EVERY WOMAN
EVERY CHILD

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

SURVIVE
THRIVE
TRANSFORM

SUSTAINABLE DEVELOPMENT GOALS


EVERY WOMAN
EVERY CHILD


SUSTAINABLE
DEVELOPMENT
GOALS

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AT A GLANCE:

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

VISION

By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)

SURVIVE *End preventable deaths*

- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being

THRIVE *Ensure health and well-being*

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage,including financial risk protection and access to quality essential services, medicines and vaccines

TRANSFORM *Expand enabling environments*

- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

HIGH RETURN ON INVESTMENTS

Implementing the *Global Strategy*, with increased and sustained financing, would yield tremendous returns by 2030:

- An end to preventable maternal, newborn, child and adolescent deaths and stillbirths
- At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions
- At least US$100 billion in demographic dividends from investments in early childhood and adolescent health and development
- A "grand convergence" in health, giving all women, children and adolescents an equal chance to survive and thrive

ACTION AREAS

Country leadership

Reinforce leadership and management links and capacities at all levels; promote collective action.

Financing for health

Mobilize resources; ensure value for money; adopt integrative and innovative approaches.

Health system resilience

Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.

Individual potential

Invest in individuals' development; support people as agents of change; address barriers with legal frameworks.

Community engagement

Promote enabling laws, policies and norms; strengthen community action; ensure inclusive participation.

Multisector action

Adopt a multisector approach; facilitate cross-sector collaboration; monitor impact.

Humanitarian and fragile settings

Assess risks, human rights and gender needs; integrate emergency response; address gaps in the transition to sustainable development.

Research and innovation

Invest in a range of research and build country capacity; link evidence to policy and practice; test and scale up innovations.

Accountability

Harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multi-stakeholder engagement.

GUIDING PRINCIPLES

- Country-led
- Universal
- Sustainable
- Human rights-based
- Gender-responsive
- Evidence-informed
- Partnership-driven
- People-centred
- Community-owned
- Accountable
- Aligned with development effectiveness and humanitarian norms

IMPLEMENTATION

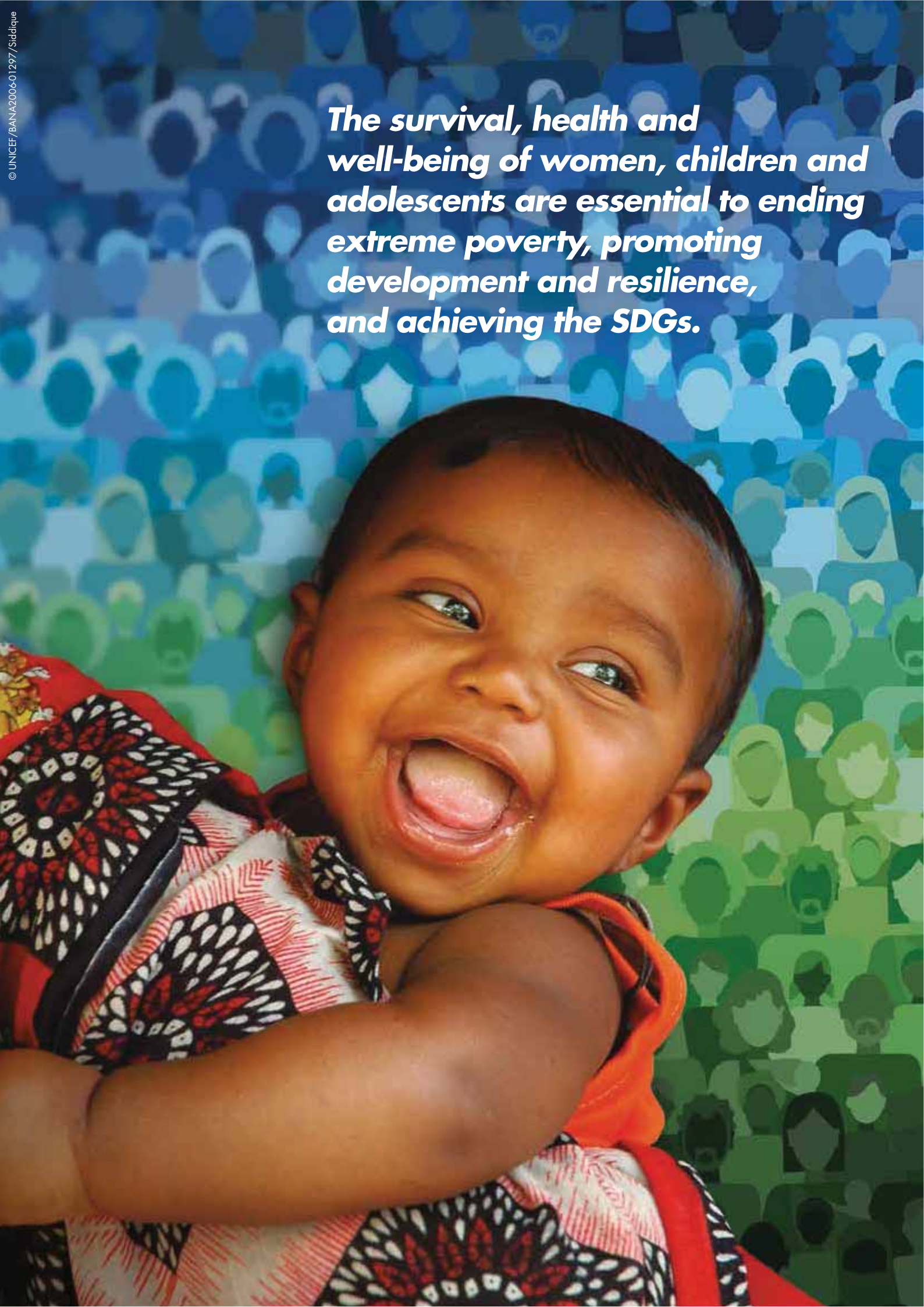
Country-led implementation supported by the Every Woman Every Child movement and an Operational Framework.
The power of partnership harnessed through stakeholder commitments and collective action.
We all have a role to play.


1

INTRODUCTION

WHY WE NEED AN UPDATED GLOBAL STRATEGY

WHAT'S NEW IN THE GLOBAL STRATEGY?


© UNICEF/BANA2006-01297/Siddique
The survival, health and well-being of women, children and adolescents are essential to ending extreme poverty, promoting development and resilience, and achieving the SDGs.

HOW WAS THIS UPDATED GLOBAL STRATEGY CREATED?


2

HIGH RETURNS FROM INVESTING IN WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

Figure 1:

Examples of evidence-based interventions for women's, children's and adolescents' health*

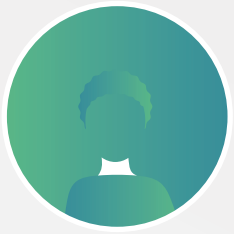
*See Annexes 2-4 for a more detailed list of essential interventions throughout the life course as supported by current evidence. The provision of all interventions depends on the country context, including health needs, supply of related goods and commodities and legal considerations.

LIFE COURSE

Women's health

Pregnancy, childbirth and postnatal care

Child health and development



Adolescent health and development

INTERVENTION PACKAGES

Women's health

- sexual and reproductive health information and services;
- nutrition;
- management of communicable and non-communicable diseases;
- screening and management of cervical and breast cancer;
- gender-based violence prevention and response;
- pre-pregnancy risk detection and management

Pregnancy, childbirth and postnatal care

- antenatal care,
- childbirth care;
- safe abortion and post-abortion care;
- prevention of mother-to-child transmission of HIV;
- management of maternal and newborn complications;
- postnatal care for mother and baby;
- extra care for small and sick babies

Child health and development

- breastfeeding;
- infant and young child feeding;
- responsive caregivingand stimulation;
- immunization;
- prevention and management of childhood illness and malnutrition;
- treatment and rehabilitation of congenital abnormalities and disabilities

Adolescent health and development

- health education;
- supportive parenting;
- nutrition;
- immunization;
- psychosocial support;
- prevention of injuries, violence, harmful practices and substance abuse;
- sexual and reproductive health information and services;
- management of communicable and non-communicable diseases

ENABLING ENVIRONMENT

HEALTH SYSTEM ENABLERS

- policies for universal health coverage; sufficient and sustainable financing;
- health workforce supported to provide good-quality care everywhere;
- commodity supply;
- health facility infrastructure; community engagement;
- mainstreaming emergency preparedness;
- human rights-, equity-and gender-based approaches in programming;
- accountability at all levels

MULTISECTOR ENABLERS

- policies and interventions in key sectors: finance and social protection;
- education;
- gender;
- protection— registration, law and justice; water and sanitation;
- agriculture and nutrition;
- environment and energy;
- labour and trade;
- infrastructure, including facilities and roads;
- information and communication technologies;
- and transport


© Mark Tuschman from the book "Faces of Courage"
"We know what we have to do to save the lives of women and girls everywhere. Needless deaths of women, newborns and children must stop. We must do more and we must do better because every action counts and every life counts."
GRAÇA MACHEL
Chair, The Partnership for Maternal, Newborn & Child Health

The examples below should be read in the context of the need to ensure access to all essential interventions and supplies across the life course, to strengthen health systems and to address all major determinants of health (see Annexes 2-4).

