12.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): sexual and reproductive health, interpersonal violence, and early childhood development

Contents

In focus

Document A71/19 provides a useful review of the current situation regarding epidemiology and policy/program implementation for women's, children's and adolescents' health including sexual and reproductive health, interpersonal violence and early childhood development. The document foreshadows a report on midwifery next year.

This report fulfills reporting requests included in WHA57.12, WHA69.2 and WHA69.5. The Assembly is invited to note the report. There do not appear to be any resolutions on the horizon.

Background

The Global Strategy (2016-2030)

The Global Strategy for Women's Children's and Adolescents' Health (2016-2030) (launched by the UN SG in Sept 2015) identifies nine action areas (from page 46):

1. Country leadership
2. Financing for health
3. Health system resilience
4. Individual potential
5. Community engagement
6. Multisectoral action
7. Humanitarian and fragile settings
8. Research and innovation
9. Accountability for results, resources and rights

The logic of the Strategy links the action, in each of the nine *action areas,* to the implementation of a suite of *evidence based health interventions* set out in Annex 2 from page 88 of the global strategy. Interventions are listed separately for women, children and adolescents.

The technical interventions are in turn linked to *health system policies and structures* needed to ensure their implementation. These are summarised in Annex 3 from page 92. Annex 4 from page 95 lists the *other sector policies and interventions* which would also be needed.

Chapter 6, which deals with implementation, 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. See 'Committing to Action' from page 80 of the Global Strategy.

Operational plan

In May 2016 (in A69/16) WHO outlined an Operational Plan to take forward the Global Strategy (which was endorsed in WHA69.2). This plan emphasises country leadership and sets out five key activities for countries to follow. It notes the commitment of the 'H6 partnership' in the provision of technical support and the Global Financing Facility (WB) in providing finance for L&MIC countries. Finally it emphasises accountability based on the agreed indicator framework and the Independent Accountability Panel.

The first report following the adoption of the Operational Plan (in WHA69.2) was carried in A70/37 in May 2017. This report provided an overview of progress in women's, children's and adolescents' health and included a separate section focused on adolescents' health. A71/19 is the second annual report.

Note that WHA69.2 does not request reports on implementation of the Global Strategy itself including action areas and interventions. Rather it seeks reports on 'progress in women's, children's and adolescents' health'.

Independent Accountability Panel

The 2016 report and the 2017 report of the SG's Independent Accountability Panel are useful. The panel is required to provide an overview commentary on the implementation of the Global Strategy drawing on the various indicators adopted and reported through the SDGs and WHO's Global Health Observatory.

The development of the Global Strategy

In seeking to understand the processes and bureaucracies associated with the Global Strategy it is necessary to review some history. The infographic in Annex 1 of the Global Strategy (from page 88) traces out some of this history.

The first Global Strategy (for Women's and Children's Health) was launched by the UN Secretary-General in September 2010. This was in large part a response to the lack of progress in MDGs 4 & 5 on child and maternal health. The strategy was developed under the auspices of the United Nations Secretary-General with the support and facilitation of the Partnership for Maternal, Newborn & Child Health, based in WHO. An overview of the history and role of the PMNCH is here.

As part of this first global strategy WHO was asked to coordinate a process to determine the most effective arrangements for global reporting, oversight and accountability on women's and children's health. In response, the Director-General established the Commission on Information and Accountability for Women's and Children's Health which reported in 2011 (*Keeping promises, measuring results*).

The ten recommendations from the UN Commission on Information and Accountability for Women's and Children's Health (as revised in 2016) are set out in Annex 5 of the Global Strategy from page 97 and deal with:

- better information for better results,
- better tracking of resources for women's, children's and adolescents' health,
- better oversight of results and resources: nationally and globally.

One of the recommendations of the Commission was the establishment of an independent Expert Review Group to hold stakeholders accountable for their commitments to the Global Strategy. The iERG reported annually on implementation from 2012 to 2015 (and the conclusion of the MDGs process). The fourth and final report of the iERG is here.

With the transition from MDGs to SDGs, in September 2015, a revised Global Strategy was developed (scheduled for 2016-2030 and this time including adolescents), and launched by the UN SG in Sept 2015, again under the auspices of the UN SG and the Every Woman Every Child 'movement', and with the support of the PMNCH. The UN SG also appointed a High Level Advisory Group to guide the strategic direction of Every Woman Every Child and the implementation of the new strategy.

