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

CONSULTATION FEEDBACK REPORT

FOREWORD FROM THE CHAIR OF THE STRATEGY AND COORDINATION GROUP

One of the greatest strengths of the *Global Strategy for Women's, Children's and Adolescents' Health* (2016-2030) is that it has been shaped by the very people it serves. I was greatly encouraged by the active engagement of over 7,000 people and organizations who contributed to its development during three rounds of global consultations. Their inputs were synthesized in a series of reports that informed the drafting at each stage of the process.[i] In addition, a series of papers published in a special issue of The BMJ on 14 September 2015 also benefitted from an impressive range of substantive and technical comments received from a public consultation.[ii]

This report herein sets out how the results of these consultations have been addressed in the process of developing the updated *Global Health Strategy*. This process, along with agreement by Member States on the ambitious 2030 Agenda for Sustainable Development, builds on the momentum generated over the past five years since the launch of the *Every Woman Every Child* movement by the United Nations Secretary-General, which rallied together so many stakeholders to support our common goals. The unprecedented leadership of the United Nations Secretary-General has motivated tremendous action to save and improve the lives of women and children.

I would like to express my sincere gratitude to everyone who contributed to the development of the *Global Health Strategy*: Governments, the business community, global and regional institutions including the H4+ Partnership, foundations, youth advocates, healthcare professionals, community leaders and engaged individuals. It is because of your participation that we can say with confidence that together we have agreed upon an ambitious, inclusive, and responsive *Global Health Strategy* that creates a path for all of us to contribute to transforming the lives of every woman, every child and every adolescent, in every setting. Together, we can realize our vision: Survive, thrive and transform!

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[i] These reports are available at: www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/en/
[ii] Towards a new Global Strategy for Women's, Children's and Adolescents' Health. The BMJ. 2015; 351(Suppl1). Available at: www.bmj.com/content/351/bmj.h4414

INTRODUCTION

The *Global Strategy for Women's, Children's, and Adolescents' Health*, 2016-2030 (the *Global Strategy*) is a roadmap for ending all preventable maternal, newborn and child deaths, including stillbirths, by 2030, and improving the overall health and well-being of women, children, and adolescents. It builds on the first *Global Strategy for Women's and Children's Health* launched by the United Nations Secretary-General Ban Ki-moon in 2010, which galvanized political leadership, helped to generate commitments of billions of dollars, and created *Every Woman Every Child*, a powerful multi-stakeholder movement for health. Through the combined efforts to implement the first Strategy, it contributed to international efforts that saved millions of lives and accelerated progress towards the health Millennium Development Goals (MDGs). The updated *Global Strategy* builds on successes and lessons learned through this process, and sets out a broader and more ambitious plan of action. It is fully aligned with the Sustainable Development Goals (SDGs), and is based on evidence of what is needed to make progress and what works. The updated Strategy was launched at the United Nations General Assembly on 26 September 2015.

Consultation process

More than 7,000 individuals and organizations, representing a wide range of stakeholders and countries, informed the drafting process of the *Global Strategy* through a global consultation exercise, supported by *Every Woman Every Child* and coordinated by The Partnership for Maternal, Newborn & Child Health (the Partnership).[1] At each stage of the process to develop the *Global Strategy*, an opportunity to provide feedback and comments was provided, using a range of online and offline instruments, including a dedicated web-hub (www.WomenChildrenPost2015.org). Key steps of the consultation process included:

- **A preliminary round** (Nov – Dec 2014): 1,400 individuals and organizations provided views on the 2010-15 strategy, broader thoughts about the experience of delivering the MDGs and then initial thoughts about priority areas that should be included in the *Global Strategy*.[2] This preliminary round took place alongside a consultation process focused on the Global Financing Facility.[3]

[1] The actual number is hard to calculate as the consultation extended over three separate processes. These attracted comments & views from 1400, 4500, and 2400 individuals and organisations respectively. There was almost certainly some overlap and some organisations and individuals participated in two or even all three of the stages of consultation.

