From Principles to Practice
Reproductive, maternal, newborn, child and adolescent health: life-saving priorities in all settings

Implementing the *Global Strategy for Women’s Children’s and Adolescents’ Health* Everywhere

*Abu Dhabi, United Arab Emirates, 4-5 April 2016*
Background

Humanitarian crises are inflicting untold suffering upon people and communities.

As of 2014, there were 60 million internally-displaced people and international migrants, half of whom come from Afghanistan, Somalia and the Syrian Arab Republic. The average time spent in displacement has now reached 20 years. Increasingly characterized by mass and long term displacements (i.e. internally displaced persons, refugees, migrants, stateless people)—crises’ impacts are for a life-time: disrupting and derailing—when not destroying—individual development, including early childhood development, education, health and nutrition, while also bringing specific impacts on human dignity and human rights in the intimate—and often overlooked—spheres of sexual and reproductive health over the life course.

No one should be left behind. No one should be denied their right to health simply because of where they live, the context in which they live or because the particular life-saving services or commodities that they need are inaccessible or unavailable.

Yet, the data confirm that today’s global convergence between conflict, crises, poverty, and young populations is driving grave human rights consequences, including for maternal, newborn and child health. Today, 60 per cent of preventable maternal deaths and 53 per cent of under-five deaths take place in settings of conflict, displacement and natural disaster. Today, complications linked to pregnancy and childbirth are the second cause of death for 15-19-year-old girls globally, being further aggregated in fragile settings. Of the high-mortality countries that, today, have not achieved the Millennium Development Goals for women’s and children’s survival, more than 80 per cent suffered a recent conflict or natural disaster, or both. In fact, worldwide, women and children are up to 14 times more likely than men to die in a disaster.

The new Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 (EWECEA Global Strategy) is a front runner implementation platform for the 2030 Agenda for Sustainable Development (Agenda 2030) and the second strategy under the United Nations Secretary-General’s Every Woman Every Child initiative. It reflects a new consensus that improved reproductive, maternal, newborn, child and adolescent health (RMNCAH) must take hold everywhere. Risk assessment and mitigation; disaster and contingency plans as RMNCAH services are designed, financed, delivered and reviewed – are needed urgently. Recognizing that women and young people are critical partners for effective development action, in early and ongoing response to crises, and in transition out of crises, being clearly accountable to them is also integral to the Global Strategy’s implementation. In reality, the aspirations of Agenda 2030 will NOT be met unless the goals of the Global Strategy for Women’s, Children’s and Adolescents’ Health are implemented.
Every woman, every child, every adolescent everywhere: In fragile and complex settings, every woman and every child—every newborn and every adolescent—is at grave risk. Emergencies and protracted crises deepen gender inequalities, marginalization, and exclusion. Delivery of the Sustainable Development Agenda must be focused on the life course—inclusive of, not separate, from humanitarian obligations and effort. That is why the SDG centered, new Global Strategy for Women’s, Children’s and Adolescents’ Health calls for its goals to be addressed “everywhere”. And, it calls for a global movement that protects, promotes and helps to fulfil human rights within RMNCAH and wellbeing, throughout the life course and across the development-humanitarian contiguum.

This means substantial progress must be achieved in provision of care, support and essential services for women, children and adolescents caught up in the fragile and complex contexts that drive humanitarian crises. This in turn requires transformative shifts in approach. It requires more strategic integration of humanitarian and development action; more solid grounding, locally and nationally, in continuous risk assessment, emergency preparedness and resilience efforts; better systems for “anticipation of crises” and better adjustments to changing circumstances; and broader investment to enable interventions to go to scale in times of crisis and for their delivery in complex settings, including in areas not under the control of the state. This must also encompass a life course approach across the continuum of care, inclusive of early childhood development concerns.

As the Global Strategy’s new operational framework is finalized, and its investment strategy is set, concerted effort is needed to achieve these transformative shifts in practice and resource them accordingly.

That is why, under the patronage of Her Highness Sheikha Fatima bint Mubarak, Chairwoman of the General Women’s Union, Supreme Chairwoman of the Family Development Foundation and President of the Supreme Council for Motherhood and Childhood, and with the sponsorship of

Her Royal Highness Princess Sarah Zeid, Convenor of the EveryWhere platform, a group of experts representing 20 different organizations convened meeting—4-5 April 2016—in Abu Dhabi, United Arab Emirates.

Hosted by the Supreme Council’s Secretary-General, Her Excellency Reem Abdullah Eisa Al Falasi, in partnership with the UAE Ministry of Foreign Affairs and International Cooperation, the meeting focused on formulating a five-year implementation plan for the new Global Strategy so that its targeted reproductive, maternal, newborn and adolescent health outcomes can be secured even in fragile or complex settings.

