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Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

Report by the Director-General

1. Pursuant to resolution WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, the present report highlights progress and stagnation, and programmatic response in the area of women's, children's and adolescents' health. It also presents the progress made in the implementation of the following resolutions: WHA67.10 (2014) on the newborn health action plan; WHA63.17 (2010) on birth defects; WHA58.31 (2005) on working towards universal coverage of maternal, newborn and child health interventions; WHA45.25 (1992) on women, health and development; and WHA45.22 (1992) on child health and development: health of the newborn. Given that 2020 was designated the International Year of the Nurse and the Midwife, this report further highlights the role of midwifery and other neonatal health providers in ensuring high-quality health services for women and their newborns. It also reflects on data gaps and recommendations to fill these gaps, as well as suggesting evidence-based strategic priorities for achieving the objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) – survive, thrive and transform – for every woman, child and adolescent as part of the Thirteenth General Programme of Work, 2019–2023. The data underpinning this report are available from the WHO website.[1]

2. The coronavirus disease (COVID-19) pandemic, especially the responses by governments to contain the spread of the virus, threaten the progress made in women's, children's and adolescents' health. Lockdowns, closure of primary health services, redeployment of health staff to care for COVID-19 patients, fear of infection and loss of income have frequently resulted in disruptions to delivering and accessing quality essential services, putting women, children and adolescents at higher risk of death, disease and disability from preventable and treatable causes and have led to increased exposure of women and children to the risk of violence in the home. This report documents the threats to progress as well as actions taken to mitigate these threats.

GLOBAL TRENDS

Trends in mortality and health conditions of women, children and adolescents

3. Global estimates for 2017 showed that there were 295 000 (80% uncertainty interval: 279 000 to 340 000) maternal deaths. The global number of maternal deaths per 100 000 live births (maternal

[1] See the Maternal, newborn, child and adolescent health and ageing data portal (https://www.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data, accessed 27 April 2021) and the Global Health Observatory (https://www.who.int/data/gho, accessed 27 April 2021).

mortality ratio) in 2017 was estimated at 211 (80% uncertainty interval: 199–243), representing a 38% reduction since 2000.

4. Sub-Saharan Africa accounted for 66% (196 000) of the estimated global maternal deaths in 2017 while Southern Asia accounted for nearly 20% (58 000). Despite a very high maternal mortality ratio (542 (uncertainty interval: 498–649)) in 2017, sub-Saharan Africa has also achieved a substantial reduction in maternal mortality ratio of roughly 38% since 2000. Notably, one area with a very low maternal mortality ratio (12) in 2000 – Northern America – has had an increase in maternal mortality ratio of almost 52% since 2000, rising to 18 (uncertainty interval: 16–20) in 2017.

5. Unintended pregnancy and abortion are experiences shared by people around the world. These reproductive health outcomes occur irrespective of country income level, region or the legal status of abortion. Roughly 121 million unintended pregnancies occurred each year globally between 2015 and 2019. Of these unintended pregnancies, 61% ended in abortion. This translates to 73 million abortions per year. According to data from 2010 to 2014, around a half of abortions were unsafe and a third were carried out in the least safe conditions. Over half of all estimated unsafe abortions globally were in Asia, most of them in South and Central Asia. Three quarters of abortions in Africa and Latin America were unsafe and the risk of dying from an unsafe abortion was highest in Africa.

6. Almost 2 million babies were stillborn globally in 2019. The vast majority of stillbirths (84%) occurred in low- and lower-middle-income countries, with 42% occurring in sub-Saharan Africa and 34% in Southern Asia. Stillbirths are also an issue for middle- and high-income countries. In 2019, in some high-income countries, despite very low levels of neonatal mortality, there are more stillbirths than neonatal deaths, and in some cases, the number of stillbirths even surpasses the number of infant deaths. Over 40% of all stillbirths occur during childbirth. Most stillbirths are due to poor quality of care during pregnancy and birth. Lack of investment in antenatal and intrapartum services and in strengthening nursing and midwifery workforce competencies are key challenges.

7. The global number of neonatal deaths decreased from 5.0 million in 1990 to 2.4 million 2019. Neonatal deaths accounted for 47% of all under-5 deaths in 2019.

8. As neonatal mortality rates have decreased, the proportion of neonatal deaths due to preterm birth complications and congenital anomalies has increased. Other top causes of neonatal death include intrapartum events and severe infection, with their proportions decreasing with improved access to childbirth care and the progressive reduction of neonatal mortality.

9. A key element in reducing neonatal mortality is care for small and sick newborns. Of the estimated 140 million births globally each year, an estimated 30 million newborns need inpatient hospital care, of whom 8 to 10 million could have severe complications requiring intensive newborn care. Currently only half of the 30 million newborns has access to services and those who have access often receive poor quality of care.

10. The latest low birth weight estimates showed that for 148 countries with data the estimated prevalence of low birth weight in 2015 was 14.6%, compared with 17.5% in 2000. In 2015, an estimated 20.5 million livebirths were of low birth weight: 91% from low- and middle-income countries, mainly in southern Asia (48%) and sub-Saharan Africa (24%).

11. The total number of under-5 deaths worldwide decreased from 12.5 million in 1990 to 5.2 million in 2019. Sub-Saharan Africa and Central and Southern Asia accounted for more than 80% of the under-5 deaths in 2019, while they only accounted for 52% of the global under-5 population.

12. Sub-Saharan Africa still has the highest under-5 mortality rate in the world. Its under-5 mortality rate in 2019 was estimated at 76 deaths per 1000 live births, which is equivalent to one child in 13 dying before reaching age 5 and is 20 times higher than the rate of one in 264 in the Sustainable Development Goals region of Australia and New Zealand.

13. Globally for children under 5 years, infectious diseases – notably pneumonia, diarrhoeal disease and malaria – remain the leading causes of deaths, along with preterm birth and intrapartum-related complications.

14. From 1990 to 2019, the mortality rate for older children, adolescents and young adults (ages 5–24 years) decreased from 31 deaths in 1990 to 18 deaths in 2019, per 1000 children and young adults aged 5–24 years, with the number of deaths in this age group dropping by 34%, from 3.4 million in 1990 to 2.2 million in 2019. Young adolescents aged 10–14 years have the lowest risk of mortality, followed by an increase in mortality rate among 15–19 year-olds, which then increases again slightly in the 20–24 year age group. Injuries (including road traffic injuries, drowning, burns and falls) are the leading causes of death and lifelong disability among older children, adolescents and young adults aged 5–24 years. Injury and violence are among the leading causes of death for older children, adolescents and young adults aged 5–24 years. In girls and young women aged 15–19 years, the leading cause of mortality is maternal conditions.

