

The Partnership for Maternal, Newborn and Child Health

in support of

Every Woman Every Child




Strategic Plan

2016-2020

Draft for Board Discussion

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Acronyms

Acronym	Full description
CoIA	Commission on Information and Accountability for Women's and Children's Health
CSO	Civil Society Organisation
EWEC	Every Woman Every Child
H4+	UNAIDS; UNFPA; UNICEF; WHO; UN Women; World Bank
IAP	Independent Accountability Panel
iERG	Independent Expert Review Group
IPU	Inter-Parliamentary Union
MDG	Millennium Development Goal
PMNCH	The Partnership for Maternal, Newborn and Child Health; The Partnership
SRHR	Sexual and reproductive health and rights
SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goal
SO	Strategic Objective

Box 1: What is the Partnership for Maternal, Newborn and Child Health?

A decade ago, in 2005, the Partnership for Maternal, Newborn and Child Health (PMNCH, the Partnership) was formed on the strength of an idea: that we can achieve more together than any single organisation can achieve working alone. The Partnership joined together the reproductive, maternal, newborn, child (and now adolescent) health communities into an alliance of 80 Partner organisations in 2005 rising to over 700 Partner organizations in 2015 across seven constituencies: academic, research and training institutions; donors and foundations; health-care professional associations; multilateral organizations; non-governmental organizations; partner governments; and the private sector.

The Partnership's founding mandate was to strengthen alignment and consensus building to support the achievement of the MDGs, especially 4 and 5, focusing particularly on the importance of delivering the full continuum of care from pre-pregnancy, pregnancy, birth, first weeks and early years. Since then, the Partnership has provided a multi-stakeholder platform for inclusivity, dialogue, action and collaboration for the advancement of its vision.

The Partnership's key achievements

-  **2005** Partnerships align; The Partnership for Maternal, Newborn and Child Health is born
-  **2007** The Partnership aligns members at the first ever Partners Forum in Tanzania
-  **2008** Countdown to 2015 & The Partnership unite to host the Inter-Parliamentary Union (IPU) meeting
-  **2009** High Level Taskforce on innovative financing builds evidence on needs and gaps
-  **2010** The Partnership spearheads the first ever MNCH consensus, leading to the first Global Strategy and support for G8 Muskoka Declaration
-  **2011** The Partnership tracks progress on commitments with its first ever Accountability Report and issues a global consensus on Essential Interventions
-  **2012** IPU MNCH resolution & CSO national coalitions shift focus to national level advocacy
-  **2013** Global Investment Framework launch highlights returns on investing in health and is a core input to the updated Lancet Commission on Investing in Health, 2013.
-  **2014** Partnership-led Adolescent Strategy, MDGs Success Factors and Every Newborn Action Plan highlight the need for cross-sectoral collaboration at the 2014 Partners Forum
-  **2015** An updated Global Strategy reflecting feedback from the Partnership's global consultations marks 10 years of collective action

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A new context: No One Left Behind

We share a vision of a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and wellbeing, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies. Collectively, we have the knowledge, the tools, and the capability to achieve this vision. The multi-stakeholder platform created by the Partnership engages, aligns and holds accountable the efforts of all Partners so that together, we can achieve more than any individual Partner could do alone.

Despite excellent progress, much remains to be done. The collective effort to deliver the Millennium Development Goals (MDGs) led to huge gains in lives saved, yet MDGs 4 and 5 (to reduce maternal and child mortality) were not achieved in most countries. Millions of women, children and adolescents are still unable to realise their rights to health and well-being; they cannot access affordable, quality services and care when they need them.¹ A large number continues to be exposed to harmful practices, violence, gender discrimination or social, economic and political marginalisation.

Inequity within and between countries persists.¹⁻⁵ Little progress has been made in those places and countries with limited governance, or which are experiencing conflict and other forms of humanitarian crisis. More effort is required to address the direct and underlying causes of ill-health and preventable death if we are to reduce inequities between and within countries. Within a generation it is possible to reach global equity, where all countries achieve levels of maternal and child mortality in line with those in richer countries today. This will require sustained and enhanced investment, principally from national budgets, and boosted by international support, to deliver the full range of quality programmes and policies that have the greatest impact.⁵⁻⁸

The Sustainable Development Goals (SDGs), launched in September 2015, set out a global vision for the world we want by 2030.⁹ The updated Global Strategy for Women's, Children's and Adolescents' Health (the Global Strategy, Box 2), launched alongside the SDGs, sets out clear priorities, targets and strategic action areas to end preventable deaths (Survive), ensure health and well-being (Thrive) and expand enabling environments (Transform). This framework (See Annex A) is designed to "complete the unfinished work of the MDGs, to address inequities within and between countries and to help countries begin implementing the 2030 Agenda for Sustainable Development without delay" (pp. 10-11).¹⁰

The SDGs are ambitious and multiple. As efforts are made and outcomes are achieved, priorities for further investment and action need to be adjusted. Over the lifetime of the MDGs, the world evolved in several important ways. Middle-income countries are now providers of capital, technical assistance, and foreign aid, yet simultaneously are home to two-thirds of the world's people living in absolute poverty. In 2014 more than 60 million people were displaced by conflict and 200 million were affected by humanitarian disasters, a disproportionate number of whom were women, adolescents and children. The first Global Strategy for Women's and Children's Health pledged to save 16 million lives of women and children, yet only 2.4 million lives have been saved.

Despite these challenges, rapid progress on improving health has never been more achievable. We have a much better understanding of cost effective medical interventions and commodities, including how to encourage and use innovative and low cost approaches, the fundamental links between health

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and non-health sectors, the importance of adopting a life course approach to health, public-private partnerships and the value of multi-stakeholder engagement in strengthening health systems. There is increased capacity and more resources at the country level, better progress with strengthening political and economic institutions, much greater communication and knowledge sharing between and within countries, including South-South cooperation, and more porous movement of people, ideas, skills and resources.

Box 2: The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

The **Global Strategy for Women's, Children's, and Adolescents' Health, 2016-2030**, builds on the success of the first Global Strategy, launched in 2010 by the UN Secretary General, which created **Every Woman Every Child (EWEC)**, a powerful multi-stakeholder movement for health.

This Global Strategy is much broader, more ambitious, and more focused on equity, applying to all people in all settings through a life course approach and recognising that health-enhancing sectors are essential to its achievement*. It reflects progress made with the MDGs but recognises the complexity of the challenges remaining: the imperative to address the determinants of health (cross-sectoral working); the urgency of reaching those caught up in humanitarian settings; and, the shift in the locus of action to countries themselves. And it places young people and adolescents in the centre of the continuum of care. The Global Strategy aims to enable women, children and adolescents everywhere realise their rights to:

- **Survive:** End preventable deaths;
- **Thrive:** Ensure health and well-being; and
- **Transform:** Expand enabling environments.

Implementation will be guided by sequential five-year operational plans, with an Operational Framework being developed under the EWEC architecture. Accountability for action is critical to ensure the right action is taken. A unified global accountability framework will be implemented to monitor progress on delivering resources, results and rights for women, children and adolescents at local, country, regional and global level. An Independent Advisory Panel (IAP) will collate information from existing sources to produce an annual State of Women's, Children's and Adolescents' Health report.

* **Annex A** presents the Executive Summary and **Annex C** provides a summary of the Accountability Mechanism, with more detail about the Partnership's role. Read the full Global Strategy here <http://globalstrategy.everywomaneverychild.org/>.

