Every Woman Every Child,
an initiative of the UN Secretary-General
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ACRONYMS AND ABBREVIATIONS

EWEC  EVERY WOMAN EVERY CHILD

GFF  GLOBAL FINANCING FACILITY

HLSG  HIGH LEVEL STEERING GROUP

PMNCH  THE PARTNERSHIP FOR MATERNAL, NEWBORN AND CHILD HEALTH

SDG  SUSTAINABLE DEVELOPMENT GOAL

SRH  SEXUAL AND REPRODUCTIVE HEALTH

UHC  UNIVERSAL HEALTH COVERAGE

UNGA  UNITED NATIONS GENERAL ASSEMBLY

UNSG  UNITED NATIONS SECRETARY-GENERAL

WHO  WORLD HEALTH ORGANIZATION
With the marking of its 10th anniversary in September 2020, the Every Woman Every Child (EWEC) movement is about to reach a notable milestone. In reflecting on its actions and achievements over the past 10 years, it is evident that in some important ways, the movement has remained the same. EWEC has been consistently committed to the overall goal, noted in its vision statement, of “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 sustainable and prosperous societies.” The urgent need to overcome barriers to this vision and therefore further advance the health, rights and opportunities of women, children and adolescents is as critical today as it was at the movement’s launch in 2010.

What has changed, however, is how EWEC is supporting, communicating and mobilizing around this vision. The movement has been flexible in adapting to shifts in global, regional and national landscapes around women, children and adolescents in an effort to be as effective as possible in promoting faster and more
consistent progress toward the unchanging goals articulated in the vision. The most significant shift occurred in 2015, with the launch of the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs). In recognition of the central role that women, children and adolescents must play in all efforts to meet targets in all SDGs, the UNSG that year also launched the 2016–2030 Global Strategy for Women’s, Children’s and Adolescents’ Health to accelerate momentum while also bringing global accountability for 2030 Agenda results under a unified framework.

This updated Global Strategy replaces the one initially introduced in 2010 and is now the key focus of the EWEC movement. It presents a road map for integrated and partnership-oriented work aimed at ending all preventable deaths of women, children and adolescents within a generation and safeguarding their well-being – and therefore is the framework through which EWEC is pursuing its main strategic priority (since 2015) of ensuring strong implementation of the SDGs. EWEC has created and sustained a unique and multistakeholder architecture to put the Global Strategy into action. It brings together the H6 partnership, which includes six UN member organizations that provide technical support to countries in reproductive, maternal, newborn, child and adolescent health (RMNCAH), including in regard to all health-related SDGs; the Global Financing Facility for Women, Children and Adolescents (GFF); the Partnership for Maternal, Newborn and Child Health (PMNCH), an alliance of more than 1,000 organizations across 192 countries; and the EWEC Innovation Marketplace, a strategic alliance of development innovation organizations.
The EWEC movement is heading into its second decade with an even stronger mandate to deliver on its main strategic priority of delivering the SDGs, as a result of a high-profile targeted push by the UN Secretary-General (UNSG). In September 2019 at the UN General Assembly (UNGA), the UNSG announced a Decade of Action to Deliver the SDGs, which was a call on all sectors to mobilize to secure greater leadership, more resources and smarter solutions for the SDGs. EWEC is well-positioned to play a major role in pushing the 2030 Agenda forward in all three of these areas – (1) through its convening powers and political advocacy that focus on political will and leadership, including activities by and with the High Level Steering Group (HLSG) that guides its efforts and the partnerships it has established; (2) by continuing to mobilize financial and other commitments that increase resources on behalf of women, children and adolescents; and (3) through its ongoing efforts to find and support more efficient and effective solutions by promoting innovation.

Other developments that shape the current landscape for global health and well-being among women, children, and adolescents also will influence the activities and strategies of EWEC and its partners at all levels. Two of them in particular served as key milestones at the UNGA in September 2019. One was the formal launch of the Global Action Plan for Healthy Lives and Well-being for All, a roadmap aimed at strengthening collaboration among multilateral institutions to accelerate country progress on the health-related SDGs.
The 12 partners in the initiative include the World Health Organization (WHO), the World Bank, and several other UN agencies; GFF; Gavi, the Vaccines Alliance; and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The global move towards universal health coverage (UHC), which was the topic of a UN High-Level Meeting in September 2019, is another new development and its Political Declaration was pivotal in its reference to sexual and reproductive health and reproductive rights. UHC has become a leading global development priority even though there is little consensus yet about core standards and principles or how to monitor for accountability.