15. Although data on trends in morbidities in children, adolescents and pregnant women are sparse, some data indicate progress. For example, between 2015 and 2019, the number of women aged 15–24 years acquiring HIV decreased by 21%. Despite the decrease, adolescent girls and young women remain disproportionately represented among the people acquiring HIV. In 2019, of the 300 000 people aged 15–24 years acquiring HIV, 220 000 were women. In other areas, however, notably anaemia, undernutrition and depression, there has been limited progress.

16. Rheumatic heart disease is the most commonly acquired heart disease in people under 25 years. The disease, which starts as a sore throat and fever from group A streptococci bacteria, can damage heart valves, causing life-long disability and death, especially in pregnant women. Rheumatic fever mostly affects children and adolescents in low- and middle-income countries, especially where poverty is widespread and access to health services is limited. Rheumatic fever can be treated with appropriate antibiotics in order to prevent the damage to the heart that results in rheumatic heart disease. In fact, the disease has been eradicated by effective treatment in many parts of the world. Nonetheless, the disease remains prevalent in sub-Saharan Africa, Central and South Asia, the Middle East and the South Pacific. It is estimated globally that, it affects 40 million people and claimed 288 348 lives in 2019.

17. The estimated global maternal syphilis prevalence in 2016 was 0.69% (95% confidence interval: 0.57–0.81%), resulting in an estimated global congenital syphilis rate of 473 cases (95% confidence interval: 385–561) per 100 000 live births and a total number of 661 000 (538 000–784 000) congenital syphilis cases. When compared with WHO estimates from 2012, the estimated maternal prevalence in 2016 remained the same (0.70% (95% confidence interval: 0.63–0.77%)). In contrast, the number of congenital syphilis cases decreased from 748 000 (95% confidence interval: 684 000–812 000) in 2012 to 661 000 (538 000–784 000) in 2016, probably due to higher coverage of antenatal care and increased screening and treatment of pregnant women, suggesting progress towards the global target for the elimination of mother-to-child transmission of syphilis.

18. The indirect impact of COVID-19 threatens much of the morbidity and mortality progress highlighted above. One modelled scenario suggests that reductions of about 15% in coverage of key high-impact maternal and child health interventions for six months in 118 low- and middle-income countries could result in 253 500 additional child deaths and 12 200 additional maternal deaths.

Reductions in this coverage approaching 45% for six months would result in 1 157 000 additional child deaths and 56 700 additional maternal deaths. Other models estimate that interruption of antiretroviral therapy for six months would increase mother-to-child transmission of HIV by approximately 1.6 times in a one-year period.

Trends in risk factors and behaviours affecting women's, children's and adolescents' health

19. Substantial gaps exist in the care that young children receive. In 2020, profiles were updated for 197 countries, territories and areas, including 192 Member States, encompassing 99.8% of the world's children younger than 5 years and covering 42 indicators relevant for early childhood development. The data show that less than half of infants younger than 6 months are exclusively breastfed in most of the 122 countries, territories and areas with these data; at least 25% of children younger than 5 years are stunted in about a third of the countries, territories and areas; fewer than half of children between 36 and 59 months of age in a third of the countries, territories and areas receive the benefits of early stimulation and responsive care by adults in their home; and more than three quarters of children aged 2–4 years experience violent discipline by their caregivers in almost half of the countries, territories and areas. Unless governments and partners strengthen and expand services that support children's development, the cost of losing human capital will be vast.

20. The protection, promotion and support of breastfeeding remains a top priority for women's, children's and adolescents' health. On the basis of data from 88 countries, less than half of newborns start breastfeeding in the first hour after birth. A minority of infants aged under 6 months are exclusively breastfed; however, some progress is being made. Among 122 countries with data, the rate of exclusive breastfeeding during the first six months of life rose from 37% in 2012 to 44% in 2019, meaning that in 2019, 10 million more babies were exclusively breastfed than in 2012.

21. Globally, the proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern contraceptive methods has continued to increase slowly, from 73.6% in 2000 to 76.8% in 2020. Yet, around 270 million women of reproductive age who want to stop or delay childbearing are not using any modern method of contraception.

22. Globally, 26% (uncertainty interval: 22–30%) of females aged 15 years or older have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their lifetime, according to 2018 WHO estimates. Partner violence starts early, with nearly one in four (24%) of ever-partnered adolescent girls aged 15–19 year having been subjected to violence by a partner and 16% of young women (aged 15–24 years) having been subjected to recent or current physical and/or sexual violence by a partner in the past 12 months.

23. On the basis of data from 31 countries where the practice is concentrated and where nationally representative prevalence data are available, to date, at least 200 million girls and women have been subjected to female genital mutilation. The percentage of girls aged 15–19 years who had undergone female genital mutilation in high-prevalence countries decreased from 49% to 34% over the past 20 years; however, lack of protection and prevention measures during the COVID-19 pandemic appear to be increasing risk. A recent analysis by WHO shows that treating the health complications of female genital mutilation is costing health systems US$ 1–4 billion per year, an amount that could be reduced significantly if efforts to abandon the practice were accelerated.

24. A steady decrease has been observed worldwide in the adolescent birth rate. The annual number of births per 1000 adolescent girls aged 15–19 years fell from 48 in 2010 to 45 in 2015 and 41 in 2020.

Contributing factors include efforts to promote healthy and responsible reproductive and sexual behaviour among adolescents, a reduction in the incidence of child marriage and increased access to modern contraception. Yet stark disparities persist: the adolescent birth rate in sub-Saharan Africa remains at 101 births annually per 1000 women, while in Eastern and South-Eastern Asia it is 20.2 and in Europe and Northern America 13.2 births annually per 1000 women.

25. A review of progress on adolescent sexual and reproductive health in the 25 years since the International Conference on Population and Development, in Cairo in September 1994, points to substantial progress globally in some areas, but not in others. Adolescent girls and boys aged 10–19 years in 2019 generally showed later initiation of sexual activity than in the past, were less likely to have sex with a partner who they were not married to or living with, and were more likely to use condoms. The limited available evidence suggests that the levels of sexually transmitted infections among adolescents and intimate partner violence among girls were high and were growing.

26. The global proportion of adolescent girls aged 15–19 years whose needs for family planning were satisfied by modern contraceptive methods rose from 36% to 60% between 1995 and 2020, but wide variation was observed. South Asia, sub-Saharan Africa and the Middle East and North Africa all observed steady increases in adolescent girls' demand for family planning satisfied with modern methods over the past 25 years. Still fewer than one in two adolescent girls in these regions had their demand satisfied compared with three in four in Latin America and the Caribbean, and Europe and Central Asia, and four in five in North America.

27. In 2019, every week around 5500 young women aged 15–24 years became infected with HIV globally. In sub-Saharan Africa, 5 in 6 new infections among adolescents aged 15–19 years were among girls. Young women aged 15–24 years were twice as likely to be living with HIV than young men of the same age.

