13.3 Operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health

Contents

In focus

The Assembly will consider Secretariat report A69/16 (a revision of EB138/15 which was considered in January by the EB).

A69/16 reviews the development of the new Global Strategy on Women's, Children's and Adolescents' Health and highlights the challenges involved in implementation. These included country plans, mobilising funds, commitments, measurement, and accountability.

The record of the EB debate is in PSR5 and PSR6.

There was some talk during the EB discussions of a possible draft resolution but such is not flagged in the papers currently available.

The new Global Strategy

The new (updated) Global Strategy on Women's, Children's and Adolescents' Health was launched by the United Nations Secretary General in September 2015. The new Strategy includes:

- Chapter 4: Vision, Principles, Objectives (Survive, Thrive, Transform) and Targets (drawn from the SDGs),
- Chapter 5: Nine Action Areas, and
- Chapter 6: Implementation.

Chapter 6 indicates that an Operational Framework is being developed. It speaks of three interconnected pillars which will underpin the delivery of the Global Strategy:

1. Country planning and implementation,
2. Financing for country plans and implementation, and
3. Engagement and alignment of global stakeholders.

The chapter highlights the concrete explicit commitments which are expected of different stakeholder groups.

WHO Operational Plan

The Secretariat report (A69/16) outlines the main components of the proposed Operational Plan for WHO to help drive the implementation of the Global Strategy.

The report highlighted a series of key activities (para 15) which should be included in country plans. It highlighted the need for coordination, referred to the foreshadowed Operational Framework, referred to technical resources, and introduced the Global Financing Facility.

The report underlined the need for concrete commitments (para 20), referring to the list of commitments from page 80 in the Global Strategy, and calling for MS to make specific commitments.

Finally the report reviewed the provision for indicators (drawn from the SDGs) and accountability, in particular the role of the Independent Accountability Panel.

In Annex 2 the Secretariat proposed a set of milestones for the implementation.

If a resolution is being developed, it will presumably follow the lines of the Secretariat's recommendations for country action, specific commitments, coordination, technical support, financing, measurement and accountability.

Background

The Global Strategy for Women's Children's and Adolescents' Health 2016-2030 can be downloaded here: Every Woman Every Child.

The Strategy foreshadows a five year operational framework which will be developed in 2016 and which, presumably, would frame the operational plan foreshadowed in A69/16.

There is some obscurity about the relationship between the UN process foreshadowed in the Global Strategy for the development of an 'operational framework' in early 2016 and the WHO Secretariat proposal for an 'operational plan'. Presumably the WHO staff are expecting to take the lead in the development of the 'operational framework' and are getting started by asking the EB to mandate this work on an 'operational plan' through the WHO.

The record of the EB debate is in PSR5 and PSR6.

See the May issue of the Bulletin of WHO (here) for a series of articles of relevance to this item:

- The Global strategy for women's, children's and adolescents' health (2016–2030): a roadmap based on evidence and country experience. Kuruvilla, Bustreo et al. http://dx.doi.org/10.2471/BLT.16.170431

- Knowledge for effective action to improve the health of women, children and adolescents in the sustainable development era. Bustreo, Gorna & Nabarro. http://dx.doi.org/10.2471/BLT.16.174243
- Sexual and reproductive health and rights in emergencies. Askew, Khosla, et al. http://dx.doi.org/10.2471/BLT.16.173567
- Young people's contribution to the Global strategy for women's, children's and adolescents' health (2016–2030). Mabaso, Erogbogbo & Toure. http://dx.doi.org/10.2471/BLT.16.174714
- Political leadership for women's, children's and adolescents' health. Moeloek & Admasu. http://dx.doi.org/10.2471/BLT.16.174367

PHM comment

The Global Strategy

The Global Strategy has been extensively consulted upon. The principles which are elaborated and which imbue the text will resonate with advocates for women's, children's and adolescents' health in many countries and at all levels. The targets are admirable. The list of evidence based interventions and the descriptions of the enabling environments which will need to be created to enable those interventions to be implemented are useful. The Action Areas identified are also appropriate.