[2] The report of this consultation is available at: www.who.int/pmnch/preliminary-thoughts-full-report.pdf?ua=1

[3] This report, providing perspectives on the Global Financing Facility, is available at: www.who.int/pmnch/gff_report.pdf?ua=1

- **Priorities for the *Global Strategy*** (Feb – March 2015): The views of over 4,550 organisations and individuals were collected in the first round of the consultation specifically focused on the *Global Strategy*. This consultation was aimed at identifying what the updated *Global Strategy* should include and how it should build on the strengths and limitations of the first Strategy (2010-15). Views were collected through an online survey and a range of global, regional and national consultation events were undertaken, including national and sub-national "Citizen Hearings" events, side events at national and regional meetings, and other opportunities.[4]
- **Feedback on the *Global Strategy* Workstream Papers** (March - April 2015)**.** Workstreams were created to produce an evidence base for the *Global Strategy*, including three strategy papers (on National Leadership, Accountability and Advocacy), six technical papers on issues such as Adolescents, Maternal and Newborn Health, and six papers covering a range of cross-cutting themes such as innovation, humanitarian settings and financing for health.[5] 157 sets of comments on the draft workstream papers contributed to updating the *Global Strategy*. The papers were then revised and published in a special issue of The BMJ in September 2015, entitled "Towards a new Global Strategy for Women's, Children's and Adolescents' Health".[6]
- **Feedback on the Zero Draft of the *Global Strategy*** (May - June 2015): Nearly 2,500 individuals and organizations then provided feedback on the Zero Draft *Global Strategy* through a range of instruments including an online survey, and consultation events, notably a Stakeholder Consultation event in Johannesburg, a high-level event at the World Health Assembly, and citizen hearings in five countries.[7]

Objective of this report

This report sets out how the final draft of the updated Strategy reflects the views and comments received through the consultation process. It is published by the Strategy and Coordination Group (SCG), a multi-constituency body established by the Executive Office of the UN Secretary-General to oversee development of the updated *Global Strategy*. The

[4] The synthesis report of the Round 1 consultation process is available at: www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/gs_round1_report.pdf?ua=1
[5] All working papers, including information about participants in the various workstreams, are available at: www.everywomaneverychild.org/global-strategy-2/working-papers
[6] Towards a new Global Strategy for Women's, Children's and Adolescents' Health. The BMJ. 2015; 351(Suppl1). Available at: www.bmj.com/content/351/bmj.h4414
[7] The synthesis report of the Round 2 consultation process is available at: www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/gs_round2_report.pdf?ua=1

Group is made up of 27 individuals from different organisations (Annex A presents the full list).[8]

This report represents the final part of the Group's task in guiding the updated Strategy through to its completion and launch. This report is presented in three chapters, summarized below:

- **Chapter 1 – Main consultation themes** explains how the *Global Strategy* addresses high-level consultation comments.
- **Chapter 2 – "Feedback on the Zero Draft" recommendations** outlines how the *Global Strategy* responds to each of the recommendations made in the synthesis consultation report.[9]
- **Chapter 3 – Next Steps** describes how future developments will continue to be shaped by consultation feedback.

[8] Further information on the TORs and composition of the group is available here: https://drive.google.com/file/d/0B347-8sYspKqNUJrSEE2aUVCTHc/view

[9] Synthesis report of the Round 2 consultation process, as above.

1. MAIN CONSULTATION THEMES

The *Global Strategy*'s writing group listened and responded to the main consultation themes that surfaced during the consultation process to make this a truly inclusive *Global Strategy* with strong stakeholder-ownership. Our ambition was to ensure that the *Global Strategy* reflects stakeholder voices, as channelled through the full consultation process. Several thematic areas were of widespread concern, both over time (at different stages of the consultation) and across space (in different parts of the world, by different kinds of organisations).[10] This section summarises eight frequently repeated themes received as part of the feedback from the consultation process. It then compares the feedback to how the final *Global Strategy* takes account of these views and comments.