MODERN CONTRACEPTION AND GOOD QUALITY OF CARE FOR PREGNANT WOMEN AND NEWBORNS:

If all women who want to avoid a pregnancy used modern contraceptives and all pregnant women and newborns received care at the standards recommended by the World Health Organization (WHO), the benefits would be dramatic. Compared with the situation in 2014, there would be a reduction in: unintended pregnancies by 70 per cent; abortions by 67 per cent; maternal deaths by 67 per cent; newborn deaths by 77 per cent; and transmission of HIV from mothers to newborns would be nearly eliminated. The return on investment would be an estimated US$120 for every US$1 spent.[15,24] Population stability would enhance economic sustainability and reduce the risks of climate change.[25]

GOOD QUALITY OF CARE AT CHILDBIRTH:

This produces a triple return on investment, saving mothers and newborns and preventing stillbirths. The provision of effective care for all women and babies at the time of birth in facilities could prevent an estimated 113,000 maternal deaths, 531,000 stillbirths and 1.3 million neonatal deaths annually by 2020 at an estimated running cost of US$4.5 billion per year (US$0.9 per person).[19,20]

IMMUNIZATION:

This is among the most cost-effective of health interventions. Ten vaccines, representing an estimated cost of US$42 billion between 2011 and 2020, have the potential to avert between 24 and 26 million future deaths as compared with a hypothetical scenario under which these vaccines have zero coverage during this time.[26]

BREASTFEEDING AND NUTRITION:

Promoting and supporting breastfeeding in the first two years of life could avert almost 12 per cent of deaths in children under five, prevent undernutrition and ensure a good start for every child.[27] Scaling up nutrition interventions has a benefit-cost ratio of 16.[28] Eliminating undernutrition in Asia and Africa would increase gross domestic product (GDP) by 11 per cent.[29]

EARLY CHILDHOOD DEVELOPMENT:

Enabling children to develop their physical, cognitive, language and socioemotional potential, particularly in the three first years of life, has rates of return of 7-10 per cent across the life course through better education, health, sociability, economic outcomes and reduced crime.[16]

ADOLESCENTS AND YOUNG PEOPLE:

If countries in demographic transition make the right human capital investments and adopt policies that expand opportunities for young people, their combined demographic dividends could be enormous. In sub-Saharan Africa, for example, they would be at least US$500 billion a year, equal to about one third of the region's current GDP, for as many as 30 years.[17]

HEALTH SYSTEM AND WORKFORCE INVESTMENTS:

With enhanced investments to scale up existing and new health interventions—and the systems and people to deliver them—most low-income and lower-middle-income countries could reduce rates of deaths from infectious diseases, as well as child and maternal deaths to levels seen in the best-performing middle-income countries in 2014. A "grand convergence" in health is achievable by 2035.[14]

For women's and children's health, health system investments alongside investments in high-impact health interventions for reproductive, maternal, newborn and child health, at a cost of US$5 per person per year up to 2035 in 74 high-burden countries, could yield up to nine times that value in economic and social benefits. These returns include greater GDP growth through improved productivity and preventing 32 million stillbirths and the deaths of 147 million children and 5 million women by 2035.[13]

The health workforce is a critical area for investment. An ambitious global scale-up would require at least an additional 675,000 nurses, doctors and midwives by 2035, along with at least 544,000 community health workers and other cadres of health professionals.[13] Other key health systems investments include: programme management; human resources; infrastructure, equipment and transport; logistics; health information systems; governance; and health financing.[14]

EDUCATION:

Investments to ensure girls complete secondary school yield a high average rate of return (around 10 per cent) in low- and middle-income countries. The health and social benefits include, among others, delayed pregnancies and reduced fertility rates, improved nutrition for pregnant and lactating mothers and their infants, improved infant mortality rates and greater participation in the political process. School curricula should include elements to strengthen the self-esteem of girls and increase respect for girls among boys.[30]

GENDER EQUALITY:

Closing the gender gap in workforce participation by guaranteeing and protecting women's equal rights to decent, productive work and equal pay for equal work would reduce poverty and increase global GDP by nearly 12 per cent by 2030.[24]

PREVENTING CHILD MARRIAGE:

A 10 per cent reduction in child marriage could contribute to a 70 per cent reduction in a country's maternal mortality rates and a 3 per cent decrease in infant mortality rates.[31] High rates of child marriage are linked to lower use of family planning, higher fertility, unwanted pregnancies, higher risk for complications during childbirth, limited educational advancement, and reduced economic earnings potential.

WATER, SANITATION AND HYGIENE:

Investments in these sectors return US$4 for every US$1 invested and would result in US$260 billion being returned to the global economy each year if universal access were achieved.[32]

INDOOR AIR POLLUTION:

Globally, more than 3 billion people cook with wood, dung, coal and other solid fuels on open fires or traditional stoves. If 50 per cent of people who use solid fuels indoors gained access to cleaner fuels, health-system cost savings would amount to US$165 million annually. Gains in health-related productivity would range from 17 to 62 per cent in urban areas and 6 to 15 per cent in rural areas.[33]


3

CHALLENGES TO OVERCOME

SPOTLIGHT ON HEALTH CHALLENGES

Women, children and adolescents still face numerous interrelated health challenges, underpinned by poverty, inequality and marginalization.

Women's health challenges

Despite progress, societies are still failing women, most acutely in poor countries and among the poorest women in all settings. Gender-based discrimination leads to economic, social and health disadvantages for women, affecting their own and their families' well-being in complex ways throughout the life course and into the next generation. Gender equality is vital to health and to development.

An estimated

289,000

died in 2013 in ***PREGNANCY AND CHILDBIRTH****, with more than one life lost every 2 minutes*

225 MILLION

women have an ***UNMET NEED FOR FAMILY PLANNING***

52%

of maternal deaths (in pregnancy, at or soon after childbirth) are attributable to ***THREE LEADING PREVENTABLE CAUSES*** *– haemorrhage, sepsis, and hypertensive disorders*

28%

of maternal mortality results from non-obstetric causes such as ***MALARIA, HIV, DIABETES, CARDIOVASCULAR DISEASE AND OBESITY***

8%

of maternal mortality is attributable to ***UNSAFE ABORTION***

270,000

women die of ***CERVICAL CANCER*** *each year*

1 IN 3

women aged 15–49 years experiences ***PHYSICAL AND/OR SEXUAL VIOLENCE*** *either within or outside the home*

Child health challenges

The high rates of preventable death and poor health and well-being of newborns and children under the age of five are indicators of the uneven coverage of life-saving interventions and, more broadly, of inadequate social and economic development. Poverty, poor nutrition and insufficient access to clean water and sanitation are all harmful factors, as is insufficient access to quality health services such as essential care for newborns. Health promotion, disease prevention services (such as vaccinations) and treatment of common childhood illnesses are essential if children are to thrive as well as survive.

2.7 MILLION

*children who die are **NEWBORNS. 60 - 80%** are **PREMATURE** and/or **SMALL** for gestational age.*

5.9 MILLION

*children under the age of five died in 2014 from mostly **PREVENTABLE CAUSES***

43%

*due to **INFECTIOUS DISEASES** with pneumonia, diarrhoea, sepsis and malaria as leading causes*

In addition

2.6 MILLION

*babies die in the last 3 months of pregnancy or during childbirth **(STILLBIRTHS)***

NEARLY HALF

*of under-five child deaths are directly or indirectly due to **MALNUTRITION**. Globally, **25%** of children are stunted and **6.5%** are overweight or obese.*

LESS THAN 40%

*of infants are **BREASTFED** exclusively up to 6 months*

1 IN 3

*children (200 million globally) fails to reach their full physical, cognitive, psychological and/or socioemotional potential due to **POVERTY, POOR HEALTH AND NUTRITION, INSUFFICIENT CARE AND STIMULATION,** and other risk factors to early childhood development*

Adolescent health challenges

Globally, millions of adolescents die or become sick from preventable causes. Too few have access to information and counselling and to integrated, youth-friendly services, and especially to sexual and reproductive health services without facing discrimination or other obstacles. In many settings, adolescent girls and boys face numerous policy, social and legal barriers that harm their physical, mental and emotional health and well-being. Among adolescents living with disabilities and/or in crisis situations, the barriers are even greater.

1.3 MILLION

million adolescents died in 2012 from ***PREVENTABLE OR TREATABLE CAUSES.*** *The five leading causes of death in adolescent boys and girls are* ***ROAD INJURIES, HIV, SUICIDES, LOWER RESPIRATORY INFECTIONS AND INTERPERSONAL VIOLENCE***

In adolescent girls aged 15-19 the two leading causes of death are ***SUICIDE AND COMPLICATIONS DURING PREGNANCY AND CHILDBIRTH***

2.5 MILLION ***UNDER 16 GIVE BIRTH***

15 MILLION ***UNDER 18 ARE MARRIED***

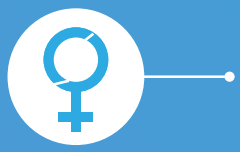
Globally

80%

of adolescents are ***INSUFFICIENTLY PHYSICALLY ACTIVE***

70%

of preventable adult deaths from ***NON-COMMUNICABLE DISEASES*** *are linked to risk factors that* ***START IN ADOLESCENCE***



Around

1 IN 10

girls (about 120 million) under the age of 20 has been a victim of ***SEXUAL VIOLENCE***

30 MILLION

are at risk of ***FEMALE GENITAL MUTILATION*** *in the next decade*

Environmental health challenges

Environmental factors such as clean water and air, adequate sanitation, healthy workplaces and safe houses and roads all contribute to good health. Conversely, contaminated water, polluted air, industrial waste and other environmental hazards are all significant causes of illness, disability, and premature deaths. They contribute to and result from poverty, often across generations.