As the Partnership transitions from the MDG era to the 2030 agenda of the SDGs, it retains the vital mandate to engage, align and hold accountable multi-stakeholder action to improve the health and well-being of women, newborns, children and adolescents, everywhere. Using new evidence and building on experience and the lessons learned from its recent evaluation (see Box 3), the Partnership will concentrate on its core strengths - alignment, analysis, advocacy, and accountability – and support the Every Woman Every Child movement.

Working together as Partners, mobilising organisations in different settings and communities we can achieve the ambitious goals of the Global Strategy, and also forge new frontiers in critically neglected areas so no one is left behind. Global level commitment continues to be vital to keep sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) high on the agenda, to mobilize sufficient domestic and external resources for innovative, quality services and programmes, and to share best practices. Leaders from all sectors and at all levels must be held accountable for the commitments they make, and for ensuring that we achieve results, and advance and protect rights.

Box 3: Lessons learned and Evaluation findings

Since its launch, the Partnership has gained vital experience about its potential as a Partner-centric organisation striving for impact. This Strategic Plan has been shaped by **lessons learned**, including:

Meaningful country engagement: Increase and strengthen the interface between the Partnership's activities and efforts at a global level, supporting platforms and processes in countries for greater impact.

Partnership implies a two-way relationship: The broad, inclusive multi-stakeholder platform is the Partnership's key strength. The Partnership should ensure that being a Partner becomes more meaningful, with quality engagement and contributions fully galvanised.

Prioritisation and purpose: Balancing the breadth required to address the full continuum of care with the depth needed to focus on 'leaving no one behind'.

Knowledge & analysis: Focusing on neglected areas and gaps; high quality and rigorous analysis underpins all that the Partnership does.

Definition of future success: requires clear metrics, outcomes and results. The Partnership should set out clearly how it will monitor and be held accountable for these results.

In response to the **2014 Independent Evaluation**, the Board made the following undertakings:

Vision, mission and strategy: Ensure the next Strategic Plan: sharpens and clarifies the Partnership's focus; defines the Partnership's role at the regional and country level; strengthens the role and engagement of Partners; and defines roles and responsibilities.

Governance: The Board will review its composition and decision-making processes; The Partnership will consider options to expand membership and strengthen constituency engagement, especially of Partner governments and the Private Sector; Acknowledges the Partners' Forum as a flagship event;

Operations, monitoring and delivery: This Strategic Plan should clarify the roles and responsibilities of the Partnership, Partners, Board and Secretariat.

Performance and impact: Continue to be a "one stop shop" for SRMNCAH knowledge; Improve the availability and accessibility of this knowledge; Retain and strengthen the Partnership's role in tracking commitments and supporting accountability.

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The global agreement around the SDGs and the Global Strategy puts us all in new, unexplored territory. This Strategic Plan sets out the broad strategic priorities and objectives that will direct the work of the Partnership over the next five years (2016-2020), recognizing that the global SRMNCAH landscape will continue to evolve. As countries transition from the MDGs, the Partnership is consolidating its role, building on valuable lessons learned and adjusting its roles and responsibilities. We will review often, learn quickly, and adjust where necessary. During the first two years of this Strategic Plan, the Partnership will identify opportunities to pause, reflect and ensure that its Strategic Objectives are well-aligned with the emerging global architecture and country priorities.

Box 4: How are Partnership roles defined and used in the strategy?

- The Partnership:** Used throughout this Strategy to refer to the whole Partnership as an institution, including all its Partners working together, and its governance, funding, technical and administrative bodies. This is a Strategic Plan for the Partnership.
- Partners:** The organisations working to improve the lives of women, children and adolescents that have joined the Partnership (currently about 700 in number) and who meet periodically. Partners shape, legitimise and deliver the Partnership's objectives and plans. They are the core of the Partnership, promoting and contributing to its values.
- Constituencies:** The Partners who have joined the Partnership gather together through constituencies, working in similar ways and domains. Currently there are seven constituencies: academic, research and training institutions; donors and foundations; health-care professional associations; multilateral organizations; non-governmental organizations; partner governments; and the private sector. Partners work within and across constituencies, with some constituencies organising their own workplans to drive collective action.
- The Board:** The governing body of the Partnership, the Board is drawn from among its Partners and provides strategy, direction and oversight as well as representing the movement working across the full continuum of care. The Board is chaired by the Board Chair and two Co-Chairs and also works through committees, in particular its Executive Committee, and working groups.
- The Secretariat:** Providing the technical and administrative functions of the Partnership, the Secretariat is responsible for supporting Partners to work together and for the delivery of activities. It serves the Partnership at large and is tasked by the Board, and its Executive Committee. The Secretariat's roles and responsibilities are specifically distinguished in the Strategy from other parts of the Partnership to be clear about action and delivery.

Vision and Mission

Our vision is a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and wellbeing has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

This is the 2030 vision of the Global Strategy¹⁰ and the Every Woman Every Child movement¹¹, reflecting the ambition of the SDGs that leaving no one behind means leaving no one out.

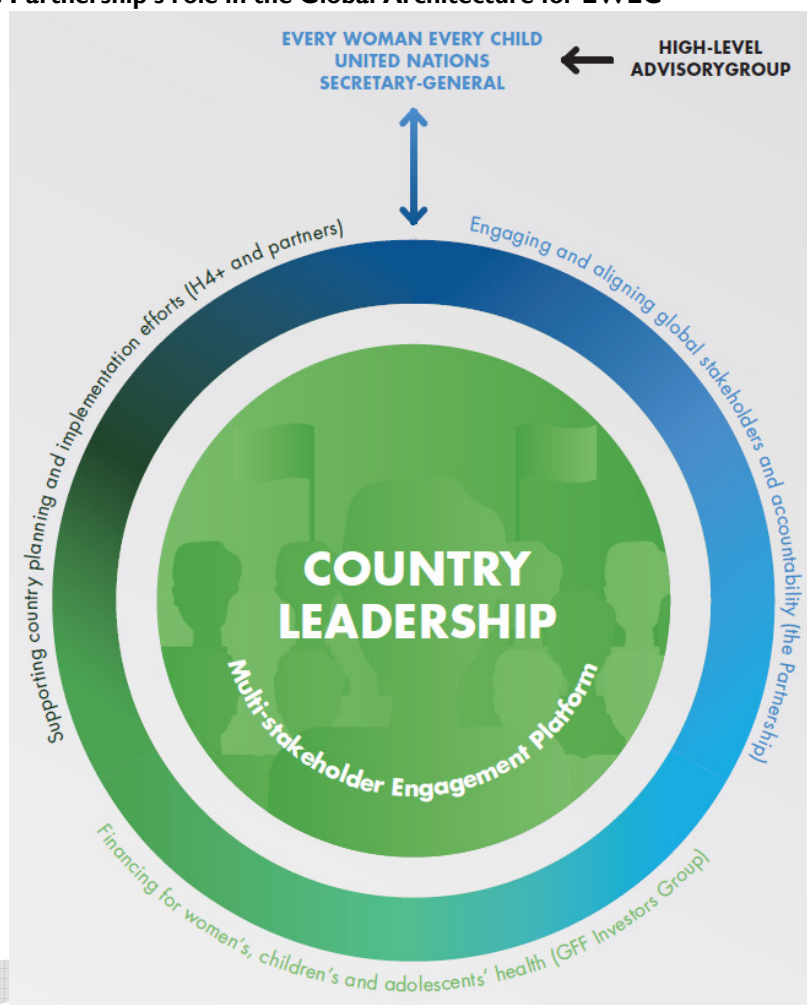
The Partnership's mission is to increase the engagement, alignment, and accountability of Partners, by creating a multi-stakeholder platform that will support the successful implementation of the Global Strategy, enabling Partners to achieve more together than any individual Partner could do alone.