This report presents the meeting’s major findings, including core messages to the upcoming World Humanitarian Summit and beyond.
The World Humanitarian Summit’s *Agenda for Humanity is Agenda 2030* implemented for every woman, every child, every adolescent everywhere

**Commitment Messages to the World Humanitarian Summit and Beyond**

Development, humanitarian and human rights experts in reproductive, maternal, newborn, child and adolescent health (RMNCAH), who, in April 2016, met in Abu Dhabi, UAE, urge the global community—at the World Humanitarian Summit and beyond—to join them in upholding the following core commitments to the dignity, health and wellbeing of every woman, every child, every adolescent—everywhere, including, specifically, in humanitarian and fragile settings.

▷ We—the international community—envisage a world in which *every woman, every child and every adolescent (EWECEA) everywhere—even in the most fragile, complex, conflict, disaster or outbreak-affected settings, including those which are protracted*—are provided with *essential services, supported, heard and included*; a world where *women, newborn, children and adolescents* have *access* to quality health care; where their “vulnerability” is replaced by their ability to *realize* their health and wellbeing, *exercise* their human rights and *fulfill* their life potential.

▷ This also means that we—the international community—will invest in *strategic collaboration* within and across sectors, to strengthen both the *resilience of health systems* and the *resilience of systems for health*—systems that enable, support and protect health in both state or non-state controlled areas.

▷ Recognizing that it is *affected communities themselves* who are the greatest assets for resilience in the face of crises and in fragile and complex contexts, we—the international community—will invest in and support the active participation of local leadership in the design of and accountability for health solutions, ensuring that *women and young people* are equally represented in those processes.

▷ To this end, we—the international community—will exercise *accountable leadership*: We commit to a *person-centered non-discriminatory* approach that is supported by *reliable, flexible and equitable funding* for reach and relevance to *every woman, every newborn, every child and every adolescent EVERYWHERE!*
Changing ourselves for the greater benefit of women, children and adolescents

- Recognizing that the coordination needed to reach EWECEA everywhere goes beyond the mandate of a single agency and specifically so if we are to extend reach in both state and non-state controlled areas, we will act with focus and urgency to resolve dysfunctional discontinuities and bridge remaining gaps between humanitarian and development approaches both within our organizations and between our organizations and others, at the levels of policy, operations and financing.

- We will institute within our own organizations a settings-sensitive, five-year action plan that is rooted in principles of equality, equity and person-centeredness, and supported by a robust financing plan, so that we will:
  
  • Do and invest more for women’s, children’s and adolescents’ health in fragile and complex settings, including in under-developed settings and in the context of protracted crises.
  
  • Reorient our goals, priorities and interventions to focus on strengthening systems for health, as well as health systems.
  
  • Enhance and broaden our commitment to - and work for - engagement with affected communities and, specifically, active engagement with children, adolescents and women.
  
  • Uphold the principles and standards of international human rights, refugee and humanitarian law, strengthening in particular respect for and protection of those seeking or needing health care and of health care workers and health facilities.
  
  • Adopt approaches to align better to reach the “unreachable”, discussing our approaches and contributions with our partners, and in partnership, too, with other sectors.
  
  • Identify gaps in and disseminate evidence-based good practices and share lessons about what we find works and what doesn’t work, so that learning is enhanced.
  
  • Advocate for, be active in and support the EWECEA EveryWhere Platform, so that collaboration, coordination and cooperation between and within humanitarian and development sectors is extended and reach and relevance for women, children and adolescents is also enhanced.
  
  • Anchor our action plans as contributions to the five-year implementation of EWECEA Global Strategy and raise awareness of our contribution to that implementation.
EveryWhere 2020 Vision

A 5-year implementation plan for the Global Strategy on Women’s, Children’s and Adolescents’ Health Everywhere
Global Strategy for Women’s, Children’s and Adolescents’ Health – EveryWhere 2020 Vision

Strategic priorities to address RMNCA health and wellbeing for the life course and across the development and humanitarian contiguum

EveryWhere 2020 Vision

In support of the implementation of the new Global Strategy for Women’s, Children’s and Adolescents’ Health everywhere, we will:

● Engage women, men and adolescents – both boys and girls – as active partners in planning, implementing and monitoring for sexual and reproductive health and wellbeing, including in provision of stigma-free services including by fostering innovative strategies for empowerment of and meaningful participation by “at risk groups” specifically but not only: very young adolescents, socially and/or economically marginalized groups, including ethnic minorities and persons with disabilities;

● Ensure that national implementation of the new EWEC/GC/EA Global Strategy is directed to the health, human rights and dignity of all vulnerable and marginalized populations, including: very young adolescents, ethnic minorities, persons with disabilities, refugees, migrants, stateless people, host communities and internally displaced people; and

● Provide high-level commitment at national, regional and global levels to the “EWEC/GC/EA Global Strategy Everywhere”.