1 IN 8

deaths worldwide is linked to ***AIR POLLUTION****, including around* ***50%*** *of child deaths due to* ***PNEUMONIA***

Every year ***LEAD EXPOSURE*** *is linked to about*

600,000 *new cases of* ***INTELLECTUAL DISABILITIES*** *in children, and to*

143,000 *deaths in the population*

32%

of the global population lacks access to ***ADEQUATE SANITATION***

9%

of the global population lacks access to ***SAFE DRINKING WATER***

WATER *is not readily available in about* ***40%*** *of* ***HEALTH FACILITIES*** *in 59 low- and middle-income countries. More than*

30% *lack* ***SOAP*** *for hand washing, and*

20% *lack* ***TOILETS****, which significantly affects quality of care, including for childbirth*

In Sub-Saharan Africa, women and girls spend

40 BILLION

hours each year ***COLLECTING WATER*** *— equal to a year's work of the entire labour force in some high-income countries*

Humanitarian and fragile settings

The SDGs will not be reached without specific attention to countries with humanitarian and fragile settings that face social, economic and environmental shocks and disasters.[37] Risks include conflict and violence, injustice, weak institutions, disruption to health systems and infrastructure, economic instability and exclusion, and inadequate capacity to respond to crises.[38] It is crucial and urgent for the international community to better support countries in upholding fundamental human rights across the life course in every setting.

60% *of maternal deaths,* **53%** *of child deaths, and* **45%** *of newborn deaths occur in* ***FRAGILE STATES AND HUMANITARIAN SETTINGS***

Almost 60% of the

1.4 BILLION *people living in* ***FRAGILE STATES*** *are under 25 years of age*

Women and children are up to

14 TIMES *more likely than men to die in a* ***DISASTER***

There were

59.5 MILLION

FORCIBLY DISPLACED *persons and* **19.5 million** ***REFUGEES IN 2014***

In refugee camps, millions of women and girls are at risk of sexual violence, disease or death when they have to access ***TOILETS OR SHOWERS, OR SEARCH FOR WATER AND FIREWOOD*** *in unsafe areas*

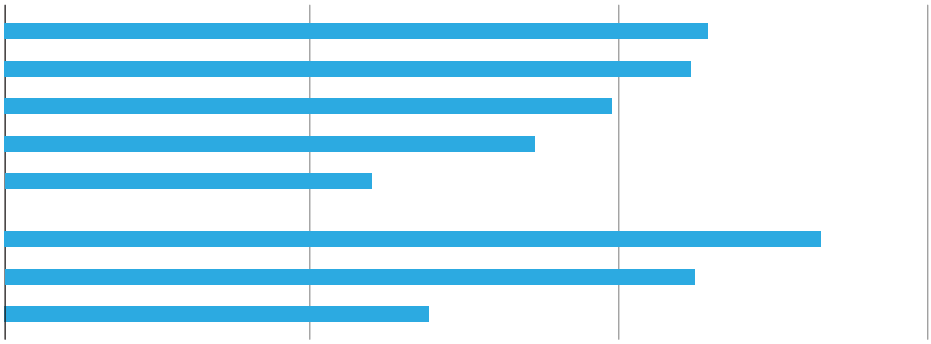
AT LEAST 1 IN 5

female refugees and internally displaced persons in countries affected by conflict are victims of ***SEXUAL VIOLENCE***

The average time a person spends in refugee situations is

25 YEARS

THE HEALTH EQUITY GAP WITHIN AND BETWEEN COUNTRIES



* Data from national Demographic and Health Surveys in 49 low- and middle-income countries, 2005–2012.
** Education data are not available for 10 countries.[39]

