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GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH
Working Paper Series: Advocacy and Communications

Summary

The updated *Global Strategy* will be launched in September 2015 as a roadmap to end all preventable deaths of women, children and adolescents by 2030 and to improve their health and well-being across the life course. Launched alongside the new Sustainable Development Goals, the Global Strategy seeks to orient and align partners to engage effectively in a post-2015 landscape, in which health itself is a fundamental human right, and women's, children's and adolescents' health is a precondition of human development and key to the achievement of all other rights.

This paper argues that national, regional and global advocacy is central to the realization of rights and greater accountability. It illustrates how the experience of the 2010-2015 Global Strategy and the Every Woman Every Child platform was shaped by partner-based advocacy strategies and communication approaches, and how advocacy and communication together enable partner alignment, mobilize political support for the Global Strategy agenda, and foster greater accountability for results. In this sense, the *Global Strategy* can be understood as a roadmap for advocacy goals and targets, with *Every Woman Every Child* as both a coordinating platform for partner action and commitments and a branded umbrella for joint messaging and communications.

Since political commitment is at the heart of the *Global Strategy* process, this paper identifies key investment needs for advocacy in the post-2015 landscape. These needs include agreed monitoring and evaluation approaches to link advocacy inputs to results; flexible, reliable financing mechanisms that enable advocacy efforts to be taken to scale; stronger multi-stakeholder coordination platforms to promote greater alignment and action among actors and networks; and innovative two-way communication loops, from sub-national to global and back again, to enable effective multi-level advocacy and communications among a broad set of actors and networks, including youth groups and those that lie outside of traditional health domains.

I. Introduction

Advocacy is the process of bringing evidence and information to bear on the decision and ability to act by those who influence policies and resources. Advocacy shapes opinion, crystallises common or shared thinking, and drives decision-making and action. The result of advocacy can be political will, the decision to mobilize resources, policy and planning, reprioritization and often, the delivery of new or improved programmes or services.

What is Advocacy?

Advocacy for health is the act or process of blending science, ethics and politics. It is self-initiated, evidence-based, strategic action to help transform systems and improve the environments and policies that ultimately improve behaviour, choices and health. Advocacy is about sparking change and driving action, influencing political will and policy implementation and driving funding.

Source: http://www.whpa.org/ppe_advocacy_guide.pdf

Advocacy can also harness public energy and anger, directing this into a shaping and driving process. For example, in India, public outrage about violence against women is growing into a more widely shared view that attitudes to violence, safety and security must change among both men and women, prompting concerted action by the Prime Minister, women's and student coalitions, men's groups and others. Effective advocacy could help to harness and focus such shared views, building support for concrete channels of action, reinforcing political will and driving action at national and state level.

Updating the Global Strategy

Since 2010, the Global Strategy for Women's and Children's Health has been an effective advocacy tool to help partners to focus and deliver results in support of the Millennium Development Goals (MDGs). The *Global Strategy* is now being updated as the MDGs give way to the new Sustainable Development Goals (SDGs). This is occurring in light of new evidence and a shared view about broadening the scope, such as the inclusion of adolescents. The *Global Strategy*, once completed and launched, will have several functions. One of the most important will be its role as a 'tool' for advocacy champions working to keep health at the top of the political agenda.

This paper considers the *Strategy* as an advocacy instrument for women, children's and adolescents' health in support of the implementation of the SDGs, and makes several recommendations on how to optimize its potential as such. In doing so, this paper takes the view that policymaking itself emerges from the constant interaction of context, process and actors, and that advocacy and communication processes are drivers within this arena and therefore central to policy outcomes.¹

2. Theory and practice of advocacy

2.1 What advocacy is most effective?

In the women's and children's health advocacy community at present, no single, agreed evaluation approach or practice exists to measure the impact of advocacy efforts.¹ As a result, it is sometimes difficult to "prove" attribution of advocacy interventions, and therefore secure necessary funding for planning, coordination, and implementation. Effective advocacy is context- and audience-specific, demanding a tailored mix of approaches to achieve desired goals.

The table below highlights the potential roles that advocacy efforts can play, and suggests an approach to measuring impact.