Recognizing that a high proportion of preventable deaths of women, children and adolescents takes place in fragile and complex settings, we will take concrete and measurable humanitarian and development action across the life course, to:

1. Secure reliable and safe access for women, children and adolescents in fragile and complex settings, to health services, commodities and facilities and tackle the inequitable distribution of participation and resources which are key social determinants of health and wellbeing for women, children and adolescents

2. Introduce greater context- and risk-sensitivity into national health planning, specifically for women’s, children’s and adolescents’ health;

3. Ensure greater continuity of care for women, children and adolescents, fostering a more strategic nexus between humanitarian and development interventions;

4. Provide flexible, equitable and accountable financing for women’s, children’s and adolescents’ health in fragile and crisis settings; and

5. Enhance accountability to women, children and adolescent for health specifically in fragile and complex settings
**EveryWhere Strategic Priority 1.**

Secure reliable and safe access for women, children and adolescents in fragile and complex settings, to health services, commodities and facilities and tackle the inequitable distribution of participation and resources which are key social determinants of health and wellbeing for women, children and adolescents

By 2020, undertake a systematic review with local, national, regional and global actors to identify critical needs, challenges and solutions related to women’s, children’s and adolescents’ health in fragile and complex settings:

- Identify and develop methods of, and strengthened capacity for, delivery of RMNCAH interventions relevant to the changing nature, scale, complexity, duration of emergencies and protracted crises, i.e. conflict settings; climate change impacts; population movements; the Ebola and Zika crises and rapid unplanned urbanization;
- Develop models for increasing access to essential RMNCAH services in fragile and complex settings, including through enhanced surge capacity, task shifting and multi-sectoral support, and for survivors of sexual and gender-based violence (SGBV), especially in security-compromised contexts.
- Identify strategies and undertake actions for enhanced integration of RMNCAH, including SGBV responses, into humanitarian norms and protocols, the UN coordinated emergency response (Inter-Agency Standing Committee) and country-level health clusters/sectors (including for refugee settings).
- Enhance local capacity - starting in selected countries - to respond to comprehensive RMNCAH needs in crisis
- Build approaches to engage local and non-state actors in needs assessments and capacity-building to better respond to crisis – in effect, to “create their own risk reduction and response plan.”
### Strategic Priority 1 cont.

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<th>How will we monitor progress</th>
<th>Critical Actors</th>
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<td><strong>Access to essential services even in fragile and complex settings</strong></td>
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<tr>
<td>• By 2020, XX(^1) percent of women, children and adolescents have access – including in fragile and complex settings to quality, affordable, culturally sensitive services, underpinned by a community participatory and inclusive approach that promotes health and wellbeing, reduces rates of preventable mortality and morbidity and takes concrete steps to tackle social determinants of health.</td>
<td>• Baseline assessment of RMNCAH services, resources – including community resources, policies and partners</td>
<td>• Community members and civil society advocacy groups (women, youth, people with disability, refugees, migrants, community-based organizations, community leaders)</td>
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<td>• By 2020, XX(^2) per cent of health systems are resilient and responsive and able to provide for RMNCAH needs in fragile and complex settings.</td>
<td>• Number of fragile and complex contexts where RMNCAH policies/gaps, resources and partners are mapped</td>
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<td>• By 2020, XX(^3) percent of service providers, including government and non-government providers, have mechanisms in place to understand, analyze and evaluate cultural norms and values that hinder or promote access to essential services, especially in selected settings.</td>
<td>• Increase in equitable distribution of health workers that are adequately trained and delivering quality RMNCAH interventions and commodities in selected fragile settings compared to non-fragile settings</td>
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<td>• Health plans and strategies are risk-sensitive (based on multi-hazard risk assessment and strategic foresight methodologies) and are properly, sufficiently and flexibly funded to cope with changing RMNCAH needs of populations in fragile and complex settings.</td>
<td>• Increase in the equitable number of health facilities in disaster prone areas that are resistant and resilient</td>
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<td>• Robust and resilient supply chains the provide for the flow of RMNCAH commodities are in place, including for fragile and complex settings.</td>
<td>• Number of attacks on health facilities, vehicles and personnel</td>
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<td>• Baseline study will need to be conducted in order to make yearly comparisons and track any progress.</td>
<td>• Per cent of health facilities that are functioning in fragile and complex settings</td>
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<tr>
<td></td>
<td>• Ibid</td>
<td>• Per cent of health community procurement and supply outlets in fragile and complex settings</td>
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<td></td>
<td>• Ibid</td>
<td>• Budget allocated by government and non-government actors to RMNCAH programmes</td>
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<td></td>
<td>• Ibid</td>
<td>• Budget allocated for RMNCAH emergency responses</td>
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<td>• Per cent of crises where humanitarian actors have safe access to all populations (due to respect for International Humanitarian Law)</td>
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\(^1\) A baseline study will need to be conducted in order to make yearly comparisons and track any progress.

