THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016-2030)

SURVIVE, THRIVE, TRANSFORM
The 2030 Agenda & SDGs

- Universal, integrated and transformative vision for a better world – so business as usual is not an option
- 17 SDGs, 169 targets – People, Planet and Prosperity for everyone, everywhere – “Leave No one Behind”
- Addis Ababa Action Agenda on Financing
Transitioning from MDGs to SDGs

- Historic accelerating progress under health MDGs:
  - Under-five deaths dropped by over half from 12.7 million per year in 1990 to 5.9 million in 2014
  - Maternal mortality dropped by almost half from 523,000 in 1990 to 289,000 in 2013
  - Malaria deaths reduced by half
  - 15 million people on ARV treatment
- But the unfinished agenda must be prioritized
Global Strategy for Women’s, Children’s and Adolescents’ Health

- Front runner implementation platform in support of SDGs
- Women, children and adolescents are essential to achieve the SDGs
Developing the *Global Strategy*

- Regional consultations hosted by the Governments of India, South Africa and United Arab Emirates
- World Health Assembly 2015, Inter-Parliamentarian Union, Partners in Population and Development, etc.
- PMNCH public online consultations
- Technical papers developed by many partners, published in The BMJ

→ 7,000+ inputs from individuals and organizations
Global Strategy Outline

1. What’s New

- **Equity**: Focus on reaching the most vulnerable and leaving no one behind
- **Universality**: For all countries, with an explicit focus on humanitarian settings
- **Adolescents**: The “SDG generation” – a 10 year old in 2016 will be 24 in 2030
- **Life-course approach**: Health and well-being interconnected at every age, and across generations
- **Multisectoral approach**: Joint progress across core sectors e.g. nutrition, education, WASH
Implementing the Global Strategy, with increased and sustained financing for women’s, children’s and adolescents’ health over the next 15 years, would yield tremendous returns:

- An end to preventable maternal, stillbirths, newborn and child and adolescent deaths
- At least a 10-fold return on investments from social and economic benefits
- At least US$ 100 billion in demographic dividends from early childhood development and adolescent health and well-being
- A "grand convergence" in health giving all women, children and adolescents an equal chance to survive and thrive
3. Challenges to overcome

- **Millions of preventable deaths:** maternal, stillbirths, newborn, child, adolescents – global and within-country equity gaps
- **Millions more in ill health:** poor early childhood and adolescent development, malnutrition, communicable and non-communicable disease, mental health, pollution-related illness
- **Lack of enabling environments:** poverty, discrimination, violence, barriers to services, humanitarian and fragile settings, human rights violations
4. Vision, Principles, Objectives

• Vision
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 sustainable and prosperous societies.

• Guiding principles
- 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
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<th>SURVIVE</th>
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<tr>
<td><strong>End preventable deaths</strong></td>
<td><strong>Ensure health and well-being</strong></td>
<td><strong>Expand enabling environments</strong></td>
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<td>• Reduce global maternal mortality to less than 70 per 100,000 live births</td>
<td>• End all forms of malnutrition, and address the nutritional needs of adolescent girls, pregnant and lactating women and children</td>
<td>• Eradicate extreme poverty</td>
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<td>• Reduce newborn mortality to at least as low as 12 per 1000 live births in every country</td>
<td>• Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights</td>
<td>• Ensure that all girls and boys complete free, equitable and good quality secondary education</td>
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<td>• Reduce under-5 mortality to at least as low as 25 per 1000 live births in every country</td>
<td>• Ensure that all girls and boys have access to good quality early childhood development</td>
<td>• Eliminate all harmful practices and all discrimination and violence against women and girls</td>
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<td>• End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases</td>
<td>• Substantially reduce pollution-related deaths and illnesses</td>
<td>• Achieve universal and equitable access to safe and affordable drinking water and to adequate sanitation and hygiene</td>
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<td>• Reduce by 1/3 premature mortality from NCDs and promote mental health and well-being</td>
<td>• Achieve universal health coverage, including financial risk protection, and access to quality essential services, medicines and vaccines</td>
<td>• Enhance scientific research, upgrade technological capabilities and encourage innovation</td>
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<td><strong>Targets aligned with the SDGs</strong></td>
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<td>• Provide legal identity for all, including birth registration</td>
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<td>• Enhance the global partnership for sustainable development</td>
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5. Action areas

A core set of 9 action areas identified as key, based on scientific evidence and country experience, to achieving the *Global Strategy* objectives

