolescents' Health, (2016–2030): survive, thrive and transform. (<http://globalstrategy.everywomaneverychild.org/> accessed 2 December 2015).

² United Nations. Financing for Development. Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa, 13–16 July 2015), endorsed by the General Assembly in its resolution 69/313 (http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf accessed 2 December 2015).

³ Towards a global strategy for Women's, children's, and adolescents health. The BMJ, 351, Supplement 1. 70pp, 2015 (bmj.co/who accessed 2 December 2015).

left behind and that inequities should be addressed, whether between countries or within countries, the latter making it relevant to all countries.

8. The importance of investing in the health and development in early childhood and adolescence to maximize the demographic dividend and optimize health along the life course is now well recognized. WHO is leading a broad-based consultative process to develop a global framework for accelerated action for adolescent health in follow-up of discussions on adolescent health at the Sixty-eighth World Health Assembly¹ with the aim of submitting it to Member States for consideration at the Seventieth World Health Assembly in 2017.² Similarly, the Secretariat will strengthen its investment to develop evidence-based guidelines and tools for early child development, with a particular emphasis on the role of the health sector in reaching families and children aged 0–3 years.

9. About half the global burden of maternal, newborn and child mortality weighs on people in humanitarian-crisis and fragile settings. Millions of women, children and adolescents living in these settings also face substantially increased risks of morbidity due to unsafe environments, sexual violence and depression, yet, most development assistance is directed to countries and populations that live in relatively stable conditions. The Global Strategy calls for integrated humanitarian and sustainable development action through a “continuum approach”: tackling relief, recovery and development simultaneously and collaboratively, and mainstreaming emergency preparedness at all levels of the health system. It focuses on safeguarding women, children and adolescents in those unprotected settings and upholding their human rights to the highest attainable standard of health, even in the most difficult circumstances. In order to attain the Sustainable Development Goals, the global community must become more agile to act and generate more investments to assist those at greatest risk.

10. Recognizing the importance of tackling social and environmental determinants of health and sustainable development, governments have a particular responsibility for coordinating policy-making and facilitating the formulation of strategic plans with common goals, integrated responses and increased accountability across government departments. The Health in All Policies approach is one response towards meeting the need for coordinated, multisectoral actions, including those related to tackling malnutrition, air pollution, poor water quality, sanitation and hygiene, violence, harmful and discriminatory practices. Nevertheless, the realities countries face mean that it not easy to break out of existing vertical health care programmes and approaches and foster effective multisectoral collaboration. This area will need specific country leadership and attention when countries put the Global Strategy into practice.

11. Inequities adversely affect health outcomes among women, children and adolescents especially among those who are marginalized or excluded from society, are affected by discrimination, or live in underserved communities – particularly the poorest and least educated and those living in remote areas. Accordingly, the Global Strategy advocates policies and programmes that are equity-driven, gender-responsive and human rights-based.

¹ Adolescent health, document A68/15, noted by Committee A of the Sixty-eighth World Health Assembly (summary record of the tenth and eleventh meetings (section 3)).

² Document A68/15 had indicated that the draft framework would be finalized for submission to the Sixty-ninth World Health Assembly. It was subsequently decided to present the framework in 2017 in order to allow for more in-depth consultation with Member States.

IMPLEMENTING THE GLOBAL STRATEGY

12. Effective country leadership is a common factor shared by those countries making the fastest progress in improving the health of women, children and adolescents. Strong leadership takes the form of, *inter alia*, defining clear strategic directions and targets, and working towards them by effective collaboration between different arms of government working closely with communities, civil society, young people, development partners and the private sector. Leadership is also visible in the role of parliament (and often among women parliamentarians) through policy- and law-making, budgeting and increased accountability for women's, children's and adolescents' health. Implementation by countries will be determined by national needs and priorities through updated country plans and supported as needed by WHO and other organizations in the United Nations system and by other partners united in the Every Woman Every Child movement.¹

13. Among the 169 targets of the Sustainable Development Goals 17 are directly relevant to improving the health of women, children and adolescents. These have been identified in the Global Strategy as the key drivers of action. As the task of reaching these targets falls within the remit of multiple sectors and stakeholders, implementing the Global Strategy will necessitate the harnessing of the power of partnership through commitments and collaboration at all levels.

