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Global Leaders Network for Women, Children and Adolescent Health

Updated Concept Note

1. Global Leaders Network: Vision, Mandate and Rationale

Global Leaders Network

The Global Leaders Network for Women, Children and Adolescent Health (hereafter referred to as “the GLN”) is a loosely knit and effective network of Heads of State and Government (HoS/G) operating at the highest political level to advocate for the health and rights of women, children, and adolescents. This network is conceived as the first-ever southern-led global health diplomacy effort chaired by H.E. Cyril Ramaphosa, President of the Republic of South Africa, supported by Partnership for Maternal, Newborn and Child Health (PMNCH) as a convening platform.

Vision

The GLN’s ambition is to provide leadership and inspire ambitious action to increase investment, strengthen policy directives, and enhance service delivery to elevate the prospects for women, children and adolescents in the worst affected nations of the world as part of attaining the 2030 Sustainable Development Goals.

As the chair of the GLN, H.E. President Ramaphosa announced his intention to establish the GLN at the *Renewing the Promise for Women, Children and Adolescents* high-level event on the occasion of the 78th UN General Assembly, where he tabled his vision for a world where no woman, child or adolescent is left behind: *“if we secure the health of every woman, child and adolescent, we will fundamentally improve the health and well-being of all humanity... As Heads of State, we can provide leadership and inspire ambitious action. We have the convening power to mobilise our peers and advance policies, programmes and financing initiatives for improved outcomes.”*

The GLN intends to identify up to 11 countries (Bangladesh, Ethiopia, Kenya, Liberia, Malawi, Nigeria, Senegal, Sierra Leone, South Africa, Tanzania, and Zambia) to assert their collective political leadership to advocate for the significant reduction of maternal, newborn, and adolescent mortality globally by elevating women’s, children’s and adolescents’ health to the highest political agenda and galvanising action to protect the most vulnerable.



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Rationale

We are witnessing a historical moment where compounding global challenges of unprecedented scope and scale, are adversely affecting the lives of billions of people around the world, especially the most vulnerable. Women, children and adolescents continue to face escalating health challenges due to the effects of the COVID-19 pandemic, climate change and persistent conflict and rising cost of living. These crises have severely hindered their access to life-saving health and social services and their socio-economic development, demonstrating just how fragile social progress can be.

Overall, progress towards the Sustainable Development Goals for Women's Children's and Adolescent's Health and well-being (WCAH) is either flattening or regressing. Although the global maternal mortality ratio decreased to 223 maternal deaths per 100 000 live births in 2020, this figure is still over three times higher than the target of 70 maternal deaths by 2030 (SDG 3.1)¹. The global neonatal mortality rate is 18 deaths per 1000 live births, against a target of 12 or less deaths per 1000 live births (SDG 3.2.2)².

In these challenging times, political leadership at the highest level is therefore vital to prioritise and finance the needs and rights of women, children, and adolescents.

Role

The GLN will seek to influence and engineer strategic shifts in policy design, ensure alignment across a set of stakeholders, and provide political backing and advocacy for policy, financing, and service delivery commitments at the highest possible level to protect and promote women's, children's, and adolescents' rights, health, and well-being in-order to build back better for a sustainable future.

To ensure a focused approach that nets a wide range of socioeconomic drivers, the GLN will target advocacy and political support around three key mortality indicators: maternal mortality (SDG 3.1), neonatal mortality (SDG 3.2.2) and adolescent mortality, with the aim to reduce maternal, neonatal and adolescent mortality rates in the eleven selected countries by a third in 2030.

¹ World Health Organization. (2023a). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization. <https://www.who.int/publications/i/item/9789240068759>

² UNICEF. (2023). Neonatal Mortality. United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2023. <https://data.unicef.org/topic/child-survival/neonatal-mortality> ³



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2. Global Leaders Network: Value Add

- As an informal partnership of committed HoS/G, the GLN will represent a diverse (geographic and sectoral) convening of immense individual and collective influence and decision-making capabilities at the highest levels.
- Members will work to raise the priority given to WCAH and well-being at global and regional platforms, including at the G7, G20, and AU.
- Members will be able to showcase their leadership, share their vision, goals, and actions on delivering on WCAH, and identify specific areas of joint action (including at a regional level).
- Members will be able to share their learnings amongst each other, based on the initiatives they lead in their respective countries, and cross-pollinate ideas of impactful peer work, including involving civil society. Mutually exploring needs, sharing effective policies, and identifying opportunities (especially through political platforms where they have a leadership role on) will have a catalytic effect, and build new momentum and legitimacy in approaching key partners to share in the vision of delivering for WCAH and well-being.
- The GLN will offer opportunities for HoS/HoG to access, influence, and mobilize peers and relevant global champions from UN agencies, funds and foundations, regional and parliamentary organizations, private sector, and civil society organizations.