The UN SG appointed the Independent Accountability Panel (IAP) at the same time as the launch of the revised Global Strategy. The IAP is hosted and supported by the PMNCH. The IAP was to produce an annual 'State of the World's Women's, Children's and Adolescents' Health' report and in so doing identify areas to increase progress and accelerate action. See Inaugural Report 2016 and 2017 Report (focusing on adolescents).

As part of strengthening accountability relations WHO has developed the indicator and monitoring framework (described in A70/37) and WHO and partners have adopted the Unified Accountability Framework.

As described in the UAF there are three pillars to the implementation plan for the Global Strategy: accountability (the Framework itself, the IAP, the indicators etc), technical support and financing.

Technical support is to be provided by the 'H6' (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank Group) and finance is centred on the Global Financing Facility (GFF) hosted by the World Bank.

Previous discussions

See PHM Tracker links to previous governing body discussions of the global strategy on women's children's and adolescents' health.

PHM Comment

The avoidable disease burden borne by women, children and adolescents is huge globally and very unevenly distributed. The Global Strategy and the Operational Plan foreshadow a range of sensible and highly strategic initiatives. PHM sees the implementation of the Global Strategy as aligned with the vision set out in the People's Charter for Health.

However, the barriers to achieving the objectives of the strategy and effectively implementing the various initiatives and interventions are huge.

A detailed commentary on the Global Strategy was included in the PHM comment on this item at EB140 (here). That commentary (which remains relevant) touched upon:

- the bureaucratic complexity associated with the Global Strategy;
- worrying aspects of the Global Financing Facility arrangements (including the 'private sector' platform);
- the neglect of process indicators - as opposed to outcome indicators - in the Indicator and Monitoring Framework;
- the lack of any recognition of the macroeconomic and geopolitical determinants of poverty, inequality and undernutrition.

In addition to these issues, which remain critical to any assessment of the Global Strategy, our commentary here addresses:

- the mortality associated with unsafe abortion and the implications of the reinstatement of the 'global gag rule' by the current US administration;
- gender inequalities in power relations - domestic, marketplace, politics;
- the human rights dimension of women's, children's and adolescents' health; and
- the accountability discourse and advocacy drive.

Unsafe abortion

Unsafe abortion is a major contributor to avoidable maternal mortality. A71/19 (para 15) advises:

> According to recent research on the safety of abortion, about 25 million of the estimated 55 million abortions performed between 2010 and 2014 were unsafe. Over 75% of abortions in Africa and Latin America were unsafe, and in Africa nearly half of all abortions were performed in the least safe circumstances, by untrained persons using traditional and invasive methods.

These figures may well deteriorate following the re-introduction by the Trump administration of the Global Gag Rule. Member states should ensure that these figures appropriately updated are included in future reports regarding the Global Strategy.

A71/19 (para 16) advises that:

> In collaboration with the United Nations Department of Economic and Social Affairs, the Special Programme of Research, Development and Research Training in Human Reproduction has launched the open-access Global Abortion Policies Database (WHO version, UNDESA version) containing abortion laws, policies, health standards and guidelines for all WHO and United Nations Member States. In addition to providing data on specific abortion policies, country profiles include sexual and reproductive health indicators, the list of human rights treaties ratified by the country in question, and links to the concluding observations of United Nations treaty bodies with selected extracts relating to abortion.

Women's health is determined by their timely access to a full range of reproductive health services. PHM supports freely and publicly available sexual and reproductive health services in all countries. This is a human right. PHM condemns the re-introduction of the Global Gag Rule; member states cannot assume that private donors will fill in the gaps left behind by the withdrawal of funding for reproductive health services by member states.

Gender inequalities in power: domestic, political and marketplace

A71/19 mentions gendered power inequality in relation to violence (para 9) and in this context cites SDG5 (gender equality and empowerment).

However, the impact of patriarchy on the health of women, children and adolescents goes way beyond exposure to violence. Patriarchy impacts on access to food, education, health care (including reproductive health services), decent work and social security all of which contribute significantly to the health of women, children and adolescents.

Perhaps it is not surprising that WHO avoids the term 'patriarchy' since, as Garrett highlights, the leadership and membership of delegations to the World Health Assembly is decidedly tipped toward men. In 2005, only 16 percent of the national delegations were led by women, rising to 23 percent by 2015. Over that period, female leadership at the Assembly fell from 10 percent down to 5 percent for the nations in the Middle East.

