

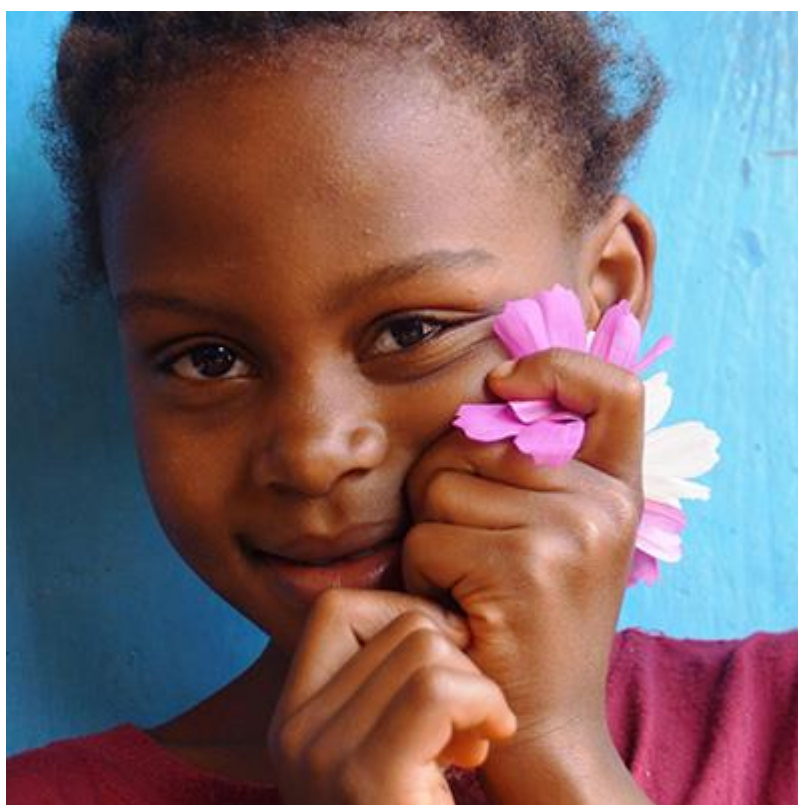


EVERY WOMAN
EVERY CHILD

*Consultations on updating the Global Strategy for Women's,
Children's and Adolescents' Health:*

Round 1 – Priorities for the Global Strategy

Executive Summary



2nd April 2015

EXECUTIVE SUMMARY

This report has been developed to contribute to the process of updating the Global Strategy for Women's, Children's and Adolescents' Health, in advance of its launch in September 2015 alongside the new Sustainable Development Goals (SDGs). This report aims to synthesise the views of more than 4,550 organisations and individuals (Appendix A), who discussed and provided input through a wide-ranging consultation process, coordinated by the Partnership for Maternal, Newborn & Child Health (PMNCH) at the request of the office of the United Nations Secretary General.

PMNCH would like to convey its thanks to the thousands of participants for their thoughtful and comprehensive inputs to this consultation process. This report has been developed to provide a timely input into the first draft of the Global Strategy, expected for release in early May 2015. PMNCH will take a further round of consultations on the first draft of the Global Strategy during the month of May 2015 through the consultation web-hub: (www.WomenChildrenPost2015.org).

Summary of main findings

Overall, the findings confirmed much of what was already suspected, as well as the main evidence emerging from the preliminary consultation published in January 2015¹. This report confirms that:

- There was strong support for an updated Global Strategy, often seen as synonymous with the Every Woman Every Child implementation platform, and high expectations that it will build on the previous Strategy, galvanise a sharpened sense of purpose and maintain global and national momentum for women, adolescents and children.
- The themes identified by the Global Strategy Working Groups resonate with this global audience.
- Equity must remain one of the principles of the updated Global Strategy. Indeed, there were very strongly expressed views across all consultation feedback about the value of women's and children's lives, their rights to services, equality, and dignity.

¹ "Consultations on updating the Global Strategy: Preliminary Lessons Learned on the Global Strategy 2010–15" January 2015. Available here: http://www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/en/index1.html. The Executive Summary of that report, including lessons learned and priorities for the updated Strategy, is provided in Appendix B.

- The new focus on adolescent health, intersectoral working and humanitarian settings are widely appreciated and resoundingly endorsed.