\(^2\) Ibid

\(^3\) Ibid
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<td>As above</td>
<td><strong>Context and risk sensitive RMNCAH policy making and legal framework</strong></td>
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<td>• National, subnational and local health plans are context- and risk-sensitive, and include non-discriminatory and equitable RMNCAH interventions with a specific focus on gender (women), poorest and most vulnerable populations</td>
<td>• Number of partnerships for delivery of context- and risk-sensitive RMNCAH with private sector, civil societies, community groups, informal service providers, national and international organizations and faith-based organizations in a coordinated approach</td>
<td>• Health, nutrition, protection, WASH, education and food security clusters</td>
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<td>• Advocacy at the national and international levels incorporates strong support for risk- and context-sensitive RMNCAH planning and delivery within legislation and operational platforms in a coherent, integrated manner</td>
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<td>• In coordination with UNCTs and health clusters, all health sector strategies integrate the EWECEA Global Strategy with risk-sensitive and context-specific plans to increase safe and secure access, coordinated with other relevant sectors.</td>
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<td>Resilient and empowered communities</td>
<td>• Communities including marginalized populations have clearly defined mechanisms and operating procedures to mitigate the effects of humanitarian emergencies</td>
<td>• XX per cent of communities with clearly defined mechanisms and operating procedures to mitigate the effects of humanitarian emergencies</td>
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<td>• Communities, including marginalized populations, are empowered with information about RMNCAH in the context of emergencies and are actively engaged and involved in decision-making processes for RMNCAH related disaster risk reduction, emergency preparedness and rapid responses.</td>
<td>• Number of communities/populations that have necessary information on RMNCAH and access to capacity development for RMNCAH</td>
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<td></td>
<td></td>
<td>• Number of communities/populations receiving RMNCAH services who are actively engaged in decision-making processes</td>
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<td>• Number of stakeholders that include crisis affected communities in their project design, management cycle, implementation, monitoring and evaluation</td>
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EveryWhere Strategic Priority 2.

Introduce greater context- and risk-sensitivity into national health planning specifically for women’s, children’s and adolescents’ health

By 2020, countries will:

- Establish gender-responsive, rights-based, multi-sectoral and resilience-focused health plans that are:
  - Created in partnership with communities;
  - Are context sensitive and based on all-hazards risk analysis that explicitly address the potential health effects of hazards on women, children and adolescents and include concrete provisions for RMNCAH – including contingences - in the event of crisis.
  - Engage and empower communities as first responders; and
  - Provide for equitable access to quality services across the lifecycle and continuum of care;
  - Fully-resourced;

- Include preparedness and risk reduction measures in national preparedness and contingency plans to mitigate potential health effects of hazards on women, children and adolescents; and

- Develop and implement methodologies in select settings for more robust data gathering and research to enable evidence-based interventions and greater accountability, including by building on the recent evaluation of the GBV Information Management System (GBVIMS) initiative;

- Strengthen and create mechanisms for accountability for delivery of essential services, including accountability to affected populations;

- Systematically gather data to feed into advocacy for the most vulnerable, including: sex- and age-disaggregated data (SAAD), causes of mortality and morbidity, birth registration, death registration or Civil Registration and Vital Statistics (CRVS).
### Strategic Priority 2

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| • Informed and accountable leadership with political will with a sense of urgency and concrete plans to ensure that every woman, every child, everywhere survives, thrives and transforms | • National governments commit to the EWEC Global Strategy  
• Strategic positioning with decision-makers developed (power analysis, interest mapping, strategic positioning with decision-makers/influencers)  
• Advocacy strategy developed and executed, including the development of the investment case for risk-sensitive health planning  
• Governments and donors commit to the integration of crisis-risk analysis and risk mitigation strategy into national health plans, developed with the engagement of communities and multi-sectoral actors.  
• GFF-supported pilot countries identified to integrate context- and risk-sensitive health plans developed with the engagement of communities and multi-sectoral actors. | • One advocacy brief per year  
• Annual review of priorities and progress in relation to risk-sensitive preparedness and plans  
• Real-time analysis to identify emerging issues (including feedback from ongoing, participatory monitoring/accountability) | **NATIONAL AND SUB-NATIONAL**  
• Communities, including marginalized groups and civil society organizations  
• Government authorities at national, provincial and district levels, including ministries for health and nutrition, gender, water, planning, disaster response and finance  
• Universities  
• ICT  
• Private sector, as appropriate  

**REGIONAL**  
• Multi-stakeholder engagement in regional learning among countries with relevant experience  

**GLOBAL – NATIONAL**  
• Donors, including GFF and technical advisory agencies, and including: Strategy and Coordination Group, EWEC, IAWG, Independent Accountability Panel  
• UN agencies, INGOs, research, other agencies as appropriate
### Strategic Priority 2 cont.

