

Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

Report by the Director-General

Executive summary

1. In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.2 on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, which requested the Director-General, inter alia, to report regularly on progress towards women's, children's and adolescents' health to the Health Assembly. This report contains highlights from a full technical report on progress in and challenges to improving women's, children's and adolescents' health, including those caused by external threats such as the coronavirus disease (COVID-19) pandemic, climate change and conflict.¹ The full technical report includes a summary of the progress made towards implementation of the following resolutions: WHA67.10 (2014) on the newborn health action plan; WHA63.17 (2010) on birth defects; WHA58.31 (2005) on working towards universal coverage of maternal, newborn and child health interventions; WHA45.25 (1992) on women, health and development; and WHA45.22 (1992) on child health and development: health of the newborn. The data underpinning this report are available from the WHO website.²

GLOBAL TRENDS

Trends in mortality and morbidity among women, children and adolescents

2. The global maternal mortality ratio has stagnated since 2016 at around 223 maternal deaths per 100 000 live births. Only one WHO region (the South-East Asia Region) has recorded a significant decline in maternal mortality, while all other regions have recorded either a stagnation or an increase.

3. Although progress has been made in under-5 mortality, too many young lives are still being lost each year. In the year 2021, the global mortality rate for children under 5 years of age was 38 deaths per 1000 live births. Almost half of those deaths were among newborns. Neonatal deaths are associated with causes of death related to antenatal care and the birth process.

¹ The full technical report is available at: <https://www.who.int/publications/i/item/WHO-UHL-MCA-GS-23.01> (accessed 6 April 2023).

² See the Maternal, newborn, child and adolescent health and ageing data portal (<https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data>, accessed 8 March 2023) and the Global Health Observatory (<https://www.who.int/data/gho>, accessed 8 March 2023).

4. According to data published by the United Nations Inter-Agency Group for Child Mortality Estimation, 1.9 million babies were stillborn at 28 weeks' or more gestation in the year 2021, with a global stillbirth rate of 13.9 stillbirths per 1000 total births. The burden of stillbirths is highest in sub-Saharan Africa and southern Asia, which account for three quarters of all stillbirths. The stillbirth rate is an important marker for quality of care during pregnancy and childbirth.

5. A leading cause of morbidity in children, adolescents and pregnant women is iron-deficiency anaemia. In the year 2019, it was estimated that anaemia affects 40% (269 million) of children between 6 and 59 months of age, 37% (32 million) of pregnant women, and 30% (571 million) of women of reproductive age (15–49 years), with the African and South-East Asia Regions being the most affected.

6. According to data published by UNICEF, over 45 million children (6.7%) under 5 years of age were wasted in the year 2020, 13.6 million of which were affected by severe wasting. In addition, optimal breastfeeding of children between 0 and 23 months of age could save over 820 000 lives but less than half (about 44%) of infants between 0 and 6 months of age are exclusively breastfed.

7. Globally, new HIV infections in young people aged 15–24 years declined by 46% between the years 2000 and 2019. However, the decline varies by sex: among adolescent boys aged 10–19 years, the decline in new HIV infections was by 28% and by 36% among adolescent girls between the years 2010 and 2019.

Trends in well-being of women, children and adolescents

8. Inequalities in early childhood development are widespread around the world. A recent analysis of household survey data from 95 low- and middle-income countries showed that the percentage of children who are not on track developmentally is over 20 percentage points higher in low-income countries compared with upper-middle-income ones (38.7% compared with 18%).

9. Levels of adolescent pregnancy and childbearing have declined, primarily due to increased contraceptive use, although progress has been slow and uneven. Globally, birth rates among adolescents have declined from 52.0 births per 1000 adolescent girls in the year 2010 to 42.7 births per 1000 adolescent girls in the year 2020.

10. On average, 736 million (almost one in three) women who were aged 15 years or older in the year 2018 have experienced physical and/or sexual violence by an intimate partner and/or sexual violence by a non-partner at least once in their lifetime. Intimate partner violence and non-partner sexual violence are the most common and pervasive forms of violence in the lives of women and girls across the world.

11. Mental health issues are of great concern among adolescents. Some of the main causes of the global burden of mental health conditions in the year 2019 included childhood behavioural disorders and anxiety disorders among young adolescents (aged 10–14 years), as well as depressive disorders among older adolescents (aged 15–19 years) in both males and females. The COVID-19 pandemic has increased the prevalence of these conditions.