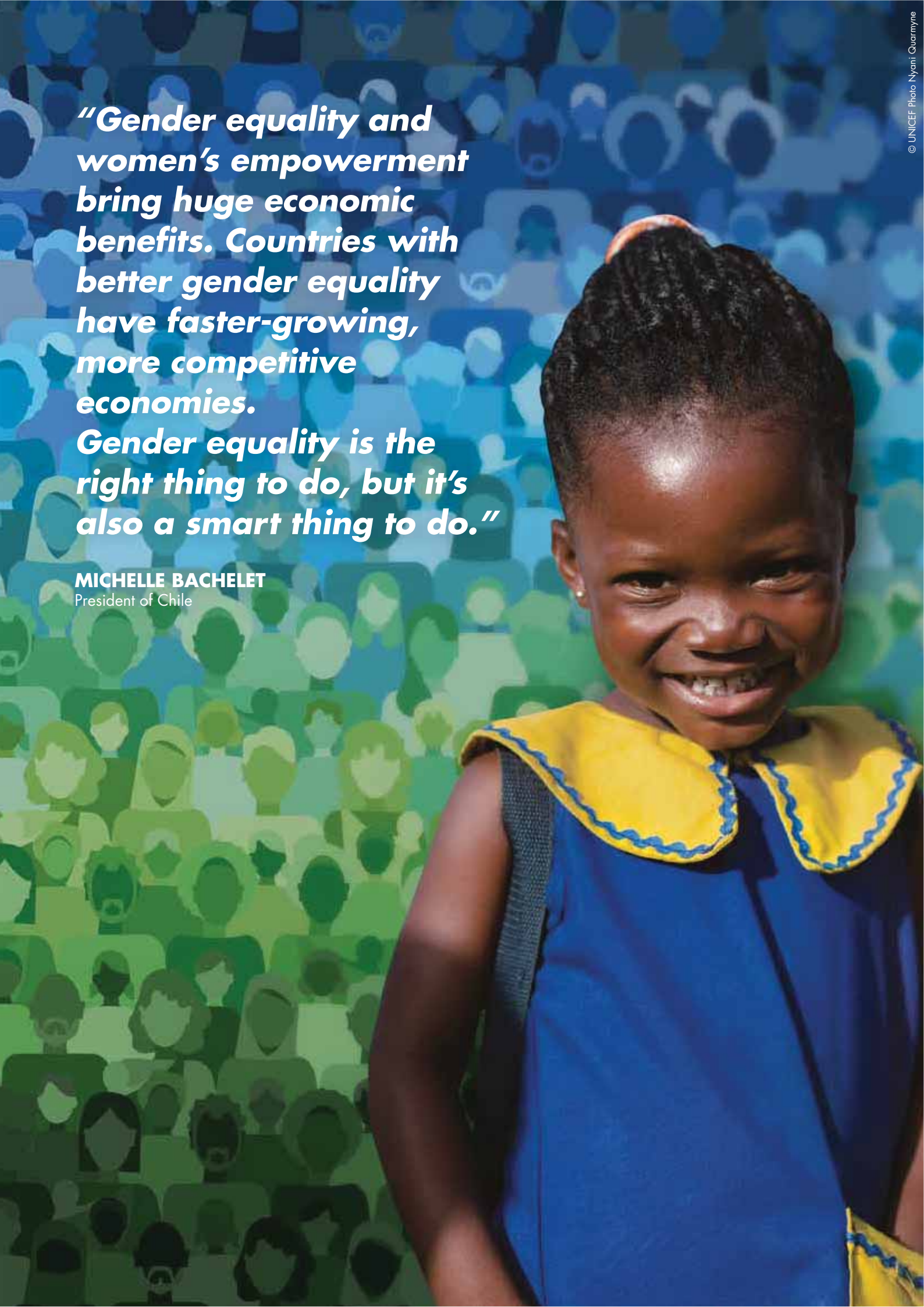
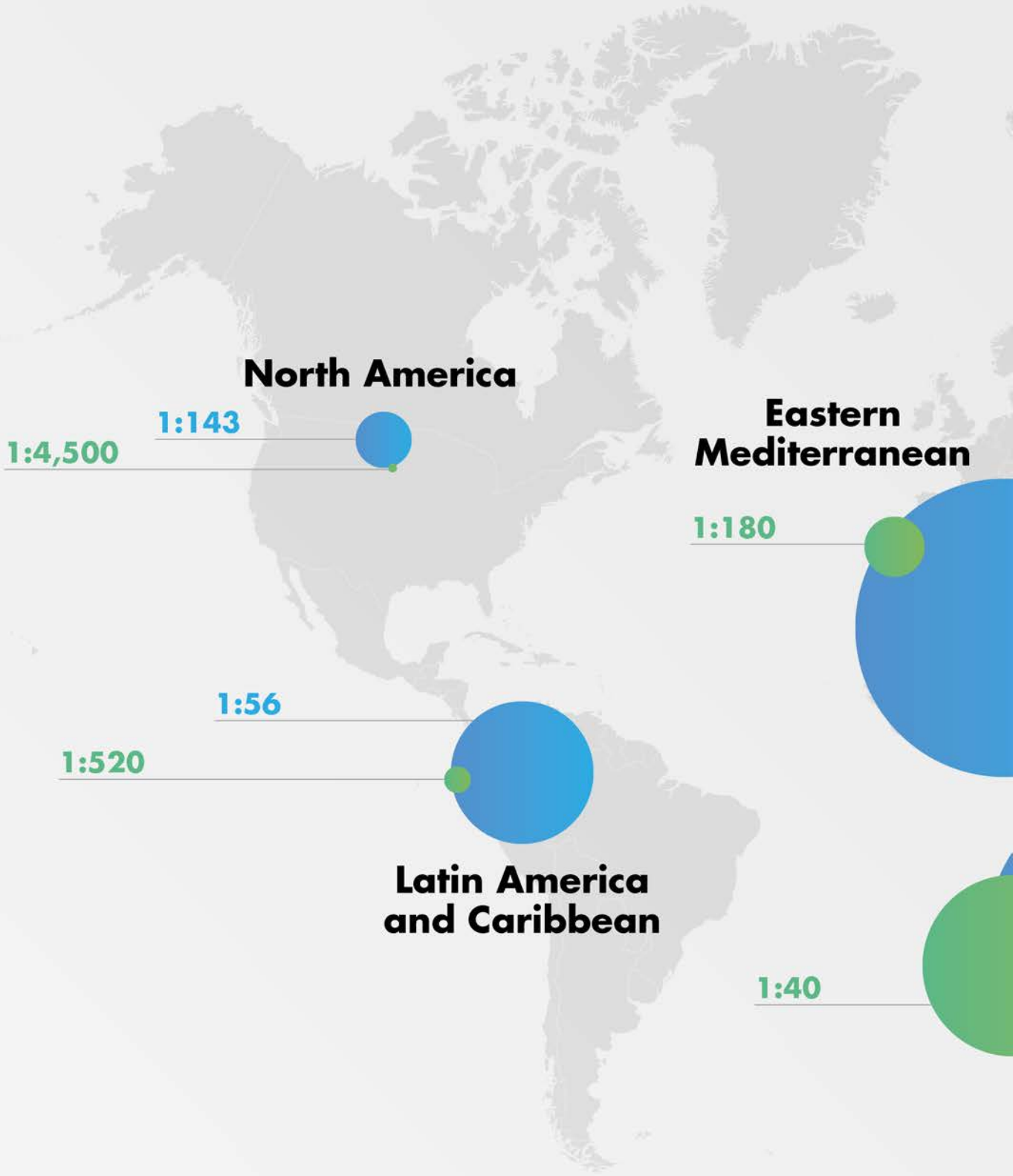
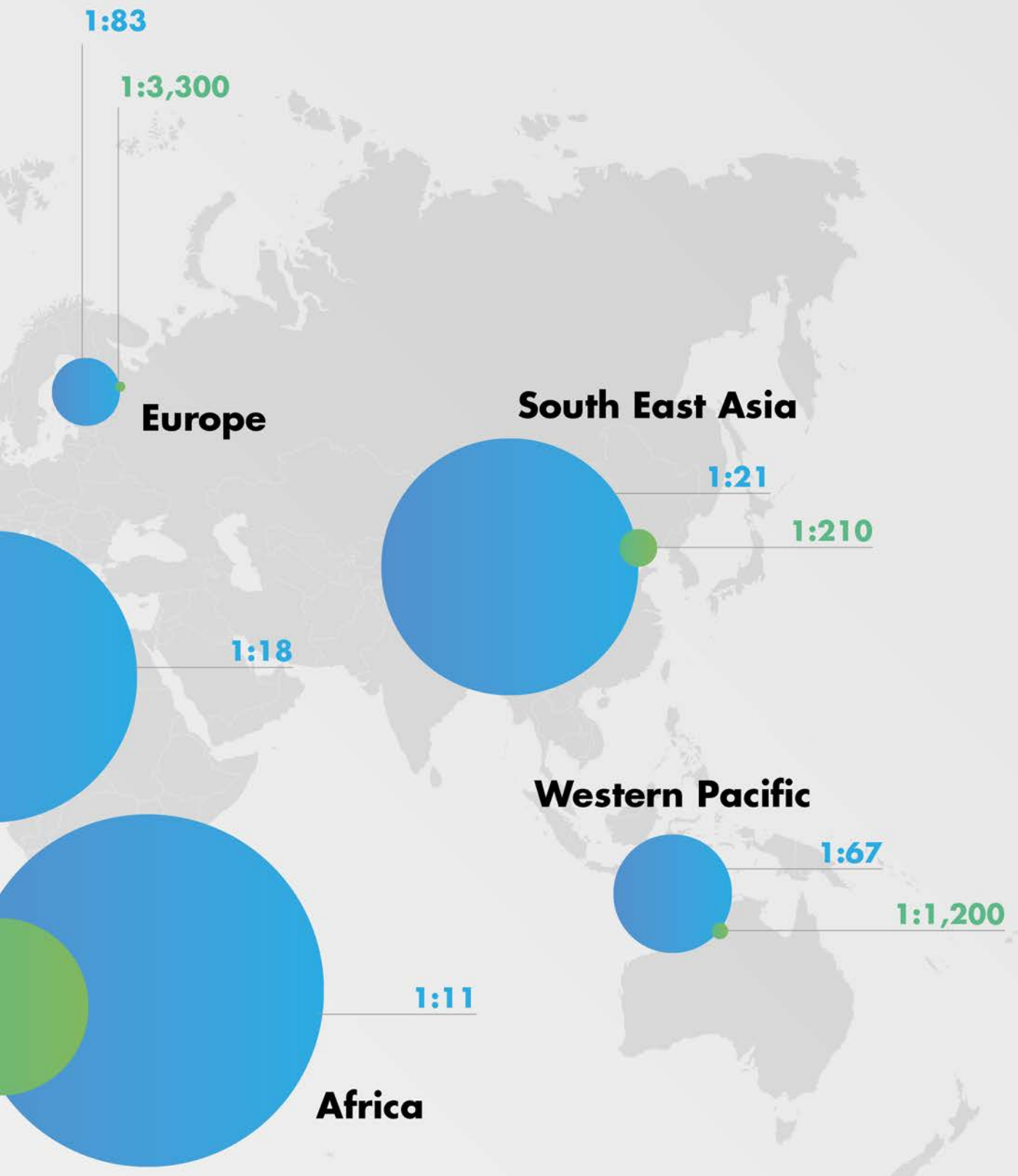

“Gender equality and women’s empowerment bring huge economic benefits. Countries with better gender equality have faster-growing, more competitive economies.
Gender equality is the right thing to do, but it’s also a smart thing to do.”
MICHELLE BACHELET
President of Chile
© UNICEF Photo Nyani Quarmyne

Figure 3:
Inequitable risks of maternal and child death across regions*



The size of each bubble corresponds to the risk in each region that:

- A child will die before the age of five
- A 15-year-old girl will eventually die from a maternal cause over her lifetime



* These data are based on the 2014 United Nations Interagency Estimates and the WHO regional grouping of countries with separate data for North America and Latin America.[8,9] Data on individual countries, and by alternative regional groupings, are available in the related references. MM=maternal mortality—lifetime risk (probability that a 15-year-old female will die eventually from a maternal cause assuming that current levels of fertility and mortality, including maternal mortality, do not change in the future, taking into account competing causes of death); U5M=under-five mortality—proxy measure of the risk of a child dying before the age of five (calculated by dividing 1,000 live births by the average under-five mortality rate for each region). [8,9]


4

AN UPDATED GLOBAL STRATEGY FOR THE POST-2015 ERA

VISION

GUIDING PRINCIPLES

The Global Strategy is rooted in established human rights treaties and commitments. Women's, children's and adolescents' health are recognized as fundamental human rights in several international treaties such as the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

It also builds on global-level consensus, including the International Conference on Population and Development Programme of Action; the Beijing Declaration and Platform for Action agreed at the Fourth World Conference on Women; the United Nations Economic and Social Council Ministerial Review on Global Health; and the agreements of the Commission on the Status of Women.

Health is a human right under international law that is interdependent with, and indivisible from, other human rights. Key human rights interventions include those in the areas of policy and legislation, equality and non-discrimination, service delivery, participation, the underlying determinants of health, sociocultural, political and economic affairs, and accountability.

Implementation of the Global Strategy will be informed by the United Nations Statement of Common Understanding on Human Rights-Based Approaches to Development Cooperation and Programming. The Human Rights Council has also issued practical technical guidance to help countries apply human rights standards and principles in health programmes for women, children and adolescents. In addition to fulfilling legal obligations, there is evidence that using a human rights-based approach has a positive impact on women's, children's and adolescents' health. Assessing the impact of human rights-based approaches, alongside impact assessments of health and sustainable development, can help improve implementation and accountability.

The Global Strategy recognizes the critical role of gender equality for women and girls to make informed choices about their health and to seek and receive services they want and need. Women, and others facing discrimination because of their gender identity or sexual orientation, often have unequal access to, and uptake of, basic health services and resources. Unequal gender norms and gender stereotypes also create biases in policies, institutions and programming, with grave consequences for effectiveness of services.

Removing discrimination in health-care settings, and ensuring women and adolescent girls are aware of their rights and are able to demand gender-sensitive and stigma- and discrimination-free services, is fundamental. Furthermore, the collection of sex-disaggregated data and gender-sensitive indicators is essential to monitoring and evaluating the results of health policies and programmes. Gender-responsive health policies and interventions require a thorough analysis of barriers to the achievement of women's health, including other inequalities based on ethnicity, class, geographic location and sexual orientation or gender identity.[41]

Enabling environments for gender equality are inextricably linked to positive health and broader societal outcomes.[42] *Successful implementation of the Global Strategy requires an effective response to unequal gender norms and action to develop clear synergies and alignment across other sectors.*

Every woman, child and adolescent has the right to make informed choices about their health, and seek and receive services they want and need.