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<td>• A single national plan is in place, that is informed by population and key</td>
<td>• Analyze data (MoH and H6); identify and mobilize partners to fill data gaps</td>
<td>• Annual review of progress and priorities</td>
<td>• As above</td>
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<td>stakeholder data, gender-responsive multi hazard risk analysis and with input</td>
<td>(MoH, H6, CS, universities), using new technologies as appropriate</td>
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<td>from women and youth</td>
<td>• Disaster and emergency response plans at all levels include RMNACH interventions</td>
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<td>• That national plan is effectively guiding the investment of resources (human,</td>
<td>• Participatory situational analysis with engagement of affected communities</td>
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<td>financial) to strengthen resilience of systems for health; and clearly defines</td>
<td>especially women and youth</td>
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<td>coordination mechanisms and roles and responsibilities of each stakeholder.</td>
<td>• Gender analysis per IASC guidelines</td>
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<td>• Health cluster acknowledged implementation of the EWEC Global Strategy; with</td>
<td>• Technical assistance for risk analysis and planning (human, financial) made</td>
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<td>clear roles for all partners; connections with other sectors; and links</td>
<td>available to governments as required (e.g. by the GFF)</td>
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<td>between humanitarian and development coordination mechanisms</td>
<td>• Development of resource allocation plans</td>
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<td>• Contingency plans for transitioning into the Minimum Initial Service Package</td>
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<td>(MISP) delivery and back to comprehensive package of sexual and reproductive</td>
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<td>health services, including funding and prepositioning of commodities</td>
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| • Equal participation of affected communities – especially women, young people and marginalized groups – enabling them to meaningfully influence health plans and define clear roles in both helping to execute plans, as well as in monitoring/ accountability | • EWEC EveryWhere stakeholders have partnered with civil society in investment cases for the value add of community engagement and use for advocacy  
• Laws restricting civil society space identified and challenged in select countries  
• Investments made (core funding and capacity building) in civil society organizations and networks, especially women- and youth-led organizations, and peer-support networks of marginalized groups  
• Efficient mechanisms in place to enable rapid resource allocation to community-based organizations and networks who are first responders/service providers  
• Plans and resources in place to fast-track development and validation of the “participation” indicators earmarked for development by the EWECEA Global Strategy Unified Accountability Framework | • Annual monitoring of GS indicator: percent of countries whose RMNCAH strategy/plan of action specifies that there should be community participation in decision-making, delivery of health services and monitoring and evaluation”  
• Special studies (using quantitative and qualitative methods) assessing coverage, inclusiveness and effectiveness of community engagement mechanisms in select humanitarian settings each year, fed into the EWECEA Global Strategy Unified Accountability Framework annual report  
• Annual progress review of mechanisms for resource allocation to civil society organizations/community networks (investments in capacity building, as well as rapid allocation of resources for emergency response) | • As above |
| • Countries routinely invest in civil society/community based organizations in support of systems for health and health systems |                                                                                                                                                                                                 |                                                                                                                                                                                                                             |                 |
| • Strengthening and establishment of systems to enable community participation |                                                                                                                                                                                                 |                                                                                                                                                                                                                             |                 |
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<tr>
<td>• Vibrant multi-sectoral partnerships at the global, regional, national and local level, that are incentivized to deliver on common RMNACH goals, in accordance with the GS and which include government ministries, UN agencies, bilateral donors, civil society, media and private sector partners</td>
<td>• Identify and convene key stakeholders across sectors</td>
<td>• Annual review of progress and priorities</td>
<td>• As above</td>
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<td>• Analyze interests, resources and expertise of different stakeholder groups</td>
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<td>• Create a governance structure that defines partnership principles, including mutual accountability at national and local levels</td>
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EveryWhere Strategic Priority 3.

Ensure greater continuity of care for women, children and adolescents, fostering a more strategic nexus between humanitarian and development interventions

By 2020:
• Duty bearers are reaching women, children and adolescents in fragile and complex settings providing quality in continuity of care
• Methods and mechanisms for addressing RMNCAH in the continuum of the crisis – preparedness, response, resilience and recovery – have been developed, tested and are strengthening underlying health systems; building on the review/evaluation of the Inter-Agency Working Group on Reproductive Health in Crises (2012-2014) and the Inter-Agency Field Manual review and documentation of progress to date;
• Having started in select countries with internally displaced populations, or which are hosting refugees, including countries where people have taken refuge in urban settings, structure and systems have been built for addressing RMNCAH in urban contexts; and
• Routine contingency planning and implementation are integrated and framed using the “continuum” of the disaster cycle.
### Strategic Priority 3.

