



COMMITMENTS TO THE *EVERY WOMAN EVERY CHILD* GLOBAL STRATEGY
FOR WOMEN'S CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030):

COMMITMENTS IN SUPPORT OF HUMANITARIAN AND FRAGILE SETTINGS, 2015-2017

The *Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 (EWEC Global Strategy)* calls on the international community to better support and respond to the needs of women, children, and adolescents in places experiencing social, economic, and

environmental shocks and disasters.¹ This deep dive compliments the 2018 report by the Partnership for Maternal, Newborn & Child Health on commitments to the *EWEC Global Strategy* by analyzing commitments made in support of humanitarian and fragile settings.

Women, children and adolescents are particularly vulnerable in humanitarian and fragile settings.

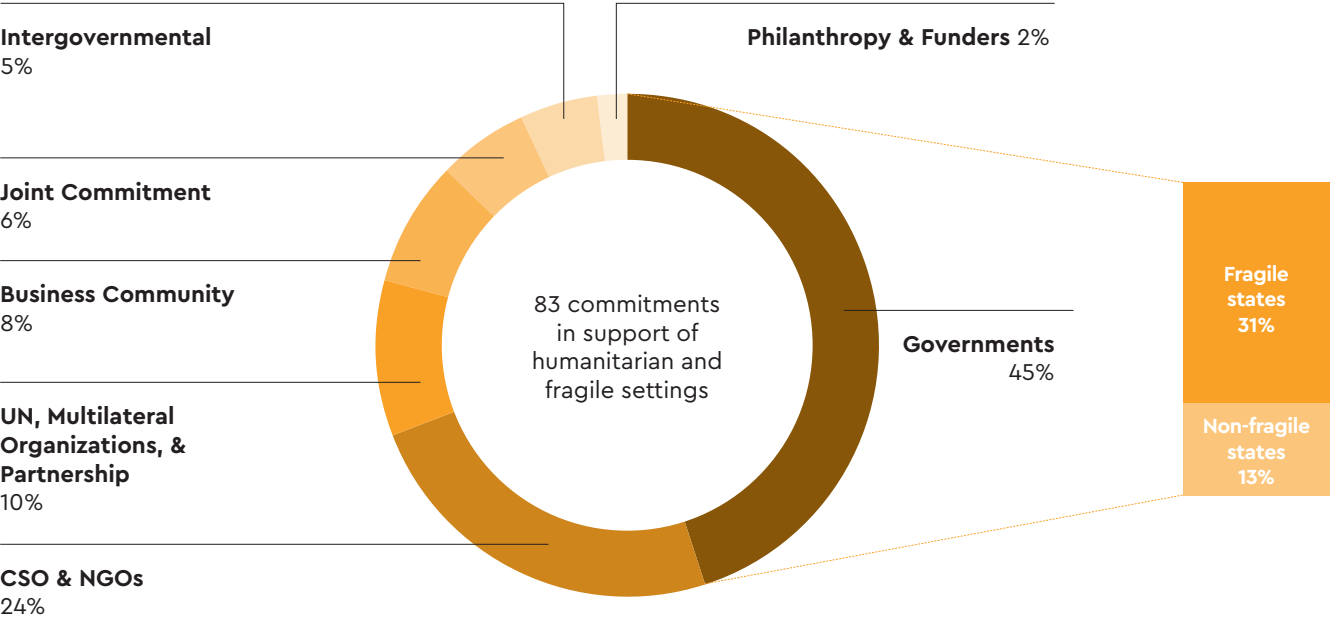
- Women and girls consistently face higher mortality rates both during the acute phase of natural disasters and in their aftermath.²
- Children in fragile settings have twice the risk of dying before the age of five compared to children in non-fragile settings.³
- Adolescents in fragile settings are disproportionately vulnerable to poor physical and mental health, harassment, assault, and multiple forms of gender-based violence (including sexual violence, child marriage, and female genital mutilation).⁴
- 76% of countries with high maternal mortality rates are fragile.⁵
- Women and girls in fragile settings face the increased threat of unwanted pregnancy, unsafe abortion, and sexually transmitted infections, including HIV, and maternal illness and death, due to collapse of social and structural support systems.⁶

From 2015–2017, 27% of EWEC *Global Strategy* commitments were in support of humanitarian and fragile settings, with the majority made by governments.

