



EVERY WOMAN
EVERY CHILD

FOR HEALTHY AND EMPOWERED WOMEN,
CHILDREN AND ADOLESCENTS

Q. What is the *Global Strategy for Women's, Children's and Adolescents' Health*?

The [*Global Strategy for Women's, Children's and Adolescents' Health \(2016-2030\)*](#) is a roadmap for ending all preventable maternal, newborn and child deaths, including stillbirths, by 2030, and improving the overall health and wellbeing 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 in 2010, which galvanized political leadership, attracted billions of dollars, and created *Every Woman Every Child*, a powerful multistakeholder movement for health. As a result, millions of lives were saved and progress towards the health MDGs was accelerated.

The Updated *Global Strategy* builds on the successes and lessons of the previous strategy, but it is broader and more ambitious. It is fully aligned with the Sustainable Development Goals (SDGs), and it is based on the evidence of what is needed and what works. The *Global Strategy* has several important new and enhanced areas of focus, including:

- Equity – a stronger focus on reaching the most vulnerable and leaving no one behind
- Universality – including an explicit focus on humanitarian settings
- Adolescents – the “SDG generation”
- Life-course approach – health and wellbeing interconnected at every age
- Multisector – enhancing collaboration with nutrition, education, water, sanitation, hygiene and infrastructure

Q. Why has the *Global Strategy* been developed?

The era of the MDGs witnessed dramatic and unprecedented progress in reducing child and maternal deaths. Deaths of children under the age of five decreased by 49% compared to 1990, and maternal deaths decreased by 47%. But despite progress, much remains to be done. Far too many women, children and adolescents worldwide still have little or no access to clean water, adequate sanitation, good nutrition, and essential, good-quality health services, and are unable to participate fully in society. As a result, approximately 6.3 million children under the age of five, 289,000 women, 2.8 million newborns, 2.6 million stillborns and 1.3 million adolescents die needlessly each year. Many more suffer illness and disability, fail to reach their full potential and face barriers to participating fully in society—resulting in enormous loss and costs for countries, today and for future generations.

That is why this updated *Global Strategy* is so essential. It aims to urgently complete the unfinished work of the MDGs, address inequities within and between countries, strengthen fragile health systems, and help countries begin implementing the post-2015 agenda without delay. The *Global Strategy* also aims to keep women's, children's and adolescents' health at the top of the political agenda and at the heart of the SDGs.

Q. Who is the *Global Strategy* for?

The *Global Strategy* intends to inspire and support country-led action, so politicians, policy-makers and leaders from all other stakeholder groups are its primary audience. Key partners include health professional associations, civil society, academic institutions, multilateral and bilateral agencies, foundations, and the private sector. The updated *Global Strategy* provides a platform and guide for greater integration behind actors in the health sector and within other sectors such as nutrition, education, water, hygiene and sanitation, and infrastructure.

The *Global Strategy* is also a roadmap for all people—women, children and adolescents, and their families and communities—to claim their rights by driving change and holding leaders to account. All stakeholders should use it to guide their actions.

Q. What are the main pillars of the *Global Strategy*?

The updated *Global Strategy* is aligned with development effectiveness and humanitarian norms, and it is built on the guiding principles of country leadership, human rights, community ownership and accountability. The Strategy sets out three goals and a set of core targets to be achieved by 2030. These are in line with the SDGs and build on globally agreed goals and targets of specific strategies and action plans, many of which have been endorsed by Member States at the World Health Assembly in recent years.

SURVIVE:

End preventable deaths

- 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-5 mortality to at least as low as 25 per 1000 live births in every country
- End epidemics of HIV, tuberculosis, malaria and neglected tropical diseases
- Reduce by one third premature mortality from noncommunicable diseases and promote mental health and wellbeing (e.g. reduce adolescent suicides by at least one third)

THRIVE:

Ensure health and wellbeing

- End all forms of malnutrition, and address the nutritional needs of adolescent girls, pregnant and lactating women and children
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action
- Ensure that all girls and boys have access to good quality early childhood development
- Substantially reduce pollution-related illnesses
- Achieve universal health coverage

TRANSFORM:

Expand enabling environments

- Eradicate extreme poverty (as linked to Survive and Thrive)
- Ensure that all girls and boys complete free, equitable and good quality secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate 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

Q. How was this *Global Strategy* created?

More than 7000 individuals and organizations informed the drafting process of the *Global Strategy* through a global consultation exercise supported by *Every Woman Every Child*. The World Health Assembly 2015 and regional meetings hosted by the Governments of India and South Africa were important occasions for consultation. Several partners contributed to developing technical papers that were published in the British Medical Journal providing an evidence base for the Strategy. Many stakeholders also participated in public consultations organized by the Partnership for Maternal, Newborn & Child Health. Details of the consultation process and technical inputs are available at: www.womenchildrenpost2015.org.

Q. What happened after the launch of the *Global Strategy*?

The *Global Strategy* was launched at the 70th session of the UN General Assembly in September 2015. To date, more than 200 organizations and over 60 countries have pledged their commitment to the updated *Global Strategy*, totalling over \$25 billion in initial commitments for women, children and adolescents' health, and over \$45 billion since 2010.

Q. Who is responsible for implementing the *Global Strategy*?

The *Global Strategy* can only be implemented through collective action and collaborative effort: everyone has a critical role to play. Governments and national leaders will own and drive this process in countries, developing investment and implementation plans, and building the multistakeholder platforms needed to achieve national targets. Countries will be supported by many partners under the *Every Woman Every Child* umbrella in four main areas: technical support, financing, advocacy, and accountability.

Q. How can I make a commitment to the *Global Strategy*?

All partners and stakeholders are invited to make commitments in support of the *Global Strategy*. Commitments can be financial or non-financial and made by individual institutions or multi-partner coalitions. Commitments should aim to have clear measurable expected impacts, and commitment makers will be required to report annually on progress related to the implementation of their commitments. More information about the reporting process is available once commitment makers create an account through the EWEC online portal [here](#). All commitments advancing the goals outlined in the *Global Strategy* are encouraged, in particular those which are sustainable, innovative and have a long-term focus. Accepted commitments will be posted online, as well as highlighted during the UN General Assembly and other key moments throughout the year. More information and guidance is available [here](#).

Q. How will the *Global Strategy* be financed?

Domestic resources from governments, the private sector and civil society will provide the core financing for the *Global Strategy* in countries. To supplement these internal resources, countries can draw on support from regional banks and global funders, and global financing mechanisms that specifically focus on women's, children's and adolescents' health such as the Global Financing Facility in support of *Every Woman Every Child*; Gavi, the Vaccine Alliance; and the Global Fund.



Q. What resources are available?

For more information, please visit:

- The *Every Woman Every Child* website, <http://www.everywomaneverychild.org>;

Website content includes background information on the development of the *Global Strategy*, a compendium of worldwide commitments to the *Global Strategy*, news about national, regional and global events, a calendar of upcoming events, resources including recent publications and advocacy toolkits, and links to networks and initiatives that are aligned with the *Global Strategy*.