28. The prevalence of child marriage is decreasing globally, with the most progress in the past decade seen in South Asia, where a girl's risk of marrying in childhood has dropped by more than a third, from nearly 50% to just below 30%.

29. Results of school surveys based on data from 2016 indicate that in many countries alcohol use starts before the age of 15 years. Globally, the prevalence of heavy episodic drinking among adolescents aged 15–19 years was lower (13.6%) than in the total population (18.2%). Heavy episodic drinking among adolescents aged 15–19 years was particularly prevalent (≥20%) in Europe and high-income countries from other regions as well as in some South American countries with high per capita alcohol consumption. The *Global status report on alcohol and health 2018* and the Global Health Observatory provide data on alcohol-related indicators for women and adolescents.

30. WHO estimates suggest that in 2016 over 80% of 11–17 year-olds attending school were not meeting physical activity recommendations, and that, if these trends continue, the target of a 15% relative reduction in insufficient activity by 2030 will not be met.

31. Estimates published in 2020 on height and body mass index of school-age children and adolescents suggest that trajectories over age and time are highly variable across countries, indicating heterogeneous nutritional quality and lifelong health advantages and risks.

32. The full range of key tobacco control demand-reduction measures protects children of all ages and pregnant women from second-hand smoke, is highly cost-effective and can promote equality. For instance, tobacco tax and price increases are known to reduce adult smoking prevalence and has the

greatest potential to decrease socioeconomic inequalities in tobacco smoking in the general population. Emerging evidence now indicates that smoke-free laws benefit child health not only in high-income countries but also in low- and middle-income countries. There is need to strengthen implementation of WHO Framework Convention on Tobacco Control (integrating target 3.a of the Sustainable Development Goals into national and global agendas) as the majority of countries are still not making fast enough progress.

33. The COVID-19 pandemic threatens progress in decreasing risky behaviours and their outcomes. For example, one model suggests that some 47 million women in 114 lower-middle-income countries may be unable to access modern contraceptives if the average lockdown measures continue across those countries for six months with major disruptions to services. An additional 7 million unintended pregnancies would be expected to occur under this scenario. Projections from 2020 to 2030 suggest that the economic consequences of the COVID-19 pandemic could cause a one-third reduction in progress towards ending gender-based violence and could result in an additional 13 million child marriages taking place that otherwise would not have occurred. Widespread school closures have also resulted in other adverse effects such as poor nutrition, social isolation and increased exposure to violence and exploitation, and higher risks of early pregnancy. A systematic review has confirmed that social isolation and loneliness may increase the risk of depression in children and adolescents and they may experience higher rates of depression during and after enforced isolation.

34. Following the implementation of physical distancing and lockdown measures in response to COVID-19, there was increased reporting of domestic violence to hotlines, helplines, shelters and police and by women's organizations and other frontline providers of services for women and children in different countries. Several countries have introduced measures to address this, including allowing survivors to break lockdown or curfew measures, using unoccupied hotels to provide shelter or accommodation, and advertising helplines and services in, for example, pharmacies and COVID-19 testing centres.

Trends in coverage of interventions and services

35. The universal health coverage service coverage index measures progress on indicator 3.8.1 of the Sustainable Development Goals (Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)). The reproductive, maternal, newborn and child health subcomponent of the service coverage index improved the fastest in low-income countries from 2000 to 2017.

36. In addition to the service coverage index, there is another more detailed sexual, reproductive, maternal, newborn and child health composite coverage index (a weighted average of eight indicators reflecting family planning, antenatal and delivery care, immunizations and management of childhood illnesses) that has been in use since 2008. An analysis of 96 lower- and middle-income countries from 2010 to 2020 that carried out demographic and health surveys or multiple indicator cluster surveys found inequities in coverage for family planning services, antenatal care, vaccination with three doses of diphtheria-tetanus-pertussis vaccine among 1-year-olds and care-seeking for children under 5 years of age with pneumonia symptoms. Coverage of these interventions are lower among those living in poverty, with the largest disparities noted in Central and West Africa.

37. Examination of 16 key interventions in sexual, reproductive, maternal, newborn and child health[1] using data from all low- and middle-income countries, plus Panama, for the period 2015–2019 indicates that the world is far from achieving universal coverage for these interventions, with larger gaps for family planning services, breastfeeding and treatment of childhood illnesses. Over 80% coverage has been achieved for immunization interventions, which have a long history of investment, skilled attendant at delivery and using at least basic safe drinking water, yet coverage is below 50% for interventions that require significant behaviour change (such as breastfeeding) or have received less consistent political commitment and resources (such as oral rehydration solution treatment for diarrhoea).

38. Trend analysis for the median coverage of each of these 16 interventions for low- and middle-income countries, plus Panama, with available data during the two time periods 2010–2014 and 2015–2019 showed that five of the 16 interventions (treatment of pregnant women living with HIV, at least four antenatal care visits, postnatal visit for babies, postnatal visit for mothers and immunization with rotavirus vaccine) showed 10 percentage points or greater improvement in coverage. Interventions with the most marked improvement included treatment of pregnant women with HIV and immunization with rotavirus vaccine. However, median coverage levels dropped in the more recent time period (2015–2019) for two of the 16 interventions (immunization with the third dose of diphtheria-tetanus-pertussis vaccine and the first dose of a measles-containing-vaccine).

39. Human papillomavirus vaccination of adolescent girls, which prevents cervical cancer, the fourth most frequent cancer in women, has now been introduced in 110 countries. WHO–UNICEF estimates for human papillomavirus vaccine coverage in 2010–2019 are available from 95 reporting countries. With many populous low- and middle-income countries not yet having introduced the vaccine and low coverage in some countries that have, the global coverage of the final dose of the vaccine for girls only stood at 15% in 2019. In 2019, the majority of girls vaccinated globally lived in low- and middle-income countries.

40. In 2019, 54 countries in three of the eight regional groupings used by the United Nations Statistics Division to present data on progress towards the Sustainable Development Goals had sufficient data to allow estimation of the coverage of basic water services in health care facilities, representing 37% of the global population. Although 76% of health care facilities globally had basic water services (meaning that water was available from an improved source on the premises), in least developed countries, only 50% of health care facilities had basic water services.

41. It is clear that COVID-19 is having a detrimental impact on health care systems throughout the world: disruptions to sexual, reproductive, maternal, newborn and child health service delivery due to the pandemic is evident. Of the 105 countries surveyed, more than 50% reported partial or severe disruption of reproductive, maternal, newborn and child health health services (except facility-based births) from May to July 2020. Some of the most severely impacted services have been routine immunization services, malaria bednet distribution campaigns, family planning and antenatal care services.