(See Figure 1) Twenty-six commitments were made by governments of fragile countries, committing a total of US\$6 billion. Given that

535 million children were living in countries affected by humanitarian crises in 2017, more attention is urgently needed.⁷

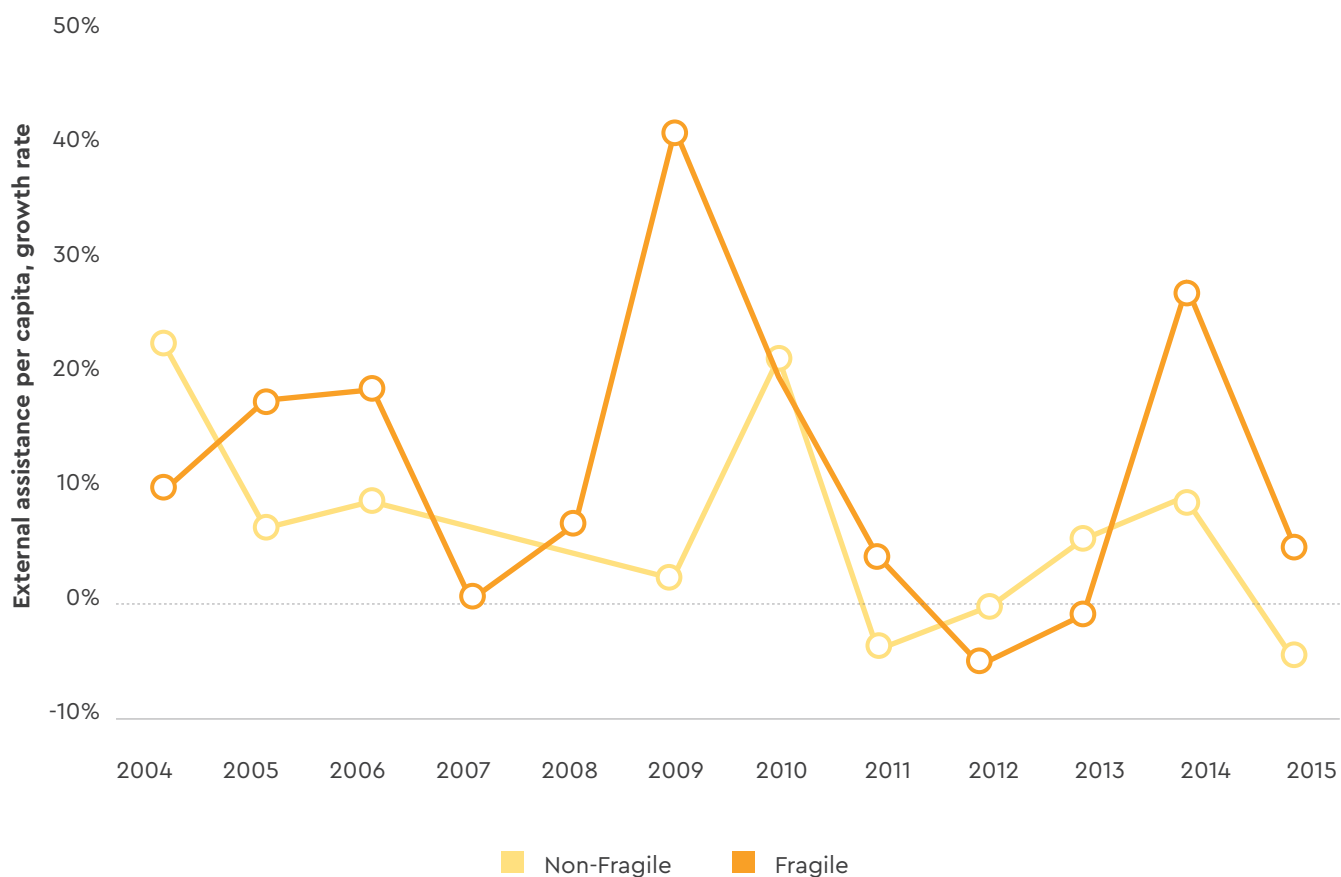
Figure 1.
Number of EWEC *Global Strategy* commitments in support of humanitarian and fragile settings, by commitment-maker group, 2015–2017



Data source: WHO. Global Health Expenditure Database, Transfers distributed by government from foreign origin, and direct foreign transfers, 2004–2015, constant 2010 USD.
Note: Fragile countries identified using the World Bank's Harmonized List of Fragile Situations FY18.

Figure 2.

External assistance to fragile and non-fragile countries eligible for the Global Financing Facility in support of EWEC, by year-to-year per capita percentage change, 2004–2015



Data source: WHO. Global Health Expenditure Database, Transfers distributed by government from foreign origin, and direct foreign transfers, 2004–2015, constant 2010 USD.

Note: Fragile countries identified using the World Bank's Harmonized List of Fragile Situations FY18.