Human rights

PHM appreciated the collaboration between WHO and the Office of the HCHR on a framework cooperation agreement to implement the Working Group's recommendations, build institutional capacity and expertise, and ensure ongoing monitoring of progress in relation to women's and children's rights which was signed on 21 Nov (here). PHM strongly supports this initiative.

WHO has been far too timid in working with the HCHR in a wide range of issues affecting the right to health, in particular WHO's refusal to talk with the HCHR on their work on a treaty to regulate transnational corporations.

Accountability and advocacy

Attempts to strengthen the accountability of country governments, regional committees, philanthropies and various intergovernmental organisations have been a prominent part of the planning of the Global Strategy including in particular the Commission on Information and Accountability (2011), the Independent Expert Review Group (2012), the Indicator and Monitoring Framework (2016), the Unified Accountability Framework (2015) and the Independent Accountability Panel (2016).

This struggle for accountability is admirable but in reality country accountability is weak to non-existent. Figure 2 of the Unified Accountability Framework imagines country accountability being mediated through 'regional peer review', health sector reviews, human rights reviews, gender assessments, parliamentary committees, citizen hearings, financial and performance audits and mortality and health audits. There is no evidence in the snow storm of official reports and celebrity committees that these mechanisms are providing significant drive for implementation.

It is a weakness of the WHO Constitution that member state sovereignty is a core value while member state accountability is discounted. These attitudes are reflected in WHA69.2 in which the Assembly endorsed the Operational Plan for the Global Strategy. Member states are 'invited' to commit to the Global Strategy and the operational paragraphs are qualified by 'as relevant' and 'as appropriate'.

Despite the talk of accountability it is evident that implementation is conceived as being driven by high level advocacy and the top down creation of a social movement. This is well reflected in the Every Woman Every Child 'Advocacy Roadmaps'.

Notes of discussion at WHA71

Committee A - Meeting (?)

Now starting Item 12.3: Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development Document A71/19 Rev. 1

The relevant document is A71/19/Rev. 1: Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development.Kriti, 4:26 AMTanzania:

make the statement for afro region, support the strategy report, HIV affects adolescents in africa, development in ECD is a way to start for children, not the report of the DG and supports the strategy on women children and adolescentsAna, 4:26 AMIraq

Children, women and adolescents are vulnerable group and their health has to be of specific concern. All services should be incorporated in PHC.Kriti, 4:31 AMBulgaria:

Aligns himself with the statements of the region, 249m are at risk of not enjoying ECD development worldwide, women continue to die when giving birth, the EU supports the beijing plan for action and its implementations and commits to adolescents health, stresses and supports UHC to achieving SDG on women and girl health, 500 million Euro committed to this effortsAndrew, 4:32 AMPeru:

Welcomes strategy and SDGs. Health of children - coordinated action among MS required. Peru prioritises PHC, high quality services and human rights.

MZFal, 4:34 AMAustralia:

Supports the focus on the first 100 days. Achievable goals are important to better implementation. Remarks the importance of rehabilitation policies for woman and for disabilities and call MS to take it into account.Andrew, 4:36 AMPanama:

Requires an updated global strategy. Improve definitions and indicators 3.21 and 4.2 in this document. There's a problem in treatment though. In healthcare sector must take advantage of communities.

MZFal, 4:39 AMMexico:

Thanks the content of the report. Remarks Human Rights of women, children and adolescents. Remarks that violence on woman should be addressed as a public health issue. WHO should advise MS in mental health issues regarding violence's consequences, such as suicide among youth, and family planning. Remarks participation of adolescents is important in the formulation of policiesAndrew, 4:41 AMUS:

Investing in women and girls is essential. Advocates a multi-sectoral approach. Safe water and environmental health. Voluntary family planning. Does not recognise or support abortion. SRH

does not include this phrase, and we do not recognise it as a human right. Emphasis on nutrition. Applauds WHO's increased emphasis on cervical cancer.

MZFal, 4:42 AMDenmark:

Aligns with the statement made by Bulgaria on behalf of EU countries and candidates. Remarks that tackling preventive types of cancer is a key priority. Calls MS to note the importance of vaccination coverage, including for cancer prevention. "Vaccinations shouldn't be a privilege". Thanks WHO Europe for the support in this regard.Andrew, 4:43 AMCosta Rica:

Don't lose sight of Human Rights and ensure funding for these programs. Make sure pregnancy and birth included, multi-sectoral and collective approach where responsibilities of each sector clarified.