[1] The 16 interventions include: treatment of pregnant women living with HIV; postnatal visit for babies; immunization with rotavirus vaccine; four skilled attendants at delivery; neonatal tetanus protection; antenatal care (at least four visits); postnatal visit for mothers; population using at least basic drinking water services; care-seeking for children under 5 with symptoms of pneumonia; early initiation of breastfeeding; exclusive breastfeeding (for up to six months), demand for family planning satisfied with modern contraceptive methods; oral rehydration solution treatment for treatment for diarrhoea for children under 5; continued breastfeeding (for the first year), immunization with the first dose of a measles-containing-vaccine; immunization with the third dose of diphtheria-tetanus-pertussis vaccine among 1-year-olds.

42. Mapping of family planning service provision in 14 countries in three WHO regions (African Region, South-East Asia Region and Eastern Mediterranean Region) in April 2020 revealed a shortage of health care staff at family planning clinics, reduced ability of health facilities to provide family planning services, reduced contraceptive stock, reduced demand for family planning and disrupted community outreach family planning programmes.

43. The COVID-19 Global Gender Response Tracker, supported by UN Women and UNDP, on gender and COVID-19, found that 135 of 206 countries, territories and areas had implemented some measures to tackle violence against women, with a majority of these making efforts to strengthen accessibility of services.

44. In addition to service limitations, harmful medical practices were being used in some countries as part of efforts to prevent severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission. These include more caesarean section deliveries without medical indication, not allowing women to have companions present during childbirth and separating newborns from mothers with COVID-19 infection at birth, thus interfering with the initiation of breastfeeding. Services for women experiencing partner or domestic violence have been similarly curtailed, including those for psychosocial support and shelters.

PROGRAMATIC RESPONSE

Strengthening midwifery

45. In 2019, the Seventy-second World Health Assembly designated 2020 as the International Year of the Nurse and the Midwife. WHO has led its Steering Committee, which has included the International Confederation of Midwives, the International Council of Nurses, the Nursing Now campaign and UNFPA. Significant achievements have been made in research (including on midwifery and COVID-19), leadership, advocacy and midwifery programme strengthening.

46. WHO, UNFPA, the International Confederation of Midwives and other partners have collaborated on *The state of the world's midwifery* 2021 report, which will be launched later this year. The report will include two papers: one on the impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths based on modelling, and the other on the needs of women, newborns and midwives in humanitarian and fragile settings.

47. At the time of the Seventy-second World Health Assembly, WHO's report *Strengthening quality midwifery education for universal health coverage 2030: framework for action* was launched, which contains a seven-step action plan. The action plan continues to be implemented in India, for example, where the Government is educating and training the first cadre of 82 000 professional midwives. The Indian National Midwifery Taskforce has agreed a radically new curriculum based on international standards (Step 1, Strengthen leadership and policy). A systematic review of facilitators and barriers to introducing a new cadre of midwives has been published, and a new global tool has been adapted to collect the first national baseline data assessing the competencies of four cadres providing midwifery care (Step 2, Gather data and evidence). Advocacy has been high on the political agenda during the 2020 International Year of the Nurse and the Midwife (Step 3, Build public engagement and advocacy), educational institutions have been assessed in key States (Step 4, Prepare educational institutions, practice settings and clinical mentors), educators have been updated (Step 5, Strengthen faculty, standards and curricula) and education and training has begun (Step 6, Educate students). Led by WHO, the first global monitoring and evaluation framework for midwifery education is being developed in collaboration with UNFPA, UNICEF and the International Confederation of Midwives, in conjunction

with a national monitoring framework for India, as an example for other countries (Step 7, Monitor, evaluate, review and adjust).

48. To help to strengthen the quality of midwifery care, WHO is developing, in collaboration with multiple partners, the Interprofessional midwifery education toolkit. This has been selected as one of 10 WHO courses to be released at the launch of the WHO Academy in May 2021. The toolkit will be the first blended (in-person and online) midwifery education tool, enabling all educators and learners to access evidence-based information online, including WHO guidelines, guidance and existing tools. Feedback throughout the development of the toolkit has indicated that the toolkit can be used effectively in a virtual setting, ensuring continuing education during crises situations such as the COVID-19 pandemic.

49. In some situations, midwives provide immediate care to small and sick babies, and work alongside neonatal nursing specialists. In 2020, WHO published a *Roadmap on human resource strategies to improve newborn care in health facilities in low- and middle-income countries*, which describes strategic options countries can choose in the path to achieve universal access to high-quality services for healthy and high-risk newborns at different levels of the care system and according to their resources.

Universal health coverage and primary health care

50. The WHO UHC Compendium, a global repository of interventions for universal health coverage, includes interventions related to reproductive, maternal, newborn, child and adolescent health. The Compendium will assist decision-makers in reviewing and developing the relevant packages of health services as part of their overall universal health coverage strategy and plan.

51. A multimethod study, the Maternal Immunization and Antenatal Care Situation Analysis, was conducted between November 2016 and June 2019, which aimed to explore current and future preparedness to introduce and implement new maternal vaccines by learning from maternal tetanus immunization programmes. One key finding was that in the 95 countries surveyed, where it was more common for both the antenatal care visit and the vaccination to take place in the same facility on the same day (one-stop service), the proportion of newborns protected at birth against neonatal tetanus was higher, which supports the need for integrated primary health services. Also, in many of these countries, services related to the Expanded Programme on Immunization were strong while antenatal care services were weak, pointing to the need for more investment in antenatal care services.

52. Under the leadership of national governments and with technical support from the Secretariat and partners, 10 countries that are part of Quality, Equity, Dignity: the Network to improve quality of care for maternal, newborn and child health have strengthened their national strategies and policies using a systems approach. The network has galvanized the development or update of national quality policy and strategies: as at November 2020, Ghana, Malawi and Sierra Leone had developed their national quality policy and strategy, while Nigeria started the development process in October 2020. Bangladesh, Ethiopia and the United Republic of Tanzania are now updating their strategies, for finalization in 2021. Initial data from implementing sites in Bangladesh and Ghana, two of the network countries, showed an improvement in caregiving practices and decrease in newborn mortality rate in learning sites (where the national package of interventions has been implemented) over the past two years. Capitalizing on the implementation experience of the network countries, WHO developed *Quality health services: a planning guide*.

53. The Respectful Maternity Care Charter: Universal Rights of Mothers and Newborns in September 2019 brought to public attention: the rights to respect, dignity, confidentiality, information

and informed consent; the right to the highest attainable standard of health; and freedom from discrimination and from all forms of ill-treatment for preventing maternal and newborn morbidity and mortality as an integral part of the quality of care for mothers and newborns. Related to this Charter, 14 Central and West African countries developed their plans for advancing the quality of care agenda for maternal and newborn health, which, in addition to reducing mortality and morbidity of mothers and newborns, integrates actions to ensure respectful care.