- **Equity: leaving no-one behind.** Consultations yielded a clear consensus that equity must be one of the core principles of the updated *Global Strategy*. The Strategy is therefore much more focused on equity than its predecessor. The document itself identifies the health equity gap within and between countries as a leading challenge to overcome (p30), and defines equity-driven and gender-responsive as guiding principles (p.36).
- **Universality.** Like the SDGs, the *Global Strategy* is universal and applies to all people (including the marginalized and hard-to-reach), in all places (including crisis situations), and to transnational issues. It explicitly focuses on safeguarding women, children and adolescents in humanitarian settings and upholding the human right to the highest attainable standard of health, even in the most difficult of circumstances.
- **#Adapt: A Global Strategy for Adolescents in more than just name.** The *Global Strategy* answers a widespread call for adolescents to be recognized as a group with unique needs, as well as having great potential as drivers for change. In response to consultation feedback, the *Global Strategy* document draws clear distinctions between adolescent health and maternal health: acknowledging adolescence as a second critical development stage, where the right investments can consolidate early gains and transfer potential to future generations (p. 58). The Strategy underlines the vast human potential of this "SDG Generation" to transform our world.
- **Incorporating a life-course approach.** There has been wide acknowledgement that the health challenges facing women, children and adolescents are complex and increasingly extend beyond the reproductive, maternal, newborn, child and adolescent health (RMNCAH) core agenda. Consultations found a strong feeling that the Strategy should address more than the "bare essentials" of survival and basic health status. However, they also revealed a concern that fundamental RMNCAH activities should not be forgotten. The *Global Strategy* reflects this balance by setting objectives relevant to

[10] Organisations were identified as non-governmental, ART etc.

three linked themes: 'Thrive', 'Transform' and Survive'. Relevant SDG goals under the 'Survive' goal bring the core priorities, and unfinished business, of the Millennium Development Goal agenda to the forefront of the *Global Strategy*.

- **Multisector: Doing more by working together.** Multi-sector action is one of the Strategy's nine action areas. This responds to strong consultation feedback about the importance of enhanced collaboration across nutrition, education, water, sanitation, hygiene, infrastructure, and other health-related sectors. Working together also means including all stakeholders in achieving the Strategy's goals. The updated Strategy describes roles and suggests commitments for every type of stakeholder, while maintaining primary emphasis on country leadership.
- **Human rights as the foundation.** A rights-based approach is central to the updated *Global Strategy*. The Strategy recognizes the importance of implementing established human rights treaties and commitments recognising health as a fundamental human right, and the centrality of addressing gender-based rights, and other rights that affect health, including child marriage, violence against women and girls. The approach is integrated throughout the strategy: from the vision, through the SDG targets identified in the Survive – Thrive - Transform framework, to each of its actions. The approach is not in words alone. Implementation and accountability activities in support of the *Global Strategy* will also use the right to health as a key motivator and driver for action (p.37).
- **Accountability and Monitoring: Guiding principles**. Accountability holds a central position as a guiding principle as well as an action area. The Strategy commits to establishing an Independent Accountability Panel, which will produce an annual "State of Women's, Children's and Adolescents' Health" accountability report. This responds to an outlined need through the consultations to further develop further a clear accountability framework.
- **Reaching the country level: National and sub-national focus.** Country-led, people-centred and community-owned processes are guiding principles of the Strategy. Country leadership identified as the first action area (p. 48). Priority is given to strengthening both the national and sub-national levels, as well as community engagement.

2. "FEEDBACK ON THE ZERO DRAFT" RECOMMENDATIONS

Following each phase of the consultation process, a synthesis report was produced to capture key comments and recommendations. Each consultation report was structured in a similar way. The first section set out overarching (thematic) comments; the second section worked through the detail; and the third section made recommendations to the *Global Strategy*'s writing group. Along with the overarching themes (Chapter 1), these recommendations were considered the most important elements of the consultation to

incorporate and address in the Strategy drafting process. Taken together, the overarching comments and the recommendations synthesised the most pressing comments of the widest range of stakeholders. The recommendations from the first consultation report (April 2015) were used to inform the Zero Draft of the *Global Strategy*. Comments from the second round of consultations (June 2015) on the Zero Draft were then used to develop the final version.

This section explains how we responded to each recommendation made in the Round 2 Consultation Report – "Feedback on the Zero Draft".