This is an excellent strategy and needs to be strongly supported. However we highlight some reservations and cautions.

Financing

The Strategy states that expanding the funding flows to women's, children's and adolescents' health should draw largely on domestic financing but concludes that there will still be a huge need for development assistance financing in low and some middle income countries.

The World Bank has established a Global Financing Facility to provide a common platform for bilateral and multilateral donations for women's, children's and adolescents' health in L&MICs. Hopefully the new Global Financing Facility (GFF) will reduce the problem of multiple channels of donor assistance to women's, children's and adolescents' health. However, it is not clear that it will not reproduce the health systems fragmentation of the old vertical funding streams.

The development of integrated comprehensive health systems is critical for women's, children's and adolescents' health but there is no guarantee under the GFF that funds which are ear-marked for women's, children's and adolescents' health will not distort health system development in the same ways as the vertical funding of infectious disease programmes has done.

We note the enthusiasm of the World Bank to promote the role of the private sector in reproductive, maternal, newborn, child and adolescent health (page 19 of Business Plan). This is quite worrying as it is clearly faith based rather than evidence based.

In view of the importance of the country specific 'investment case' in framing disbursements through the GFF WHO should give priority in its Operational Plan to offering technical assistance to countries in the preparation of their investment cases and in capacity building for this function.

Critical monitoring of the operations of the GFF should also be a key function of WHO's operational plan.

Use of process indicators to follow implementation

There is a sharp focus on targets and indicators in both the Global Strategy and EB138/15 but this is largely restricted to the 17 outcome indicators specified through the SDGs process.

In fact this Strategy is quite innovative in listing, in Annexes 2-4, a series of 'interventions' and a series of 'enabling environments' which are seen as preconditions for delivering those interventions. However, there are no references in either the Strategy or A69/16 to the monitoring of progress with respect to interventions and enabling environments.

This must be a major focus on the proposed Operational Plan.

Recognising the macroeconomic determinants of poverty, inequality and undernutrition

There are several references in the Global Strategy to the role of poverty, marginalisation, exclusion and discrimination in contributing to death and disease in this field. However, as is customary in this kind of document there is no reference to the unsustainable and inequitable nature of the global economy which contributes to reproducing poverty, marginalisation and exclusion.

While the rich capitalist countries are rallying around this Strategy and promising contributions to the Global Financing Facility (GFF) they are at the same time implementing economic policies globally (largely through 'trade' 'agreements') which reproduce the poverty and inequality in the heavy burden countries.

This is a good strategy but one which may be motivated in some degree by the objective of legitimising the prevailing global economic order, through being seen to address the needs of women, children and adolescents.

PHM affirms the importance of addressing the immediate health needs of women, newborns, children and adolescents, including through the interventions and enabling environments mentioned in the Global Strategy. However PHM calls for an approach to global health

which also maintains a focus on the macroeconomic and geopolitical dynamics which contribute to reproducing those health needs.

PHM calls for stakeholders in the reproductive, women, newborn, child and adolescent health field to commit to focusing attention on the macroeconomic and geopolitical dynamics which shape health outcomes in this field and to promoting policies which lead towards a more equal, sustainable and inclusive global society.

The operational plan

It seems that the Secretariat is foreshadowing the development of an ‘operational plan’ which might in due course merge with the ‘operational framework’ foreshadowed in the Global Strategy.

A69/16 highlights a number of important issues which should be incorporated into such a Plan.

PHM urges the inclusion amongst such issues:

- priority to providing technical support for the development of the investment cases for countries eligible for and proposing to approach the GFF;
- monitoring the priorities approved by the GFF in the funding of investment cases and reporting thereon to the Assembly;
- monitoring the impact on health system coordination and coherence of the special purpose funds disbursed through the GFF;
- monitoring the implementation of the Global Strategy in terms of the deployment of the interventions listed in the Global Strategy and the enabling environments identified;
- to include among the commitments which are urged upon different stakeholder groups continuing attention to the macroeconomic and geopolitical dynamics which shape health outcomes in this field and the need for policies which would lead towards a more equal, just, sustainable and inclusive global society.

Notes of discussion at WHA69