14. Every government is recommended to undertake the following key activities in order to put the Global Strategy into practice, thereby contributing simultaneously towards achieving the overarching goal of universal health coverage.

(a) Use the 17 health and health-related targets of the Sustainable Development Goals and the nine action areas specified in the Global Strategy as part of a national process to update national policies, strategies, plans and budgets for the period 2016–2030. Pay due consideration to all the health-related targets with specific attention to inequities in health outcomes, intervention coverage, service quality, availability and access, as well as multisectoral determinants of ill-health and long-term demographic and macro-economic trends.

(b) Develop a sustainable, evidence-informed, health financing strategy that maximizes and increases the use of domestic resources and incrementally reduces dependence on external resources for providing essential health services, redressing inequities and tackling critical social and environmental determinants of health.

(c) Strengthen health systems to be resilient, efficient and effective, in particular by investing in the health work force, quality of health service delivery, availability of essential medical products and vaccines across the life-course and in every setting, and by mainstreaming emergency preparedness at all levels.

¹ The Every Women Every Child secretariat is hosted at the Office of the United Nations Secretary-General in New York (<http://www.everywomaneverychild.org/>).

(d) Harness the power of partnership, reinforce multisectoral and multistakeholder commitments and collaboration, and use governance mechanisms that have the ability to effectively facilitate cross-sector collaboration and action; recognize the indisputable importance of informed community engagement in planning, supporting and monitoring services in order to reach everyone.

(e) Enhance accountability mechanisms for resources, results and rights in country (nationally and subnationally) through strengthening the systems for civil registration and vital statistics and health information; develop clear monitoring and evaluation frameworks including multistakeholder consultations, citizens' hearings, independent reviews, parliamentary procedures to inform evidence-based actions; and harmonize with regional and global accountability processes to ensure progress.

15. Country plans and priorities should drive collective action for women's, children's and adolescents' health at global, national and subnational levels. In support of national priorities and plans, stakeholders should strive to strengthen coordination and reduce fragmentation of initiatives and technical assistance, align investments in monitoring and evaluation, and facilitate sufficient, predictable and effective financing, in accordance with the aid effectiveness principles laid out by the international health partnership IHP+¹ and those underlying the Paris Declaration on Aid Effectiveness and Accra Agenda for Action.²

16. A five-year operational framework is being developed to accompany the Global Strategy and to provide support to countries in exerting their leadership to implement the Global Strategy. This operational framework will help to align action by development partners, associations of health care professionals, the private sector and civil society. Links to technical resources will facilitate the effective integration of the Global Strategy's nine action areas into national and subnational plans and programming, and these technical resources will regularly be updated based on the latest and strong scientific evidence.

17. The newly established Global Financing Facility in support of Every Woman Every Child aims to accelerate efforts towards the implementation of the Global Strategy by coordinating and harmonizing external funding flows in support of national plans, assisting governments in identifying strategies to increase domestic resources for health progressively, and reducing inefficiency in health spending over time.³ The Facility will provide an opportunity for 62 low- and lower middle-income countries to access substantial new funding for women's, children's and adolescents' health, including through the World Bank's Global Financing Facility Trust Fund. The governance and operational mechanisms of the Facility are currently under development guided by an investors group that includes representatives from low-, middle- and high-income countries.

¹ <http://www.internationalhealthpartnership.net/en/about-ihp/seven-behaviours/> (accessed 2 December 2015).

² <http://www.oecd.org/dac/effectiveness/34428351.pdf> (accessed 2 December 2015).

³ The Global Financing Facility in support of Every Woman Every Child (<http://www.who.int/life-course/partners/global-strategy/global-financing-facility/en/> accessed 2 December 2015) was launched in July 2015.