MZFal, 4:45 AMRepublic of Korea:

Welcomes the report. Agrees that sexual aggressions is a health issue, including of mental health. Remarks that diseases with greater prevalence on women should be prioritise by healthcare services.Andrew, 4:46 AMThailand:

3 issues: 1) physical and cognitive childhood development; 2) cervical cancer and HPV vaccines, and screening to all women. Vaccine industry must be accountable; 3) domestic and inter-personal violence. Thailand is hosting a conference in Bangkok later in 2018 on this latter issue.

Colombia:

Areas that lag behind - HR for example. Colombia has focused on guaranteeing equitable access to health services. Early childhood v important - so mobilise all finances possible here. Colombia has a high number of midwives. Commend this in the report. Progress in inequality, essential for inter-generational element of the lifecourse.

MZFal, 4:52 AMCanada:

Welcomes the report. Remarks that Canada is committed with resolution implementation of WHA69.2, that is the global plan for woman, children and adolescents health. Remarks some topics, such as the importance of GENDER EQUALITY, nutrition in early childhood, especially in critical territories and calls for initiatives in tackling mortality children. Emphasises the importance of public finance to implementation all measures and calls for commit from MS with the funding of GFA.Trinidad y Tobago:

Welcomes the report. Remarks the importance of PAHO in implementations of policies. Priorities: early child health and maternal health.Andrew, 4:54 AMNorway:

Supports Every women; Every child strategy at highest level. Access to safe abortion very important. Notes the GFF for this strategy launched in 2015, with replenishment in 2018 in Nov, and encourages MS to support this facility. Need for further research in evidence based interventions.

MZFal, 5:00 AMSouth Africa:

Supports the statement presented by Tanzania. Welcomes the report. Stresses the importance of women's health, especially those living in poor communities. Remarks that indicators should be clear and regular based. WHO should coordinate and define clear guidelines for data collect and countries should be requested to collect it. "WHAT GETS MEASURED IS WHAT GETS DONE". Remarks the existence of the AMR issue and the importance of preventive work, for instance in HPV, that should be addressed with work in prevention. The problem raised is the high prices on vaccines, unaffordable for many countries.Indonesia:

Welcomes the report. Calls for the definition of a framework with WHO, UNICEF, UNESCO and other main stakeholders to handle the health issue related to early childhood health.Andrew, 5:03 AMUK:

Aligns with Bulgaria statement. Notes progress on definition of skilled personnel; focus on midwifery; and nurturing care. Disappointed on issue of newborn mortality and stillbirths - what is WHO doing here? Can WHO outline actions in this area. Maternal and Newborn deaths and stillbirths are related to strength of health systems. Also can WHO link internally its human resources and supplies, and link that to the Report. Preventable and population interventions are missing - can WHO outline actions here please. Uk has experiences in sexual health and unplanned pregnancies it can share.

Tunisia:

An accurate report. Health indicators point MMR 44% and antenatal coverage 96%, surveillance 98% and coverage 62.5%, working to improve these rates. Multi-sectoral strategy; law criminalising violence against women and training carers to deal with it. Strategy for early childhood across sectors.

Slovakia:

Agrees with points 25 and 28 of report. Multi-sectoral strategy. Social pathology, physical and mental health also emphasised. Healthy child development approach; more research at all levels needed. Point 15 - support WHO family planning and data collection at national level.

Also fertility area is important in context of family planning and welcomes more info in regular reports and global strategy.

Brazil:

Brazil consider the global strategy as a important instrument to achieve improvements in Woman, Children and Adolescents Health. Remarks the importance of a comprehensive approach, including other key elements, such as nutrition and education. Highlights the accomplishment of a recent Brazilian seminar in partnership with PAHO on evaluation of policies. Emphasizes the importance of broad healthcare network that comprehend breastfeeding and immunization for reducing morbidity and mortality in Brazil.Andrew, 5:11 AMChair:

Suspends the session until the morning.

There will be a briefing on Rohingya tomorrow morning. Committee A will convene immediately after the Plenary, approx. 10.00am. Sub-item 12.3 will continue with NSA statements, and then 12.4 and 5. The last meeting of the draft committee will be tomorrow at 12.00 in room 24, and MS delegates invited to join.

simrin, 5:53 PMGood morning friends!