1. Country Leadership
2. Financing for Health
3. Health system resilience
4. Individual potential
5. Community engagement
6. Multisector action
7. Humanitarian and fragile settings
8. Research and innovation
9. Accountability
6. Implementation Starts with Country Ownership

- Success determined by country ownership and leadership
- Countries drive global action
- Create transformative and resilient environments:
  - Make the health of women, children and adolescents’ a top political priority
  - Fund and implement evidence-based national health plans
  - Work towards universal health coverage
Operationalizing the *Strategy*

- High-level Advisory Group to guide the UN Secretary-General
- A 5-year *Operational Framework* being developed to accompany the *Global Strategy*
- Sustainable financing – *Global Financing Facility* in support of *Every Woman Every Child*
- Innovation Market Place – scale-up of new products and practices
- Robust *accountability framework*
Every Woman Every Child Architecture

- **EVERY WOMAN EVERY CHILD UNITED NATIONS SECRETARY-GENERAL**
- **HIGH-LEVEL ADVISORY GROUP**

**COUNTRY LEADERSHIP**

- Supporting country planning and implementation efforts (H4+ and partners)
- Engaging and aligning global stakeholders and accountability (the Partnership)
- Multi-stakeholder Engagement Platform
- Financing for women’s, children’s and adolescents’ health (GFF Investors Group)
Accountability Framework

- Builds on the Commission on Information and Accountability’s principles – **Monitor, Act, Review**

- Linked with the “Follow-Up and Review” mechanism for the SDGs (High Level Political Forum) - other inter-governmental bodies (WHA 2016, regional bodies e.g. AU)

- Establishment of the **Independent Accountability Panel** - annual Report on “State of Women’s, Children’s and Adolescent Health”
The Power of Partnerships

• Partnerships will continue to accelerate progress to 2030. We all have a role to play.

• Over 40 countries and 120 multi-stakeholders already pledged commitments, totaling over $25 billion for women, children, and adolescents.
Operational Framework

• **Why?**
  - Guides implementation of the Global Strategy
  - Serves as a resource for countries on how to strengthen action at country level
  - Provides options for translating SDG targets and Global Strategy action areas into existing and new country-led plans for implementation

• **Who for?**
  - National governments
  - Civil society, private sector, development partners
  - Clarify roles of global and regional actors
Process of development

• Builds on Global Strategy consultations
• Specific consultations
  o Tanzania, August 2015
  o India, August 2015
  o General Assembly, New York, Sept 2015
  o Mexico, Oct 2015
  o Zambia, Oct 2015
  o Uganda, Oct 2015
  o Fiji, Oct 2015

“We want to learn from our experience with the MDGs where it took 10 years for us to start action. We want to implement the SDGs from 1 January, 2016.”

Dr Motsoaledi, Minister of Health, South Africa, OF consultation, GA Sept 2015
Consultations: what have we heard?

The need to:

• include each of the Global Strategy action areas
• avoid a prescriptive blueprint/ lengthy document
• include country case studies on the “HOW”
• include links to more detailed guidance
• consider the sub-national level
• include the role of civil society and private sector
• include milestones for the Global Strategy itself
• clarify responsibilities of global and regional partners, including in alignment and coordination
Content of Operational Framework

It will include:

• “Ingredients for action” aligned to Global Strategy action areas
• Country case studies
• Links to detailed guidance on RMNCAH
• Milestones for monitoring implementation of Global Strategy

Operational Framework will exist as a document and on Every Woman Every Child website as a resource centre that can be updated
Operational Framework: 9 ingredients for action

Country Leadership

Aligning and mobilizing financing
Supporting community engagement, participation and advocacy
Reinforcing global and national accountability mechanisms

AREAS OF FOCUS

- Strengthening health systems
- Enhancing mechanisms for multisectoral action
- Priority adolescent health and early child development programmes
- Prioritizing humanitarian settings
- Fostering research and innovation
Country case study examples

- Nigeria – Saving One Million Lives (country leadership)
- Chile – Chile Crece Contigo (multisectorality)
- India - Rashtriya Kishor Swasthya Karyakram (adolescent health)
- Philippines – Building maternal and newborn care post Typhoon Haiyan (humanitarian settings)

- Other case studies to be added to draft – and continue to be added to online resource centre
Ensure that all women, children and adolescents not only survive but thrive!

More information is available at www.everywomaneverychild.org
Thank you!