All three of these developments in September 2019 offer additional opportunities and entry points for more attention, resources and sustainable structures to build and strengthen the health and well-being of women, children and adolescents worldwide. Yet an increasingly crowded landscape within the UN and wider multilateral system brings risks as well as potential benefits. Duplication of efforts and confusion about roles and responsibilities that seem to overlap could result from poor coordination and a lack of clear, transparent information about processes, structures and expectations. Negative effects are likely to be especially concerning at country level, where practical policy and advocacy action is taken on behalf of women, children and adolescents. For such action to be effective, messages should be aligned and consistent, such as the importance for all UHC schemes and plans to provide a minimum standard of sexual and reproductive health (SRH) services that are accessible, affordable and available for all.
Other challenges to the EWEC agenda are less about operations and process, and more about threats to the overall goals and mandate. The past few years have seen high-level pushbacks to SRHR that put the health and well-being of many women, children and adolescents at risk by blocking their access to vital services (e.g., family planning and treatment for sexually transmitted infections) as well as information, such as that provided through comprehensive sexuality education. In the past few years, for example, some key governments have openly condemned the term ‘sexual and reproductive health’ on the grounds that it promotes abortion, a policy and approach that has prompted it to form alliances aimed at blocking inclusion of the term – and therefore restrict access to the progressive, life-affirming interventions it implies – in international documents and resolutions.

Governments in numerous countries have failed to take strong, consistent action to identify and remove legal, cultural, social and economic barriers that slow or reverse progress toward the health-related SDGs because of their negative impact among women, children and adolescents. These failures underscore another major challenge that is closely linked to the pushback on SRH: a global trend of minimized interest or attention in human rights. In some contexts, this is a direct result of the growing power and influence of political leaders who believe that human rights considerations are a threat to national sovereignty and thus should be ignored. In others, focusing on human rights is considered less of a priority in health and broader development policies than cost-effectiveness and efficiency.

Regardless of the reasons behind reduced emphasis on human rights, efforts to advance the rights of women, children and adolescents to health services – and therefore their access to actual services – can be difficult to advance in such environments. The failure to fully prioritize and respect human rights also has other negative effects that constrain rapid, equitable progress toward the EWEC agenda. For one, it exacerbates persistent challenges to reach the most marginalized and left behind in every context, including in humanitarian, conflict and fragile settings. Also, the failure to prioritize safe and secure human rights can limit the ability to hear and learn from the voices of the community, including women and adolescents in all their diversity.

The impacts of some major players withdrawing from supporting the full EWEC agenda or actively opposing some of its key components have been mitigated to some extent. Several other donors and partners have stepped in to provide financial and technical support specifically targeted on women’s, children’s and adolescents’ health and rights.
A GLOBAL TREND OF MINIMIZED INTEREST OR ATTENTION IN HUMAN RIGHTS

HIGH-LEVEL PUSHBACKS TO SRHR PUT THE HEALTH AND WELL-BEING OF MANY WOMEN, CHILDREN AND ADOLESCENTS AT RISK
EVERY WOMAN EVERY CHILD

EWEC CAN BE A STRONG FORCE TO CHANGE ATTITUDES, PLANS AND BEHAVIOURS
This evolving landscape and the challenges within it are undoubtedly complex and unclear, especially in regard to the effects of the COVID-19 pandemic over the longer term. But in general, EWEC fits well within this landscape at global and country levels. It is a nimble and flexible convener, organizer and mobilizer that has the ability to recognize and respond to changes in priorities to quickly identify any opportunities that might be within them. Within days after COVID-19 being declared a global pandemic, EWEC produced a series of Q and A’s with leading experts across multiple fields, to share insights into how COVID-19 is affecting women, children and adolescents, established on online repository of evidence, convened partners and stakeholders to align messaging and joined forces with PMNCH to produce weekly e-blasts or ideally newsletters to support distilling and analysing information in support of partner programs and advocacy efforts.

As indicated in such early responses to COVID-19, the EWEC movement can play complementary roles. One is to ensure that the ‘larger’ issues of women’s, children’s and adolescents’ health are not ignored during the response to COVID-19. The other is to ensure that the health and rights of women, children and adolescents and their specific and differentiated needs are embedded in COVID-19 responses and reflected in financial, policy and strategic decisions globally, regionally and nationally – and across all sectors engaged in responses (e.g., public sector, private sector, not-for-profit foundations and civil society groups, etc.). These roles underscore that EWEC can be a strong force to change attitudes, plans and behaviours.
EWEC operates within and through partnerships in everything it does, from convening to mobilizing to supporting to advocating. The movement’s great strength, which became newly evident again in 2019, has been to leverage coordination and collaboration within and across all sectors needed to fully deliver on the SDGs, including government, civil society, and private sector. This is the lens through which it seeks, achieves and reports results.