You said	We did
The strategy should guide investment and policy priorities for the post-2015 era	
[The Strategy] should aim to incorporate the life course approach in a way that (i) recognises that problems at one stage of life may have been made worse through neglect at an earlier stage or that could have been prevented or mitigated through intervention earlier in the life-course;	The Strategy explicitly adopts a life course approach (p.11), which is referenced throughout the document; and emphasises the importance of health linkages across the life-cycle (pp.19-20), as well as Annexes 2-4 (pp. 88-96), which provide a detailed list of essential interventions throughout the life course.
…and (ii) ensures all major life-saving, life-enhancing interventions are included, but particularly comprehensive sexual and reproductive health and rights, (including abortion and comprehensive sexuality education), maternal and women's health, stillbirth, breastfeeding as part of a broader nutrition agenda, integration of NCDs and RMNCAH services and mental health.	The Strategy now includes all of the major life-enhancing/life-saving interventions recommended by the consultation report, either in the main text or in annex 2 (p.88) which lists evidence-based health interventions: Sexual and reproductive health and rights are cited throughout the Strategy. One of the Strategy's targets is also dedicated to sexual and reproductive health-care: "Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights" (p.43). The importance of comprehensive sexuality education is incorporated with reference to the media's role in promoting greater health literacy (p. 61). Comprehensive sexuality education is also listed in Annex 2 (p. 91), and reproductive health information is included as an evidence-based intervention in figure 1 (p. 17). Figure 1 includes "safe abortion and post-abortion care" as an evidence-based health intervention (p. 17). Annex 2 (p. 88) acknowledges the need to respect different country contexts. Breastfeeding is flagged as an example of a high-return life-course intervention (p.19) and as an evidence-based health intervention (pp. 17, 89).

You said	We did
It should reference the critical elements of health systems strengthening and financing, especially financial protection systems, and policies like reaching the marginalised and poorest.	The importance of health systems strengthening and financing is now mainstreamed throughout the Strategy and defined as an action area (p. 54). Financial protection systems and policies assisting the poorest and most marginalised are specifically included in several places (p. 17; 51; 55).
We need to continue our unfinished MDG agenda, but address new challenges too.	
The Strategy should thus aim to build on the previous one, beginning with clear lessons learned, the critical interventions for women, adolescents and children, the building blocks of health systems strengthening, the fundamentals of health financing and – despite the intention to develop a comprehensive plan later – the outline of the accountability mechanism showing what is state of the art and what is new or additional.	The Strategy explicitly builds on the 2010-2015 *Global Strategy* through the introductory section: "The updated *Global Strategy builds on all the essential elements of its predecessor*" (p. 13), which emphasises continuity as a key underpinning theme. It is also structured to include most of the components suggested in the consultation recommendation, though the exact structure has been shaped for readability and brevity.
It should also reference the major processes and platforms that are driving women's and children's health, including FP2020, A Promise Renewed, the Commission on Life Saving Commodities, ENAP (Every Newborn Action Plan), and others and reflect the intergovernmental reviews of the ICPD and Beijing Agenda.	The *Global Strategy* is "rooted in established human rights treaties and commitments" (p. 37), referencing some of the major processes and platforms that are driving women's and children's health, including ICPD and Beijing Agenda, as well as the Commission on the Status of Women. Additionally, support to country planning and implementation should be in coordination with A Promise Renewed and FP2020 (p. 37). Additionally, the recommendations of the UN Commission on Life-Saving Commodities are explicitly flagged and explained (p. 56; 77; 99).
#Adapt: Recognize adolescent needs.	
The health needs of adolescents and their specific circumstances, as well as the cultural, economic and legal barriers they often experience, should be addressed in a more structured and up-front way, separately from women's health.	The Strategy fully addresses an important critique of the Zero Draft that adolescent health needs were being equated to women's needs. The Strategy now acknowledges "not only the unique health challenges facing young people, but also their pivotal role alongside women and children as key drivers of change in the post-2015 era" (p.11). Another criticism of the Zero Draft was the amalgamation of adolescents and women in Figure 1: "Evidence-based interventions for women's, children's and adolescents' health"; it was revised to treat adolescent health and development separately from women's health (p.17).

