
Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health

Committing to implementation

Report by the Secretariat

1. Pursuant to the request in resolution WHA67.14 (2014) to continue to inform Member States about the positioning of health in the post-2015 development agenda, this report highlights key aspects of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030,¹ with particular focus on country leadership and implementation. The Executive Board considered an earlier version of this report at its 138th session, in January 2016,² and agreed that intersessional discussions should proceed with a view to developing a draft resolution for submission to the Health Assembly in May 2016³ It proposes a timetable for the updating of national plans, investing resources in health, strengthening implementation through resilient health systems, promoting multistakeholder partnership and enhancing accountability. It also solicits commitments to the Global Strategy, including to the overall goal of achieving universal health coverage, from all stakeholders concerned.

2. In September 2015, the United Nations Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030, and the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development. The survival, health and well-being of women, children and adolescents are essential to achieving all the Sustainable Development Goals. The Global Strategy, an updated version of the Global Strategy on Women's and Children's Health, 2010–2015, includes new areas of focus and encompasses 17 health and health-related targets. These targets were identified among the 169 targets of the Sustainable Development Goals and align with global action plans previously endorsed by WHO Member States (see Annex 1 for a synopsis of the targets of the Global Strategy for Women's, Children's and Adolescents' Health, 2016–2030).

¹ The Global Strategy for Women's, Children's and Adolescents' Health, (2016–2030): survive, thrive and transform (<http://globalstrategy.everywomaneverychild.org/> accessed 2 December 2015).

² See document EB138/15.

³ See the summary records of the Executive Board at its 138th session, fifth meeting, section 2 and sixth meeting (document EB138/2016/REC/2).

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

3. The Global Strategy envisages a world in which every woman, child and adolescent in every setting realizes her or his right to physical and mental health and well-being, enjoys social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies. Its three main objectives are to enable individuals to:

- survive, by ending preventable deaths;
- thrive, by ensuring health and well-being; and
- transform, by expanding enabling environments.

4. The Global Strategy provides a road map for attaining these ambitious objectives and supporting countries in starting to implement the post-2015 agenda without delay based on the evidence of what is needed and what works. It is relevant to all countries, including those already having attained some of the proposed absolute national targets. Reducing subnational inequities, ensuring universal health coverage and progressively realizing the rights to health and to health care of every woman, child and adolescent everywhere all remain challenges in most settings.

5. Full implementation of the Global Strategy, with increased and sustained financing over the next 15 years, would yield tremendous social and economic returns, including an end to preventable deaths, a 10-fold return on investments and at least US\$ 100 billion in demographic dividends.¹ However, large funding gaps remain in low- and lower middle-income countries with high burdens of maternal and child mortality, which could only be filled by major increases in financing from domestic and international sources alike. The Addis Ababa Action Agenda lays out the purpose of domestic and international financing for development, in particular to provide fiscally sustainable and nationally appropriate social protection systems, including those for health.²

6. The Global Strategy was developed under the auspices of the United Nations Secretary-General and the Every Woman Every Child movement. It was supported by discussions at the Sixty-eighth World Health Assembly, the Group of Seven summit (Krün, Germany, 7–8 June 2015), and the Inter-Parliamentary Union at its 132nd assembly (Hanoi, 28 March–1 April 2015). Consultations on the development of the Global Strategy were hosted by the Governments of India, South Africa and the United Arab Emirates, as well as by the Partners in Population and Development intergovernmental network and the Partnership for Maternal, Newborn and Child Health. More than 7000 organizations and individuals provided written comments or participated in the Global Strategy consultations. Furthermore, a special supplement to the British Medical Journal, prepared by a diverse group of

¹ The Global Strategy for Women's, Children's and Adolescents' Health, (2016–2030): survive, thrive and transform (<http://globalstrategy.everywomaneverychild.org/> accessed 2 December 2015).

² United Nations. Financing for Development. Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa, 13–16 July 2015), endorsed by the General Assembly in its resolution 69/313 (http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf accessed 2 December 2015).

global experts under WHO's leadership, provides details on the rationale and evidence for the interventions and strategies proposed in the Global Strategy.¹

7. To guide the transition from the Millennium Development Goals to the goals of the Agenda for Sustainable Development, the United Nations Secretary-General appointed a High-level Advisory Panel to provide leadership, inspire ambitious actions for women's, children's and adolescents' health, and encourage collaboration and integration between relevant sectors and work areas. The global membership includes representatives of governments, the business community, philanthropists, young people, civil society and the multilateral system, and reflects the diversity of the Every Woman Every Child movement.²

NEW CHALLENGES

8. Implementing the Global Strategy will require attention to areas that have received relatively little in the past, including early child development and adolescent health, the health of women, children and adolescents in humanitarian crises and fragile settings, and multisectoral responsibilities to tackle underlying determinants of health and well-being. Overall, the Strategy seeks to ensure that nobody is left behind and that inequities, whether among or within countries, are addressed.