Table 1: Examples of different advocacy areas to improve health and rights

Target area for action	Target audience	Example of targeted advocacy interventions	Potential outcomes
Policy/legislation	Policymakers, including parliamentarians, at all levels (district, state, federal, etc.)	Evidence-based briefs/factsheets/scorecards; meetings between advocates and policy makers; assemblies Public rallies, petitions, social media campaigns, public interest litigation	Changes in laws, policies
			Shifts in norms, i.e., knowledge, attitudes, values, behaviours
Health financing	President, prime minister, parliamentary committees, local government	Budget research and related policy briefs, citizens' hearings, media advocacy	Increased budget allocation, greater public transparency in spending Strengthened base of support, i.e., increased civic participation and activism
Service delivery	President, prime minister, parliament, local government, health workers, communities	Petitions, events, press releases, campaigns, marches, demonstrations	Changes in impact, i.e., long term changes in social and physical conditions
Accountability for resources and results	President, prime minister, parliament, local government, health workers, decision-makers, communities, civil society	Publications, media articles, press events, public meetings, court cases	Legislative changes, increased regulation, increased funding, altered policies, increased political will, increased monitoring, reporting of results

2.2 Characteristics and features of successful advocacy

Although advocacy takes different forms, there are some features that successful advocacy processes share. Political scientists who have studied maternal and newborn health movements, such as the American scholar Jeremy Shiffman, argue that successful advocacy campaigns often feature several distinct characteristics, many of which were embodied in the *Global Strategy* experience over the past five years.^{2,3}

- **Efforts are guided by strong institutions and backed by cohesive civil society movements:** Growing alignment among partners and greater visibility for women's and

children's health issues encouraged the United Nations and its Secretary-General Ban Ki-moon to build on those efforts to launch the Global Strategy and the Every Woman Every Child (EWEC) campaign in 2010. To date, the EWEC movement has more than 400 commitments made by 300 partners around the world, ranging from governments and foundations to business, civil society and health professional associations.

- **Agreement on solutions to problems:** Policy solutions to long-standing problems need to be seen by political leaders and partners as feasible and urgent. However, flexibility in supporting advocacy efforts will ensure success if and when political landscapes or “windows of opportunity” shift.
- **Issues framed in a way that resonates with political leaders:** Newborn survival and health and prevention of stillbirths were not specifically addressed in the MDGs, and consequently received less attention and investment. Nonetheless, these deaths account for a considerable and growing share of under five deaths globally. This trend was presented as a key rationale for urgent action in *Every Newborn: An Action Plan to End Preventable Deaths* (ENAP)⁴. Building from the strong visibility and commitment to the *Born Too Soon* report on preterm birth in 2012, ENAP also prioritizes parent-led action and advocacy to push newborns and stillbirths higher on the political agenda.
- **Taking advantage of a policy window and favourable political context:** The successful launch of the *Global Strategy* in 2010 was enabled by key political agreements that preceded it. These included the 36th meeting of the G8 in Canada in 2010 with its Muskoka Declaration in support of MNCH and the 15th African Union Summit in 2010 with the first-ever forum on Maternal, Newborn and Child Health (MNCH).

The 2010 launch of the *Global Strategy* attracted financial pledges of US\$40 billion, of which nearly two-thirds has since been disbursed. Since 2010, these pledges have risen to nearly US\$60 billion in value, with many additional uncosted commitments for policy and service delivery goals. The scale and speed of the response to the *Global Strategy* and its accompanying EWEC advocacy platform is a measure of that success.⁵

2.3 Advocacy actors and implementation strategies

Effective advocacy thus requires strategy, mapping, and operational planning, backed by intensive coordination and brokering of partnerships that bring financing and resources to the table. Civil Society Organizations (CSOs)—including non-governmental organizations, academics, and others—are key to coordinating advocacy efforts across the reproductive, maternal, newborn, child and adolescent health (RMNCAH) continuum of care. CSOs work in support of national plans and objectives, as well as challenging governments and parliamentarians to improve where needed. Success depends on the ability to better share information and best practices, align priorities and plan effectively in a coordinated way to increase efficiency and impact.⁶

Examples of CSO-led advocacy efforts include leadership capacity building, media and parliamentary engagement, coalition building, and distilling knowledge and evidence into targeted messages and communication products (e.g., policy briefs and reports, press releases, tweets, video messages, blogs, etc.).