54. In 2019, WHO operationalized the Family Planning Accelerator project to improve access to and the quality of rights-based family planning services in 14 countries in three WHO regions. Targeted technical support was provided to country offices to lead policy discussions and programme planning to strengthen family planning programmes in countries. A peer-to-peer learning exchange was initiated, to share experiences and best practices between countries to accelerate the implementation of evidence-based interventions (such as task sharing, integration of family planning within other health care services, and integration of quality of care in family planning within the Quality, Equity, Dignity Network to improve quality of care for maternal, newborn and child health). In doing this, the Secretariat worked across all three levels of WHO and engaged with initiatives such as FP2020 (a global partnership to empower women and girls by investing in rights-based family planning), the Ouagadougou Partnership and the Global Financing Facility for Women, Children and Adolescents. Further, in line with its stated objectives, the technical assistance mechanism of the Family Planning Accelerator project drew on the expertise of partner organizations active in or near the countries that requested such assistance, to ensure that the support provided was timely and efficient even in the context of COVID-19, in addition to being effective.

55. A key intervention to improve survival of low birth weight infants is kangaroo mother care. However, global coverage of this type of care among stable preterm and low birth weight infants in 2012 was estimated at less than 5%. To try to reduce this gap in coverage, research was conducted from 2015 to 2018 on the effect of community-initiated kangaroo mother care in India. The intervention substantially improved the survival of babies with low birth weight by 30% compared with routine newborn care, suggesting that in low- and middle-income countries, incorporation of kangaroo mother care for all infants with low birth weight, irrespective of place of birth, could substantially reduce neonatal and infant mortality.

56. In 2019, WHO and UNICEF launched a global report *Transforming care for every small and sick newborn* and in 2020, WHO launched *Standards for improving the quality of care for small and sick newborns in health facilities*. In 2019, WHO updated the Integrated Management of Childhood Illness chart booklet on the management of the sick young infant aged up to 2 months. The updates include assessment, classification and referral of sick young infants with possible serious bacterial infection, and outpatient treatment of sick young infants with local infection or fast breathing (indicative of pneumonia) in infants aged 7–59 days-old.

57. In 2014, in resolution WHA67.10, the Health Assembly endorsed the newborn health action plan (Every newborn: an action plan to end preventable deaths known as ENAP). The action plan's newborn mortality target was included in the Sustainable Development Goals and the action plan's stillbirth reduction target was included as a target in the Global Strategy for Women's, Children's and Adolescents' Health. In 2020, new coverage targets were launched, to move faster towards high-quality universal health coverage by 2025. These include 90% global average of four or more antenatal care visits, 90% global average coverage of births attended by skilled health personnel, 80% global average coverage of postnatal care within two days of birth and 80% of countries with an implementation plan for small and sick newborns that is being implemented in half the country. National and subnational targets were also set, to track equity.

58. There are now more than 90 countries actively implementing the newborn health action plan and tracking progress. Of the 90 countries that completed the Every Newborn Tracking Tool in 2018,[1] 78 reported having a national neonatal mortality target, but fewer than 30 reported a national stillbirth target. There is an increased focus on humanitarian and fragile settings, which have some of the highest mortality. The importance placed on tackling all levels of care, including hospital care of small and sick newborns, is giving rise to innovations and opportunities for investment. Improving and using routine data to drive coverage of newborn care and quality will be crucial over the next decade.

59. The survival of children under 5 years of age has been an important focus of the global child health agenda in the past two decades and as a result, a substantial reduction of 41.6% in under-5 mortality from 1990 to 2019 was achieved. Demographic trends, coupled with changing patterns in causes of death and disability from birth to 19 years, warranted WHO's and UNICEF's identification of strategic shifts, to refocus efforts to allow children and adolescents to survive and thrive. Driven by the Sustainable Development Goals and supported by evidence that the foundations for lifelong health, productivity and well-being are laid in childhood, this redesigning of global child and adolescent health programming calls for stronger investment in services that promote children's health, growth and development and tackle noncommunicable diseases and disabling conditions in childhood. Attention is given to the hitherto neglected age group of children aged 5–9 years and the conditions that affect their health and potential. The document *Investing in our future: a comprehensive agenda for the health and well-being of children and adolescents* was prepared in 2020 and submitted for consultation with experts, policy-makers and programme staff in countries. On the basis of feedback received, the Secretariat is working on complementary guidance for implementing this comprehensive agenda.

60. WHO published in 2019 *Update of recommendations on first- and second-line antiretroviral regimens*, which include treatment recommendations for adolescents. The Secretariat provided support to countries offering pre-exposure prophylaxis, based on the *WHO Implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection* module for adolescents and young adults. WHO has updated the AIDS Free toolkit, providing adolescent-targeted policy briefs for accelerating the testing and treatment of adolescents living with HIV.

61. In 2019, the Secretariat operationalized: a technical assistance coordination mechanism for adolescent and young adult sexual and reproductive health services; provided support to strengthen district-level implementation of national adolescent health strategies in Ethiopia and India and continued to support the application of evidence-based interventions in multicountry programmes (such as the UNFPA–UNICEF Global Programme to End Child Marriage), partnerships (such as FP2020 and Girls Not Brides) and initiatives (such as the Muskoka Initiative for Maternal, Newborn and Child Health and the Adolescent Girls/Young Women Initiative of the Global Fund to Fight AIDS Tuberculosis and Malaria). The Secretariat also provided support to countries in scaling up services for adolescents with mental, neurological and substance-use related conditions at primary health care.

62. WHO has developed guidelines on interventions to promote mental health and prevent mental disorders, self-harm and other risk behaviours in adolescents, such as *Guidelines on promotive and preventive mental health interventions for adolescents: helping adolescents thrive* (published in 2020). WHO is coordinating research on the content, delivery and effectiveness of routine health check-ups in adolescents, and is developing and testing scalable psychological interventions for adolescents with

[1] UNICEF country offices share the tracking tool with health ministries, who confirm the status of their maternal and newborn health policies and programmes. Qualitative data were also collected, to increase understanding of the progress made in reaching key milestones.

depression and anxiety. In 2019, WHO published a Mental Health Gap Action Programme *mhGAP community toolkit: field test version*.

63. Updated *WHO guidelines on physical activity and sedentary behaviour* were published in 2020, which recommend that children and adolescents should do at least an average of 60 minutes per day of mostly aerobic moderate- to vigorous-intensity physical activity across the week.

Multisectoral response

64. WHO has been working closely with partners to facilitate the uptake of the Nurturing Care Framework in national policies and strategies. The WHO guideline *Improving early childhood development* was released in 2020 and WHO hosted a technical meeting on 9–10 June 2020 on monitoring children's development in primary care services. A working version of the *Nurturing care handbook* was released, together with several thematic briefs, to provide further guidance on how to operationalize the Framework's strategic actions. WHO is leading a consortium of partners to create the Global Scale for Early Development. The scale includes two measurement tools for the assessment of early childhood development at population and programmatic level. It complements the Early Childhood Development Index developed by UNICEF and accepted by the United Nations Statistical Commission as an indicator to assess progress made towards reaching target 4.2 of the Sustainable Development Goals (By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education). The Secretariat supported international advocacy and awareness-raising efforts on developmental disabilities, partnering with other entities of the United Nations system and civil society organizations, and provided technical support across all regions to strengthen care services. In the context of the COVID-19 pandemic, the Secretariat provided support for remote competency-based training of professionals and developed online resources for caregivers of children with developmental disabilities.

