

WHA78 Item 13.9 Global Strategy for Women's, Children's and Adolescents' Health

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In focus

Pursuant to resolution [WHA69.2](#) (2016), in which the Health Assembly requested the Director-General to report regularly on progress towards women's, children's and adolescents' health, [EB156/17](#) provides a summary of recent trends and data and outline the Organization's efforts to accelerate progress towards women's, children's and adolescents' health.

Background

[Tracker links to previous discussions](#) of the Global Strategy

PHM Comment

[EB156/17](#) should be read in conjunction with the April 2023 report, "[Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health \(2016–2030\)](#)" which provides more depth.

The data summarised in both reports shows continuing stagnation in relation to the SDG indicators; but more profoundly, they depict a horrifying burden of preventable mortality and morbidity.

On maternal mortality, stagnation since 2016 at a level of 223 per 100,000 live births (2020) is reported. Under fives mortality is high and still birth rates are very high. Wasting as an indicator of child malnutrition and anemia in children and pregnant women are also high.

What is most worrying are the inequities in maternal mortality. Sub-Saharan Africa and South Asia carry the highest burden in many aspects. Data from high and middle-income countries, like the USA, show that black women are disproportionately impacted, reflecting widespread inequities within countries

The indicators which are directly linked to patriarchy and discrimination show the least progress. A large proportion of the preventable maternal mortality and wasting reflect gender

discrimination. There is a small decline in the pregnancy rate in adolescents and the level of experience of violence by women remains high.

The disparities in the (very basic) coverage index for reproductive, maternal, newborn and child health are of deep concern. Maternal mortality due to unsafe abortion (particularly in countries where it is illegal) was also not mentioned.

The acknowledgement of stagnation in maternal, newborn and child and adolescent health, is important but the guidelines and other initiatives described are inadequate to make further headway.

One of the missing elements is a comprehensive health systems strengthening approach. There are lists of vertical interventions directed to specific causes but in the absence of health systems strengthening, many nations are far from achieving universal coverage for these interventions.

While all of these specific interventions are necessary, they are not sufficient. Provisions for continuity of care, for emergency obstetric and newborn care, provisions for blood transfusions, for ambulance services, for greater availability of pediatric formulations are all part of the effort to reduce maternal and newborn mortality, and these find no mention. This is another consequence of the lack of a health systems approach. Huge workforce shortages are also critical barriers to a full health systems approach.

Another big silence is related to the social determinants of health, which are barely mentioned. Much of the stagnation in outcomes is related not only to disruption of services but the huge increase in poverty and worsening situation in hunger and the forced migrations that global warming and other humanitarian crises have led to.

The causes of the causes are missing from this report. These include patriarchy and misogyny, global warming, humanitarian crises, fiscal constraints (including tax avoidance/ evasion) and harmful commercial pressures. (The report rightly calls for further action to promote breastfeeding but does not call for action to address the harmful digital marketing of breastfeeding substitutes or the lack of support for breastfeeding). Looming behind the other causes of the causes is a global economic regime in which the rich get richer while the poor die in childbirth.

WHO needs to confront the implications of the US withdrawal from WHO and TRump's closure of USAID. USAID has been a long standing supporter of the Partnership for Maternal, Newborn and Child Health and has provided significant bilateral assistance for safe motherhood and sexual and reproductive health services. The US has also resisted regulatory initiatives directed to the commercial determinants (including the marketing of breastmilk substitutes), reforms to international taxation, and reforms to the regime of unfair exchange in global trade.

The absence of the US from WHO will be an opportunity as well as a challenge.

Youth health

The focus on advancing youth health needs to be strengthened. Adolescent health, including teen pregnancy and sexually transmitted infections, needs increased focus. Sexual and reproductive health is key to achieving universal health coverage and the right to health, especially in the current global context where women's rights are being eroded.

A range of marginalised groups who need specialised attention to promote their access to healthcare are recognised but young people within these groups also have particular needs which are often neglected. Services and programs need to cater for young people who are also Indigenous, homeless, in contact with the criminal justice system, from refugee and vulnerable migrant backgrounds, LGBTIQ+, living with disability, are young parents, have experienced trauma and/or have a parent with a serious mental disorder. The impact of new technologies, particularly social media, needs to be addressed.

Strategies to accelerate progress for young people include:

- the implementation of new guides to strengthen health systems, including the *Global Accelerated Action for the Health of Adolescents*
- monitoring progress against the *Global Action for Measurement of Adolescent Health*
- youth participation in the design of programs and services
- equitable access to free health services, especially for young people from a range of marginalised groups, including mental health
- implementation of sexual health and relationships education in schools, including teacher education

Notes of discussion