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As seen in Table 1, advocacy targets can include those related to policy/legislation, service delivery, accountability, as well as health budget allocation – with recent noted successes in the women’s and children’s health space (Box 2).⁷

Such efforts often depend on a judicious mix of ‘outside’ vs. ‘inside’ advocacy strategies. ‘Outside’ advocacy approaches seek to mobilize individuals and public-interest networks in a joint cause, exerting highly visible pressure “on the system” to promote a particular outcome. Common tactics include public-facing media campaigns that use celebrities and social media, global “days” such as World Prematurity Day, recognized in 2014 by parent-group rallies and/or events in 70 countries¹; and “citizen hearing” national and sub-national events that encourage community-led feedback and action on RMNCAH policies and gaps².

This is in contrast to ‘inside’ advocacy approaches, in which influential network leaders and champions interact directly with senior policymakers to share knowledge and evidence, provide consultation on policy options, and exchange experiences. Successful examples of the latter include dense interactions between UN partners, PMNCH, health professionals and Countdown to 2015 that produced the Inter-Parliamentary Union’s 2012 resolution on maternal and child health³. While tensions exist between ‘outside’ and ‘inside’ approaches to advocacy, there is evidence that a “twin track” approach to advocacy can be highly effective. In the environmental arena, for instance, external pressure from the public campaigns has been instrumental in influencing positive outcomes from “inside” political interactions.⁴

3. Lessons from the 2010-2015 Global Strategy

3.1 Learning from the 2010-2015 Global Strategy experience

The *Global Strategy of 2010-2015* built momentum over its lifetime as more and more partners signed up to commitments aimed at ensuring adequate and appropriate attention for women’s and children’s health. By 2014, there were more than 300 commitment-makers to the *Global Strategy*—a three-fold increase from 2010.^{8,9} These included academic and research institutions, the private sector, non-governmental organizations (NGOs), global partnerships, multilateral organizations and from countries themselves (Figure 1).

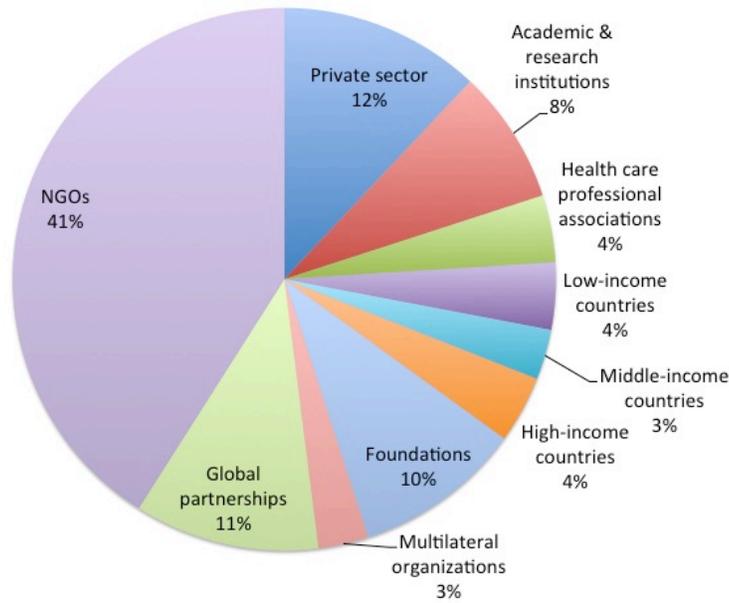
¹ <http://www.everynewborn.org/events-calendar/>

² See <http://www.citizens-post.org/hearings/>

³ See http://www.who.int/pmnch/media/news/2012/20120331_126_ipuassembly/en/

⁴ See for example: <http://www.dissentmagazine.org/article/climate-of-change-what-does-an-inside-outside-strategy-mean>

Figure 1: Advocacy commitments for the *Global Strategy* by constituency



Source:⁵

Many of these commitments have translated into measurable results. For example, since 2010, there has been a nearly 50% increase in the coverage of oral rehydration therapy, a rise of 44% in exclusive breastfeeding and an additional 11 million women that gave birth in a health facility.⁹ The value of advocacy has been to keep the *Global Strategy* ‘on the table’, building and reinforcing commitment to a clear and measurable set of results for women and children and linked to high level global policy processes.