Since 2010, partners in the EWEC movement have mobilized 742 multi-stakeholder commitments in support of women, children and adolescents, with the pace increasing since 2015 following the release of the updated Global Strategy. The more than $88 billion in financial commitments mobilized since 2010 (including $43 billion pledged since the launch of the updated Global Strategy in 2015) is enhanced and strengthened by critical policy and service delivery commitments that can be difficult to value in monetary terms but which are essential to remove barriers, accelerate progress and improve efficiency and effectiveness.

Since 2015, the three sectors that provide the largest share of commitments are governments, non-governmental organizations (NGOs) and other civil society groups, and the private sector. In dollar terms, the bulk of the financial commitments have been provided by stakeholders in three categories, each with roughly a one-third share: high-income countries, lower-income countries (including those classified as lower middle-income), and NGOs/civil society. This breakdown shows how successful EWEC has been over time as a mobilizer across various sectors and partners.
Recent results, including in 2019, include **newly approved government commitments** from 8 countries, including the Central African Republic, India and Yemen. Three of those commitments were mobilized via FP2020, a key EWEC partner. Separately, the EWEC Secretariat has liaised with various Permanent Missions in New York to mobilize new/updated commitments as well as to encourage important bilateral action in areas such as including sexual and reproductive health and rights (SRHR) and other key indicators of women’s, children’s and adolescents’ health and well-being into the Political Declaration on UHC agreed at the High-Level Meeting (HLM) in September 2019. The movement’s **targeted work regarding the UHC agenda** also included hosting its flagship high-level reception in the SDG Action Zone on the margins of the HLM on UHC and bringing together EWEC partners in two fireside chat discussions around access to primary health care and highlighting the importance of multi-stakeholder partnerships for UHC.

**EWEC’S CURRENT ECOSYSTEM OF PARTNERS MAKE IT THE SINGULAR GLOBAL FORUM TO:**

- Provide actionable data to guide global and domestic investments that accelerate progress toward achieving the Global Strategy
- Mobilize and curate commitments from governments, the public and private sector
- Support a platform for accountability among non-state actors
- Broker successful partnerships for scaling evidence-based programmes and policies
Efforts in 2019 to increase and broaden non-governmental engagement led to non-state commitments from several NGOs and private-sector entities, including World Vision International and Plan International. An additional 20 EWEC private-sector commitments helping advance the vision of the Nairobi Summit on ICPD+25 (the International Conference on Population and Development’s 25th anniversary gathering) were mobilized through a joint EWEC/UNFPA Call to Action ahead of the ICPD+25 meeting in Nairobi in November 2019. Also regarding this sector, EWEC continues to collaborate closely with the United Nations Foundation (UNF) as part of a broader initiative centred on working with companies that have large global supply chains employing millions of female workers to improve the health and well-being of their workers. In 2019, over 10 companies committed to improving the health and empowerment of more than 250,000 female workers in global supply chains, with many of them existing commitment-makers including Unilever, Twinings and Lindex. This area of work will continue to be a focus in 2020 through the mobilization of new commitments in the lead up to the UN General Assembly in September 2020, where they will be announced by UNF.

These activities and achievements were largely spearheaded and overseen by the EWEC Secretariat, which was active in 2019 in a number of areas and events relevant to the health and well-being of women, children and adolescents. In 2019, EWEC co-hosted several high-level events at major intergovernmental
meetings and global conferences with EWEC ecosystem partners, often in tandem with members of the HLSG and/or officials from one or more of the H6 Partnership agencies. All of those events, such as the following, contributed to raising awareness about the need to focus on these populations to ensure successful implementation of the SDGs:

- **01** Flagship event during the 2019 Commission on the Status of Women (CSW) in partnership with UNICEF, UN Women, Plan International and the governments of Estonia, Canada and Ecuador.
- **02** Seven side events at the 2019 World Health Assembly (WHA), many of which were with PMNCH and the Innovation Marketplace.
- **03** Five side events at the Women Deliver 2019 Conference in partnership with H6 UN agencies and EWEC commitment-makers.
- **04** Four high-level events during UNGA 2019, including the UHC-focused reception and the fireside chat discussions mentioned above, with PMNCH and other EWEC partners.
- **05** An open dialogue session at the Nairobi Summit on ICPD+25 in partnership with UNFPA.
- **06** A high-level lunch event at the 2020 World Economic Forum in Davos in partnership with Royal Philips and UNFPA.
Collectively, all these activities and other work with its partners were part of the EWEC Secretariat’s efforts to use targeted advocacy to elevate a common narrative that prioritizes the health and well-being of women, children and adolescents within the broader primary health care and UHC agendas as well as across the 2030 Agenda for Sustainable Development. EWEC capitalized on its vast multi-stakeholder platform and partnerships to help expand the reach of EWEC messaging across sectors, including through a wide range of communications and outreach platforms and methods. These efforts have led to cross promotion of partner content across digital platforms that is facilitated by monthly advocacy calls and EWEC’s biweekly e-blasts sent to over 1,000 partners. Throughout 2019, EWEC’s social media footprint increased as well, a signal that its ability to get the movement’s priorities and messages to a wide audience is becoming more successful.

Also in 2019, the EWEC Secretariat initiated work, in close collaboration with PMNCH and FP2020, to improve tracking and reporting of progress attained against commitments ahead of the next reporting cycle scheduled for April and May 2020. An analysis paper of commitment-makers’ progress to be developed by PMNCH will be integrated into and supplement the broader 2020 Global Strategy Progress Report spearheaded by the Countdown to 2030 for Women’s, Children’s and Adolescents’ Health partnership, H6 agencies, PMNCH and EWEC. This report is expected to be launched at UNGA 2020 to commemorate the EWEC movement’s 10-year anniversary.

Lastly, 7 members of the High-level Steering Group including H.E. President Kaljulaid of Estonia in her capacity as Co-Chair, championed EWEC and its mandate during key pulse points throughout the year, including the 63rd Commission on the Status of Women (CSW63), the World Health Assembly (WHA), the Women Deliver 2019 Conference, UNGA and the Nairobi Summit on ICPD+25.
EWEC used targeted advocacy to elevate a common narrative that prioritizes the health and well-being of women, children and adolescents.
As the Decade of Action to Deliver the SDGs gets under way, EWEC will seek to more firmly reintegrate itself into the work of the Executive Office of the Secretary-General (EOSG) and the Deputy Secretary-General (DSG). This will be done to enable more effective coordination and collaboration as well as to return the movement to its ‘roots’, as it was originally launched as an EOSG initiative. The conceptual shift also is a response to consensus among core partners for EWEC to narrow its scope and focus on key SDG targets to help concretely drive the Decade of Action.

In practice, this means that EWEC will concentrate on two strategic objectives in its work, which will cut across all SDGs: (1) ending preventable maternal, child and adolescent deaths by 2030, and (2) improving adolescent health and well-being. The work toward these strategic objectives will be undertaken with an aim to:

01 identify and support approaches, initiatives and activities that harness the power of the UNSG and DSG to convene impactful groups of actors;

02 identify and fill gaps based on regular assessments, in consultation with partners, of what others are not doing or cannot do; and

03 pioneer a new type of change strategy that will help galvanize more extensive progress on the SDGs. Any strategy introduced will have targets and indicators specific to women, children and adolescents as well as detailed communications components.
A top priority of the EWEC Secretariat in 2019 and moving forward is to secure sustainable funding for its work. A key lesson learned over the past two years is that uncertainty in this area has contributed to a lack of visibility for the movement, which has been compounded by some lapses in maintaining continued engagement with the High Level Steering Group (HLSG) and other partners. The restoration of regular HLSG meetings is an important first step toward making EWEC more stable, focused and effective as it continues putting into action the Global Plan during the newly launched Decade of Action to Deliver the SDGs.
It is assumed and expected that the work of the EWEC movement will be influenced and strengthened by the planned release in July 2020 of a major report prepared by EWEC’s Independent Accountability Panel (IAP), which has a mandate to periodically provide an independent and transparent review of progress on the implementation of the Global Strategy. As requested by the EOSG, one of the chapters of this report will be dedicated to recommendations to strengthen health accountability (including independent accountability). The objective is to strengthen the accountability system for country impact and respond to the needs of women, children and adolescents and those left behind.

Beginning in late 2019, the EWEC Secretariat initiated a process of repositioning to enable it to better meet its new strategic objectives and other priorities that might emerge from the IAP report or requests and input from the HLSG or partners. The new structure at the Secretariat aims to streamline reporting and engagement systems in an effort to show more targeted, specific results toward delivering the SDGs.