Today committee A starts from 10 amAna, 6:09 PM

While we're waiting for the session to start, you can check out two articles watcher's have written on agenda items from the first few days of WHA71 :)http://www.ghwatch.org/node/45535http://www.ghwatch.org/node/45537simrin, 6:28 PM

MS are yet to gatherLets see if they could start in 10 minutessimrin, 6:38 PM

The session has started nowSome agendas have been shifted to committee B due to short timeKriti, 6:40 PM

Multilingualism number and IHRs see change of reference number, it may be corresponded to in Journal

MS are sharing the progress report on 11.7, 11.8, 12.1it is just the brief summary

Meeting 11 (?)

12.3 is now continuedglobal strategy for women's children's and adolescents' health: early childhood developmentit is the turn for non state actorsChair requested MS if they want to say anything on the agenda since they may have missed evening sessionKriti, 6:49 PMAzebezan

At the moment all medical instt are paid by states and as part of reforms in area, we are implementings tate program to protect women and children. We are looking at NCDs and these are also paid by States. Law to protect children and improved medical assistance to teenager , MMR reduced by 3 times. We have package of insurance for maternal care. Important time for health for all, we are paying attention to reduce MMR and reproductive healthsimrin, 6:50 PMPhilippines:

Supports on the global strategy. Need to strengthen health system for multisectoral response, monitoring, developing training modules for HWs, improve screening for children with disabilities in the beginning of their life and household survey data for actions.Kriti, 6:52 PMVitenam

We highly appreciate draft report. In the context of violence against women and children is given attention, maternal health, midwifery care is essential in care. Early childhood care is essential for implementation

Niger

We have a plan for 2021, focusing on this area, we have center for morbidity and mortality on the country. We are working against early marriage, and there is 34% reduction in MMR, with help of partners.Maternal mortality reduction focus through program simrin, 6:55 PMHolici: We do not consider abortion as part of reproductive programs. We object for legalization of abortion. Promotion of safe abortion is about taking away the right of human life before birth. India: is working for enabling transformative environment. We need to strengthen national health system. Our union health minister is taking lead in this issue and we will continue to work. We are hosting partners forum in new delhi. We encourage partners and countries to utilize evidence and prodcue skilled health personnel. Standarization and refinement of definition is a continuous process. Quality HR is still a greater challenge. MS should have consensus on standard for minimum competences of HW.simrin, 6:57 PMNow the forum has again been given to NSAssimrin, 7:08 PMMMI/PHM is going to intervene in few minutessulakshana, 7:11 PMBest of luck!simrin, 7:14 PMMMI/PHM intervention:

Urged to safeguard and enhance women's general welfare and social position of women in order to close the current gender inequality gap.

We wish to emphasize that women's health needs are not just linked to their reproductive role. Liberalizing abortion laws to allow services to be provided by skilled health personnel reduce the rate of abortion-related morbidity and mortality. Thus the Global Gag rule poses an additional risk to women's health and lives.

Neonatal mortality rate, under-5 mortality rate and prevalence of stunting still remain grossly unequal when compared across regions. Major determinants of poor health during childhood include sub-optimal nutrition, unhealthy environment and lack of opportunities for development of cognitive skills which needs to be addressed as a priority.

We urge MS to strengthen health systems with a clear focus on community-based interventions, provided in the first instance, through community health workers with fair working conditions.Full statement can be read in https://extranet.who.int/nonstateactorsstatements/meetingoutline/6 sulakshana, 7:17 PM(y)simrin, 7:18 PMWe remember you doing last year sulakshana :-)Linda Marková, 7:18 PMYes, we sure do! Alba from PHM is the next one! :)simrin, 7:22 PMBangladesh has asked for floor nowThe issue of adolescent health is central for discussion in BangladeshBangladesh requested for the endorsement of the document on global strategy

Algeria: there is deficiencies in finance to support the implementation of actions related to newly born mortality and strengthen the prevention programs aimed to these population.Cook island: We have 100% institutional delivery. We have focused on strengthening FP. We welcome this report and committed to strengthen the further effortsLinda Marková, 7:34 PMSecretariat provided their response. Now moving onto mHealth.MZFal, 7:35 PMSecretariar response:

Improving women, children and adolescents health. Highlights the importance of tackling violence on woman and children, considering social determinants of health. Remarks the need for ensure accountability on country levels, include with the commitment for collecting data. Calls for the importance of cooperations between MS, highlighting south-south cooperation.