In this way, the *Global Strategy* itself has become a tool for advocacy by bringing together evidence and proposals for action. The implementation of the *Strategy* requires advocacy and that leads to pledges that in turn build advocacy momentum because they help drive the delivery of action. The successes achieved over the past five years were due in part to the ability of the *Global Strategy* to bring together and mobilize a broad array of partners, while also getting these partners to focus on evidence-based strategies for changing policy and delivery of essential interventions. Advocacy efforts ensured this happened in a coordinated way that has had an impact at scale—both for the short and long term.⁹

The *Global Strategy* process illustrates that, even in areas where the response or commitments may have been lacking,⁸ advocacy and communication efforts have been essential to influencing and catalysing action over the past five years. For instance, the London Family Planning Summit of 2012 (see box) leveraged commitments from more than 20 governments and donor funding of US\$2.6 billion,¹⁰ elevating political commitment to reproductive health in support of the

wider remit of the *Global Strategy*. Since then, other campaigns have also used the *Global Strategy* as their foundation and rationale, including the UN Commission on Life-Saving Commodities for Women’s and Children’s Health and the Every Newborn Action Plan.⁴ These “spin-off” campaigns can themselves be seen as a measure of *Global Strategy* advocacy ‘success’.

3.2 Limitations in the approach to advocacy around the 2010-2015 Global Strategy

Despite the inherent advocacy approach and rationale of the *Global Strategy*, advocacy itself was not recognized as a key intervention area in the 2010 *Global Strategy*. Due in part to this oversight, significant financial pledges made to the *Global Strategy* did not always match identified needs—particularly in the highest burden countries, such as those in sub-Saharan Africa.⁵ This resulted in a number of key gaps in attention and funding, such as for newborns and adolescent health, with relatively few commitments pledged in support of these areas compared with other areas.

Advocacy around the updated *Global Strategy* should address such gaps. It should also take on emerging complexities, such as humanitarian crisis and fragile states, as well as the need to advocate across sectors which impact health in line with the emerging SDGs.⁶

Going forward, greater focus on capacity building, as well as enabling voice and agency in design of policies, programs and commitments by a multitude of stakeholders; and transparency on policies and spending by national governments and international institutions and donors will continue to be benchmarks by which successful advocacy will be judged.

Box 1: Advocacy efforts drive awareness and action: FP2020

The *Global Strategy* has been key to raising awareness and action in areas where progress and financing has lagged over the last 20 years. A good example of this is the *Family Planning 2020 (FP2020)* initiative. Since the landmark *London Summit* in 2012, *FP2020* has made remarkable progress advocating for overcoming barriers and expanding access to family planning. In line with the *Global Strategy*, commitments made to *FP2020* are translating into progress for women and girls around the world. Since 2013, over 1.3 billion dollars has been disbursed for family planning programs. This has resulted in over 8.4 million more girls having access to modern contraception and at least 77 million unintended pregnancies avoided.

The *FP2020* example illustrates how global and national health advocacy fosters and builds on widespread agreement on the urgency of an issue, such as scaling up access to family planning. Advocacy efforts can distill and clarify views of multiple partners, driving a process of creating a set of tangible results that everyone can join up around.

Source: www.familyplanning2020.org

4. Strengthening advocacy impact: What is needed now?

The 2010-2015 Global Strategy process is widely regarded as a role model for other global partnership initiatives. Effective advocacy will be more needed than ever to maintain focus and political will over the 2015 transition period to the SDGs, and through the next decade to help decision-makers remain focused on delivering critical results for women, adolescents and children. What is needed therefore to drive this effort?

4.1 Flexible, multi-donor funding mechanisms for advocacy

Effective advocacy depends on reliable yet flexible financing to capture sudden and unexpected opportunities, as well as to address longer-term strategic goals. Relatively few such funding instruments exist for RMNCH advocacy efforts. Nonetheless, experience from the nutrition community shows that such mechanisms can be effective in achieving results. For example, pooled donor funding for civil society partners as part of the multi-partner trust fund for the Scaling Up Nutrition movement has enabled greater coordinated action. Of the 30 established and active SUN Civil Society Alliances in countries, 24 are funded through this trust fund or by bilateral donors.⁷

In the RMNCAH domain, the Global Financing Facility (GFF)¹¹ to support Every Woman Every Child is designed to support the development of national financing roadmaps and leveraging of domestic resources for health. However, the GFF business plan does not yet articulate the need to support multi-partner domestic budget advocacy to mobilize and sustain domestic allocations for health. Without such domestic advocacy with parliamentarians, the media and civil society, the GFF ambitions cannot be fully realized. The business plan should, therefore, identify how the GFF will support national advocacy, at both the level of principle and concrete support.