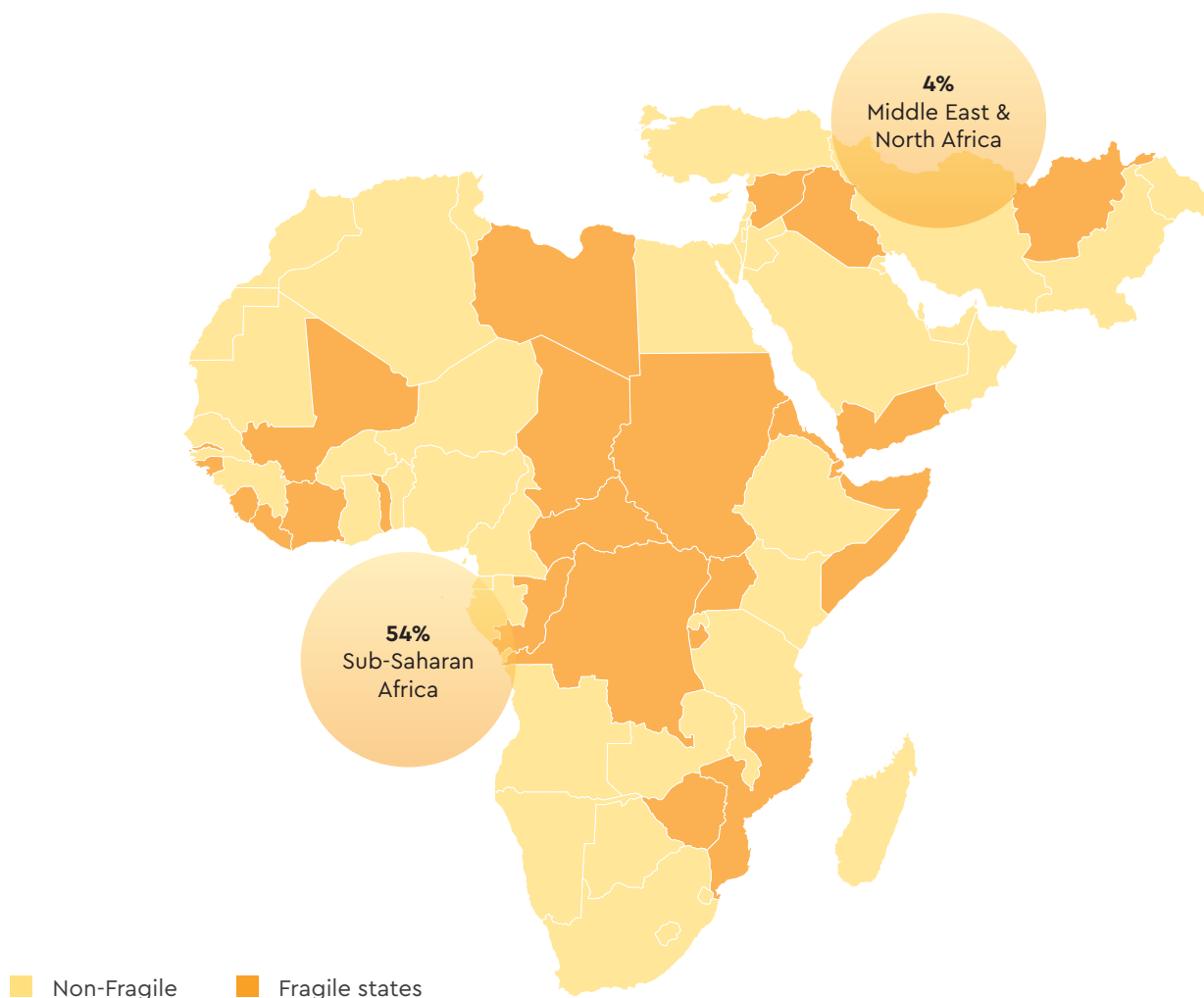
Humanitarian commitments focused primarily on sub-Saharan Africa, but few targeted the Middle East and North Africa.

(See Figure 3) Fifty-four percent of humanitarian commitments planned activities in sub-Saharan Africa, where the majority of fragile contexts are situated.⁸ One-third (35%) of humanitarian commitments had a global focus and 14% focused on South Asia. Six percent of

humanitarian commitments focused on East Asia and Pacific, and 6% on Latin America and Caribbean. Only 4% of humanitarian commitments planned activities in the Middle East and North Africa, where some of the highest rates of fragility are located.

Figure 3.

EWEC *Global Strategy* commitments in support of humanitarian and fragile settings targeting sub-Saharan Africa and the Middle East and North Africa, compared to fragile states on the World Bank Harmonized List of Fragile Situations FY18



82%

of humanitarian commitments supported the EWEC Global Strategy "Survive" objective. Humanitarian commitments focused on reducing deaths among adolescents (51%), mothers (46%), children under the age of five (45%) and newborns (30%). Only 5% focused on preventing stillbirths.