The Partnership's role in the EWEC Architecture

The Partnership acts in support of the Every Woman Every Child movement, and plays a central role in support of countries by engaging and aligning stakeholders and championing accountability in line with the global health architecture described in the Global Strategy (Figure 1). The EWEC architecture encompasses three key pillars that interconnect and work together to support the delivery of the Global Strategy, through support for country plan development and delivery, financing country plans and partner engagement and alignment. EWEC is led by the UN Secretary-General and supported by a new High Level Advisory Group. The Partnership puts itself at the service of countries, elevating the voices of the most affected communities to the global level, including the marginalised and excluded, enlarging participation in and commitment to the delivery of its targets. There is a strong inter-relationship between the three pillars of the global architecture, and the Partnership will play an active role in support of the others including participation in the Investors' Group of the Global Financing Facility (GFF, Box 5) and working through its Partners, which include the H4+.

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Figure 1: The Partnership's role in the Global Architecture for EWEC



Box 5: The Global Financing Facility (GFF)

The GFF in support of Every Woman Every Child is a new financing platform of the Global Strategy*, launched at the Third International Conference on Financing for Development in July 2015. The GFF is an innovative approach, combining domestic and international funding, and innovative support for resource mobilization and delivery, including the private sector, to provide smart, scaled and sustainable financing in support of country-led investment plans for women's children's and adolescents' health.

The GFF aims to secure universal access to essential services by:

- Ensuring that **evidence-based interventions are prioritized and delivered** in an efficient, results-focused manner;
- **Mobilizing more than \$57billion** through domestic resources, new external support and improved coordination of existing assistance
- **Promoting sustainability**, capturing the benefits of economic growth, and addressing the challenges of transition from LIC to MIC status.

The GFF started with four front-runner countries, and identified a further eight second wave countries at the launch in July 2015.

* Read the GFF business plan here:

<http://pubdocs.worldbank.org/pubdocs/publicdoc/2015/7/598311437686176148/1515268-GFF-Business-Plan.pdf>

How will the Partnership work to accomplish its mission?

Alignment, Analysis, Accountability and Advocacy

In a complex, dynamic and rapidly changing environment, the Partnership engages its Partners and pursues its mission, deploying **four core functions: alignment, analysis, accountability, and advocacy**. These functions are determined by the Partnership's understanding that we achieve more together than an individual Partner could do alone.

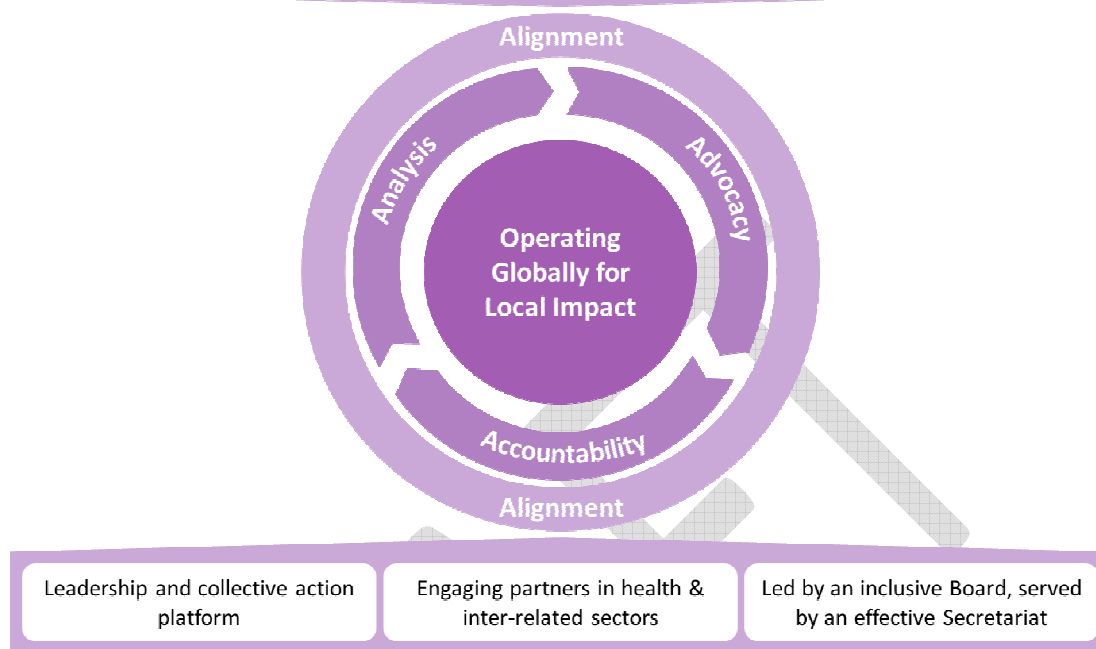
Alignment	The Partnership aims to build alignment among stakeholders. This is the cornerstone: bringing a range of Partners together to focus on shared goals and objectives, amplifying the impact of the uniqueness of each Partner. The Partnership platform is a space for dialogue and debate around evidence, challenges and policy related to the full continuum of care. The platform encourages alignment of professional and other civil society organisations, resources and initiatives to accelerate purposeful action, engagement and delivery at global, regional and local levels.
Analysis	The Partnership undertakes cross-cutting action on evidence and knowledge, working to promote discussion and build consensus on emerging and established evidence around best practice; and to disseminate and communicate knowledge and experience. This promotes the use of evidence as the foundation of all strategies and actions, as well as accountability. The multi-stakeholder platform is essential: the Partnership's role in analysis brings together the multiple disciplines and approaches to evidence, and to facilitate knowledge translation and sharing, to build inclusion in decision-making processes, and support effective decision making. The Partnership seeks to stimulate dialogue and alignment around different forms of evidence, helping to translate evidence into knowledge, and then communicate it widely for policy change and action. As a learning organisation, the Partnership works to encourage innovation and continual improvement, translate evidence into knowledge.
Accountability	Defined by the Commission on Information and Accountability as "a cyclical process of monitoring, review and action that emphasises human rights principles of equality, non-discrimination, transparency and partnership", accountability is the dynamic process of tracking resources, results and rights to assess progress against a baseline (something in the past) and/ or against a target (something in the future). Accountability processes are most meaningful when they are rights based, mutual, and as independent as possible. To be most effective the active and meaningful participation of all stakeholders, including citizens, and particularly women and youth, needs to be secured at all stages, and the full range of Partners need to hold themselves and each other to account for actions taken.
Advocacy	Advocacy is the vital process of galvanising effort, investment, focus and action in a defined direction or for a clear purpose. It can be undertaken by individual Partners, but is most successful when multiple stakeholders advocate together amplifying and nuancing perspectives. It works at several levels from political to community or grassroots but always with the aim to create sustainable change, increase knowledge and share experiences, strengthen commitment and focus, protect rights and grow participation. To be purposeful, an advocacy agenda and strategy should be developed in response to and as a means of advancing a clear set of issues, gaps and challenges identified through a verifiable process, in particular through accountability processes.

Together alignment, analysis, accountability, and advocacy form a reinforcing cycle that continuously drives purposeful action. Figure 2 below shows how this cycle works within the context of the Partnership's mission.

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Figure 2: How the four core functions work together

Women, children and adolescents in every setting realize their rights to physical and mental health and well-being, achieving the vision of the Global Strategy and the SDGs, and leaving no one behind.