While the GFF is not the only mechanism that will finance RMNCAH, its current formulation must ensure that it is “fit for purpose” for the domestic mobilization efforts that it seeks to accelerate.

4.2 Strong national, regional and global coordination platforms

Joint planning and implementation of advocacy campaigns and products depends on the development of effective coordination platforms to enable partners to exchange information and work together. The effective operation of such platforms require skilled and focused facilitation, and dedicated investment in capacity building of these leadership skills. In 2012-13, PMNCH provided a small level of financial support for the development of national RMNCH civil society coalitions in 10 countries, including six in Africa and four in Asia, to enable joint advocacy and improve accountability, including for national commitments to the Global Strategy.¹² In most of the participating countries, these are the first CSO coalitions framed in relation to the entire RMNCAH continuum of care.

The partnerships have resulted in the implementation of a number of innovative approaches, such as a joint advocacy toolkit in Tanzania to increase the enrolment of youth in midwifery training. Similarly, in Ghana, Indonesia and Uganda, voluntary contribution schemes have been created to cover the cost of alliance activities. These national coordination platforms are essential to progress, alongside stronger regional and global platforms.

⁷ <http://scalingupnutrition.org/the-sun-network/civil-society-network>

4.3 Innovative systems for information flow

Effective national coordination platforms require strong information “circuits”, from district to national to regional to global, and back again, to identify when and how to act. Too often, national advocates are confused by global initiatives and uncertain of how to capture national opportunities related to such initiatives and commitments. Global advocacy initiatives fail to benefit from regional and national advocacy efforts and networks. The RMNCAH community is yet to develop effective channels for communication that unite actors across the scale, from national to global. Promising partner-based innovations exist at the global level, such as the MDG 456 Live web hub (<http://live.fhi360.org/category/mdg456live/>) with its crowd-sourced social media and audio-visual content and “Daily Digest” e-blasts pegged to key RMNCAH community events, such as Women Deliver conferences and the annual UN General Assembly.

Digital communication platforms present a major new opportunity to enhance national advocacy and alignment among partners, especially when linked to national coordination platforms that link in turn to regional and global platforms for action. Improving the circuit of information, upwards and downwards, is a major need for effective transnational advocacy action. This is especially true of the post-2015 era, with a growing set of partners seeking to collaborate across sectors and geographies, to realize the ambitions of the SDGs.

5. Broader considerations for advocacy in a post-2015 world

The *Global Strategy* is a key driver for coordinated commitments, financing and action to improve women’s and children’s health. Ensuring continued commitments and progress in the post 2015 agenda will require accelerated advocacy efforts, especially with a very broad set of goals and targets in the SDGs (i.e., currently 17 goals and 169 targets, compared with a highly focused MDG framework with two of eight goals dedicated to reproductive/maternal and child health).

5.1 The SDGs and the road ahead

In the updated *Global Strategy*, there will be a need to amplify initiatives that are already driving results and to focus on implementation of commitments and to addressing those gaps identified over the last five years. It will also require advocating in the most strategic way to engage stakeholders and partners to not only deliver on commitments made in the first *Global Strategy*, but to ensure women’s, children’s and adolescents’ health is kept high on the agenda in the post 2015 era and central to the focus of the SDGs.