65. WHO and UNICEF annually publish a Global Breastfeeding Scorecard to document the implementation of key priority policies and programmes on breastfeeding. According to the 2020 Scorecard, paid maternity leave is provided as recommended by ILO in only 11% of countries and only seven countries in the world receive more than US$ 5 in international aid per newborn for breastfeeding activities, the amount per newborn that the World Bank has calculated is needed to meet global targets for breastfeeding. In 2020, the Global Breastfeeding Collective focused various activities and produced documents on the need to scale up the coverage of skilled lactation support so that mothers are able to breastfeed successfully.

66. WHO, UNICEF and the International Baby Foods Action Network launched the joint biennial report in 2020 on the legal status of the International Code of Marketing of Breast-milk Substitutes in WHO Member States, as well as several sets of frequently asked questions: on the roles and responsibilities of health workers in protecting breastfeeding practices against the inappropriate promotion of breastmilk substitutes by baby food companies; on the Code; and on international trade agreements and implementation of the Code. Of the 194 countries analysed in the report, 136 have in place some form of legal measure related to the Code and to subsequent relevant resolutions adopted by the Health Assembly. Attention to the Code is growing: 44 countries have strengthened their regulations on marketing of breastmilk substitutes over the past two years. However, only 79 countries prohibit the promotion of breastmilk substitutes in health facilities and only 51 have provisions that prohibit the distribution of free-of-charge or low-cost supplies within the health care system. The widespread use of digital marketing strategies for the promotion of breastmilk substitutes is also a cause of growing concern. Tactics such as industry-sponsored online social groups, individually targeted advertisements

on social media platforms, paid blogs and vlogs, online magazines and discounted internet sales are used increasingly.

67. In June 2020, WHO jointly with partners launched the first *Global status report on preventing violence against children*, which measures countries' progress including towards reaching target 16.2 of the Sustainable Development Goals, aimed at ending all forms of violence against children. Plans for regional and national policy discussions on the report have been developed and are currently being implemented.

68. In September 2020, WHO and UNICEF signed a strategic collaborative framework to accelerate joint public health efforts that put the most marginalized and vulnerable populations first. The two organizations also signed a new Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents, a 10-year collaborative effort aimed at promoting mental health and psychosocial well-being and development, increasing access to care for mental health conditions and enhancing quality of life among children and adolescents, and their caregivers.

69. The WHO–UNICEF *Lancet* Commission *A future for the world's children?*, launched in February 2020, looked at: the link between child health and well-being and the environment; intersectoral action; the role of commercial marketing; and accountability. It makes recommendations for placing children at the centre of the Sustainable Development Goals.

70. Lead has a profound impact on children's health and development due to the continued use of lead-containing paints and pigments in many countries of the world. Young children are particularly vulnerable because lead targets their developing brains and nervous systems, causing reduced intelligence quotient, behavioural problems and reduced educational attainment. WHO and UNEP jointly lead the Global Alliance to Eliminate Lead Paint. The Alliance has the goal to phase out lead paint through the establishment of lead paint laws in every country. Working with health ministries, the Secretariat is providing advocacy and technical support to countries in eliminating lead paint. WHO has published tools and documents (containing, for example, technical and policy information) that could assist countries in establishing lead paint laws and in awareness raising. WHO also maintains a database providing information on legally binding controls on lead paint laws in WHO Member States. Progress on this issue is actively monitored internationally by health ministries and environment ministries.

71. As part of the WHO initiative on protecting children's health from exposure to electronic waste (e-waste) – an emerging issue in child health – WHO and other United Nations and international organizations launched in 2020 a massive open online course on e-waste, containing a child health pillar, which reached over 5000 participants. The *Global E-waste Monitor 2020*, the largest source of e-waste statistics worldwide, was released in 2020, containing a chapter written by WHO on e-waste impact on the health of children and workers.

72. To better understand and work towards preventing the negative impacts of climate change on children and adolescents, WHO and collaborators prepared a briefing pack on key messages on climate change and health, which highlights key messages across five priority areas of climate action: adaptation and resilience, energy transitions, nature, clean transport and finance, published in 2020.

73. WHO also provides training manuals for health care providers on child health and the environment. In the framework of WHO's work on building and strengthening the capacity of health workers to deal with air pollution, WHO finalized a module on air pollution and children's health.

74. WHO is updating its guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries, with an initial focus on preventing child marriage and increasing access to and uptake of contraception by adolescents.

75. WHO and UNESCO are developing global standards for health-promoting schools to support making every school a health-promoting school. In 2019, support was provided to 10 national teams from the WHO South-East Asia Region in using the *Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation* and to 18 Latin American and Caribbean countries, to identify priority actions needed for strengthening school health programmes in the WHO Region of the Americas. Additionally, in July 2016, WHO joined Safe to Learn, an initiative dedicated to ending violence in and through schools; WHO also created *School-based violence prevention: a practical handbook*, to guide practitioners towards a whole school approach of preventing violence, published in 2019.

76. WHO is developing guidelines on school food and nutrition policies, on restricting the marketing of foods and non-alcoholic beverages to children, and on sustaining male circumcision services with a focus on adolescents. It also contributed to the development of *International programmatic and technical guidance on out-of-school comprehensive sexuality education*, led by UNFPA. The guidance was published in 2020 and WHO is conducting related implementation research in five countries.

77. In 2019, WHO published *Accelerated Action for the Health of Adolescents (AA-HA!): a manual to facilitate the process of developing national adolescent health strategies and plans*. The manual summarizes the experience in using the AA-HA! guidance in countries that adopted it early, and aims to help other countries in developing comprehensive national adolescent health strategies and plans. WHO also published: *The project has ended but we can still learn from it! Practical guidance for conducting post-project evaluations of adolescent sexual and reproductive health projects*; a technical brief *Adolescent-friendly health services for adolescents living with HIV: from theory to practice*; and an implementation tool *Providing contraceptive services in the context of HIV treatment programmes*. In 2020, WHO published: *Progress on drinking water, sanitation and hygiene in schools: special focus on COVID-19*; *The state of the world's sanitation: an urgent call to transform sanitation for better health, environments, economies and societies*, and *WHO global water, sanitation and hygiene: annual report 2019*.