Box 6: Values and guiding principles

The **core values** of Partnership lie at the heart of the choices and actions the Partnership makes, recognising that to be most effective Partnerships must be evidence-led, results-focused, accountable, inclusive, collaborative, and committed to continuous learning and improvement. The Partnership is guided by a set of best practice principles that together underpin all its efforts. These **principles** help delineate the selection of priorities and can be used as a standard against which to test decision-making and choices about Partnership engagement. They include:

- The continuum of care and life-course approach
- Country ownership and leadership
- Equity within and between populations
- The promotion and protection of human rights
- The promotion of gender equality
- Equal voice and engagement of Partners

Targets

As the Partnership in support of Every Woman Every Child, there is full alignment behind the 2030 targets set out in the Global Strategy under the Survive – Thrive – Transform framework. The Partnership *alone* cannot deliver these targets, and rather it seeks to engage, align and hold accountable all stakeholders around their achievement of these targets by 2030. The Partnership will ensure that accountability processes measure and analyse all of the Global Strategy targets, recommending action across the whole span of ambition.

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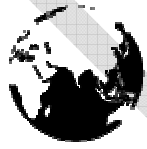



As a collective, the Partnership's ambition over the next 15 years will be driven by the imperative to 'Leave no one behind' as countries implement the transformative 2030 Sustainable Development Agenda and the Global Strategy. In line with its commitment to this fundamental equity objective, **over the 2016-2020 strategic period** - a critical time of transition from the MDGs and SDGs - the Partnership will focus particular attention on targets derived from all three objectives of the SDG/ Global Strategy Survive – Thrive – Transform framework, with a view to:

- (a) **Prioritising the unfinished business of the MDGs** to end preventable maternal, newborn, adolescent and child deaths, reduce unmet need for sexual and reproductive health services and care, and with a clear focus on equity, to sustain efforts in countries that have fallen behind and to address the most marginalised, excluded and high burden populations and settings;
- (b) **Accelerating action on “frontier” challenges:** including stillbirths, fulfilling the sexual and reproductive health and rights (SRHR) of all, meeting the unique and varied needs of youth and adolescents, and inspiring action everywhere, in particular in humanitarian and fragile settings; and
- (c) **Enabling intersectoral collaboration** among Partners and related sectors to advance the Survive and Thrive objectives, by addressing the drivers of ill health and inequity.

Strategic Objectives

To achieve these targets, the Partnership has set four strategic objectives which set directions and identify results that this multi-stakeholder platform will reach for in the first 5 years of the Global Strategy, aiming to achieve more together than any individual Partner could do alone. These strategic objectives of the platform (its purpose) are shaped by its core functions, bounded by its values and guiding principles, and respond to the SDG imperative to leave no one behind.

Summary of the Strategic Objectives (SOs)

			
Prioritise countries	Sustain and focus impact	Champion accountability	Grow and deepen partnership
SO 1: Strengthen multi-stakeholder platforms and processes to align all partners and financing, to expand financing and deepen commitment to the health outcomes of women, children and	SO 2: Shape sub-national, country, regional and global efforts of Partners to ensure the Global Strategy is implemented and financed to have maximum impact, especially on the health	SO 3: Foster a culture of accountability among all Partners, including youth and adolescents, champion a robust commitment to assess progress and hold ourselves and each other to account for	SO 4: Expand the Partnership purposefully, balancing the range of Partners across constituencies, including youth and adolescents, to be fully inclusive, and to deepen the meaningful

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adolescents, promoting equity and the realization of human rights in every setting by 2030. Until 2020, the Partnership will prioritise support to countries, places and populations with the highest burden of unmet need for sexual and reproductive health services and maternal, newborn, child and adolescent deaths.	and lives of the most vulnerable women, children and adolescents living in the most vulnerable places, sustaining momentum, expanding the commitment to frontier issues and promoting action on health in all related sectors.	delivery of the Global Strategy, support the Independent Accountability Panel and put into action recommendations from its Annual Report.	engagement of Partners, with an increase of at least 20% more Partners each year in support of full implementation of the Global Strategy at country level.
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SOI: Prioritise countries

The Partnership will be at the service of countries, focusing especially on the populations and places where the burden is highest, the need greatest, and inequity most acute.

The Partnership supports the development of multi-stakeholder processes and platforms, and defines best practices for these processes, to amplify sub-national, national and regional voices, to foster inclusivity of diverse partners and to facilitate dialogue and interaction among these different stakeholders at global, regional, national and sub-national levels to align around country-led actions and priorities.

Governments create and lead the necessary policy, prioritization and delivery environment. However, countries are more than their governments. Through its Partners, the Partnership creates an inclusive environment and facilitates dialogue and interaction among different stakeholders from across the SRMNCAH and health-enhancing sectors at all levels to build alignment and strengthen the agenda for action in countries. The participation and cooperation of a broad and inclusive range of stakeholders is vital to success, to drive evidence-led policies, programmes and financing; to support advocacy for equity and to strengthen independent and mutual accountability.

By 2030, all countries will have fully operational multi-stakeholder processes as integral components of resilient health systems delivering universal health coverage to everyone, everywhere.

Box 7: Country views about Partnership engagement

Country partners identified the following areas where the Partnership's engagement could add value:

- **Promote mutual accountability**, by facilitating alignment on Global Strategy reporting requirements or tracking implementation of SRMNCAH interventions
- **Promote multi-sectoral platforms** to foster coordination, share knowledge and experience, align country partners around common objectives, and reduce duplication of effort
- **Support the mobilisation of resources** for countries in need
- **Facilitate high-level advocacy** on priority topics, including adolescent health, unfinished MDG agenda, transitional and conflict-affected countries, data management systems
- **Facilitate alignment on prioritisation of countries** which are lagging behind, to draw lessons and design remedial strategies
- **Promote country leadership** and ownership of development programmes
- **Broker SRMNCAH negotiations** between countries and international stakeholders on policy, programming and financing
- **Assist development of country-level SRMNCAH strategies** through knowledge and evidence



SO2: Sustain and focus impact

The Partnership will drive advocacy to sustain and focus impact and delivery of policies, programmes, services and care from an ever-growing number and range of Partners shaping the work at sub-national, national, regional and global levels to deliver the goals of the Global Strategy, with a focus on equity, the most vulnerable and marginalized, and responding to the findings from accountability processes to.

This will include advocating for the financing, policies and programmes needed to deliver the full scope of the Global Strategy, prioritising the unfinished agenda of the MDGs and addressing frontier challenges, in particular advocating for action everywhere, especially in humanitarian and fragile settings, for deeper and better understanding of the unique and varied needs youth and adolescents, to address the comprehensive SRHR agenda, and to reduce stillbirths.

Recognising the substantial impact of health-enhancing sectors on maternal, newborn, child and adolescent health, the Partnership will engage across sectors, including through building the Alliance of Alliances to identify links and opportunities to work together.¹² While advancing the 2030 Agenda to secure smart and effective investments, this will not mean expanding the scope and membership of the Partnership to other sectors during the life of this Strategic Plan. Rather this will involve securing a human rights-based, people-centred approach that locates “health in all policies”, to reflect the broader determinants of health and health inequalities, through galvanising linkages and action with nutrition, water and sanitation, gender empowerment, education and other related sectors.



SO3: Champion accountability

Effective accountability processes drive continuous improvement. Robust accountability begins with the commitments that Partners make to each other and to the people they aim to serve. Accountability requires an open, transparent forum in which Partners hold themselves and each other accountable for their commitments, actions and the results that follow. The Partnership will cultivate a climate of open accountability among its Partners to drive purposeful engagement and sustained commitment.

