EVERY WOMAN
EVERY CHILD

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

Preliminary thoughts on lessons learned & future priorities

16th February 2015

EXECUTIVE SUMMARY

This report aims to synthesise the views of over 1,400 organisations and individuals (Appendix A) who contributed to the first phase of an on-going and broad consultation process around the development of the new global and national commitments to women's, children's and adolescents' health with their thoughts on the Millennium Development Goals (MDGs) and the Global Strategy for Women's and Children's Health. The first phase of the consultation was conducted between October and December 2014 and although it focused on the Global Financing Facility (GFF)[1], three open-ended questions that probed respondents' views about the broader policy environment for women's and children's health were also included. This report summarises the views expressed in these questions and builds on feedback received through the various consultation events.

The second consultation phase will be undertaken in the first half of 2015 and will focus on supporting the process to update the United Nations (UN) Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health, to be launched in September 2015 alongside the new Sustainable Development Goals (SDGs).

Lessons learned

The lessons learned emerge from respondents' views about the successes and limitations of the first Global Strategy and the MDGs:

1. **"Simple clear goals can drive action and lead to positive results"**

Focus matters, and clear focus can be instrumental in achieving results. The goals and targets were an important part of building this focus. Having only a few targets but giving them lots of attention worked.

2. **Being clear and focused also strengthened alignment and collaboration which facilitated some important (and measurable) secondary results,** including better donor alignment, more engagement with civil society, and shared ownership of efforts to achieve common goals. Collaboration strengthened the *possibility* of country leadership,

[1] The GFF was announced at the "Every Woman Every Child" event during the 69th UN General Assembly in New York, in support of the Global Strategy for Women's and Children's Health to build long-term domestic and international funding commitments for women's, children's and adolescents' health. The report, entitled *Consultations on updating the Global Strategy for Women's, Children's and Adolescents' Health: Perspectives on the Global Financing Facility*, was published on 15th December 2014, and is available at www.WomenChildrenPost2015.org.

built more focus on process, raised issues about data, instigated discussions in some settings about health systems strengthening, and strengthened decision-making.

3. **Equity should be built into the targets and goals, so that meeting the needs of the most vulnerable and marginalized individuals and populations is essential to success.** Measures of equity are needed to ensure that global/ national mortality data reflects fairness and an equitable reduction in burden (not just easier to reach/ less vulnerable people).

4. **Women's, children's and adolescents' health should be rooted in clear commitments to human rights**, including "*full endorsement of human rights for all as a basis for Sexual Reproductive Health and Rights (SRHR) services*", and including elimination of violence against women and children, early and forced marriage, female genital cutting and other violations of women's, children's and adolescents' human rights.

5. **The full continuum of care is necessary to deliver sustained results.** In particular, the initial exclusion of family planning from MDG 5 targets was a setback for maternal health. The global community "*must learn from this mistake and must safeguard the right of women to be able to access a range of high-quality family planning methods of their choice*".

6. **Quality matters.** Investments need to reach the right people with the right services but they also need to be delivered with a minimum standard of quality to avoid "*rapid scale-up of some interventions without consideration of the service quality improvement*" and to ensure that investments do deliver their intended benefits.

7. **Health systems strengthening is the foundation of lasting, sustained health-service driven outcomes for women and children.** Maternal mortality especially is "*intrinsically linked to health systems strengthening*". This includes comprehensive policies on access and equity, demand for services, the removal of complex and country-specific barriers to access, and both short and long-term investments to strengthen capacity at all levels of the health system.

8. **Having a strategy has limited impact if there is no accompanying financing plan, especially in the poorest countries.** Health financing, including domestic resource mobilization, user fees elimination, financial planning, longer term financing commitments, improved procurement, health worker retention, and better links to public financial management in districts/ devolved areas are all vital to success.

9. **The collection, management and use of data has been a major component of what has worked (measuring the same thing, streamlining indicators) and what has not worked (poor quality, poor incentives, too many competing multisectoral organisation initiatives).** Some respondents would add that there "*has not been enough focus on stakeholders reporting the progress of the implementation of commitments*", but many considered the independent Expert Review Group (iERG) "*an important accountability mechanism for monitoring progress and highlighting gaps*", particularly for marginalized women's health issues.

10. **"Developing countries should be consulted in the process of goal setting".** Country ownership is vital for global initiatives to succeed.

11. **All partner constituencies should be engaged in formulating and implementing major strategies at both global and country level.** Thus, the private sector, as an essential part of health services delivery and a partner in health outcomes, has the capacity to help or hinder outcomes and should be considered an important stakeholder.

12. **Understanding and addressing the underlying social and economic determinants of health - especially for maternal and child health - is vital to achieving sustainable outcomes that are cost-effective and transformative.** Multi-sector working is thus vital, with respondents particularly focusing on education, Water, Sanitation and Hygiene (WASH), nutrition, and addressing the social determinants of health, including poverty. While the health sector cannot directly address these areas, there is scope for better engagement and collaboration between sectors.

13. **Community-based working is critical to success, and should "not be an afterthought".** Community-based working and community health should be addressed substantively, not merely in passing. Although these can be expensive to deliver across a whole country, complex to establish and risk overloading community health workers, well thought out community-based programmes, with training, supplies, management and quality assurance, can significantly improve outcomes.

Priorities for the future updated Global Strategy

Respondents identified the following areas as being priorities for the updated Global Strategy:

- **Equity, quality, access and coverage** should lie at the heart of the updated Global Strategy, with no individual, community or country left behind.

- A **comprehensive approach to the continuum of care,** especially for maternal and SRHR services, in the context of sustained and serious investments in **health systems strengthening** and the integration of services, with particular community-level focus.
- Address the **economic and social determinants of health** (namely nutrition, education, poverty, WASH and social protection).
- **Country ownership** of the Global Strategy, including the development, priority-setting, planning and implementation processes, promoted alongside the SDGs.
- **Inclusive, bottom-up planning** (sub-national, national, regional and global), with wide stakeholder engagement feeding in to timed and costed roadmaps.
- **Flexible targets independently selected by countries** to achieve global goals.
- **National and sub-national data collection and management systems,** feeding in to a unified sustainable system that tracks progress within and between countries.
- A high quality, realistic **human resources for health plan.**
- **Bridge the gap "between global strategy and community activities** … with a systematic approach to this".
- Include a **costing analysis, investment case, and guidelines** about what spending is required in order to achieve outcomes.
- **Private sector involvement** that includes clear contribution of commitments with do-no-harm agreements.
- **Retain the strengths of the first plan,** including clarity, evidence-based interventions, focus, accountability, and forging a common set of goals.