Trends in coverage of interventions and services

12. Examination of 16 key interventions in sexual, reproductive, maternal, newborn and child health¹ using data from 136 low- and middle-income countries for the period 2017–2022 indicates that the world is far from achieving universal coverage for these interventions, with the largest gaps involving family planning services, breastfeeding and treatment of childhood illnesses.

13. Recent studies indicate inequities in coverage of reproductive and maternal health services both across and within countries, with poor and other disadvantaged groups of women much less likely to receive these services than their wealthier counterparts.

14. The latest available WHO/UNICEF estimates also show a continued drop in the coverage of immunization services during the second year of the COVID-19 pandemic. An estimated 25 million children under 1 year of age did not receive basic vaccines in the year 2021, the highest number since the year 2009. Additionally, the number of completely unvaccinated children in the year 2021 increased by 5 million compared with the year 2019.

THREATS TO THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND ADOLESCENTS

15. Between 1 March 2020 and 1 May 2022, it was estimated globally that 10.5 million children (younger than 18 years of age) lost a parent or caregiver to COVID-19.

16. Mental health has also been impacted by the COVID-19 pandemic. Estimates for the year 2020 show a global increase in major depressive disorders among the general population of 27.6% and an increase in anxiety disorders of 25.6% since the onset of the COVID-19 pandemic compared with rates prior to its start.

17. Several countries affected by the COVID-19 pandemic experienced an increase in levels of violence occurring in the home, including violence against children, intimate partner violence and violence against older people.

18. The number of humanitarian crises is increasing around the world. Evidence shows that gender-based violence against women and girls increases in a number of humanitarian settings, including conflict-related sexual violence.

19. A growing body of knowledge also links climate change with adverse maternal, newborn and child health outcomes, which threatens to worsen levels of mortality.

¹ The 16 interventions include: treatment of pregnant women living with HIV; postnatal visit for babies; immunization with rotavirus vaccine; four skilled attendants at delivery; neonatal tetanus protection; antenatal care (at least four visits); postnatal visit for mothers; population using at least basic drinking water services; care-seeking for children under 5 years of age with symptoms of pneumonia; early initiation of breastfeeding; exclusive breastfeeding (for up to six months); demand for family planning satisfied with modern contraceptive methods; oral rehydration solution treatment for diarrhoea for children under 5 years of age; continued breastfeeding (for the first year); immunization with the first dose of a measles-containing vaccine; and immunization with the third dose of diphtheria-tetanus-pertussis vaccine among 1 year olds.

Action taken to counter threats to the health and well-being of women, children and adolescents

20. A life course approach recognizes that people are living longer lives and that societies must invest in every stage of the life course as part of universal health coverage to enable all people to fulfil their human development potential. Such an approach focuses on actions that can optimize health trajectories. WHO is promoting actions to build mental and physical capacities (including cognitive and psychological capacities), in order to maintain them at an optimal level for as long as possible and reduce the rate of potential decline.

21. WHO has issued several guidelines and tools to address the safety, initiation, use and discontinuation of family planning methods and to provide technical information for policy formulation, programme design and implementation, including *Family planning: A global handbook for providers (2022 update)*.

22. In the year 2022, WHO developed a set of 27 recommendations to substantially improve outcomes among small and sick newborns, which include: medicines (tocolytics and corticosteroids) to assist with labour and delivery; immediate skin-to-skin care (known as kangaroo mother care); early initiation of exclusive breastfeeding; micronutrients; emollients for skin care; continuous positive airway pressure; methylxanthines for breathing difficulties; family involvement; and support including home visits and parental leave and entitlements.

23. WHO has also published a number of reports highlighting the continuing problem of the promotion of commercial breast-milk substitutes and the increasing rates of child morbidity and mortality due to inadequate breastfeeding. Recent studies have described the marketing tools used by industry to target parents, health professionals and politicians to undermine breastfeeding. Although countries are strengthening their protection against inappropriate marketing of breast-milk substitutes, to date only 32 countries have legislation in place that is broadly aligned with the International Code of Marketing of Breast-milk Substitutes.