The Partnership will play a central role in putting into action the Global Strategy's Accountability Framework (Annex C),¹⁴ facilitating mutual accountability and promoting advocacy for action in response to the findings of the monitoring and review stages of the accountability cycle. At the request of the global SRMNCAH community, the Partnership will support an Independent Accountability Panel (IAP) that will prepare an annual State of Women's Children's and Adolescents' Health accountability report on the implementation of the Global Strategy at country, regional and global levels, including resources, results and rights. The accountability cycle (monitor-review-act) will identify where (and why) there is progress and requires Partners to regularly recalibrate and focus their efforts to address gaps, promote continuous learning, and respond to emerging evidence or challenges. The Partnership will focus its advocacy around the findings of accountability processes, and identify opportunities to ensure that action is taken for redress.

Box 8: Global Accountability processes

Global accountability for the implementation of the Global Strategy will be brought together in a unified framework (Annex C). This framework emerges from and has been informed by the global accountability processes of the past five years, namely:

The Commission on Information and Accountability for Women's and Children's Health (CoIA) was convened in 2010 to track resources and monitor results in support of MDGs 4 and 5. It defined accountability as a cyclical process aimed at learning and continuous improvement and involving three principal stages: **monitor, review and act**. The CoIA placed the focus for action "soundly where it belongs: at the country level" but acknowledged that accountability is the responsibility of all partners and spans across the local, country, regional and global levels.

One of the recommendations of the CoIA was the establishment of the **independent Expert Review Group (iERG)** to function between 2012 and 2015. The remit of the iERG was the results and resources related to the Global Strategy and on progress in implementing this Commission's recommendations. An important consideration around updating the Global Strategy was to build on these global accountability arrangements by developing the unified approach, enabling countries to identify their own targets, extend monitoring to include the realization of health related rights and ensure links to strengthening information systems and improving unified data collection and transparency.

Read more at: www.who.int/life-course/partners/global-strategy/accountability-report-2015-no-isbn.pdf?ua=1 and www.everywomaneverychild.org/accountability/independent-expert-review#sthash.wHu75P7B.dpuf



SO4: Grow and deepen partnership

The Partnership will engage and align a broad and inclusive range of Partners for action and accountability to deliver the Global Strategy. It is, and will continue to be, the platform through which the whole movement comes together. Diversity, scale, balance and engagement are central to the strength of the Partnership fostering collective action and energising the Every Woman Every Child movement.

The Partnership will scale up and build momentum throughout the life of this strategic plan, engaging more Partners in this effort, focusing on balance, depth and quality across the range of Partners, and with a particular focus on those Partners having the greatest impact at country level, and those focused on equity.

While the Partnership will broaden and deepen its range of Partners, it does not intend to expand its scope into new sectors. Recognising the importance of related sectors, from nutrition, water and sanitation, gender empowerment, education and other sectors, the Partnership will foster the Alliance of Alliances to create structured opportunities for dialogue and collaboration, but will not seek to grow its membership beyond the core focus and mandate.

The Partnership will bring together and elevate voices engaged in SRMNCAH in a balanced way and across all constituencies. The voices of the most marginalised and excluded, in particular those of adolescents and youth, will be brought to the centre of the Partnership; they are critical to delivering the Global Strategy and will keep it forward leaning. The core of the Partnership is inclusivity and Partners will be supported to maintain strength through balance. To advance its vision, the Partnership will thoughtfully and purposefully increase its Partner base by at least 20% each year, maintaining a steady momentum in expansion and focusing on country Partners, keeping the balance between quality, scale and meaningful engagement.

The approach to Partner engagement and recruitment will identify clearly defined benefits and expectations of being a Partner; create space for key voices perceived as absent or disenfranchised in

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the movement – starting with youth and adolescents; and leverage best practices and lessons learned in the continuous cycle of building and improving local multisectoral platforms. (See Annex E for a fuller approach to Partner engagement).

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Summary of the Partnership's Results Framework

Our vision is a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and wellbeing has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies. This is the 2030 vision of the Global Strategy⁸ and the Every Woman Every Child movement⁹, reflecting the ambition of the SDGs that leaving no one behind means leaving no one out.

The Partnership's mission is to increase the engagement, alignment, and accountability of Partners, by creating a multi-stakeholder platform that will support the successful implementation of the Global Strategy, enabling Partners to achieve more together than any individual Partner could do alone. **During the lifetime of this Strategic Plan (to 2020):** The Partnership will focus on delivering its mission across the full Survive-Thrive-Framework of the Global Strategy in ways that accelerate efforts to:

- Prioritising the unfinished business of the MDGs** to end preventable maternal, newborn, adolescent and child deaths, reduce unmet need for sexual and reproductive health services and care, and with a clear focus on equity, to sustain efforts in countries that have fallen behind and to address the most marginalised, excluded and high burden populations and settings;
- Accelerating action on “frontier” challenges:** including stillbirths, fulfilling the sexual and reproductive health and rights (SRHR) of all, meeting the unique and varied needs of youth and adolescents, and inspiring action everywhere, in particular in humanitarian and fragile settings; and
- Enabling intersectoral collaboration** among Partners and related sectors to advance the Survive and Thrive objectives, by addressing the drivers of ill health and inequity.

Results by Strategic Objective

			
Prioritise countries	Sustain & focus impact	Champion accountability	Grow and deepen partnership
Country focused multi-stakeholder platforms and processes, align all stakeholders and most affected communities to shape priorities, policy, financing; programme decision making.	Health and well-being outcomes for women, newborns, children and adolescents, especially the marginalised, excluded and those lagging behind are sustained at the centre of the development agenda.	Unified, independent and mutual accountability for results resources and rights, building accountability by duty bearers to rights holders, driving advocacy for impact.	Inclusive, diverse and balanced engagement of committee Partners strengthens collective action to drive effective policies, programmes, finance and accountability.

High level activities and outcomes by Strategic Objective			
<p>Stronger, more inclusive decision-making and priority setting in country platforms by a wider range of voices made possible by governance structures that standardise and optimise representation and collaboration.</p> <p>Enhanced capacity for multi-stakeholder participation, alignment and action at country, regional and global levels including the identification, synthesis and dissemination of replicable best practices to facilitate the implementation of effective multi-stakeholder partnerships in countries.</p> <p>Windows of opportunity identified and effectively pursued to sustain and deepen commitment, address bottlenecks and strengthen accountability through multisectoral dialogue and action.</p> <p>Strategic links made with other sectors (and across the SDGs) to support their efforts to invest in health outcomes in women, children and adolescents;</p>	<p>Domestic and global political and financial commitment and engagement sustained and enhanced at all levels to drive impact.</p> <p>Knowledge development and associated communication and advocacy to set the agenda, deepen commitment and strengthen dialogue in new or emerging priorities and contexts.</p> <p>Advocacy based on accountability findings drives stronger impact, and facilitates "redress".</p> <p>Advocacy focused on equity, leaving no one behind, and particularly in humanitarian and conflict affected settings.</p> <p>Analysis, advocacy and alignment around inter-sectoral challenges that have a significant and measurable impact on health (for example, nutrition and child stunting, indoor air pollution).</p> <p>The Partnership becomes facilitates the newly formed 'Alliance of Alliances' to support intersectoral knowledge building, communication, and coordination and cross-sectoral accountability opportunities.</p>	<p>Increased capacity, willingness and expectation to strengthen mutual accountability year on year (at global, regional, country and sub-national levels).</p> <p>Holistic, unified accountability mechanism, with multi-stakeholder inclusion and participation and a focus on equity is in place and driving action.</p> <p>Independent Accountability Panel established, and producing widely-read and acted upon annual State of Women's Children's and Adolescents' Health Reports that track results, resources and rights.</p> <p>Accountability processes lead to remedial action (and follow-up monitoring) focused on leadership, policy, commitment, financing, and actions that support results, resources, and rights.</p> <p>Citizen-led accountability processes championed and in place, especially in high burden and other priority countries and places.</p> <p>Implementation (by end of 2016) of governance structure and process to enable the delivery of and orchestrated partner response to the results of a unified accountability framework.</p>	<p>Clear articulation of agreed entry criteria for participation in the Partnership, to be agreed and implemented in 2016.</p> <p>Execution of a targeted, data-driven and balanced Partner engagement strategy rooted in the delivery of shared value.</p> <p>Successful and balanced recruitment of representative voices across constituencies to enable equitable, inclusive dialogue.</p> <p>Increasing Partner satisfaction and participation across the duration of the Strategic Plan and expanding partnership base by 20% year on year.</p> <p>Convene partners regularly - leveraging existing meetings and conferences where possible - to mobilise, build alignment and plan action on implementation priorities.</p>