OBJECTIVES: SURVIVE, THRIVE, TRANSFORM

- ***SURVIVE:***
- ***THRIVE:***
- ***TRANSFORM:***

TARGETS

SURVIVE

End preventable deaths

- ***Reduce global maternal mortality***
  to less than 70 per 100,000 live births
- ***Reduce newborn mortality***
  to at least as low as 12 per 1,000 live births in every country
- ***Reduce under-five mortality***
  to at least as low as 25 per 1,000 live births in every country
- ***End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases***
  and other communicable diseases
- ***Reduce by one third premature mortality from non-communicable diseases***
  and promote mental health and well-being

THRIVE

Ensure health and well-being

- **End all forms of malnutrition** *and address the nutritional needs of children, adolescent girls, and pregnant and lactating women*
- **Ensure universal access to sexual and reproductive health-care services** *(including for family planning) and* **rights**
- *Ensure that all girls and boys have* **access to good-quality early childhood development**
- **Substantially reduce pollution-related deaths and illnesses**
- **Achieve universal health coverage** *including financial risk protection and access to quality essential services, medicines and vaccines*

- ***Eradicate extreme poverty***
- ***Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education***
- ***Eliminate all harmful practices and all discrimination and violence against women and girls***
- ***Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene***
- ***Enhance scientific research upgrade technological capabilities and encourage innovation***
- ***Provide legal identity for all including birth registration***
- ***Enhance the global partnership for sustainable development***

ANSFORM

Expand enabling environments


5

ACTION AREAS

1. COUNTRY LEADERSHIP

ACTIONS

1. ***REINFORCE THE LINKS BETWEEN POLITICAL AND ADMINISTRATIVE LEADERS.***

   Set up or improve coordination mechanisms to ensure the active participation of administrative leaders in policy formulation and decision-making. Strengthen subnational (district level) political and administrative capacity and leadership and the relationship between central and state authorities. Put in place or improve systems for performance management and to ensure continuity despite political and administrative turnover, and in the event of emergencies such as disasters or crises.

2. ***STRENGTHEN LEADERSHIP AND MANAGEMENT CAPACITIES.***

   Identify and address barriers to more effective leadership such as accessing and using data for decision-making; essential skills in negotiation, budgeting, building consensus, planning and programme management; collaborating across sectors; coordinating multi-stakeholder action; mobilizing resources; and ensuring accountability. Increase the number of women leaders and managers at all levels.[43] Collaborate with academic institutions on leadership and management programmes and through south-south cooperation to promote learning and share best practices.

3. ***DEVELOP MULTI-STAKEHOLDER ACCOUNTABILITY AND OVERSIGHT.***

   Recognize the critical role of civil society organizations, academia, the business community, media, funders and other stakeholders in holding each other and governments to account for health outcomes. Foster active citizenship, advocacy and collective action. Make disaggregated data and information on women's, children's and adolescents' health publically available. Engage with stakeholders to ensure participation in developing plans and programmes and monitoring and review of implementation. Strengthen the judiciary and autonomous regulatory mechanisms to provide oversight, with policies to protect "whistle blowers".

2. FINANCING FOR HEALTH

ACTIONS

1. ***MOBILIZE SUFFICIENT AND SUSTAINABLE RESOURCES.***

   Increase government spending on health in line with GDP growth and towards agreed targets. Facilitate policy dialogue between ministries of finance and subnational bodies to expand tax capacities, reduce subsidies that do not benefit the poor and reallocate the freed resources to programmes targeted towards the poor. Explore new ways to generate domestic health revenues, such as expanding "sin" taxes (for example on tobacco and alcohol), debt swaps and the floating of bonds marketed to diaspora communities. Incentivize private-sector investments in health, directly and through partnerships with governments or civil society.

2. ***ENSURE VALUE FOR MONEY WHILE INCREASING FINANCIAL PROTECTION FOR WOMEN, CHILDREN AND ADOLESCENTS LIVING IN POVERTY.***

   Reduce out-of-pocket expenditures for health and instead increase the share of total health expenditure that is pooled (e.g. in national health insurance schemes). Pooling resources reduces risk, facilitates the use of subsidies to ensure equity and enables strategic purchasing, which improves efficiency. Reduce barriers to the integrated planning and reallocation of these funds towards evidence-based priority services and beneficiaries, and implement strategic purchasing and performance-based financing. Foster more effective dialogue between ministries of health and finance in order to leverage more efficient and equitable domestic financing, including health insurance, to achieve universal health coverage.

3. ***ADOPT INTEGRATED AND INNOVATIVE APPROACHES TO FINANCING.***

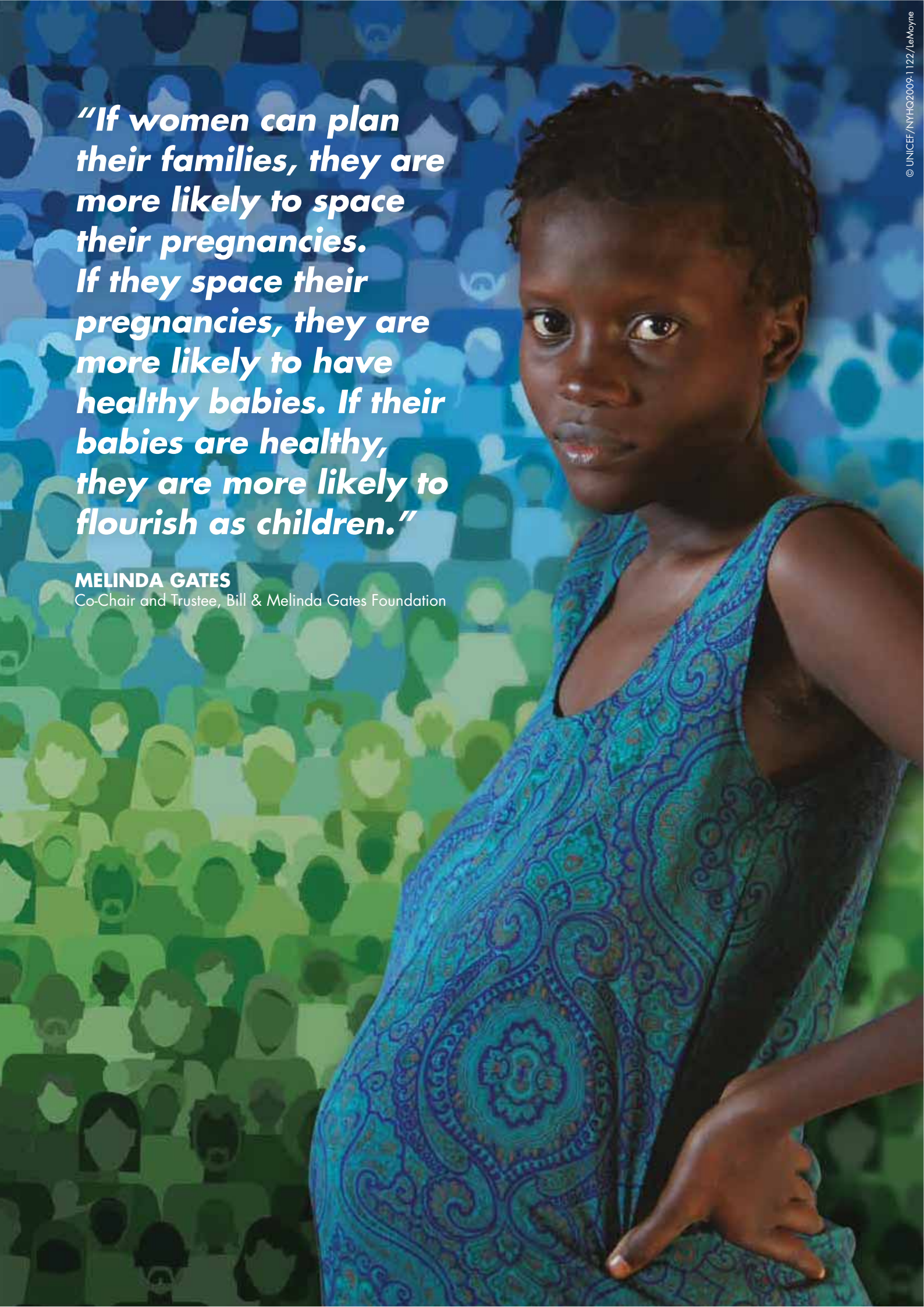
   Break down silos between the financing flows for women's, children's and adolescents' health, including for nutrition, communicable and non-communicable diseases. Enhance collaboration between international agencies around health systems strengthening and universal health coverage to reach poor, underserved and marginalized populations, and strengthen financial instruments in fragile settings. Increase funding for high-impact programmes. Explore innovative financing models at the global, regional and national levels, using, for example, health bonds as a bridge to meet upfront financing needs. Secure credit enhancement mechanisms (e.g. pooled financing, guarantees) through multilateral development banks or bilateral agencies and target endowment and sovereign wealth funds, which are increasingly looking for investments with joint economic and social returns. Use the Global Financing Facility in support of Every Woman Every Child as a dedicated financing response to the Global Strategy (see Box 4), and leverage existing innovative health financing mechanisms, such as Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to complement domestic financing as required.