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<td><strong>Quality (affordable, appropriate, adequate and acceptable) public goods (e.g. health), commodities and services within the framework of Universal health Coverage</strong>&lt;br&gt;• Humanitarian programming that takes into account longer term development objectives, specifically within targeted communities in select emergency settings that have successfully transitioned from the Minimum Initial Service Package (MISP) to comprehensive sexual and reproductive health services</td>
<td>• Barriers to participation of women and adolescents particularly in marginalized and discriminated groups identified depending on degree/severity of fragility&lt;br&gt;• Sufficient supplies of public goods and commodities for RMNCAH&lt;br&gt;• A 5-year work plan has been finalized, which addresses critical gaps</td>
<td>• Baseline 2016 – Identify and/or undertake baseline assessments in X countries in fragile and complex settings on:&lt;br&gt;   o Quality (affordable, appropriate, adequate and acceptable) public goods, commodities and services;&lt;br&gt;   o Laws, policies and programmes;&lt;br&gt;   o Meaningful participation at the community level;&lt;br&gt;   o Financial allocation for RMNCAH and related health care; and&lt;br&gt;   o Adequate and appropriately skilled human resources for health services, including RMNCAH</td>
<td>• State&lt;br&gt;• Ombudspersons&lt;br&gt;• National Human Rights Institutions&lt;br&gt;• Public Health officials&lt;br&gt;• Civil society organizations including women, gender, youth and people with disability rights groups&lt;br&gt;• Interagency working groups&lt;br&gt;• Health protection and WASH clusters&lt;br&gt;• International community, including donors</td>
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<td><strong>Laws, policies and programmes</strong>&lt;br&gt;• In select countries in fragile and complex settings are enabled to draft and amend laws and policies for the effective realization of the highest attainable standards of health for women and adolescents in affected, marginalized and discriminated populations.</td>
<td>• National consultations to facilitate rights-friendly laws, policies and programmes that address gaps and barriers.&lt;br&gt;• Affirmative action and measures established for the inclusion of women, children and adolescents from marginalized and discriminated groups</td>
<td>• As above</td>
<td>• State – Law commissions&lt;br&gt;• Legal and accountability platforms&lt;br&gt;• Ombudspersons&lt;br&gt;• National Human Rights Institutions.&lt;br&gt;• Parliamentarians, ministries of health and related clusters&lt;br&gt;• Civil society organizations including women, gender, youth and people with disability rights groups&lt;br&gt;• International community, including donors</td>
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### Strategic Priority 3 cont.

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<td><strong>Meaningful participation at community level</strong>&lt;br&gt;• Affected communities in select countries in fragile and complex settings meaningfully participate in building and strengthening community and formal systems and structures to support sustainable continuity of care.</td>
<td>• Mechanisms established to ensure women, children and adolescents from marginalized and discriminated groups participate in decision-making and implementation of sustainable RMNCAH care</td>
<td>• As above</td>
<td>• Civil society, community based organizations including women, gender, youth and people with disability rights groups&lt;br&gt;• Ombudspersons&lt;br&gt;• International community, including donor&lt;br&gt;• Village Development Units</td>
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<td><strong>Financial allocation for RMNCAH and related health care</strong>&lt;br&gt;• In select countries in fragile and complex settings will have dedicated financial support for the next five years committed from national and international sources to provide quality (affordable, appropriate, adequate and acceptable) public goods, commodities and services for the continuity of RMNCAH care.</td>
<td>• Flexible, adequate funds secured by donors and governments to support RMNACH&lt;br&gt;• Tools to monitor and ensure timely deployment of funds&lt;br&gt;• National mechanisms for financing RMNCAH, including domestic resources</td>
<td>• As above</td>
<td>• State – Ministry of Finance, planning commissions, budget oversight review bodies&lt;br&gt;• Women’s commissions&lt;br&gt;• Youth commissions&lt;br&gt;• Minority groups commissions&lt;br&gt;• Civil society organizations&lt;br&gt;• International community, including donors, and non-traditional donors, including the private sector</td>
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**Strategic Priority 3 cont.**

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| Adequate and appropriately skilled human resources for health services including RMNCAH | • National and subnational bodies to monitor and ensure coverage and capacity of socially and culturally sensitive skilled health workers  
• An oversight mechanism/to monitoring systems to ensure adequate delivery of public goods, commodities and services  
• Concrete steps and monitoring to ensure protection of health workers  
• Code of conduct and ethical standards for service providers defined and reinforced through training and supervision; also monitored through an independent review mechanism that includes community feedback | • As above                                                                                                           | • State  
• Public Health officials  
• Civil society organizations including women, gender, youth and people with disability rights groups  
• Private health practitioners and service providers, including medical commodity suppliers  
• Interagency Groups  
• Health protection, nutrition, education and food security and WASH clusters  
• International community, including donors |
EveryWhere Strategic Priority 4.

Provide flexible, equitable and accountable financing for women’s, children’s and adolescents’ health in fragile and complex settings

To be relevant to and effective in fragile and complex settings, the EWEC EA Global Strategy must be supported by financing that is equitable, flexible, reliable and predictable. This requires:

- Targeted financial support for RMNCAH service delivery to populations both within and beyond the reach of governments including via support for the participatory development of resilient systems for health through both state and non-state actors;
- Innovative mechanisms, including non-state funding mechanisms, for ensuring financing of RMNCAH interventions in settings where states (and current funding models) are not willing or able to support populations in need, such as in situations of conflict, including protracted conflict, where the health of women and children is at great risk;
- Support for RMNCAH services, including essential commodities throughout the cycles of stability-crisis-recovery-stability-crisis
- Reduction or removal of financial barriers to service-access and protection against catastrophic expenditures
- Underpinning on EWEC investment plans by financial risk mitigation and contingency planning, including through investment in people-centred risk-sensitive national plans and accountability frameworks;
- Resourcing from multiple and diverse funding sources (domestic, international, private, innovative) including but not limited to the GFF.
**Global Strategy for Women’s, Children’s and Adolescents’ Health – EveryWhere 2020 Vision**