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Annex A Executive Summary of the Global Strategy

AT A GLANCE:

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

VISION

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.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)



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 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 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 non-communicable diseases and promote mental health and well-being



THRIVE *Ensure health and well-being*

- 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



TRANSFORM *Expand enabling environments*

- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and 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 and equitable 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

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HIGH RETURN ON INVESTMENTS

Implementing the *Global Strategy*, with increased and sustained financing, would yield tremendous returns by 2030:

- 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

ACTION AREAS



Country leadership

Reinforce leadership and management links and capacities at all levels; promote collective action.



Financing for health

Mobilize resources; ensure value for money; adopt integrative and innovative approaches.



Health system resilience

Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.



Individual potential

Invest in individuals' development; support people as agents of change; address barriers with legal frameworks.



Community engagement

Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.



Multisector action

Adopt a multisector approach; facilitate cross-sector collaboration; monitor impact.



Humanitarian and fragile settings

Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.



Research and innovation

Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.



Accountability

Harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multi-stakeholder engagement.

GUIDING PRINCIPLES

- Country-led
- Universal
- Sustainable
- Human rights-based
- Gender-responsive
- Evidence-informed
- Partnership-driven
- People-centred
- Community-owned
- Accountable
- Aligned with development effectiveness and humanitarian norms

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.

Source: The Global Strategy for Women's Children's and Adolescents' Health, 2015, available at <http://globalstrategy.everywomaneverychild.org/>

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Annex B Alignment with the Global Strategy Action Areas

How will the Strategic Plan help the Partnership to deliver the Action Areas of the Global Strategy? The Global Strategy Action Areas are set out on the left; the components that the Partnership will particularly address are identified on the right. Qualifications are in parentheses.

Global Strategy Action Areas	Partnership contributions
1. Country leadership. Reinforce the links between political and administrative leaders; strengthen leadership and management capacities; develop multi-stakeholder accountability and oversight.	The Partnership will use its <i>advocacy, dialogue</i> and <i>alignment</i> functions to strengthen and support global and country leadership . <i>Accountability, knowledge and analysis</i> will also be drawn upon to develop multi-stakeholder accountability and oversight .
2. Financing for health. Mobilize sufficient and sustainable resources; ensure value for money while increasing financial protection for women, children and adolescents living in poverty; adopt integrated and innovative approaches to financing.	<i>Advocacy</i> , linked to <i>accountability</i> , will focus on mobilising sufficient and sustainable resources and effective use of these resources.
3. Health system resilience. Equip the health workforce everywhere to provide good-quality, non-discriminatory care; prepare all parts of the health system to cope with emergencies; ensure universal coverage of essential health interventions and life-saving commodities.	<i>Knowledge building, dialogue, accountability and advocacy</i> will all be leveraged in support of health system resilience, (and how to implement/ scale-up and to ensure health professional associations are engaged).
4. Individual potential. Invest in childhood and adolescent health and development; support women, children and adolescents as agents for change; remove barriers to realizing individual potential and protect from violence and discrimination.	Inclusive <i>dialogue, knowledge building, advocacy and accountability</i> in support of individual potential .
5. Community engagement. Promote laws, policies and social norms that advance women's, children's and adolescents' health; strengthen inclusive community action that recognizes the roles of different groups; ensure women and girls can fully participate and engage men and boys in health programming.	Strengthen inclusive community action and participation through <i>dialogue, knowledge building, advocacy and accountability</i>
6. Multisector action. Adopt a multisector approach to improving health and well-being of women, children and adolescents; build governance and capacity to facilitate multisector action and cross-sector collaboration; monitor the impact of multisector action and cross-sector collaboration on health and sustainable development.	<i>Advocacy and knowledge sharing</i> to build governance and capacity to facilitate multisector action and cross-sector collaboration ; <i>Accountability and dialogue</i> to monitor the impact of multi-sector action and cross-sector collaboration on health .
7. Humanitarian and fragile settings. Support use of health risk assessments, human rights and gender-based programming to better protect the specific needs of women, children and adolescents in humanitarian settings; fully integrate emergency response into health plans and provide essential health interventions; address gaps in the transition from a humanitarian setting to sustainable development.	Support action to address knowledge gaps and <i>advocate</i> for greater actions and sustained focus on humanitarian and fragile settings.
8. Research and innovation. Invest in a wide range of	Build capacity to use research evidence for

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Global Strategy Action Areas	Partnership contributions
research, prioritizing local needs and capacities; link evidence to policy and practice. Invest in and nurture the cycle of research, knowledge, policy and programming; test and take innovations to scale.	effective <i>accountability</i> and <i>advocacy</i> Advocacy and <i>knowledge building</i> to link evidence to policy and practice.
9. Accountability. Harmonize monitoring and reporting; strengthen civil registration and vital statistics; promote multi-stakeholder engagement to Monitor, Review and Act.	Unified <i>Accountability</i> mechanism, and related <i>advocacy</i> to harmonize monitoring and reporting; promote multi-stakeholder engagement to Monitor, Review and Act.

Annex C The Global Accountability Framework

This Annex sets out the Global Accountability Framework, the Independent Accountability Panel and its report, the Secretariat and other aspects of the proposed monitoring and accountability architecture post-2015.

The “State of Women’s, Children’s and Adolescents’ Health” annual report and the Independent Accountability Panel