A number of interesting issues arose across the consultation:

- The Strategy was seen as an important mechanism for building leadership and accountability at national, sub-national and global levels. There is an urgent call for the development of implementation tools and processes, especially in anticipation of the ‘domestication’ of the Global Strategy;
- There was some trepidation that hard won attention to neglected challenges (newborn lives, stillbirths, sexual and reproductive health and rights) might be put at risk depending on where both the Global Strategy and the larger global policy process around the SDGs land later in 2015;
- Respondents provided a clear endorsement for the Strategy to continue with and to amplify its poverty lens. There was an even stronger endorsement for the need to embrace the social and economic determinants of health challenges for women, adolescents and children, especially where these required simultaneous interaction of multiple sectors (for example, to address stunting or violence);
- There were mixed views about the extent to which the Strategy should focus on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) ‘core business’ as opposed to embracing whole-of-life issues. There was wide acknowledgement that the health challenges facing women and children were complex and increasingly extend beyond the RMNCAH core agenda;
- Financing for development and humanitarian assistance must be brought together in new ways. Each country needed to develop its own approach to building sustainable domestic financing to ensure universal coverage of basic services without causing financial hardship.

In light of these findings, a number of recommendations are made:

- **Balancing unfinished business and new challenges** – The Strategy will have an important role in ensuring that RMNCAH priorities continue to be at the centre of global and national health efforts, as well as safeguarding policy focus and financial resources on continuing priorities, including newborns and stillbirth, safe abortion and family planning, and maternal and child survival (unfinished business). However, the Strategy should also be clear about the complexities of

health traditionally viewed as intersectoral challenges yet which require a proactive health response: stunting (which requires health, environment, water, sanitation, hygiene, and nutritional gains to be addressed), gender-based violence and adolescent pregnancy are just three examples.

- **Future-proofing the Strategy** – The Strategy should take a life course approach and think broadly about context, trajectories, emerging science and up-coming challenges, such as reaching populations in urban slums, the growing burden of non-communicable diseases, aging populations and climate change. Currently, the global debate often seems to polarise the two sets of health challenges, placing diseases of poverty and non-communicable diseases in opposition to one another. The Strategy can make an important contribution to the process of bringing these two spheres together, reflecting the growing evidence about synergies between diseases of poverty and chronic health conditions, without detracting from either.
- **Enlarge the tent: Humanitarian situations** – Women, young people and children caught up in humanitarian situations and rapid onset and complex emergencies have acute needs including for services, protection and voice. For many, displacement and dislocation results in loss of security, dignity and autonomy, in addition to a range of practical problems. There are already agreed policy and programming approaches to minimum standards in humanitarian settings and the Global Strategy should reinforce these, setting out priorities for women, youth and children in emergency settings, and reminding governments and others of their rights and responsibilities to meet the minimum standards of care.
- **#Adapt: Meeting the needs of #Adolescents** – Adolescents have added a vibrant and energetic voice to this consultation, raising crucial issues about the legislative, cultural, systems and bureaucratic barriers faced in getting access to appropriate services. Young people need the same access to quality services including comprehensive sexuality education and appropriately delivered services. What emerges from this consultation is that shifting norms in order to genuinely meet the needs of adolescents will require adaptation of services and approaches on a larger scale. The Strategy can help guide countries and partners to meet that challenge.
- **Systems: Health care workers still the frontline challenge** – Fundamental health systems challenges remain around attracting, training, deploying, motivating, managing and retaining skilled, enthusiastic, committed, kind and dedicated health

workers. With their own needs and often loaded with carer responsibilities at home, female health workers have particular challenges themselves. Health workers are a critical driver of service quality; yet they remain the greatest challenge for health systems everywhere.

- **Financing, UHC and the Global Strategy** – The costs of saving the lives of family members creates huge financial burdens for households driving many millions into poverty every year and the numbers could increase as chronic disease burdens grow. Domestic and global financing systems, soundly and sustainably linked to universal health coverage (UHC), are vital elements to addressing and curbing this slow-motion emergency. The Global Strategy is well placed to demonstrate and promote the links between the needs of the poorest and most vulnerable people – often women and children – to the UHC agenda, drawing attention to promotive and preventative services that will have impact on well-being throughout the life course.
- **Information, monitoring and accountability** – The Strategy should be accompanied by sound proposals for a robust, integrated and aligned accountability framework that promotes streamlined and unified data collection at the country level, encourages comprehensive monitoring across the whole national health system and enables national and global commitments to women's, adolescents' and children's health to be tracked and verified. Monitoring requirements (including indicators and associated targets) should strike the right balance between ensuring that country results are comparable to others at the global level, yet integral rather than additional to each country's own health management information system and sub-national monitoring needs. As part of the overarching guidance to countries around domestication, the Strategy should provide an accompanying toolkit to support monitoring and accountability systems building and surveillance.
- **Research, evidence, knowledge and dissemination** – New evidence emerges constantly. The Global Strategy and its implementation platform can contribute to strengthening the 'evidence – knowledge – policy – delivery' continuum by building in concrete approaches to adjusting policy recommendations to changing knowledge and improved practices, and to support a continuous drive to keep focused on filling the health related knowledge gaps that prevent women, adolescents and children from reaching their potential.