### Strategic Priority 4.

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<td>• The EWECEA Global Strategy is fully supported with flexible, reliable, accountable financing for implementation, and the accountability framework delivery in select fragile – crisis affected countries for 10 years.</td>
<td>• Analysis of all existing, proposed and potential financial flows, modalities and conditions that may be accessed to support RMNCAH service delivery in fragile and complex settings, including for delivery to populations outside the reach of governments;</td>
<td>• Terms of Reference for Analysis completed, analyst recruited</td>
<td>• Key actors associated with cross linkages/other initiatives/EWECEA Global Strategy areas</td>
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<td>• Financing for the GS reflects a commitment to a participatory, risk-sensitive set of country plans for quality RMNCAH services throughout stability-crisis-recovery-stability cycles and which reach EWECEA everywhere, including specifically those who are beyond the reach of governments.</td>
<td>• Adjustment of approach in response to findings of analysis above</td>
<td>• Analysis and recommendations completed, full report and summary available for use by donors and other actors</td>
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<td>• Financing for RMNCAH in emergencies, including equitable allocations for silent/neglected emergencies, is secured which includes flexible, multi-year financing for non-state response, with plans for rotating funds integrated as a part the EWEC Everywhere financing strategy</td>
<td>• Analysis of the opportunity for RMNCAH financing in crisis-affected Middle-Income Countries, Low-Income Countries, countries transitioning to middle-income status conducted and recommendations made</td>
<td>• Donors provided with pre-meeting analytical report, meeting well attended, multi-year commitments to RMNCAH in fragile and crisis settings made</td>
<td>• Key donor countries</td>
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<td>• Donor meeting held focusing on gaps and needs for EWECEA in fragile and complex settings</td>
<td>• Donor meeting held focusing on gaps and needs for EWECEA in fragile and complex settings</td>
<td>• Key donor countries</td>
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4 Including GFF, private sector, innovative/new sources, domestic, regional, ODA, IFI etc., See point below re: baseline.
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| **Transparency and Accountability**: All actors in select fragile and crisis-affected contexts engage in coordinated, people-centred, risk sensitive and fully transparent planning and financing process for RMNCAH. | • To ensure best use of RMNCAH and people-centred resources, governments/countries, donors, multilateral actors and service delivery sectors commit to transparent planning and financing for RMNCAH.  

• “Accountability” by definition and design includes measures of financial accountability and accountability for results to communities served, as well as accountability to donors and governments. | • Key governments, donors and actors sign pledge to transparency and accountability.  

• Key actors demonstrate leadership by providing transparent planning and financing information for RMNCAH in fragile settings.  

• Measurements of accountability include indicators for accountability to communities. | • Key governments  

• Donors  

• Private sector and non-traditional actors |
| **Five-Year Efficacy Review** of financing strategy reveals successes and lessons for improvement: strategy adjusted and re-engaged. | • Plan in place for monitoring the efficacy\(^5\) of financing strategy for RMNCAH in fragile and crisis settings: baseline of financing for RMNCAH in these settings established | • Yearly benchmarks established: monitoring conducted | • National governments  

• Donors  

• International financial institutions  

• Regional financial institutions |

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\(^5\) Including but not limited to: financing mobilized, timeliness of disbursements, especially in humanitarian crises, unintended consequences of RBF, need for equity incentives, number and diversity of donors/sources, efficiency, coordination/complementarity; unwanted/unanticipated diversion of funds from other key sectors; flexibility of funds; sufficiency of funds for state and non-state actors, reduction of aid orphans, silent /neglected emergencies, equitable allocation of resources, etc.
### Strategic Priority 4 cont.

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<td>The work of the EWEC EveryWhere platform is no longer required because the full integration of an “EveryWhere” analysis, strategy, and monitoring framework into the EWCEA Global Strategy implementation plans and financing strategy.</td>
<td>EWEC EveryWhere platform fully supported with flexible financing for each of the next five years til end of 2020</td>
<td>EWEC EveryWhere platform has sufficient human and financial resources to effectively convene technical experts and decision makers and to advance research and analysis in order to advise and support the delivery of the EWCEA Global Strategy in fragile and crisis settings.</td>
<td>EWEC EveryWhere platform Team, including its team of experts and analysts, EWCEA Global Strategy team, Donors, Researchers</td>
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**EveryWhere Strategic Priority 5.**

**Enhance accountability to women, children and adolescent for health specifically in fragile and complex settings**

By 2020, the dynamic, rights-based, multi-stakeholder, person-centred processes of accountability (“Monitor, Review and Act”) envisioned by the Global EWECEA Strategy Unified Accountability Framework will be fully actualized in every fragile and complex setting, ensuring accountability of all actors for delivering rights, results and resources to women, children and adolescents in all settings.