Box 2: Budget line advocacy for better funding RMNCH

In Tanzania, the White Ribbon Alliance for Safe Motherhood united a broad set of NGO, health professional, academic, donor and UN partners to advocate for widespread access to life-saving services through a campaign called “Be Accountable so that Mothers and Newborns Can Survive Childbirth”. This three-year (2013-2015) campaign aims to ensure widespread access to comprehensive emergency obstetric and newborn care (CEmONC) at health centres and with the help of qualified health workers. The campaign calls for a specific budget line item with funds for CEmONC in Tanzania’s council health plans. As a result of the effective use of evidence-based messaging, media campaigning, and one-on-one meetings with key champions, the Prime Minister of Tanzania on the White Ribbon Day March 15, 2014, gave a directive that all councils establish a budget line for CEmONC with funds to ensure that these lifesaving services are available at health centres. The campaign has also yielded a petition on CEmONC signed by 16,428 citizens and 96 MPs.

Source: Progress Report - Budget advocacy for improved women’s and children’s health: experiences from national civil society coalitions (http://www.who.int/pmnch/media/events/2013/progress_report.pdf?ua=1)

http://www.who.int/pmnch/media/events/2013/progress_report.pdf?ua=1

5.2 Evidence-based advocacy and accountability for results

Evidence is essential to shaping successful advocacy efforts. Effective selection and framing of scientific and economic evidence can amplify messaging efforts of advocates, and improve the chances for policy impact. The *Countdown to 2015* movement, which regularly tracks progress on key coverage, equity, financial and policy indicators at national level, has been highly influential in drawing attention of policymakers to key gaps in reproductive, maternal, newborn and child health (RMNCH) in the effort to support countries to achieve the MDGs.¹³ This has enabled and promoted accountability from governments and development partners, allowing for the identification of knowledge gaps and a basis upon which new measures and actions could be proposed.

Building the evidence-base: What drives success?

The *Success Factors* study demonstrates *how* countries have been successful in accelerating progress to reduce maternal and child deaths. This three-year multidisciplinary, multi-country study identified a number of key strategies and best practices deployed by “successful” countries to improve women’s and children’s health, both within and outside the health sector. The study’s findings seeks to inform the post-2015 agenda-setting process to help countries better understand key strategies for improving health.

Source: *Success Factors* studies, 2014 (<http://www.who.int/pmnch/successfactors/en/>)

There is also need for greater investment in and attention to monitoring and evaluation (M&E) around advocacy.⁸ At present, there is a general lack of evidence to demonstrate the impact of advocacy activities in reaching the specific goals of the *Global Strategy*. This has hindered

advocacy for scaling up investments.⁸ In order to better understand how to monitor and evaluate advocacy outcomes of the *Global Strategy*, it is important to establish a common definition of what successful advocacy looks like and agreement on how this will be measured. For example, while it is relatively simple to measure “interim” or “process” indicators, such as number of commitments to the *Global Strategy* or media hits from a PR campaign relating to RMNCH issues highlighted by the *Strategy*, it is far more difficult to identify indicators that capture end-response and effect in relation to advocacy inputs. Attribution – or correlation – of effect remains a challenging issue for advocates and communicators in seeking to build investment cases for advocacy. Indeed, demonstrating “contribution” rather than “attribution” may be a more constructive way forward.

5.3 Raising awareness and ownership of country commitments

While engagement at the global level for the *Global Strategy* was high, there was often a low level of awareness of commitments made in countries, both within the national governments themselves and among national advocacy actors, including the public. Civil society actors at both the global and country levels have a long history of advocating successfully to hold their governments accountable for commitments to women’s and children’s health.

This can be done, however, only if there is country ownership of commitments and support for advocacy efforts around accountability. The updated *Global Strategy* will need to maintain its focus on increasing country ownership of new commitments. It should also include a focus on ensuring support for country level efforts to advocate for putting in place appropriate policies and resource flows to ensure that country commitments are met. Advocacy for the updated *Global Strategy* should be structured to bridge this gap between global and country levels particularly with a view to supporting accountability efforts in countries.

The *Global Strategy* should ultimately be used as a platform and tool to help shape and define women’s and children’s health into something that people can insist their governments address. Advocacy efforts are thus twofold: first to drive a process at the country level of building clarity and momentum around women’s, children’s and adolescents’ health. This includes helping to shift cultural norms to make preventable deaths unacceptable; it can also build pressure on policy makers to act. Secondly, advocates can push for the full adoption and ownership of the *Global Strategy* in every country based on a set of tools and advocacy instruments. In this way, the *Global Strategy* will both drive and support country action and countries’ own processes of (re)positioning women’s, children’s and adolescents’ health. Adolescent health, in particular, as an emerging focus of the *Global Strategy*, requires a differentiated set of strategies to communicate the urgency of its inclusion in national policies, programming and budgeting, as well as to mobilize different stakeholders to accelerate progress in adolescents’ health.