The Global Financing Facility (GFF) was launched in July 2015 as an important financing platform for the Global Strategy, to provide smart, scaled and sustainable financing to support country-led investment plans for women's, children's and adolescents' health. Coordinated by the World Bank and involving a broad range of partners, the GFF has adopted a model that shifts focus away from official development assistance towards an approach that combines domestic and international funding and innovative sources for resource mobilization and delivery, including the private sector. This new model acts as a pathfinder for financing for development in the post-2015 era. The GFF operates at the country level by utilizing existing structures and processes while embodying the principles of inclusivity and transparency.18 It aims to secure universal access to essential services for every woman, child and adolescent by:

Ensuring that evidence-based, high-impact interventions—whether clinical and preventive interventions, health systems strengthening or multisector interventions—are prioritized and delivered in an efficient, results-focused manner

Fully financing women's, children's and adolescents' health by mobilizing more than US$57 billion through domestic resources, new external support and improved coordination of existing assistance

Promoting sustainability by assisting countries to capture the benefits of economic growth and addressing the challenges of transitioning from low- to middle-income status[18]



"If women can plan their families, they are more likely to space their pregnancies. If they space their pregnancies, they are more likely to have healthy babies. If their babies are healthy, they are more likely to flourish as children."

MELINDA GATES
Co-Chair and Trustee, Bill & Melinda Gates Foundation

3. HEALTH SYSTEM RESILIENCE

ACTIONS

1. ***EQUIP THE HEALTH WORKFORCE EVERYWHERE TO PROVIDE GOOD-QUALITY, NON-DISCRIMINATORY CARE.***

   Develop a plan to identify structural bottlenecks and build health system capacity at institutional, organizational and individual levels. Reform governance and stewardship, incorporating the public and private sectors and communities. Invest in improving health workforce competencies, numbers, working conditions and rewards. Invest in procurement capacity and supply-chain management for life-saving commodities across the health system. Integrate health services delivery and monitor and evaluate health services regularly for availability, accessibility, acceptability and quality in every setting.

2. ***PREPARE ALL PARTS OF THE HEALTH SYSTEM TO COPE WITH EMERGENCIES.***

   Strengthen emergency preparedness capacities at all levels in accordance with the International Health Regulations, in areas such as legal and institutional frameworks for multisector emergency management; human resources and medical supplies and equipment for emergency response; information management systems for surveillance, risk communication and emergency management; financing and social protection; and service delivery to provide continuity of essential health services and management of mass casualties in crises.[55] Underpinning all of these aspects of preparedness is the ability of the health system to ensure the availability of essential health services.

3. ***ENSURE UNIVERSAL COVERAGE OF ESSENTIAL HEALTH INTERVENTIONS AND LIFE-SAVING COMMODITIES.***

   Prioritize services for women, children and adolescents in efforts to ensure universal health coverage, guided by recommendations on evidence-based health interventions, life-saving commodities and health system requirements (see Box 5 and Annexes 2, 3, 5 and 6), adjusted for country contexts. Provide equitable financial protection for individuals and households to prevent catastrophic out-of-pocket health expenditures.[56] Strengthen the availability of disaggregated data and information to acquire a detailed understanding of where and how health inequities occur, who is affected, and what barriers prevent different groups of women, children and adolescents from accessing and demanding essential health services.[34]

Commodities are an integral part of strong and resilient health systems. In 2012, the United Nations Commission on Life-Saving Commodities made ten recommendations to improve the availability of, and access to, 13 underutilized, low-cost, high-impact commodities[5] (see Annex 6). The Commission's recommendations have translated into support to countries in their efforts to improve distribution systems, create demand for the 13 commodities, and build know-how on when and how to use them. At the global level the recommendations are helping to improve their availability and supply.

The Commission's recommendations remain valid. Efforts to scale up access and reduce barriers to life-saving commodities must be accelerated in order to avert preventable deaths and improve the health and well-being of women, children and adolescents. Efforts to pool commodity procurement and secure price reductions for low- and middle-income countries beyond the 13 commodities must continue. Improvements in regulatory efficiency such as joint inspections and "fast-track" applications for pre-qualified products will ensure essential medicines are introduced more quickly where they are needed most. Ensuring all countries have the laboratory capacity to test the quality and safety of medicines is essential. Supply chains are too often weak and fragmented, and further work to reduce stock-outs is required. Finally, robust and sustained technical support should be made available to countries to ensure access to the latest evidence, guidelines, tools and best-practice materials.


“Having a healthy and well-educated population is more important than ever for fostering economic growth and building communities and societies that are resilient to shocks of various kinds.”
ERNA SOLBERG
Prime Minister of Norway
© UNICEF/NYHQ2014-3609/Pirozzi

4. INDIVIDUAL POTENTIAL

ACTIONS

1. ***INVEST IN CHILD AND ADOLESCENT HEALTH AND DEVELOPMENT.***

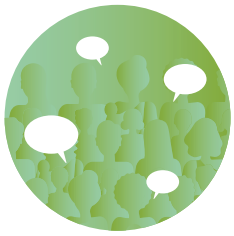
   Develop and finance integrated health and development programmes for early childhood and adolescence that combine efforts across sectors (including health, nutrition, responsive caregiving, social and mental stimulation, education, environment, water, sanitation and hygiene, employment and economic development programmes) and by a range of partners (including government, civil society, the private sector and communities). Support people caring for young children to provide nurturing care with stimulation and opportunities for learning in the first years of life. Ensure that young people achieve literacy and numeracy and have relevant technical and vocational skills for employment and entrepreneurship.

2. ***SUPPORT WOMEN, CHILDREN AND ADOLESCENTS AS AGENTS FOR CHANGE.***

   Identify context-specific needs—including barriers to realizing rights—and promote access to essential goods, services and information. Expand age-appropriate opportunities for socioeconomic and political participation. Ensure that these activities are funded in country plans and budgets.

3. ***REMOVE BARRIERS TO REALIZING INDIVIDUAL POTENTIAL AND PROTECT FROM VIOLENCE AND DISCRIMINATION.***

   Identify the root causes of exclusion, discrimination and deprivation, including inadequate civil registration and vital statistics systems. Strengthen legal frameworks to register and address human rights violations, promote human rights literacy and provide age- and gender-appropriate protection services and safe spaces for women, children and adolescents, including in humanitarian and fragile settings. Expand civil registration and vital statistics systems to increase access to services and entitlements in order for women and children to realize their rights to proper health care, education and basic social benefits, including housing and social protection.



5. COMMUNITY ENGAGEMENT

Women, children and adolescents are the most powerful agents for improving their own health and achieving prosperous and sustainable societies.

ACTIONS

1. ***PROMOTE LAWS, POLICIES AND SOCIAL NORMS THAT ADVANCE WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH.***

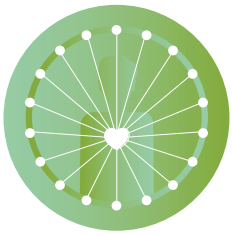
   Create legal and policy frameworks to promote positive social norms, for example to prohibit violence against women and girls and promote the full inclusion in society of individuals living with disabilities. Remove legal and policy barriers to adolescents' access to services. Improve community engagement through improved health literacy, dialogue, learning and action and community engagement strategies. Tailor mass-media campaigns to different social contexts, resources and needs to promote health literacy and positive behaviours in areas such as comprehensive sexuality education for adolescents and adults; breastfeeding and good nutrition; water, sanitation and hygiene practices; and decision-making related to health.

2. ***STRENGTHEN INCLUSIVE COMMUNITY ACTION THAT RECOGNIZES THE ROLES OF DIFFERENT GROUPS.***

   Involve community and political leaders and planners alongside other community members. Develop a more integrative and holistic approach to the continuum of health care by involving civil society organizations, including humanitarian actors, community and faith-based leaders and traditional birth attendants in dialogue and participatory learning and action. Formalize the contribution of community leaders and health workers within national health systems, with appropriate devolution of responsibility, support, supervision and remuneration. Encourage communities to participate in defining their health needs. Reorient health and development services in response.

3. ***ENSURE WOMEN AND GIRLS CAN FULLY PARTICIPATE, AND ENGAGE MEN AND BOYS IN HEALTH PROGRAMMES.***

   Involve women, children and adolescents and the organizations that support them in decision-making for health policies and programmes that affect their health and well-being. Include age and context-specific mechanisms in health programmes to ensure their participation. Promote supportive attitudes and behaviour from health workers for engaging men and boys and provide space for male partners in health facilities.



6. MULTISECTOR ACTION

ACTIONS

1. ***ADOPT A MULTISECTOR APPROACH TO IMPROVING THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND ADOLESCENTS.***

   Identify and incorporate policies and interventions (see Annex 4) led by different single sectors as core to national health strategies. Identify key structural forces that affect health and drive disparities, including gender-related structural and institutional biases. Enact broad-ranging cross-sector policies to advance shared goals and address challenges that lone sectors cannot resolve, driven by heads of government. Assess policies and interventions in different sectors to identify potential health risks.[46]

2. ***BUILD GOVERNANCE AND CAPACITY TO FACILITATE MULTISECTOR ACTION AND CROSS-SECTOR COLLABORATION.***

   Strengthen coordination, financing and accountability mechanisms to manage multisector action and cross-sector collaboration and promote related accountability at all levels. Identify strategic areas for cross-sector collaboration and create incentives to expedite the work. Eliminate bureaucratic and financial disincentives and barriers to multisector action and cross-sector collaboration, not only in governments but also among international agencies, the private sector and non-governmental organizations.

3. ***MONITOR THE IMPACT OF MULTISECTOR ACTION AND CROSS-SECTOR COLLABORATION ON HEALTH AND SUSTAINABLE DEVELOPMENT.***

   Enact joint monitoring of policies and interventions in different sectors that impact on health and consider and report on them as core health indicators. Promote shared monitoring of cross-sector action and impact across health and other sectors, as well as shared contributions towards achieving the SDGs.