In each setting, these systems will:

- Enable free, active and meaningful participation of women, youth and marginalized groups in monitoring planning and delivery and ensuring accountability;
- Embody human rights principles and instruments, and link with UN treaty bodies, human rights mechanisms, and other regional human rights monitoring/protection mechanisms (ACHPR, IAC, etc.); and
- Include efficient and accessible mechanisms for access to justice and remedies;
- Ensure regular and open reporting and transparency of data;
- Create/strengthen sub-national and national accountability systems as a routine component of risk-sensitive health planning, including investing in participatory accountability mechanisms;
- Link sub-national, national, regional and global accountability processes;
- Resource independent monitoring of governments, INGOs, UN and other duty-bearers;
- Be adequately resourced, including contingency funding.
### Strategic Priority 5.

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| • All partners invest in and enable meaningful accountability to all women, children and adolescents in fragile states/crisis-affected settings. | • The EWEC EveryWhere platform convenes a meeting with the EWECEA Global Strategy Unified Accountability Framework stakeholders to discuss challenges, opportunities and joint vision and plan for ensuring accountability in fragile states and humanitarian settings.  
  • Key EWECEA Global Strategy Unified Accountability Framework actors (including EWECEA Strategy and Coordination Group, WHO, GFF, IAP):  
  a. Endorse rights-informed guiding principles for data collection (including disaggregation on the basis of the identified population categories), and monitoring ("do no harm" including concerns about Civil Registration and Vital Statistics (CRVS)\(^6\));  
  b. Endorse standard operating procedures for synthesizing and integrating findings from sub-national and national accountability into annual EWECEA Global Strategy Unified Accountability Framework reporting;  
  c. Establish a “rapid response” fund to mobilize resources to enable monitoring/accountability at the onset of a humanitarian crisis, including resources to civil society and community-based first responders  
  d. Establish an “innovation fund” to test, document and disseminate accountability approaches for fragile states/humanitarian settings (e.g. adapting social accountability models, use of mobile phones for citizen monitoring) | • Bi-annual progress reviews/priority setting with key EWECEA Global Strategy Unified Accountability Framework stakeholders  
  • The Independent Accountability Panel (IAP) will include a case study about humanitarian settings in each of their annual review reports  
  And/or  
  • The IAP commits to a thematic focus on accountability in fragile states/humanitarian settings in its’ report for 2017 or 2018 | NATIONAL AND SUB-NATIONAL  
• Affected communities, including women, youth, marginalized groups  
• Civil society organizations  
• Government authorities, incl. ministries for health and nutrition, gender, water, planning, disaster response and finance  
• Universities  
• ICT  
• Private sector, as appropriate  
REGIONAL  
• Human rights systems  
• Regional civil society accountability platforms  
GLOBAL-NATIONAL  
• Governments, Donors, incl. GFF  
• EWEC Strategy and Coordination Group  
• Independent Accountability Panel  
• UN, INGOs, research/academic partners working on accountability  
• Human rights systems/treaty monitoring bodies |

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\(^6\) I.e. recognize that many populations may have legitimate concerns about registering: failure to register should not be a reason for withholding of services. Legislative frameworks for Civil Registration and Vital Statistics (CRVS) need to be structured so that barriers to registration are addressed.
## Resources required for the implementation of Strategic Priorities for Implementation of the *Global Strategy for Women’s, Children’s and Adolescents’ Health* EveryWhere

### Financial
- Adequate, multi-year and predictable financing, including specific resources for the monitoring/accountability frameworks without user fees and achieving reduced out of pocket expenditure for health
- Contingency plans and national contingency funds in place to access funding by 3rd party if/when government is incapacitated
- Specific funding allocated for the implementation of the Minimum Initial Service Package (MISP) and rapid transition to comprehensive sexual and reproductive health services
- Resources to fund better infrastructure and service delivery
- Government and donors working together to mobilize increased domestic resources for health investment
- Investments from governments and donors mobilized to strengthen civil society and accountability systems at country level

### Human
- Empowered and engaged communities including in their roles as first responders
- Concrete steps to assess and address health-related human resource shortages and ensure access to expertise in:
  - measurement/indicator development
  - participatory monitoring/accountability
  - human rights, including navigating human rights system
- Investments in technical capacity building and preparedness training for and security of health workers
- Innovative ways are explored for integration of informal service providers and local/micro/ private health care providers with national health systems
- Strong technical leadership supported by strong political support and accountable public-private partnerships
- A functioning EWEC EveryWhere platform

### Information
- Data and health surveillance tools and systems with use of innovative methods for better information collection including mobile technology for community-information exchange, and monitoring quality of Public Goods, commodities and services
- Strengthened national Civil Registration and Vital Statistics (CRVS)
- Adequate monitoring of health standards and performance of service providers
- Ongoing independent analysis of financial flows and their efficacy
- Sound health information systems
- Accessible complaint mechanisms for those in receipt of services or denied services
The following organizations were represented at the meeting in Abu-Dhabi 4-5 April 2016 (to be completed)