5.4 Closing financing gaps

While advocacy is often seen as a non-financial commitment, in practice, advocacy requires proper funding. In fact, financing gaps remain one of the greatest barriers to implementing advocacy efforts, especially when public financing of advocacy by governments for civil society organizations is seen as potentially counter to the interests of such governments of remaining out of the “line of fire”.

A review of progress made between 2010 and 2013 under the *Global Strategy* found that RMNCAH organizations were often understaffed with limited capacity for advocacy due to poor staff training and reluctance by donors to fund advocacy interventions and related staff

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positions. The financial crisis of 2008 and the subsequent poor economic climate further destabilized advocacy financing and thus the ability of partners to conduct advocacy during the global economic slowdown that followed. Advocacy funding and human resource capacity is closely intertwined—both must be properly financed to improve advocacy efforts and opportunities.⁵

Whether raising the capacity of civil society organizations (particularly at the national and sub-national levels) to ensure evidence of accountability for health outcomes is sustained or accelerated, or strategizing, coordinating, communicating and organizing to drive advocacy forward—all of these activities require sustained financial commitments. In efforts to update the *Global Strategy*, it will be important to highlight the need for partners to develop a realistic budget for advocacy efforts and a strategy that includes core costs for maintaining and strengthening advocacy along the continuum of care for RMNCAH and the resources needed for specific interventions.¹⁴

5.5 Implementation and cross-cutting considerations

In addition to the financial and human resource needs for successful advocacy efforts, key factors influencing the implementation of the updated *Global Strategy* also link to the cross-cutting environment in which the updated *Strategy* is being negotiated. Particularly in the countries with the highest burden of maternal and child mortality, there is a great deal of evidence that progress made towards the MDGs was based on health and health-enhancing sectors, including for education, women's political and economic participation, access to clean water and sanitation, poverty reduction and economic growth.¹⁵

In further supporting progress in women's and children's health beyond 2015, it will be essential to strengthen multi-sectoral collaboration and existing national coalitions, and establishing new ones. This will ensure the *Global Strategy* can be implemented, facilitated and sustained at the national level. National coalitions need support to bring together diverse, multi-sector stakeholder partnerships and be democratically self-governed with sustained leadership capable of pushing the agenda at the national level. This includes engaging networks of female parliamentarians at the country level, for example, and ensuring a presence at global gatherings (like G7, G20, G77, AU, WHA, UNGA and Women Deliver 2016) to facilitate integration across sectors.

Another way to focus cross-pollination with health-influencing sectors is to work with cross cutting UN agencies in a more deliberate manner, including UNDP, UNICEF, UNESCO, World Bank, and UN Women. The updated *Global Strategy* will also need to look at non-traditional actors and partners in advocacy such as the private sector.

6. Conclusion

As the *Global Strategy* is updated in line with the post 2015 agenda, it is important that its implementation should not be reactive, but rather be seen and adopted as a governance mechanism. This will ensure sustainable change that links strategy, outcomes, goals and a broader mission and vision of improved health for women, children and adolescents with underlying political goals and international and national health agendas. In this way, advocacy

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and communication strategies are seen and used as 'tools' for keeping health at the top of the political agenda now and long into the future.

There are a handful of stakeholder consultations taking place in 2015 that offer key opportunities to engage stakeholders in support of the updated *Global Strategy*. These include the Asian Pacific Forum on Sustainable Development, the World Health Assembly, and the 12th International Conference on Urban Health.

Significant progress was made over the last 15 years, where the MDGs helped keep health in the spotlight. At the same time, the shortcomings of the MDGs drove advocacy for a more inclusive, more integrated set of development goals for the post-2015 era. Going forward, health in general, and women's and children's health in particular, will be part of the SDGs, but not be profiled in the same way. This means more, better, smarter, joined-up advocacy will be needed to ensure the continued momentum on women's and children's health stays at the top of national and international development agendas and across the many sectors and partners, upon which success in eliminating preventable deaths and promoting well-being ultimately depends.

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