7. HUMANITARIAN AND FRAGILE SETTINGS

ACTIONS

1. ***SUPPORT USE OF HEALTH RISK ASSESSMENTS, HUMAN RIGHTS AND GENDER-BASED PROGRAMMING TO BETTER PROTECT THE SPECIFIC NEEDS OF WOMEN, CHILDREN AND ADOLESCENTS IN HUMANITARIAN SETTINGS.***

   Use a gender perspective when assessing risk and mapping community safety. In partnership with civil society and communities, build multi-hazard risk assessment and disaster risk reduction, including emergency preparedness, into country plans and budgets for women's, children's and adolescents' health. Ensure that the Minimum Initial Service Package includes up-to-date evidence-based interventions (see Annex 2). Deliver comprehensive packages that meet the unique, context-specific needs of women, children and adolescents in the full range of humanitarian, disaster, outbreak and conflict situations. Empower and support civil society actors to access populations where government actors cannot do so.

2. ***FULLY INTEGRATE EMERGENCY RESPONSE INTO HEALTH PLANS AND PROVIDE ESSENTIAL HEALTH INTERVENTIONS.***

   Analyse how, when and where health and other services should be made available in ways that protect access to all essential health services for all individuals in all settings, without discrimination or unnecessary risk. Ensure effective emergency response and continuity of care through essential health service provision for women, children and adolescents (see Annex 2).

3. ***ADDRESS GAPS IN THE TRANSITION FROM HUMANITARIAN SETTINGS TO SUSTAINABLE DEVELOPMENT.***

   In this transition phase, prioritize the health and well-being of women and young people, who are key to the ability of communities to withstand crises and recover from them. Invest in strengthening governance, health systems, institutions and financing to support this transition phase. Develop new approaches and mechanisms to finance the immediate, intermediate and longer-term health needs of all people living in humanitarian settings and increase accountability for results across all activities that span the transition from humanitarian relief to sustainable development.

8. RESEARCH AND INNOVATION

ACTIONS

1. ***INVEST IN A WIDE RANGE OF RESEARCH, PRIORITIZING LOCAL NEEDS AND CAPACITIES.***

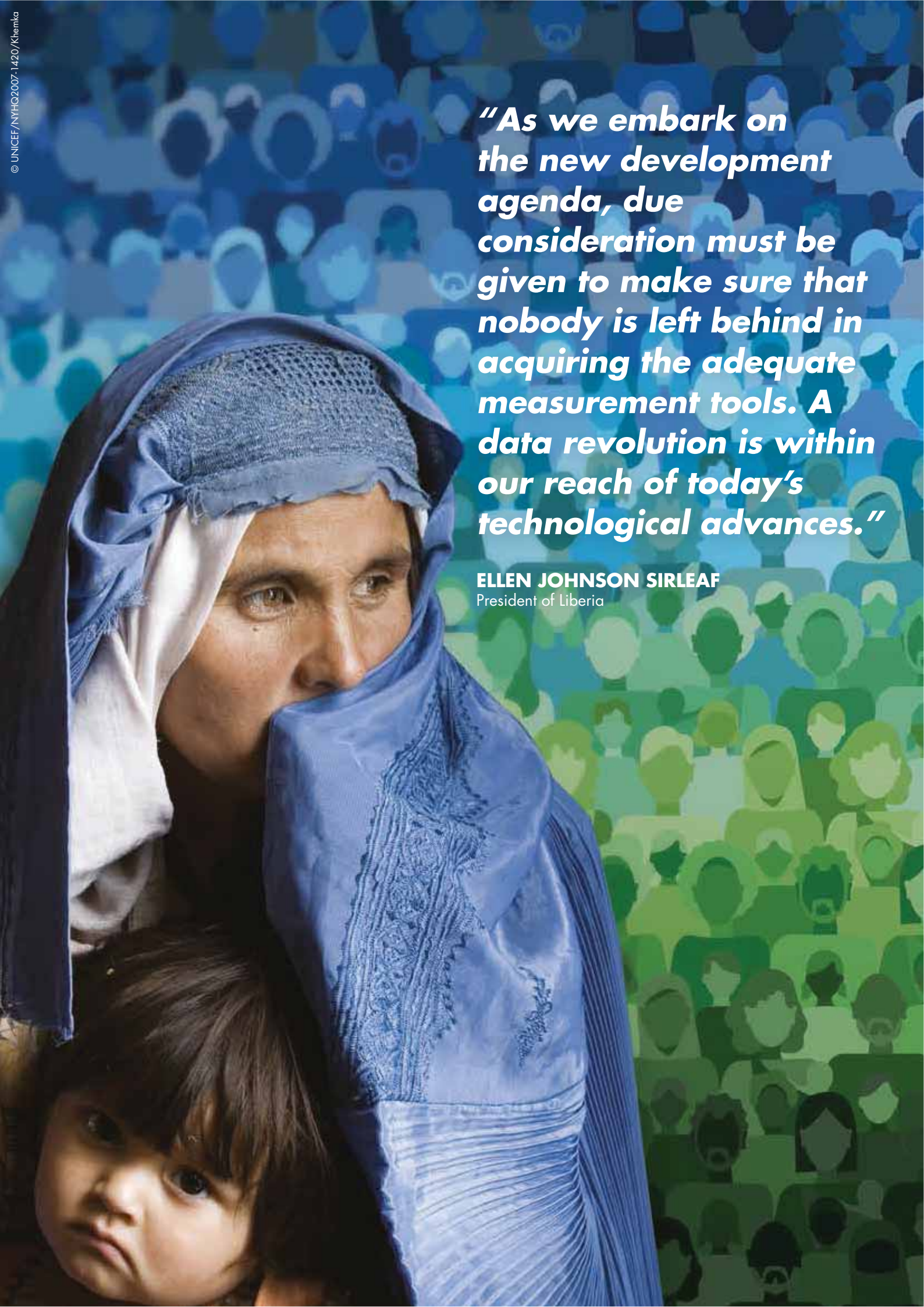
   Build country capacity to generate and use robust and relevant research evidence for the development of more effective policies, practices and advocacy for women's, children's and adolescents' health.

2. ***LINK EVIDENCE TO POLICY AND PRACTICE. INVEST IN AND NURTURE THE CYCLE OF RESEARCH, EVIDENCE, KNOWLEDGE, POLICY AND PROGRAMMING.***

   Develop "knowledge brokering" and knowledge translation mechanisms to ensure the latest evidence is available to all stakeholders at country, regional and global levels. Invest in global and national research networks, knowledge platforms and data hubs to provide accurate, timely and transparent evidence, knowledge, data analysis and synthesis.

3. ***TEST AND TAKE INNOVATIONS TO SCALE.***

   Actively engage governments, the public and private sectors, academia, civil society, foundations, donors, socially-minded investors and other relevant stakeholders to develop and bring successful innovations to scale. Create a positive business environment that recognizes the value of innovation to society. Prioritize innovations that have the greatest potential to reduce inequities in health, and to ensure that progress on women's, children's and adolescents' health benefits disadvantaged populations at least as much as more affluent ones. Encourage the sharing of expertise and experiences.



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"As we embark on the new development agenda, due consideration must be given to make sure that nobody is left behind in acquiring the adequate measurement tools. A data revolution is within our reach of today's technological advances."

ELLEN JOHNSON SIRLEAF
President of Liberia

The pipeline of innovation is more robust than it has ever been for women's, children's and adolescents' health. More than 1,000 innovations are currently in research and development.2 The bottleneck is at the "transition to scale" stage, requiring more than US$1 million in funding for each promising pilot or proof-of-concept innovation. An Every Woman Every Child Innovation Marketplace in support of the Global Strategy aims to address this bottleneck, providing a mechanism and a conducive environment—backed by a global partnership of stakeholders—to curate the pipeline of innovations, identify the most promising, and broker investment to accelerate their path to scale, sustainability and impact. The goal is to transition at least 20 investments to scale by 2020 and to see at least ten of these innovations widely available and producing significant benefits for women, children and adolescents by 2030.

9. ACCOUNTABILITY FOR RESULTS, RESOURCES AND RIGHTS

ACTIONS

1. ***HARMONIZE MONITORING AND REPORTING.***

   Minimize the reporting burden on countries by harnessing existing data sources disaggregated by gender, geography and income to track progress on implementing the Global Strategy, and by repurposing reports and scorecards already in use for women's, children's and adolescents' health. Develop these reports by countries with support from the H4+—the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Entity for Gender Equality and Women's Empowerment (UN Women) and the World Bank—through a collaborative and transparent process. Report on progress in implementing the CoIA recommendations, including tracking reproductive, maternal, newborn, child and adolescent health expenditures and results against the agreed targets and indicators. Use regional peer review and regional reports to link accountability at the global and country levels.