You said	We did
The Strategy should refer broadly to the range of adolescent needs (including those of adolescent boys) beyond health services that are vital to health and well-being including preventative services, education, skills, employment, mental health, harm reduction, social skills and gender awareness.	The Strategy considers the broad needs of adolescent girls and boys rather than a narrow definition of health. For example, it discusses threats to the "physical, mental and emotional health and well-being" (p.27) of adolescents instead of just health alone. The importance of non-health adolescent services is emphasised, including nutrition, responsive caregiving, social and mental stimulation, education and environment amongst others (p. 17; 59).
The Strategy should also be clear about where the data and evidence falls short of what's needed and identify how to fill the gap.	Although gaps in adolescent health data are not discussed explicitly, the need for data to be disaggregated by age and gender is raised several times in the Strategy (pp. 38; 49; 55; 71; 94). The importance of research and innovation is identified as one of the Action Areas, with "more and better data" specifically referenced (p.66).
Consider re-ordering the Strategy title to read: "The Global Strategy for Women, Adolescents and Children".	The Strategy's title was not changed. This decision reflects the importance of continuity and maintaining recognition of the *Every Woman Every Child* and the *Global Strategy*'s brand.
Make this a Strategy For All.	
The Strategy should clearly and explicitly address the needs of all people and communities including people living with disabilities, refugees, migrants, the urban poor, lesbian, gay, bi-sexual, transgender, queer and intersex (LGBTQI), the very poorest and those affected by humanitarian disasters and conflict.	The Strategy highlights the health equity gap within and between countries (pp.30-33), and aims to encompass "all locations, social groups and settings, in particular marginalized, excluded and hard-to-reach communities" (p.36). In practice, clearly and explicitly identifying the needs of all people and communities is difficult in a short document and the more one tries, the clearer any omissions become. Consequently, the detail of "marginalized and excluded" groups was limited to high level references, such as the box on gender equality (p. 38). The specific groups that fit these categories vary by country, so the details are best handled in the implementation plans that countries adopt. The Strategy gives some specifics, for example noting that challenges are even greater for adolescents living with disabilities (p.27) and identifying specific actions to promote the full inclusion in society of individuals living with disabilities (p.61). Humanitarian settings are also identified as one of the action areas, with specific reference to refugees and the internally displaced (p.64). Urban settings are key for multisector policies and interventions (p.96).

You said	We did
The Strategy should reflect the all-important role of governments, parliament, national action and citizen engagement. If it is a people-centred movement that is needed, how will it happen? And what are the roles and responsibilities of communities, civil society, health service professionals, academics, the media, parliament, the whole of government, the judiciary?	Country Leadership, the first of the action areas, clearly states the importance of parliament, including women parliamentarians and the need to strengthen the judiciary (p.49). The Strategy goes on to identify the roles and responsibilities of a wide range of stakeholders, presented as a non-exhaustive list of suggested commitments (pp.80-83): • Governments, parliamentarians, decision makers and policymakers • Regional organizations, south-south partnerships and economic alliances • United Nations and other multilateral organizations at all levels and global health initiatives • Bilateral development partners and philanthropic institutions • Communities • Health-care workers, managers and professional associations • Civil society • Academic and research institutions • The business community • The media
Health systems strengthening, financing and universal health coverage.	
The Strategy should identify and showcase the important elements of health systems strengthening, guiding investments and delivery including, as a priority. These elements include human resources for health; the availability, logistics and management of lifesaving commodities; investment in reliable, open and transparent data generation; universal health coverage and critical financing issues including financial protection especially for the poorest; the concept of building on what exists in countries; and the continuing importance of the Abuja targets, the Paris Declaration, the Busan accord and other major financing, aid, development and policy commitments.	The Strategy identifies universal health coverage as an SDG goal under its Thrive objective (p.43). It also identifies and showcases each of the investment priorities suggested in the consultation report, namely: • Human resources for health (p.20) • Availability, logistics and management of lifesaving commodities (p.55; 99) • Reliable, open and transparent data generation (throughout) • Financial protection especially for the poorest (p.17; 51; 54) • Concept of building on what exists in countries (p.76) The Strategy does not reference all targets, declarations and accords suggested in the consultation report, but cites existing internationally recognised declarations where relevant.

