



In 2015, there were 125 million people in need of humanitarian assistance.¹ Today's growing levels of conflict, humanitarian crisis and associated migration—including due to climate change and other environmental threats—place women, children and adolescents at particular risk of violence, exploitation and poor health. The *Every Woman Every Child Global Strategy* recognizes this and places particular focus on humanitarian and fragile settings to expand on the progress of the MDGs in an equitable way and respond to a shifting landscape. Within the context of Universal Health Coverage (UHC), *Every Woman Every Child* is well positioned to unite stakeholders across sectors to deliver a Minimum Initial Service Package (MISP) in humanitarian and fragile settings, helping to bridge the often disparate health, humanitarian and development sectors. EWEC partners working across the international humanitarian coordination system, including through the health cluster, offer a crucial entry point to ensure a cohesive response, but increased sustainable and flexible financing is needed in these settings to ensure a continuum of care for women, children and adolescents. The World Humanitarian Summit in 2016 generated more than 3,500 commitments to action and emphasized the importance of achieving gender equality and women's empowerment through its call for five core commitments, including empowering women and girls as change-agents and leaders and ensuring universal access to sexual and reproductive health. Such investments in women and adolescents particularly foster the agents of peace needed to build peaceful, more stable and resilient communities. Additionally, following the adoption of the New York Declaration for Refugees and Migrants in September 2016, the Global Compact on Migration offers a significant opportunity to address the challenges associated with today's migration, especially for women, children and adolescents, to achieve sustainable development. It is critical that we build on these existing platforms and maintain political momentum to advance the Agenda for Humanity and the New York Declaration, among others to ensure that we leave no one behind.

WHAT DO WE NEED FOR PROGRESS?

- Multi hazard risk assessments that are gender and age responsive, including SRHR integration within health emergency risk management systems at local and national levels
- Human rights- and gender-based programming to better protect the specific needs of women, children and adolescents in humanitarian settings
- Provision of essential health interventions in humanitarian and fragile settings, including fully integrated emergency response for SRMNCAH, as well as communicable disease outbreaks (e.g. TB) in health plans
- Strengthened health systems, including health workforce and infrastructure, to provide equitable access to healthcare, promote peace and build resilience
- Greater alignment and integration of SRMNCAH across the humanitarian architecture, bridging the nexus between the health, humanitarian and development sectors to provide a continuum of care
- More sustainable and flexible financing for SRMNCAH-related efforts within humanitarian funds and investments
- Better disaggregated data and monitoring to address gaps in humanitarian and fragile settings in order to plan effective interventions

TOP LINE MESSAGES

In a time of rising conflict and humanitarian crisis, *Every Woman Every Child* offers a multi-stakeholder platform to help bridge efforts across the health, development and humanitarian sectors to improve efficiencies and integration for women's, children's and adolescents' health and well-being. The *EWEC Global Strategy for Women's, Children's and Adolescent's Health* calls for greater collaboration across sectors to deliver an integrated agenda that prioritizes the health, well-being and rights of women, children and adolescents in all settings along a continuum of care. Through the health lens, EWEC unites stakeholders across the health, humanitarian and development sector to ensure the dignity of all people and to guarantee access to a continuum of SRMNCAH care and services.

Strong health systems are a critical driver of peace and stability. With a strong, well-functioning health system, a country is better able to respond to emerging threats, including conflict and humanitarian crises, while also laying the foundation for more peaceful and resilient communities. Investments must be made in such systems, taking into account the unique needs of those in conflict, humanitarian and emergency settings. We must also work to uphold the principles and standards of international human rights, refugee and humanitarian law to ensure the protection of those seeking and providing care in conflict settings.

¹ OCHA (2016). World Humanitarian Data and Trends 2016. http://interactive.unocha.org/publication/2016_datatrends/

TOP LINE MESSAGES (cont'd)

Women and young people have a crucial role to play as front-line responders in humanitarian settings and fragile contexts. They are not only key for the survival and well-being of children, families and communities; they also play a critical role helping to build resilience and prevent conflict, as well as facilitating the transition from crisis to sustainable development. Investments in the health and wellbeing of women and adolescents, particularly in fragile and humanitarian settings, will yield tremendous dividends, as healthy, empowered women and adolescents are our most valuable agents of peace, fostering more stable, resilient societies.

KEY STATISTICS

- Every day, 507 women and adolescent girls die from pregnancy and childbirth complications in emergency settings.²
- At least 1 in 5 female refugees and internally displaced persons in countries affected by conflict are victims of sexual violence.³
- By the end of 2016, approximately 65.6 million people (49% of which were women) have been forcibly displaced from their homes as a result of violence, conflict, persecution or human rights violations,⁴ more than half of which are under the age of 18.
- An estimated 89 million people were affected by natural disasters in 2015.⁵
- In 2015, only 0.5% of humanitarian funding went to gender-based violence support.⁶

MEASURING PROGRESS: KEY INDICATORS FROM THE EWEC GLOBAL STRATEGY

- Coverage of essential health services, including SRMNCAH (SDG 3.8.1)
- Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1; GS targets by focal population)
- Number of countries reporting progress in multistakeholder development effectiveness monitoring frameworks that support the achievement of the SDGs (SDG 17.16.1)
- International Health Regulations (IHR) capacity and health emergency preparedness (SDG 3.d.1)

² UNFPA (2015). State of World Population 2015. http://www.unfpa.org/sites/default/files/sowp/downloads/State_of_World_Population_2015_EN.pdf

³ Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., ... Singh, S. (2014). The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis. PLoS Currents, 6, ecurrents.dis.835f10778fd80ae031aac12d3b533ca7. <http://doi.org/10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7>

⁴ UNHCR (2016). Global Trends: Forced Displacement in 2016. <http://www.unhcr.org/5943e8a34>

⁵ Development Initiatives (2016). Global Humanitarian Assistance Report 2016. <http://www.globalhumanitarianassistance.org/wp-content/uploads/2016/07/GHA-report-2016-full-report.pdf>, p. 6.

⁶ OCHA (2016) World Humanitarian Data and Trends 2016. http://interactive.unocha.org/publication/2016_datatrends/