The new structure also could make it easier for the Secretariat and the movement it helps direct to recognize and respond to the emerging opportunities and challenges in the overall health and development worlds. One recent positive development was the successful Global Fund replenishment concluded in 2019, which raised $14 billion for HIV, TB and malaria responses worldwide over the next three years.
(and is being distributed by an institution with a strong record of prioritizing the health and well-being of women, children and adolescents). This comes after the replenishment conference of the Global Financing Facility in November 2018, which successfully galvanized over 1 billion USD.

Other developments, however, suggest a less-promising future, at least in the short term. Official development assistance (ODA) for health has slowed in recent years, and some countries have been unable or unwilling to allocate sufficient domestic resources to meet current health needs or, more ambitiously, to hasten progress toward the SDG3 targets. Neither of these trends looks likely to improve in 2020. The COVID-19 pandemic threatens to further reduce the availability of financial assistance or other resources for critical global health or development priorities because of its massive, direct impact on high-income countries, the source of most external support. Many of those countries are spending billions of dollars on responding to COVID-19 within their own borders even as they grapple with pandemic-driven economic crises that will take up greater shares of national budgets or redirect funding streams. As they struggle to confront COVID-19, many developing countries also will be compelled to redirect spending and resources to that response even while they continue to face gaps in preventing and treating infections that have long killed thousands annually, such as malaria, TB, HIV and diarrheal diseases among children.
As the situation with COVID-19 evolves, EWEC and its partners will seek to identify opportunities for advancing women’s, children’s and adolescents’ health.

As a movement, EWEC’s strengths lie in its convening, mobilizing, catalysing and supporting roles.
Yet, responses to the COVID-19 pandemic also could have positive consequences for the overall EWEC agenda and its two main strategic priorities over time. COVID-19 is dominating public and political life in many countries, thereby raising the importance of global health security and the entire architecture of public health. At the same time, the huge amounts of money being allocated to fight the novel coronavirus are strengthening health systems and building resilience. Neither of these two impacts is likely to wane after COVID-19 recedes, which suggests there could be more political will to support global health and development efforts that directly and indirectly drive further progress in delivering the SDGs. The effects of coronavirus-related health systems strengthening and future pandemic preparedness in both the developing and developed worlds could make these efforts more efficient and effective.

As the situation with COVID-19 evolves, EWEC and its partners will seek to identify opportunities for advancing women’s, children’s and adolescents’ health during all stages of the pandemic and after it ceases to be a health and economic emergency. As the sole health initiative that the UNSG chairs to date, EWEC is best positioned to spearhead such efforts in partnership with WHO as its H6 Chair. In places that are ramping up funding to fight COVID-19, it will include looking for entry points to ensure that those funds are as useful and transformative as possible for the overall health and well-being of women, children and adolescents. Maximizing the benefits among these populations could also have positive impacts in other key priority areas of the overall 2030 Agenda for Sustainable Development, including education, gender and human rights.

The size, scale and breadth of COVID-19 responses also offer opportunities for impactful messaging, positioning and advocacy for EWEC and its partners. Governments and multilateral institutions such as the World Bank have shown that leveraging of substantial funds for health needs can be done, and quite quickly. There may now be a more receptive audience among politicians, policy makers and the public overall for spending more extensively and consistently on health on a global basis – especially if the likely benefits of prevention in the name of health security are emphasized. Through this lens, the interests and needs of women, children and adolescents can be considered paramount, and there could be new opportunities as well to address some of the more difficult challenges among them such as gender-based violence, which is a health security issue.

As a movement, EWEC’s strengths lie in its convening, mobilizing, catalysing and supporting roles. Maximizing the value and impact of these roles, including but certainly not limited to coronavirus-related issues, will continue to be at the centre of everything EWEC does as it pursues the longer-term goal of global success in meeting the SDGs by 2030.
EXPRESSION OF THANKS

The Every Woman Every Child Secretariat expresses its appreciation to all resource partners that contributed to its work throughout 2018 and 2019. The funding has allowed Every Woman Every Child to effectively transition and establish itself in UNFPA on behalf of the H6 Partners, while continuing to advocate for the health and well-being of women, children and adolescents globally. Sustainability remains a key concern for the Secretariat as it moves into the next decade, thus funds which can provide flexibility and support longer-term planning and the sustainability of partnership are essential to allow Every Woman Every Child to continue to play its global leadership role and facilitate the achievement of the results described in this report.

The Every Woman Every Child Secretariat would particularly like to express its gratitude to the following resource partners for their generous contributions.

Top resource partners for 2018 and 2019:

1. The Government of Norway
2. The Government of Finland
3. UNFPA
4. UNICEF
5. World Health Organization
6. UNAIDS