You said	We did
Use clear language and visuals in the Strategy.	
Use country examples with great care. Whilst these can build comprehension and make the Strategy compelling, they can also date quickly and present an unbalanced picture.	The Strategy takes account of the advice, based on comments relating to some of the country examples used in the Zero Draft, and uses fewer country-examples than the Zero Draft did. Some country examples (for example, on p.62 and 64) remain, as they were considered to add depth to the Strategy.
Pay close attention to language (weed out jargon, define terms, consider adding a lexicon)	The Strategy uses plain English, avoids acronyms, and defines uncommon words. These changes give a more reader-friendly experience and makes a lexicon/glossary unnecessary.
Scrutinise the graphics for clarity and reconsider those in the Transformative Actions section	The "Transformative Actions" section of the Zero Draft has been significantly re-drafted to form the "Action Areas" chapter of the final Strategy (p.48-73). All of the original graphics were removed except figure 7, which is now the improved figure 1 (p.17).
Consider incorporating the voices of people into the Strategy.	Some direct quotes from global leaders have been included (for example, on p. 18, 31 and 53). However, due to time constraints, quotes were not collected to reflect the voices of the people.
Implementation: Articulate Strategy goals & targets and accountability structure	
Articulate goals, targets and milestones, even at a high level.	In line with the SDGs, the *Global Strategy* articulates high-level goals and targets to be met by 2030 (p.40-45). Intermediate milestones will be set under successive Operational Frameworks for every 5 years of the Strategy (p.76).
The Strategy should include a basic accountability structure, anticipating how it will fit with the accountability and monitoring arrangements of the SDGs and other relevant platforms, including the Global Fund for AIDS, TB and Malaria, Gavi, the Global Financing Facility and others.	The *Global Strategy*'s accountability framework is described at a high-level (p.70-73). Alignment with the "Follow-up and Review" mechanism of the SDGs is clearly stated. Although positioning with respect to platforms such as Gavi, the Global Fund, the Global Financing Facility and others is not discussed, the importance of aligning with these organisations is noted in relation to financing activities (p.51) and as part of the EWEC architecture (p. 76).

3. NEXT STEPS

The *Global Strategy* was launched alongside the new SDGs during the 70th session of the UN General Assembly in September 2015. An Operational Framework is currently being developed to accompany the *Global Strategy* for the first five years (2016-2020); this will be updated every five years through 2030. Building on continuing efforts and existing structures, the Operational Framework will aim to guide countries as they adapt the *Global Strategy* to their own country contexts, and develop and refine their plans for women's, children's and adolescents' health based on their own needs and priorities. Other stakeholders can also use it as a guide to align their actions in support of country efforts.

The Operational Framework is being developed in consultation with governments, civil society, the private sector, international agencies, and other constituencies and partners.

Development of the Operational Framework has built on feedback from *Global Strategy* consultations and includes the following "ingredients for action":

1. Improving national and sub-national strategies and plans
2. Coordinating, aligning and mobilizing financing
3. Implementing health interventions at scale
4. Establishing priorities for adolescent health programmes and fostering participation
5. Supporting community engagement & advocacy
6. Establishing mechanisms for multisector action
7. Setting priorities for humanitarian settings
8. Fostering research and innovation
9. Establishing global and national accountability mechanisms

ANNEX A

The table below presents the membership of the *Every Woman Every Child* Strategy and Coordination Group.

Name	Government/ Organisation/ Institution
Amina J. Mohammed (Chair)	Executive Office of the UN Secretary-General
Mark Suzman	Bill and Melinda Gates Foundation
Yuan Xie	China People's Association for Friendship with Foreign Countries
Cecilia García Ruiz	Espolea A.C.
Diane Jacovella	Government of Canada
Minghui Ren	Government of China
C.K. Mishra	Government of India
Tore Godal	Government of Norway
Donan Mmbando	Government of Tanzania
Nick Dyer	Government of the United Kingdom
Ariel Pablos- Méndez,	Government the United States of America
Peter Singer	Innovation Working Group
Naveen Rao	Merck for Mothers
Jyoti Sanghera	OHCHR
Joe Thomas	Partners in Population and Development
Robin Gorna	The Partnership for Maternal, Newborn and Child Health
HRH Princess Sarah Zeid of Jordan	
Jasmine Whitbread	Save the Children
Raymond Chambers	Special Envoy for Financing the Health Millennium Development Goals and For Malaria
Luiz Loures	UNAIDS
Kate Gilmore	UNFPA
Kathy Calvin	UN Foundation
Geeta Rao Gupta	UNICEF
Yannick Glemarec	UN Women
Flavia Bustreo	WHO
Tim Evans	World Bank
Kevin Jenkins	World Vision