78. In collaboration with UNESCO, WHO developed a joint publication *Education sector responses to the use of alcohol, tobacco and drugs* (published in 2017). WHO, in collaboration with UNODC, developed: the second updated edition of the *International standards on drug use prevention* (2018); and *International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing* (2020), with special attention paid to women, children and adolescents.

79. As part of the dissemination strategy of *Guidelines for the identification and management of substance use and substance use disorders in pregnancy*, published in 2014, WHO, in collaboration with UNODC, prepared training materials and organized regional training in Argentina and Ukraine. Additionally, WHO performs capacity-building activities on identification and management of fetal alcohol syndrome.

80. The Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health and Nutrition, established by the Director-General in 2019, had its inaugural meeting on 30 April and 1 May 2020 and its first technical meeting in November 2020. The Group will provide strategic and technical advice to WHO on matters relating to maternal, newborn, child and adolescent health and nutrition and will advise WHO on global priorities and emerging issues for which policies,

strategies, recommendations and intervention packages should be developed or updated, with a view to helping Member States in reaching the relevant targets of the Sustainable Development Goals.

81. WHO works closely with the UNFPA–UNICEF Joint Programme to Eliminate Female Genital Mutilation to provide support to countries with a high prevalence of female genital mutilation to strengthen the role of the health sector, as part of a multisectoral approach, in implementing activities to prevent female genital mutilation and provide high-quality care to the millions of women and girls affected. This includes implementing health policies, training of the health workforce and strengthening health information systems for monitoring and evaluation.

RESPONSE TO MITIGATE INDIRECT IMPACTS OF COVID-19 ON WOMEN, CHILDREN AND ADOLESCENTS

82. In support of the overall response to COVID-19, WHO has provided guidance, question-and-answer materials and infographics on topics such as breastfeeding, closure and reopening of schools, delivery of babies, newborn care, family planning, preventing violence to women and children, and masks for children. WHO also coordinates research activities on sexual, reproductive, maternal, newborn, child and adolescent health and COVID-19.

83. Following the mapping of family planning service provision in 14 countries in April 2020 (see paragraph 42), WHO adapted its guidance to ensure that access to contraceptives and family planning is maintained during the COVID-19 pandemic. WHO staff members participated regularly in national task forces and committees to discuss the COVID-19 situation in the country and helped to guide evidence-based decision-making. Countries responded by: developing national policy on the continuity of family planning services in all 14 countries; developing training materials and job aids for health professionals on COVID-19; training health providers on identifying COVID-19 symptoms and reporting COVID-19 cases, and on personal hygiene and use of personal protective equipment kits; and sharing experiences, practices and lessons learned, to enable a better response. The impact of this work in East and Southern Africa has been reported by Knowledge SUCCESS.

84. WHO has worked with UNFPA to develop a technical brief *Responding to the sexual and reproductive health needs of adolescents in the context of the COVID-19 crisis*, published in 2020. The brief contains practical guidance on what can be done to provide adolescents and young people with comprehensive sexuality education, as well as other sexual and reproductive health interventions. It recommends that comprehensive sexuality education messages be communicated through mass media and digital media, and recommends exploring the possibility of delivering this education outside the school context, with the appropriate safety precautions. It also encourages for health care providers to play a role in the delivery of this education. WHO has also worked with colleagues within and outside the United Nations system to identify innovative examples of governments and organizations that have applied the recommendations in the brief, to provide ideas and inspiration to others. WHO also seeks to assess their effectiveness through research and evaluation.

85. In response to requests from Member States and other entities of the United Nations system related to the safety of contraceptive use, particularly, combined hormonal contraceptive methods,

among women who contract COVID-19, WHO published advice on COVID-19 and hormonal contraception.[1]

86. Guidance was developed for maintaining essential health services, including community-based services, during the COVID-19 pandemic.[2] Each document has sections focusing on sexual, reproductive, maternal, newborn, child and adolescent health. To ensure easy access to all COVID-19 guidance related to maternal, newborn, child and adolescent health, the Secretariat has aggregated the information on one webpage.[3]

87. The Secretariat is providing support to countries in mitigating the effect of COVID-19 on maternal, newborn, child and adolescent health services. Intense effort undertaken in 19 countries in five WHO regions has resulted in global products and actions relevant to all Member States, some of which are outlined below.

(a) Actions taken and lessons learned on maintaining essential maternal, newborn, child and adolescent health services have been documented and shared among the 19 countries and with other countries in the five regions. These will soon be available to the public and all Member States.

(b) A systematic scoping review of measures taken in past disruptions, such as outbreaks of Ebola virus disease and natural disasters, and during the COVID-19 pandemic is soon to be disseminated.

(c) With the support of WHO, the Program for Appropriate Technology in Health (PATH) has established a COVID-19 essential health services policy tracker, available to the public and Member States. The COVID-19 policy tracker dashboards display government guidance related to maintaining and adapting essential maternal, newborn and child health services during the pandemic. Polices from 37 low- and middle-income countries have been identified. An initial analysis of these policies has been disseminated.

(d) Telehealth consultations as an alternative to face-to-face consultations has become widespread during the COVID-19 pandemic to avoid interruptions in service. Scoping reviews on telehealth consultations with children and adolescents were completed and a practical guide was developed for health care professionals on how to plan, set up and conduct telehealth consultations with infants, children, adolescents and their families or caregivers. These will be soon be available to the public.

(e) The COVID-19 pandemic has identified many weaknesses in data systems, especially the lack of real-time monitoring of data to assess disruptions to services. To tackle this lack of monitoring, WHO, working with UNICEF and other partners, created guidance for national and subnational decision-makers entitled *Analysing and using routine data to monitor the effects of COVID-19 on essential health services* (published in 2021), which includes a module on

[1] See Coronavirus disease (COVID-19): contraception and family planning. Geneva: World Health Organization (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/contraception-family-planning-and-covid-19, accessed 12 April 2021).

[2] *Maintaining essential health services: operational guidance for the COVID-19 context* and *Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic*.

[3] Maternal, newborn, child and adolescent health, ageing and COVID-19 (MCA) (https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/covid-19, accessed 31 March 2021).

life-course stages: reproductive, maternal, newborn, child and adolescent health, including immunization and nutrition. In addition, working with the 20 countries, WHO has supported the collection and visualization of routine data to determine the extent of health-service disruption for women, newborns, children and adolescents. These data are being used by COVID-19 technical groups in countries to advise on programmatic and policy actions.

(f) WHO is working towards making modelling of the impact of service disruption more useful for programmatic and policy decision-making by creating a risk–benefit model that considers the risk of COVID-19 versus the benefit of maintaining essential sexual, reproductive, maternal, newborn, child and adolescent health services.