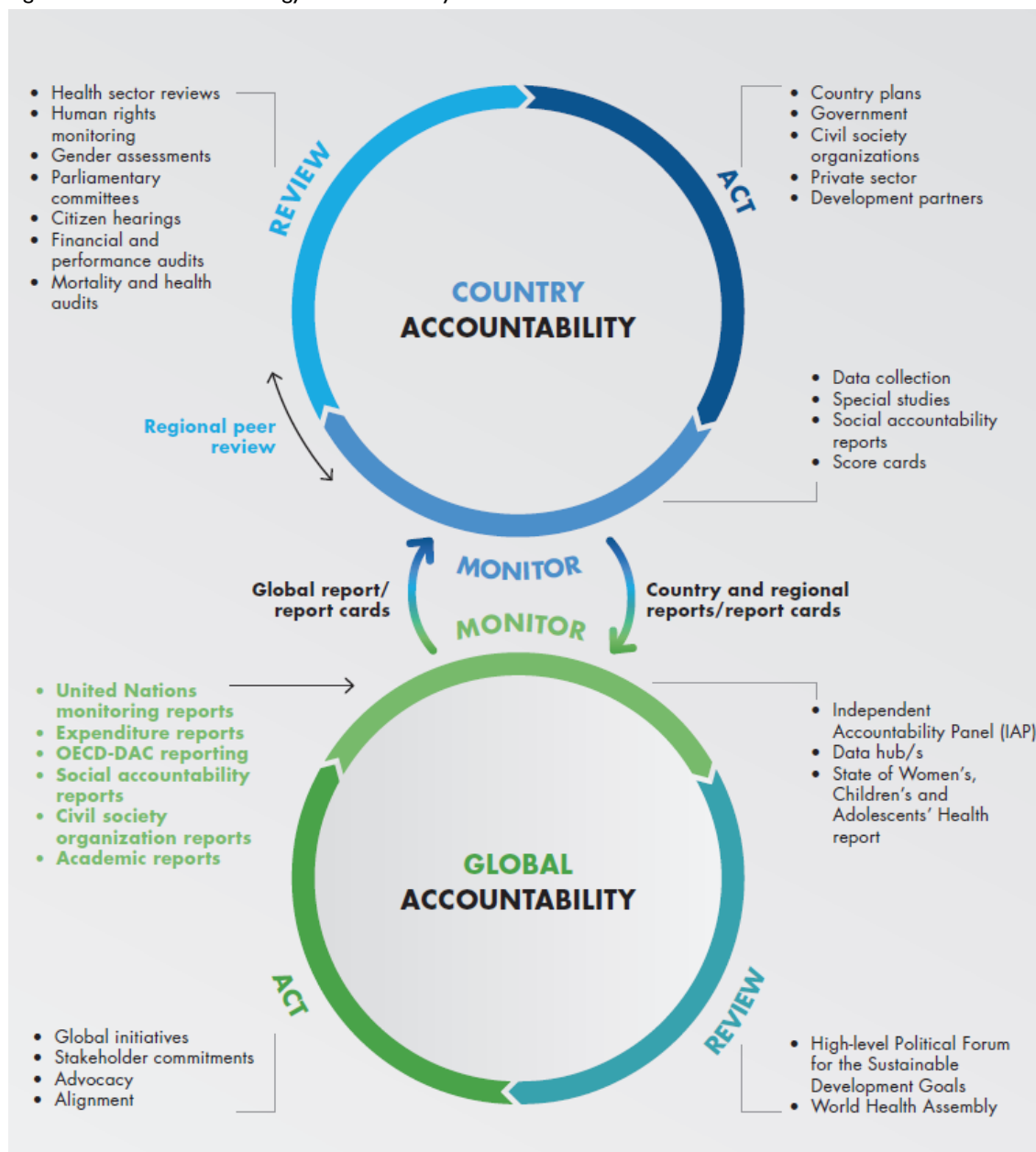
Global accountability for the implementation of the Global Strategy will be brought together in a unified framework. In an effort to harmonize global reporting, minimize the reporting burden on countries and support cost-effectiveness, a comprehensive synthesis report of the **State of Women’s, Children’s and Adolescents’ Health** will be produced using information routinely provided from United Nations agencies and independent monitoring groups. This annual report will be developed in an independent and transparent manner and will provide the global community with the best evidence for progress on women’s, children’s and adolescents’ health towards achieving the Global Strategy objectives and the SDGs. The report will provide recommendations and guidance to all stakeholders on how to accelerate progress for improved health outcomes for women, children and adolescents.

The **Independent Accountability Panel** (IAP) will take the lead in writing the annual report with support from a small secretariat housed at the Partnership. The annual report should not require additional data collection.

Each report will have a theme based on the findings of the previous year’s report and be submitted to the United Nations Secretary-General. Member States and other stakeholders will be encouraged to discuss the report at the High-level Political Forum on Sustainable Development, which will be reviewing progress on the SDGs, the World Health Assembly, meetings of human rights treaty bodies and other high-level political assemblies and events, and to take appropriate actions.

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Figure C.1: The Global Strategy's Accountability Framework



Source: *The Global Strategy for Women's Children's and Adolescents' Health, 2015.*

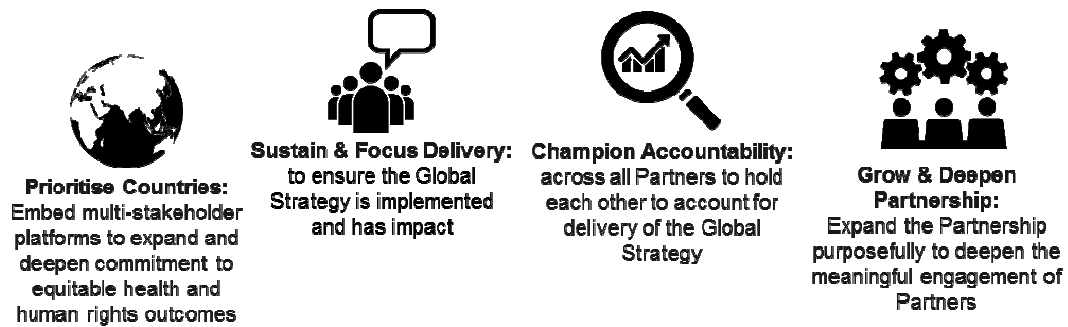
Annex D The Partnership's Theory of Change

As a multi-stakeholder platform the Partnership is more than the sum of its parts. The drivers that the Partnership is uniquely placed to influence (and shift) are those where shared attitudes and actions are critical to making a difference. All stakeholders engaged in delivering results for women, newborns, children and adolescents have choices about when, how, where and for how long they engage. The Partnership effects change through its core functions (alignment, analysis, accountability and advocacy) to shape attitudes and understanding, build and sustain a strong sense of purpose and commitment, and drive alignment and delivery around concrete actions. The integrated functions of the Partnership support the cyclical reinforcement of listening and responding to needs, reinforcing engagement and taking the decision to act. The Theory of Change focuses on this vital element of the results chain.

How the Partnership effects Change

To address the problem that millions of women, newborns, children & adolescents across the world are denied their right to live full & healthy lives...

...the Partnership uses its unique role to engage through these drivers



...and working to stimulate



...to prompt purposeful, directed actions that



...leading to fundamental change in support of the Global Strategy

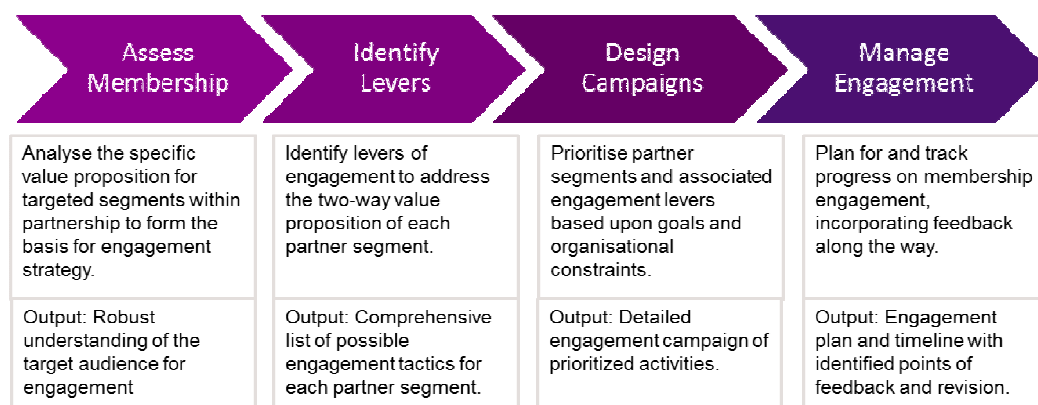


Annex E Strengthening Partner Engagement

The successful delivery of the Strategic Objectives will rely heavily on increased engagement of Partner organizations, participating in decision-making and coordinated action. As the Partnership drives engagement in the inclusive, sector-wide EVEC movement, there is also strength in its numbers. Therefore, the Partnership will continue to welcome participating organisations that demonstrate commitment to the strategy and mission. However, recognizing the need to clarify the distinct meaning of what membership entails, the Partnership commits to the following next steps:

1. Define Partner expectations—entry criteria—for participation
 - a. Require that Partners formally document a commitment to the Global Strategy in order to participate, or
 - b. Require that Partners sign a simple pledge, or code of conduct.
2. Define, document, and promote Partner benefits to participation
3. Eliminate the option to be affiliated with The Partnership without meeting the entry criteria (signing up)
4. Long term: Establish a programme to drive and manage Partner engagement

Once this foundation is established, a structured Partner engagement approach will be designed taking into account diversity of needs and contributions of member organisations while also focusing on creating a mutually beneficial experience that is targeted, data driven, and leads to collaboration within and across constituencies.