9. The importance of investing in health and development in early childhood and adolescence to maximize the demographic dividend and optimize health along the life course is now well recognized. WHO is leading a broadbased consultative process to develop a global framework for accelerated action for adolescent health in follow-up to discussions on adolescent health at the Sixty-eighth World Health Assembly,³ for submission to Member States for consideration at the Seventieth World Health Assembly, in 2017.⁴ Similarly, the Secretariat will strengthen its investment to develop evidence-based guidelines and tools for early child development, with a particular emphasis on the role of the health sector in reaching families and children aged 0–3 years.

10. Approximately half of the global burden of maternal, newborn and child mortality weighs on people in humanitarian crises or fragile settings. Millions of women, children and adolescents living in such settings also face substantially increased risks of morbidity due to unsafe environments, sexual violence and depression, yet the majority of development assistance is directed towards countries and populations in relatively stable conditions. The Global Strategy calls for integrated humanitarian and sustainable development action through a "contiguuum approach": tackling relief, recovery and development simultaneously and collaboratively, and mainstreaming emergency preparedness at all levels of the health system. It focuses on safeguarding women, children and adolescents in those unprotected settings and upholding their human rights to the highest attainable standard of health, even in the most difficult circumstances. In order to achieve the Sustainable Development Goals, the global

¹ Towards a global strategy for Women's, children's, and adolescents health. The BMJ, 351, Supplement 1. 70pp, 2015 (bmj.co/who accessed 2 December 2015).

² <http://www.everywomaneverychild.org/news-events/news/1135-high-level-event-to-launch-the-global-strategy#sthash.6QyNrmjF.dpu> (accessed 29 April 2016).

³ Adolescent health, document A68/15, noted by Committee A of the Sixty-eighth World Health Assembly (summary record of the tenth and eleventh meetings (section 3)).

⁴ Document A68/15 had indicated that the draft framework for accelerated action for adolescent health would be finalized for submission to the Sixty-ninth World Health Assembly. It was subsequently decided to present the framework in 2017 in order to allow for more in-depth consultation with Member States.

community must become more agile to act and generate greater investment to assist those at greatest risk.

11. Recognizing the importance of investment needed in sectors other than health, and the need to tackle social and environmental determinants to advance health outcomes and goals, governments have a particular responsibility for coordinating policy-making and facilitating the formulation of strategic plans with common goals, integrated responses and increased accountability across government departments. The Health in All Policies approach is one response to meet the need for coordinated, multisectoral actions, including those related to tackling malnutrition, air pollution, poor water quality, sanitation and hygiene, violence, and harmful and discriminatory practices. Nevertheless, the realities countries face mean that it is not easy to break out of existing vertical health care programmes and approaches and foster effective multisectoral collaboration. This area will need specific country leadership and attention when countries put the Global Strategy into practice.

12. Inequities adversely affect health outcomes among women, children and adolescents, especially those marginalized, excluded from society, affected by discrimination, or living in underserved communities – particularly the poorest and least educated and those living in remote areas. Accordingly, the Global Strategy advocates policies and programmes that are equity-driven, gender-responsive and human rights-based.

IMPLEMENTING THE GLOBAL STRATEGY

13. Effective country leadership is a common thread among countries making the swiftest progress in improving the health of women, children and adolescents. Strong leadership takes the form of, inter alia, defining clear strategic directions and targets, and working towards them by effective collaboration among various arms of government working closely with communities, civil society, young people, development partners and the private sector. Leadership is also visible in the role of parliament (and often among women parliamentarians) through policy- and law-making, budgeting and increased accountability for women's, children's and adolescents' health. Modalities of implementation will be determined by national needs and priorities through updated country plans and supported as needed by WHO and other organizations in the United Nations system and by other partners in the Every Woman Every Child movement.¹

14. Among the 169 targets of the Sustainable Development Goals, 17 health and health-related targets directly relevant to improving the health of women, children and adolescents have been identified in the Global Strategy as the key drivers of action. As the task of reaching these targets falls within the remit of multiple sectors and stakeholders, implementing the Global Strategy will require the harnessing of the power of partnership through commitments and collaboration at all levels.