DATA GAPS AND ACCOUNTABILITY

88. Although mortality trends can be estimated from population health surveys, the preferred data source is civil registration of vital statistics; however, 80% of the world's populations have either lower-quality cause-of-death data or no such data at all, especially in low- and middle-income countries. In contrast, coverage rates for key reproductive, maternal, newborn, child and adolescent health interventions are more often available for low- and middle-income countries; however, data on quality of care are lacking. Data on morbidities and risk behaviours are frequently lacking: this is particularly true for children aged 5–9 years and adolescents. Even when such data are available, they are rarely easily accessible and information on policies that need to be in place to ensure coverage and accessibility to health services is often difficult to find.

89. Important data gaps remain in relation to the coverage of interventions that support nurturing care for early childhood development. For example, among countries with available data on relevant indicators of early childhood development in 2018, fewer than half had data on crucial indicators such as whether young children received a minimally acceptable diet or attended early education. Responsive care is essential for children to survive and thrive; however, there are no standardized indicators for assessing responsive caregiving that can be used in programme settings. WHO is working with partners to formulate new indicators to support the implementation of the Nurturing Care Framework, and an indicator catalogue is expected to become available in 2021.

90. To build capacity in the collection, use and analysis of data on sexual, reproductive, maternal, newborn, child and adolescent health, the Secretariat has:

(a) conducted two regional training workshops in 2019 on surveillance of birth defects surveillance in the WHO South-East Asia Region and one in the African Region and published in 2020 the second edition of *Birth defects surveillance: a manual for programme managers* and *Birth defects surveillance:* quick reference handbook of selected congenital anomalies and infections;

(b) provided, in 2019, support to eight low- and middle-income countries in the use of indicators for reproductive, maternal, newborn, child and adolescent health that can be captured through routine management information systems;

(c) in 2019 and 2020, provided support to more than 100 professionals (representing health ministries, other entities of the United Nations system, civil society, and academic and research institutions from more than 13 francophone countries and three anglophone countries) on carrying out monitoring of maternal and newborn quality of care;

(d) in 2019, co-facilitated data analysis training for 100 researchers, health ministries' personnel and staff from national statistical agencies in 22 African countries in conjunction with Countdown to 2030, Universidade Federal de Pelotas (Brazil), UNICEF and the African Population and Health Research Center; and

(e) developed materials to support implementation of maternal and perinatal death surveillance and response in humanitarian settings. These new materials are being piloted in five countries.

91. To facilitate access to data, WHO launched the maternal, newborn, child and adolescent health data portal in June 2019 and in September 2020 created a specific area for all 60 indicators of the Global Strategy for Women's, Children's and Adolescents' Health, as well as adding data and indicators on ageing. The portal compiles data on key maternal, newborn, child and adolescent health indicators from multiple sources into a central site. Users can view the indicators on maps and charts and download the underlying data. One key feature of the portal is the availability of "adolescent country profiles", which include information on adolescent demographics, mortality, morbidity, risk factors and policies for all 194 Member States.

92. The Secretariat has also produced 50 country profiles on contraception within the context of adolescents' sexual and reproductive lives. The rationale for the development of the country profiles is that while data on individual indicators such as child marriage prevalence or modern contraceptive use provide useful information, they do not give an overall picture of adolescents' sexual and reproductive health. The country profiles are intended to place data on a selected set of available indicators in the public arena to provide a holistic picture of adolescents' sexual and reproductive health, within the broader context of their lives. They are primarily intended for national-level decision-makers working on adolescent health, to inform their policies and strategies.

93. To provide information on country policies, the Secretariat conducted a questionnaire-based survey in 2018–2019 on policies in place on sexual, reproductive, maternal, newborn, child and adolescent health. This survey provides information for tracking progress made by countries in adopting WHO recommendations in national legislations, policies, strategies and guidelines related to sexual, reproductive, maternal, newborn, child and adolescent health. A total of 150 Member States completed the questionnaire through an online platform and submitted the source documents used to respond to the survey. Data for key indicators from the survey, along with a searchable repository of national documents (such as guidelines, laws, policies and strategies) submitted by countries who completed the survey, are available from the data portal, along with country profiles and a summary report of the 2018–2019 survey.

94. WHO has established a Global Database on Prevalence of Violence Against Women and visualization platform.[1] The data are used produce global, regional and national estimates on intimate partner violence against women and global and regional estimates on non-partner sexual violence, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data, which includes UN Women, UNICEF, UNFPA and UNODC. These data will also feed into the monitoring of indicators 5.2.1 and 5.2.2 of the Sustainable Development Goals that are related to violence against women.

95. In 2017, the Secretariat launched the Global Abortion Policies Database as a tool to expand knowledge related to abortion laws and policies, encourage transparency and promote accountability. The database contains information related to authorization and service-delivery requirements,

[1] The database will be available at https://srhr.org/vaw-data.

conscientious objection and penalties, as stated in national laws as well as national sexual and reproductive indicators and the concluding observations on abortion of the United Nations treaty monitoring bodies on reproductive rights. In addition, the database provides information on changes in abortion law and policy in countries.

96. To improve measurement methods, WHO developed monitoring and evaluation frameworks for sexual, reproductive, maternal, newborn, child and adolescent health in humanitarian settings, and for antenatal care in 2019. WHO is developing a Measurement Toolkit, which includes priority indicators across maternal, newborn and child health developed through the Mother and Newborn Information for Tracking Outcomes and Results technical advisory group, and the Child Health Accountability Tracking technical advisory group. Additionally, the Global Action for Measurement of Adolescent health Advisory Group identified core and expanded measurement areas, as well as priority indicators for global and national adolescent health measurement, including through collection of public feedback.

97. The Independent Accountability Panel for Every Woman, Every Child, Every Adolescent, in its 2020 report, *Caught in the COVID-19 storm: women's, children's, and adolescents' health in the context of UHC and the SDGs*, found that progress towards the targets of the Sustainable Development Goals related to women's, children's and adolescents' health was lagging by 20% even before COVID-19 struck and the pandemic was exacerbating the situation. COVID-19 has exposed the fragility of systems in health and other sectors in most countries and has magnified inequities. The report also includes country scorecards on key indicators of the Global Strategy for Women's, Children's and Adolescents' Health and case studies. Women, children and adolescents, and others who are the most vulnerable, have been hit hardest by the direct and indirect effects of COVID-19. The report sets out an accountability framework and recommendations to support country progress.

98. The United Nations Secretary-General's Every Woman Every Child initiative will be repositioned to focus on country-level implementation by integrating the initiative into the Global Action Plan for Healthy Lives and Well-being for All and strengthening alignment with the United Nations Resident Coordinator system to strengthen country-level implementation of the Global Strategy for Women's, Children's and Adolescents' Health to deliver on the Sustainable Development Goals by 2030. To inform the annual review of the decade of action, an annual progress report on the Global Strategy for Women's, Children's and Adolescents' Health will be led by the United Nations Secretary-General's Global Advocate for Every Women Every Child and supported by the H6 partnership.

ACTION BY THE HEALTH ASSEMBLY

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

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