96%

of humanitarian commitments focused on the EWEC Global Strategy "Thrive" objective. Nearly all (90%) of humanitarian commitments focused on providing essential services, such as supporting health services for refugees, internally displaced populations, and people living in conflict settings.

36%

of humanitarian commitments focused on the EWEC Global Strategy "Transform" objective, aiming to improve the enabling environment for women, children, and adolescents. One-fifth of humanitarian commitments focused on **eliminating violence against women and girls**, which is particularly important due to an increased risk of sexual violence, abuse, and exploitation in fragile settings.⁹⁻¹⁰

Country example: EWEC *Global Strategy* commitments in support of South Sudan

A number of EWEC *Global Strategy* commitment-makers have focused on South Sudan, which is experiencing one of the most severe humanitarian emergencies worldwide.¹¹ There are over 2.4 million South Sudanese refugees and asylum seekers in neighboring countries,¹² and nearly 300,000 refugees and 1.76 million internally displaced people in South Sudan. The majority of refugees are women and children, who simultaneously face food insecurity, disease, and violence, among other challenges.^{13,14}

In 2017, the Government of South Sudan made a commitment to Family Planning 2020 in support of *Every Woman Every Child* to remove institutional and social-cultural barriers to sexual and reproductive health and to improve access to family planning services by 2020. The government pledged to:

- improve availability and access to family planning information and services through provision of rights-based integrated sexual and reproductive health services;
- increase the modern contraceptive prevalence rate among married women from 5% to 10% by 2020;
- and reduce the maternal mortality ratio by 10% by 2020.

A number of civil society and non-governmental organizations reported progress on improving the health of women, children, and adolescents in South Sudan. For example:

- CARE partnered with the government to deliver comprehensive and high-quality reproductive health services.
- IMA World Health increased health system and staff capacity to serve internally displaced persons.
- Save the Children ran child protection, child rights governance, education, food security & livelihoods, health & nutrition, and humanitarian response programs across the country.

Critical work is underway in South Sudan but far more action and financial resources are needed to address the ongoing crisis.

Global attention to the needs of women, children and adolescents in humanitarian and fragile settings

A number of initiatives have called attention to the health and well-being of women, children, and adolescents in humanitarian and fragile settings.

- The **World Humanitarian Summit in 2016** mobilized 509 individual and joint commitments related to women and girls, including gender responsive programming, gender-based violence prevention and response, sexual and reproductive health, and women's involvement in mediation and peace processes.¹⁵
- The **2017 Family Planning Summit for Safer, Healthier, and Empowered Futures** focused on integrating family planning into humanitarian response interventions, including applying the Minimum Initial Service Package for Reproductive Health in Crisis Situations.¹⁶
- The **Global Financing Facility in support of Every Woman Every Child** (GFF), a country-led partnership that works in 26 countries, including in eight fragile states, aims to increase sustainable financing for women's, children's and adolescents' health and nutrition.¹⁷
- At the 64th session of the **WHO Regional Committee for the Eastern Mediterranean** in October 2017, participants discussed the unprecedented increase in humanitarian emergencies and the health needs of adolescents in conflict-affected countries.¹⁸
- The High-Level Steering Group for EWEC endorsed the **2020 EWEC Partners' Framework**, which includes humanitarian and fragile settings as a focus area for global advocacy and attention.¹⁹



77% of humanitarian commitments pledged to improve health system resilience, aligning with a shifting health landscape towards universal health coverage and the EWEC *Global Strategy*'s call for increased emergency preparedness and health system capacity to support women, children, and adolescents in humanitarian settings.²⁰



Over half of humanitarian commitments focused on issue and policy advocacy (57%) and political mobilization (52%). This included efforts to train and mobilize young people to advocate for improved adolescent health around the world, including in Jordan, Iraq, and Syria.



45% of humanitarian commitments aimed to improve access to sexual and reproductive health care services and rights. Commitment-makers pledged to increase domestic financing for family planning and reproductive health, and to improve the quality and reach of services.

EWEC *Global Strategy* commitment-makers can continue to support humanitarian and fragile settings:

- Increase EWEC *Global Strategy* commitments and actions in support of humanitarian and fragile settings, including to geographies receiving less attention.
- Advance the EWEC Advocacy Roadmap for humanitarian and fragile settings, such as through human-rights and gender-based programming and more sustainable and flexible humanitarian financing.
- Focus on the needs of adolescents and young adults in humanitarian settings.
- Address violence against women, adolescents, and children in humanitarian settings, and other targets under the "Transform" objective.

NOTES AND REFERENCES

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