24. The postnatal period (defined here as the period beginning immediately after the birth of the baby and extending up to six weeks (42 days)) is a critical time for women, newborns, partners, parents, caregivers and families. In the year 2022, WHO published a set of recommendations to improve the quality of essential, routine postnatal care for women and newborns with the ultimate goal of improving maternal and newborn health and well-being.

25. Appropriate medicines to save and improve the lives of infants and children often do not exist, especially in low-resource settings. The Global Accelerator for Paediatric Formulations, a WHO-coordinated network hosted within the Science Division, was established to respond to these gaps in paediatric treatment. It works across three main strategic pillars (to prioritize and align, accelerate and intervene) across the product life cycle and in different disease areas.

26. To increase the technical capacity of governments, partners and WHO country offices to prevent and respond to violence against children, WHO has implemented several initiatives, including the launching of a freely available online course, the publication of a guidance document on adaptation and scaling up of interventions within the multisectoral INSPIRE framework for ending violence against children and a related handbook on the training of trainers, a policy brief on the burden, consequences and preventability of online violence against children, and a systematic review of actions that have proven to be effective in preventing such violence.

27. To holistically integrate well-being into policy and programmes for adolescents, WHO and the Partnership for Maternal, Newborn & Child Health (PMNCH) published a definition and framework for adolescent well-being. In addition, a *British Medical Journal* collection covering the five domains and 27 sub-domains of well-being was published in 2022. The collection contains policy and programmatic recommendations in support of multisectoral action for adolescents.

28. In the year 2022, WHO coordinated humanitarian health actions in 29 crisis-affected countries, targeting 97.8 million people. Such actions included 5.2 million maternal health consultations and the establishment of a Sexual and Reproductive Health Task Team to systematically address conflict-related sexual violence and other systemic sexual and reproductive health issues.

DATA GAPS AND ACCOUNTABILITY

29. Although there have been advances in data collection and reporting over the past decade in key areas related to women's, children's and adolescents' health, many data gaps still exist. For example, according to data published by UNICEF, nearly four in 10 of the world's deaths remain unregistered, and one in four children under 5 years of age do not officially exist, as their birth has never been officially registered.

30. The lack of age-disaggregated data and poor inclusion of women, children and adolescents in early COVID-19 research, testing and surveillance activities hampered a definitive understanding of the direct effects of COVID-19 on them. A recommended standard for age disaggregation of health data for use by WHO, other organizations of the United Nations system and key partners was published in the year 2021.

31. In addition, lockdowns imposed as a result of the COVID-19 pandemic delayed implementation of population-based household health surveys such as Demographic and Health Surveys and Multiple Indicator Cluster Surveys, resulting in far fewer surveys being conducted in the years 2020 and 2021 in comparison with previous years.

32. To increase the visibility of the status of child and adolescent health globally and catalyse action around improving children's health and well-being, a dashboard was jointly created by WHO, UNICEF and Children in All Policies 2030, which compares country data on child health and well-being for a specified set of indicators and shows the current status of child and adolescent health across countries.

33. The Global Action for Measurement of Adolescent health Advisory Group, established by WHO in the year 2018 and supported by seven other United Nations agencies, has selected and published a draft set of priority indicators for measurement of adolescent health. The indicators are currently being assessed for feasibility in 12 countries and harmonized across data collection tools and initiatives, and are expected to be finalized over the course of the year 2023.

ACTION BY THE HEALTH ASSEMBLY

34. The Health Assembly is invited to note the report and, in its discussions, to consider and provide guidance on the specific priority areas for action and on any other considerations to promote the health and well-being of women, children and adolescents. It is further invited to consider the following questions:

- Given that at least 54 countries are not on track to achieve the targets of the Sustainable Development Goals related to newborn and child survival, what action is needed to increase

national and international investments and accelerate progress using established evidence-based interventions?

- In line with a life course approach to health and well-being, what strategic approaches should WHO prioritize in relation to the health of women, children and adolescents in order to advance action in support of universal health coverage for all?
- What actions are Member States planning to take to ensure a focus on adolescents in the reporting on progress towards the Sustainable Development Goals at the 2023 SDG Summit and to ensure that political and financial commitments are made at the 2023 Global Forum for Adolescents, and how can the Secretariat support Member States in that process?

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