The ultimate output of this approach will be a simple, targeted set of messages and activities designed to maximise the incentives and contributions of a specific group of Partner organisations. Engagement does not happen in isolation, but can be thought of as a 'push' mechanism to drive participation in Partnership activities. Enabling this process first requires that Partner Engagement become a core stream of work. The Partnership will also address the 'pull mechanism' of structure and process to incentivise engagement by defining governing bodies to oversee and catalyse partner engagement, and establishing a staffing model to support implementation.

Annex F Deepening impact at country level

Reaching the health outcomes anticipated in the Global Strategy will require the full participation and engagement of all constituencies at country and regional levels. The Partnership will work in and with countries in a range of ways, building on its past experience and reaching out through its Partners, to deepen its knowledge of and relationships with both country governments and country-based Partners. How the Partnership can add the most value at the country level will in part be linked to the changing global architecture of a post-2015 world. As such, identifying and prioritising country-level actions will be the focus of the first two years of the Strategic Plan, to ensure that actions are targeted to have the greatest impact.

Whilst the Partnership does not anticipate opening country offices, the Partnership will maintain a clear focus and line of sight on how its actions have impact at the local level. The Partnership will mediate its proposed role and activities in each country individually in line with the Partnership's core functions, building on what is there already, working through its Partners and not overlapping with others.

Options include:

(a) **Fostering multi-stakeholder dialogues:** While governments lead and create the necessary policy and delivery environment, the participation and cooperation of a broad range of stakeholders is vital to success. The Partnership will work to support multi-stakeholder engagement at country level through:

- Advocacy for participation from the widest range of stakeholders;
- Encouraging multi-stakeholder dialogue in support of the development and delivery of SRMNCAH investment plans, aligned with GFF processes;
- Strengthening independent and mutual accountability processes;
- Advocacy for equity and for evidence-led policies, programmes and financing;
- Communicating knowledge, for example the Success Factors study, to support decision-making and prioritization; and
- Broadening multi-country, inter-sectoral and cross constituency working.

(b) **Leveraging Partners to support countries:** The Partnership will use its global leverage to support countries overcome particular challenges by purposefully convening those Partners needed in a specific country.

(c) **Facilitating two-way dialogue and promoting country and regional priorities** in global action to ensure that global processes address country needs.

(d) **High level championing** of issues, processes or needs in support of continuous improvement and building commitment where needed.

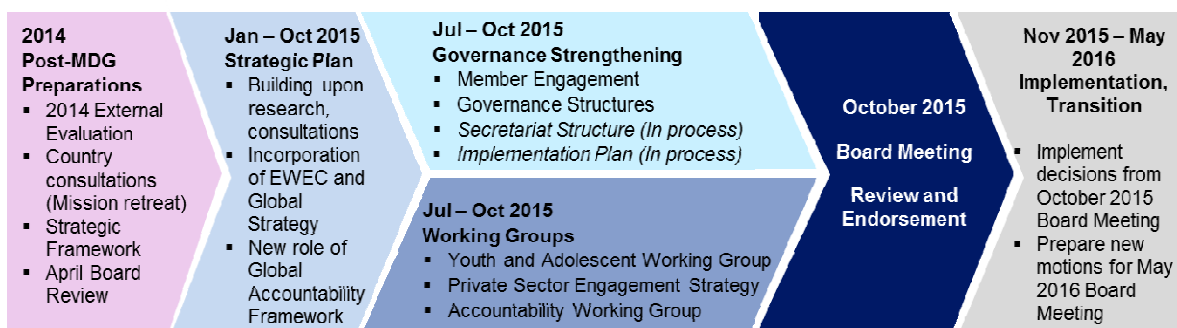
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Priority countries, places and populations: The Partnership will initially prioritise focus to countries, places and populations with the highest burden of unmet need and maternal, newborn and child deaths. The criteria for selecting such countries and the duration of such arrangements would be agreed by the Board, taking into account the proposed approach to working in countries outlined above.

Annex G Strategic Plan Development Process

The Partnership's Strategic Plan has been developed through a consultative process, incorporating the views of Partners and key stakeholders, as well as the findings and feedback provided through a range of targeted consultations on specific issues. This Annex presents an overview of this process.

Figure G.1: Overview of Strategic Plan development approach and timeline











Date	Key steps
Q4 2014	▪ Initial consultations by PWC on developing the Strategic Plan
Q4 2014	▪ Findings of 2014 External Evaluation of the Partnership and the accompanying Board's response
Dec 2014	▪ Outcomes of the Board Retreat discussions on the strategic direction
Q1 2015	▪ Outcomes of the Executive Committee discussions on the Strategic Plan
Q2 2015	▪ Creation of the Ad Hoc Strategy Group to steer the Strategic Plan development process, following recommendations from May 2015 Board meeting
May 2015	<ul style="list-style-type: none"> ▪ Following recommendations from the May 2015 Board for the Secretariat to consult more intensively with country Partners to understand countries' needs and expectations, the following interactions were held: <ul style="list-style-type: none"> ○ Consultations with ministries of health representatives during the regional consultation on the Global Strategy in South Africa, May 2015 ○ Consultations with ministries of health delegations during the World Health Assembly in Geneva, May 2015 ○ Briefing session for Permanent Missions to the UN in Geneva, June 2015
June 2015	▪ The Partnership consulted with all members on its proposed Vision and Mission, Scope, and Values: which then served as building blocks for the Partnership's Strategic Plan
Sept 2015	▪ During September, a draft Strategic Plan was shared with all Partnership members for their review and input
Sept 2015	▪ Executive Committee and Ad Hoc Strategy Committee joint review of Strategy and Governance
October 2015	▪ Presentation to the Board
On-going through 2016	▪ Conclusion of the governance strengthening process with Board review and decision of ASG recommendations


Annex H SDGs and targets most relevant to the Partnership's work

This Annex presents the SDG targets that are most relevant to the Partnership's work.

Table H.1: Detail of 9 SDGs most relevant to the Partnership's work

SDGs	Global Strategy Targets
	1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
	2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
	<p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births</p> <p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> <p>3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</p> <p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p>
	<p>4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes</p> <p>4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education</p>
	<p>5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</p> <p>5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</p>

SDGs	Global Strategy Targets
 <p>6 CLEAN WATER AND SANITATION</p>	<p>6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all</p> <p>6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</p>
 <p>9 INNOVATION AND INFRASTRUCTURE</p>	<p>9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all</p> <p>9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries</p> <p>9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets</p> <p>9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased resource use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities</p> <p>9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers and public and private research and development spending</p> <p>9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States</p> <p>9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities</p> <p>9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020</p>
 <p>10 REDUCED INEQUALITIES</p>	<p>10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average</p> <p>10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status</p> <p>10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard</p> <p>10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality</p> <p>10.5 Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations</p> <p>10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions</p>

SDGs	Global Strategy Targets
	<p>10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies</p> <p>10.a Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements</p> <p>10.b Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes</p> <p>10.c By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent</p>
	<p>17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism when agreed upon complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries</p>