15. It is recommended that every government undertake the following key activities in order to put the Global Strategy into practice, thereby contributing simultaneously to achieving the overarching goal of universal health coverage

- (a) Use the 17 health and health-related targets specified in the Global Strategy as part of a national process to update national policies, strategies, plans and budgets for the period 2016–2030. Pay due consideration to all the health-related targets with specific attention to

¹ The Every Women Every Child secretariat is hosted at the Office of the United Nations Secretary-General in New York (<http://www.everywomaneverychild.org/> accessed 29 April 2016).

inequities in health outcomes, intervention coverage, service quality, availability and access, as well as multisectoral determinants of health and well-being and long-term demographic and macroeconomic trends.

(b) Develop a sustainable, evidence-informed, health financing strategy that maximizes and increases the use of domestic resources and incrementally reduces dependence on external resources for providing essential health services, redressing inequities and tackling critical social and environmental determinants of health.

(c) Strengthen health systems to be resilient, efficient and effective, in particular by investing in the health workforce, quality of health service delivery, availability of essential medical products and vaccines across the life course and in every setting, and by mainstreaming emergency preparedness at all levels.

(d) Harness the power of partnership, reinforce multisectoral and multistakeholder commitments and collaboration, and use governance mechanisms that have the ability to effectively facilitate cross-sector collaboration and action; recognize the importance of informed community engagement in planning, supporting and monitoring services so as to reach everyone.

(e) Enhance accountability mechanisms for resources, results and rights at the national and subnational levels by strengthening systems for civil registration and vital statistics and health information; develop clear monitoring and evaluation frameworks, including multistakeholder consultations, citizens' hearings, independent reviews and parliamentary procedures, to inform evidence-based actions; and harmonize such mechanisms and frameworks with regional and global accountability processes to ensure progress.

16. Country plans and priorities should drive collective action among diverse stakeholders, constituencies and sectors for women's, children's and adolescents' health at the global, national and subnational levels. In support of national priorities and plans, stakeholders should strive to strengthen coordination and reduce fragmentation of initiatives and technical assistance, align investments in monitoring and evaluation, and facilitate sufficient, predictable and effective financing, in accordance with the aid effectiveness principles laid out by the international health partnership IHP+¹ and those underlying the Paris Declaration on Aid Effectiveness and Accra Agenda for Action.²

17. A five-year operational framework has been developed to accompany the Global Strategy and to serve as a resource for national governments and a wide variety of stakeholders within countries whose contributions are vital to improving the health and well-being of women, children and adolescents, including civil society, the private sector and development partners. It offers guidance and options for consideration as countries translate the Global Strategy into national and subnational strategies and plans, starting with the period 2016–2020 and building on country-level processes and plans already underway. The document presents activities to implement at the country level around the nine action areas of the Global Strategy, examples of country experiences and a rich repository of operational tools. It is neither prescriptive nor exhaustive, and will be updated periodically.

¹ <http://www.internationalhealthpartnership.net/en/about-ihp/seven-behaviours/> (accessed 2 December 2015).

² <http://www.oecd.org/dac/effectiveness/34428351.pdf> (accessed 2 December 2015).

18. As the lead technical arm for the implementation the Global Strategy, the H6 partnership, comprising UNAIDS, UNFPA, UNICEF, UN WOMEN, WHO and the World Bank Group, is leveraging its collective strengths and complementary advantages and capacities to support countries with a high burden of maternal, newborn, child and adolescent mortality and morbidity in their efforts to improve the survival, health and well-being of every woman, newborn, child and adolescent. The H6 will provide coordinated support, with a focus on reaching people and places most in need, through three major roles: (i) facilitating the provision of technical support to countries; (ii) supporting the alignment of stakeholders on national priorities and facilitating multisectoral collaborations; and (iii) supporting evidence-based advocacy for women's, children's and adolescents' health.

19. The newly established Global Financing Facility in support of Every Woman Every Child aims to accelerate efforts towards the implementation of the Global Strategy by coordinating and harmonizing external funding flows in support of national plans, assisting governments in identifying strategies to increase domestic resources for health progressively, and reducing inefficiency in health spending over time.¹ The Facility will provide an opportunity for 62 low- and lower middle-income countries to access substantial new funding for women's, children's and adolescents' health, including through the World Bank's Global Financing Facility Trust Fund. Currently 12 countries have the option of support from the Global Financing Facility Trust Fund linked to International Development Association loans.