COMMITMENTS TO THE GLOBAL STRATEGY

18. When the Global Strategy was launched during the United Nations General Assembly in September 2015, more than 40 governments and more than 100 international organizations, philanthropic foundations, organizations in the United Nations system, civil society and the private sector committed themselves to it. Making a commitment should stimulate action, build partnership and generate investment. Partners united in the Every Woman Every Child movement will track commitments and contribute to mobilizing necessary resources. All Member States are invited to specify their commitments to implementing the Global Strategy and indicate what specifically they will do to reach its targets and realize its strategic actions.

MEASURING PROGRESS IN IMPLEMENTATION OF THE GLOBAL STRATEGY

19. As part of the Declaration in the General Assembly's resolution adopting the 2030 Agenda for Sustainable Development,¹ governments have committed themselves to be responsible for follow-up and review, at national, regional and global levels, of the progress made in implementing the goals and targets over the coming 15 years. The Declaration provides general guidance on follow-up and review. The indicator framework for all Sustainable Development Goals will be finalized in March 2016. WHO will play a coordinating and central role in the global monitoring of targets and indicators of the health-related targets of the Sustainable Development Goals and thereby will contribute to monitoring the implementation of the Global Strategy. Reporting and reviews will be conducted on an annual basis. Regular country-led reviews of progress are the basis for all regional and global reviews. Alignment through a common platform is essential in order to minimize the reporting burden on countries and maximize the impact of reviews on subsequent action.

ACCOUNTABILITY

20. Global accountability for the Global Strategy will be consolidated in a unified framework. The recommendations of the Commission on Information and Accountability for Women's and Children's Health,² set up in 2011 to monitor progress on resources and results towards the Global Strategy for Women's and Children's Health 2010–2015, will be followed and new areas identified under an accountability framework. In an effort to harmonize global reporting, minimize the reporting burden on countries and support cost-effectiveness, an independent accountability panel will prepare annually a comprehensive report synthesizing the state of women's, children's and adolescents' health from information provided by organizations in the United Nations system and independent groups. The United Nations Secretary-General will appoint the panel's members through a transparent selection process managed by the Board of the Partnership for Maternal, Newborn and Child Health, whose secretariat will facilitate the panel's work. The panel's annual report will review progress towards achieving the Global Strategy objectives and the relevant Sustainable Development Goal targets and provide recommendations and guidance to all stakeholders on how to accelerate progress. It will include reporting of progress towards related targets in other Sustainable Development Goals than

¹ In United Nations General Assembly resolution 70/1, Transforming our world: the 2030 Agenda for Sustainable Development (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&referer=https://sustainabledevelopment.un.org/post2015/transformingourworld&Lang=E accessed 2 December 2015).

² See the final report of the independent Expert Review Group on Information and Accountability for Women's and Children's Health of the Accountability for Women's and Children's Health (http://www.who.int/woman_child_accountability/ierg/news/ierg_2015_report_launch/en/ accessed 7 December 2015).

health, such as the target on eliminating all forms of violence against women and girls, gender equity and education. The report will be submitted to the Secretary-General in time for deliberations by the High-Level Political Forum on Sustainable Development. The Health Assembly will also be a crucial forum for reviewing the panel's report and agreeing on follow-up actions relating to the monitoring, review and act aspects of accountability. The Executive Board will facilitate a process whereby Member States can discuss the findings and recommendations of the panel's report and endorse appropriate actions. The panel's initial report is expected to be published around the time of the United Nations General Assembly in 2016 and the first full accountability report will be submitted in 2017 for consideration by, for instance, the High-Level Political Forum on Sustainable Development and the Health Assembly.

21. In order to assess the implementation of the Global Strategy and contribute to accountability, a set of milestones for 2016–2020 is proposed (Annex 2).