3. Global Leaders Network: Form and structure

The GLN is convened and chaired by H.E. President Ramaphosa. The GLN will comprise a powerful group of sitting HoS/HoG, from across regions, who have strong passion, interest, and commitment to WCA issues, as well as the influence to shape global and national agendas and mobilise supporting/enabling institutions and constituencies to act. The GLN will be supported by a well-structured tiered support (from the Heads of State/Government, through Ministers of Health, Directors General and implementation/data collection system, with pathways for sustained progress supported by partners, including WHO, UNICEF and UNFPA).

Table 1: Model and Structure of the GLN

<i>Model</i>	Government-led model, convened by current HoS/G with demonstrated commitment to WCAH issues
<i>Who is the convenor?</i>	H.E. President Cyril Ramaphosa of the Republic of South Africa PMNCH Board Chair, Rt. Hon. Helen Clark, to serve as a facilitator
<i>Who is targeted for membership?</i>	Current Heads of State and Government

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<i>What is the relationship with PMNCH?</i>	Facilitated and supported by PMNCH, with Rt. Hon. Helen Clark, PMNCH Board Chair to serve as a facilitator
<i>How is the Secretariat of the GLN composed?</i>	The secretariat of the GLN will comprise the Private Office of the Presidency, the Department of Health of South Africa, and the Executive Director of the PMNCH. It will coordinate with the GLN HoS/HoG focal points, run the day-to-day and strategic operations, oversee the work of the technical advisory group and run the logistics for the heads of state advocacy programme. In addition, a team will be hired to support the operations as well as technical work and modeling. Ministerial level coordination is expected to be established in 11 countries to accelerate progress. PMNCH (The Partnership for Maternal, Newborn & Child Health), with a broad membership in these countries, has agreed to support us in this effort, linking to its Collaborative Advocacy Action Plan project.
<i>What will the network's political reach be?</i>	The GLN will exert its highest-level political leadership to mobilize other political champions (HoS/HoG) as well as parliaments, head of UN agencies, NGO, private sector, NGOs, youth-led organizations, academic/research institutions, and relevant stakeholders
<i>What will the network's political reach be?</i>	G7, G20, BRICS, regional platforms (e.g., AU, EU), UN assemblies (e.g., UNGA, WHA, HLPF), among others
<i>What will success look like?</i>	Increased focus on, and investments in, WCAH in national development plans (e.g., WCAH political commitments, stronger articulation of WCAH in UHC/PHC interventions), on political agendas and commitments (e.g., G7, G20, UN resolutions / declarations, IPU resolutions, AU, EU, etc. and better financing alignment for WCAH) with the goal to reduce maternal, neonatal and adolescent mortality rates in the ten selected countries by a third in 2030.

4. Expected outcomes

The GLN through its ability to influence, champion and convene on WCA issues at the highest level will seek to drive and implement global, regional, and national political commitments on protecting and promoting maternal, newborn, and child health, sexual and reproductive health and rights, and adolescents' health and well-being, ensuring a focus on equity and on reaching



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the most vulnerable women, children, and adolescents. In particular, the GLN's expected outcome is a pathway towards the reduction of maternal, neonatal, and adolescent mortality rates in the ten selected countries by a third in 2030. Moreover, the GLN through its ability to influence, champion and convene on WCA issues at the highest political level will mobilize other leaders towards the prioritization of efforts to address maternal mortality, neonatal mortality and adolescent mortality with explicit political commitment and financing for evidence-based interventions, including through global and regional efforts. These could be visible in UN resolutions, World Health Assembly resolutions, declarations at high-level political forum, African Union Summit, and calls for action or commitment drives. Follow up of existing commitments will be prioritised.



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