COMMITMENTS TO THE GLOBAL STRATEGY

20. When the Global Strategy was launched at the United Nations General Assembly in September 2015, more than 40 governments and more than 100 international organizations, philanthropic foundations, United Nations system bodies, civil society and the private sector stakeholders committed themselves to it. Making a commitment should stimulate action, build partnership and generate investment. Partners in the Every Woman Every Child movement will track commitments and contribute to mobilizing the necessary resources. All Member States are invited to specify their commitments to implementing the Global Strategy and indicate what specifically they will do to reach its targets and realize its strategic actions.

MEASURING PROGRESS IN IMPLEMENTATION OF THE GLOBAL STRATEGY

21. In the Declaration in the General Assembly's resolution adopting the 2030 Agenda for Sustainable Development,² governments committed themselves to follow up on and review, at national, regional and global levels, the progress made in implementing its goals and targets over the coming 15 years. The Declaration provides general guidance on follow-up and review. The indicator framework for all Sustainable Development Goals will be finalized in July 2016. WHO will play a central coordinating role in the global monitoring of health-related targets and indicators of the Sustainable Development Goals and thereby contribute to monitoring the implementation of the Global Strategy. Monitoring is a crucial aspect of the accountability action area of the Global Strategy, detailed below. Reporting and reviews will be conducted on an annual basis. Regular country-led reviews of progress are the basis for all regional and global reviews. Alignment through a common

¹ The Global Financing Facility in support of Every Woman Every Child (<http://www.who.int/life-course/partners/global-strategy/global-financing-facility/en/> accessed 2 December 2015) was launched in July 2015.

² In United Nations General Assembly resolution 70/1, Transforming our world: the 2030 Agenda for Sustainable Development (http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&referer=https://sustainabledevelopment.un.org/post2015/transformingourworld&Lang=E accessed 2 December 2015).

platform is essential in order to minimize the reporting burden on countries and maximize the impact of reviews on subsequent action.

ACCOUNTABILITY

22. Global accountability for the Global Strategy will be consolidated in a unified framework, building on the recommendations of the Commission on Information and Accountability for Women's and Children's Health,¹ set up in 2011 to monitor progress on resources and results towards the Global Strategy for Women's and Children's Health 2010–2015, including new areas of focus of the Global Strategy. In an effort to harmonize global reporting, minimize the reporting burden on countries and support cost-effectiveness, an Independent Accountability Panel² will prepare annually a report synthesizing the state of women's, children's and adolescents' health from information provided by organizations in the United Nations system and independent groups. The United Nations Secretary-General appointed the panel's members through a transparent selection process managed by the Board of the Partnership for Maternal, Newborn and Child Health, whose secretariat will facilitate the panel's work. The panel's annual report will review progress towards achieving the Global Strategy objectives and targets, and provide recommendations and guidance to all stakeholders on how to accelerate progress. It will include reporting of progress towards related targets in other Sustainable Development Goals than health, such as the target on eliminating all forms of violence against women and girls, gender equity and education. The report will be submitted to the Secretary-General in time for deliberations by the High-level Political Forum on Sustainable Development. The panel's initial report is expected to be published to coincide with the Seventy-first session of the United Nations General Assembly, in 2016, and the first full accountability report will be issued in 2017 for the consideration of the High-level Political Forum on Sustainable Development and the World Health Assembly.

23. In order to assess the implementation of the Global Strategy and contribute to accountability, a set of milestones for 2016–2020 is proposed (Annex 2).

ACTION BY THE HEALTH ASSEMBLY

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

¹ See the final report of the independent Expert Review Group on Information and Accountability for Women's and Children's Health of the Accountability for Women's and Children's Health (http://www.who.int/woman_child_accountability/ierg/news/ierg_2015_report_launch/en/ accessed 7 December 2015).

² <http://www.who.int/pmnch/media/news/2016/iap/en/> (accessed 29 April 2016).