ACTION BY THE EXECUTIVE BOARD

22. The Board is invited to consider the report and provide guidance on the outlined next steps.

ANNEX 1

AT A GLANCE: THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

VISION		GUIDING PRINCIPLES	
<p>By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.</p> <p>Implementing the Global Strategy, with increased and sustained financing, would yield tremendous returns by 2030:</p> <ul style="list-style-type: none">– An end to preventable maternal, newborn, child and adolescent deaths and stillbirths– At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions– At least US\$ 100 billion in demographic dividends from investments in early childhood and adolescent health and development– A “grand convergence” in health, giving all women, children and adolescents an equal chance to survive and thrive		<ul style="list-style-type: none">– Country-led– Universal– Sustainable– Human rights-based– Equity-driven– Gender-responsive– Evidence-informed– Partnership-driven– People-centred– Community-owned– Accountable– Aligned with development effectiveness and humanitarian norms	
OBJECTIVES AND TARGETS (aligned with the Sustainable Development Goals to be achieved by 2030)			
SURVIVE End preventable deaths	THRIVE Ensure health and well-being	TRANSFORM Expand enabling environments	
<ul style="list-style-type: none">• Reduce global maternal mortality to less than 70 per 100 000 live births• Reduce newborn mortality to at least as low as 12 per 1000 live births in every country• Reduce under-five mortality to at least as low as 25 per 1000 live births in every country• End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases• Reduce by one third premature mortality from noncommunicable diseases and promote mental health and well-being	<ul style="list-style-type: none">• End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women• Ensure universal access to sexual and reproductive health care services (including for family planning) and rights• Ensure that all girls and boys have access to good-quality early childhood development• Substantially reduce pollution-related deaths and illnesses• Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines	<ul style="list-style-type: none">• Eradicate extreme poverty• Ensure that all girls and boys complete primary and secondary education• Eliminate all harmful practices, discrimination and violence against women and girls• Achieve universal access to safe and affordable drinking water and to sanitation and hygiene• Enhance scientific research, upgrade technological capabilities and encourage innovation• Provide legal identity for all, including birth registration• Enhance the global partnership for sustainable development	

ACTION AREAS (based on evidence of what is required to reach the objectives)	
1. Country leadership	Reinforce leadership and management links and capacities at all levels; promote collective action.
2. Financing for health	Mobilize resources; ensure value for money; adopt integrative and innovative approaches.
3. Health system resilience	Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.
4. Individual potential	Invest in individuals' development; support people as agents of change; address barriers with legal frameworks.
5. Community engagement	Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.
6. Multisectoral action	Adopt a multisectoral approach; facilitate cross-sector collaboration; monitor impact.
7. Humanitarian and fragile settings	Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.
8. Research and innovation	Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.
9. Accountability	Harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multistakeholder engagement.
IMPLEMENTATION	
Country-led implementation supported by the Every Woman Every Child movement and an operational framework. The power of partnership harnessed through stakeholder commitments and collective action. We all have a role to play.	

ANNEX 2

PROPOSED MILESTONES FOR THE IMPLEMENTATION OF THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH**Proposed milestones for 2016–2017**

- All countries have reviewed their local situation of women's, children's and adolescents' health, and set trajectories to achieve the targets proposed in the Global Strategy. For countries that have achieved proposed absolute targets, eliminating inequities in health outcomes of women, children and adolescents will be a priority.
- All countries have updated or developed plans for women's, children's and adolescents' health to achieve the targets and ensure that they are fully integrated into national health sector plans.
- All countries have adopted the Global Strategy on Human Resources for Health, and have developed health labour market assessments and action plans to strengthen the health workforce towards achieving universal health coverage (UHC).
- The global Health Data Collaborative for measurement of core indicators is fully functional, facilitating timely data generation and synthesis in countries and providing essential information on progress.
- All countries are conducting annual health sector reviews with due attention to results, resources and rights for women's, children's and adolescents' health.
- In countries in fragile settings integrated funding is provided to cover the continuum of humanitarian, recovery, reconstruction and development activities with a particular attention to the needs of women, children and adolescents.

Proposed milestones for 2018–2020

- All countries have developed a health financing strategy that progressively increases the allocation of domestic resources and facilitates the attainment of the national goals and targets for women's, children's and adolescents' health.
- Countries accounting for 95% of the global burden of maternal, newborn and child mortality show demonstrable progress towards ending preventable mortality according to the nationally identified targets.
- Based on individual country assessments, civil registration and vital statistics (CRVS) systems are aligned with international standards; regular census schedules are established; household surveys are conducted; and national health facilities have information capacities to improve quality of services for women, children and adolescents and conduct surveillance and response.

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