ANNEX 1

**AT A GLANCE: THE GLOBAL STRATEGY FOR WOMEN'S,
CHILDREN'S AND ADOLESCENTS' HEALTH**

VISION		GUIDING PRINCIPLES	
<p>By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.</p> <p>Implementing the Global Strategy, with increased and sustained financing, would yield tremendous returns by 2030:</p> <ul style="list-style-type: none"> – An end to preventable maternal, newborn, child and adolescent deaths and stillbirths – At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions – At least US\$ 100 billion in demographic dividends from investments in early childhood and adolescent health and development – A “grand convergence” in health, giving all women, children and adolescents an equal chance to survive and thrive 		<ul style="list-style-type: none"> – Country-led – Universal – Sustainable – Human rights-based – Equity-driven – Gender-responsive – Evidence-informed – Partnership-driven – People-centred – Community-owned – Accountable – Aligned with development effectiveness and humanitarian norms 	
OBJECTIVES AND TARGETS (aligned with the Sustainable Development Goals to be achieved by 2030)			
SURVIVE End preventable deaths	THRIVE Ensure health and well-being	TRANSFORM Expand enabling environments	
<ul style="list-style-type: none"> • Reduce global maternal mortality to less than 70 per 100 000 live births • Reduce newborn mortality to at least as low as 12 per 1000 live births in every country • Reduce under-five mortality to at least as low as 25 per 1000 live births in every country • End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases • Reduce by one third premature mortality from noncommunicable diseases and promote mental health and well-being 	<ul style="list-style-type: none"> • End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women • Ensure universal access to sexual and reproductive health care services (including for family planning) and rights • Ensure that all girls and boys have access to good-quality early childhood development • Substantially reduce pollution-related deaths and illnesses • Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines 	<ul style="list-style-type: none"> • Eradicate extreme poverty • Ensure that all girls and boys complete primary and secondary education • Eliminate all harmful practices, discrimination and violence against women and girls • Achieve universal access to safe and affordable drinking water and to sanitation and hygiene • Enhance scientific research, upgrade technological capabilities and encourage innovation • Provide legal identity for all, including birth registration • Enhance the global partnership for sustainable development 	

ACTION AREAS (based on evidence of what is required to reach the objectives)	
1. Country leadership	Reinforce leadership and management links and capacities at all levels; promote collective action.
2. Financing for health	Mobilize resources; ensure value for money; adopt integrative and innovative approaches.
3. Health system resilience	Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.
4. Individual potential	Invest in individuals' development; support people as agents of change; address barriers with legal frameworks.
5. Community engagement	Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.
6. Multisectoral action	Adopt a multisectoral approach; facilitate cross-sector collaboration; monitor impact.
7. Humanitarian and fragile settings	Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.
8. Research and innovation	Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.
9. Accountability	Harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multistakeholder engagement.
IMPLEMENTATION	
Country-led implementation supported by the Every Woman Every Child movement and an operational framework. The power of partnership harnessed through stakeholder commitments and collective action. We all have a role to play.	

ANNEX 2

PROPOSED MILESTONES FOR THE IMPLEMENTATION OF THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH**Proposed milestones for 2016–2017**

- All countries have reviewed their local situation of women's, children's and adolescents' health, and set trajectories to achieve the targets proposed in the Global Strategy. For countries that have achieved proposed absolute targets, eliminating inequities in health outcomes of women, children and adolescents will be a priority.
- All countries have updated or developed plans for women's, children's and adolescents' health to achieve the targets and ensure that they are fully integrated into national health sector plans.
- All countries have adopted the Global Strategy on Human Resources for Health, and have developed health labour market assessments and action plans to strengthen the health workforce towards achieving universal health coverage (UHC).
- The global Health Data Collaborative for measurement of core indicators is fully functional, facilitating timely data generation and synthesis in countries and providing essential information on progress.
- All countries are conducting annual health sector reviews with due attention to results, resources and rights for women's, children's and adolescents' health.
- In countries in fragile settings integrated funding is provided to cover the continuum of humanitarian, recovery, reconstruction and development activities with a particular attention to the needs of women, children and adolescents.

Proposed milestones for 2018–2020

- All countries have developed a health financing strategy that progressively increases the allocation of domestic resources and facilitates the attainment of the national goals and targets for women's, children's and adolescents' health.
- Countries accounting for 95% of the global burden of maternal, newborn and child mortality show demonstrable progress towards ending preventable mortality according to the nationally identified targets.
- Based on individual country assessments, civil registration and vital statistics (CRVS) systems are aligned with international standards; regular census schedules are established; household surveys are conducted; and national health facilities have information capacities to improve quality of services for women, children and adolescents and conduct surveillance and response.

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