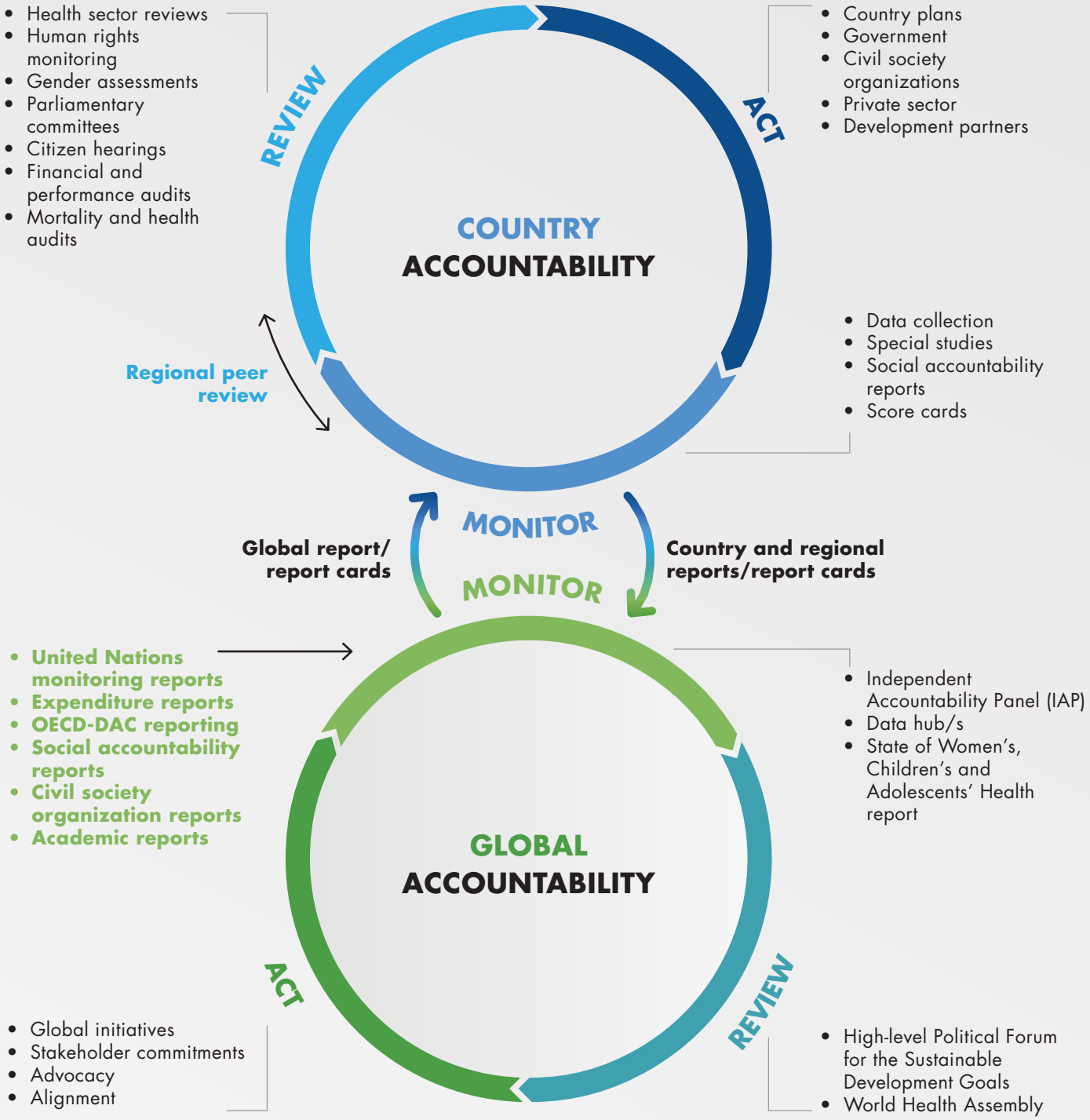
2. ***STRENGTHEN CIVIL REGISTRATION AND VITAL STATISTICS.***

   Support countries' efforts to strengthen their accountability mechanisms and institutions, including monitoring and reporting on results. Ensure that all countries have a functioning civil registration and vital statistics system so that births, marriages and deaths and their causes can be registered and monitored. Ensure that the deaths of women, children and adolescents are monitored and audited, so that appropriate follow-up actions can be taken.

3. ***PROMOTE MULTI-STAKEHOLDER ENGAGEMENT TO MONITOR, REVIEW AND ACT.***

   Promote multi-stakeholder engagement and cross-sector collaboration for follow-up actions at all levels. Health sector reviews involving all stakeholders can provide a platform for monitoring, review and action. Parliamentarians and civil society can monitor and hold governments accountable, thereby ensuring citizens' voices are heard. To ensure a transparent and independent review, an Independent Accountability Panel will prepare an annual report on the State of Women's, Children's and Adolescents' Health (see Box 7). The Partnership for Maternal, Newborn & Child Health will play a coordination role in the global Accountability Framework to ensure all stakeholders can act on recommendations.

Figure 4:
The *Global Strategy's* Accountability Framework



Global accountability for the implementation of the Global Strategy will be brought together in a unified framework. In an effort to harmonize global reporting, minimize the reporting burden on countries and support cost-effectiveness, a comprehensive synthesis report of the State of Women's, Children's and Adolescents' Health will be produced using information routinely provided from United Nations agencies and independent monitoring groups. This annual report will be developed in an independent and transparent manner and will provide the global community with the best evidence for progress on women's, children's and adolescents' health towards achieving the Global Strategy objectives and the SDGs. The report will provide recommendations and guidance to all stakeholders on how to accelerate progress for improved health outcomes for women, children and adolescents.

The Independent Accountability Panel will take the lead in writing the annual report with support from a small secretariat housed at the Partnership. The annual report should not require additional data collection.

Each report will have a theme based on the findings of the previous year's report and be submitted to the United Nations Secretary-General. Member States and other stakeholders will be encouraged to discuss the report at the High-level Political Forum on Sustainable Development, which will be reviewing progress on the SDGs, the World Health Assembly, meetings of human rights treaty bodies and other high-level political assemblies and events, and to take appropriate actions.

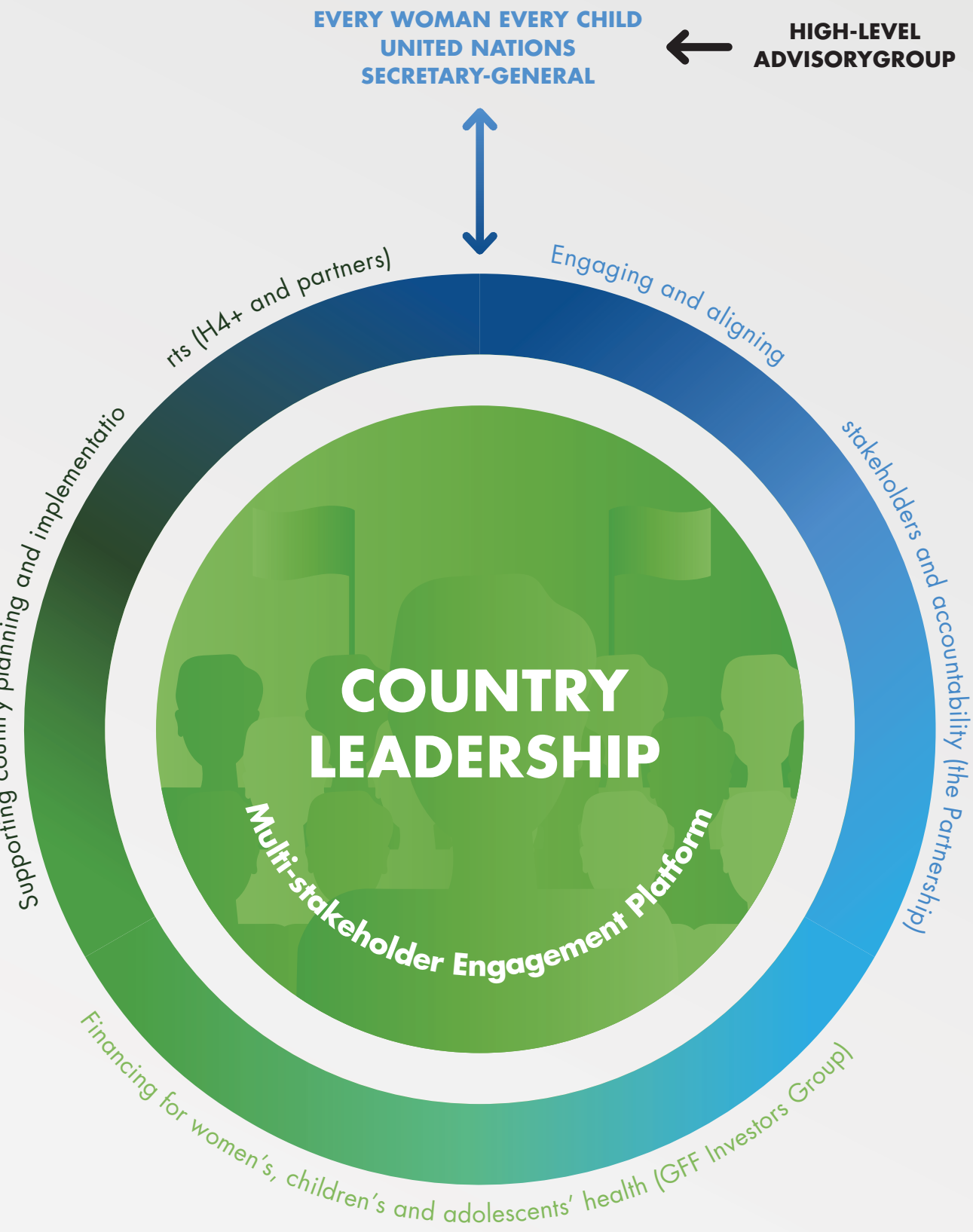

6

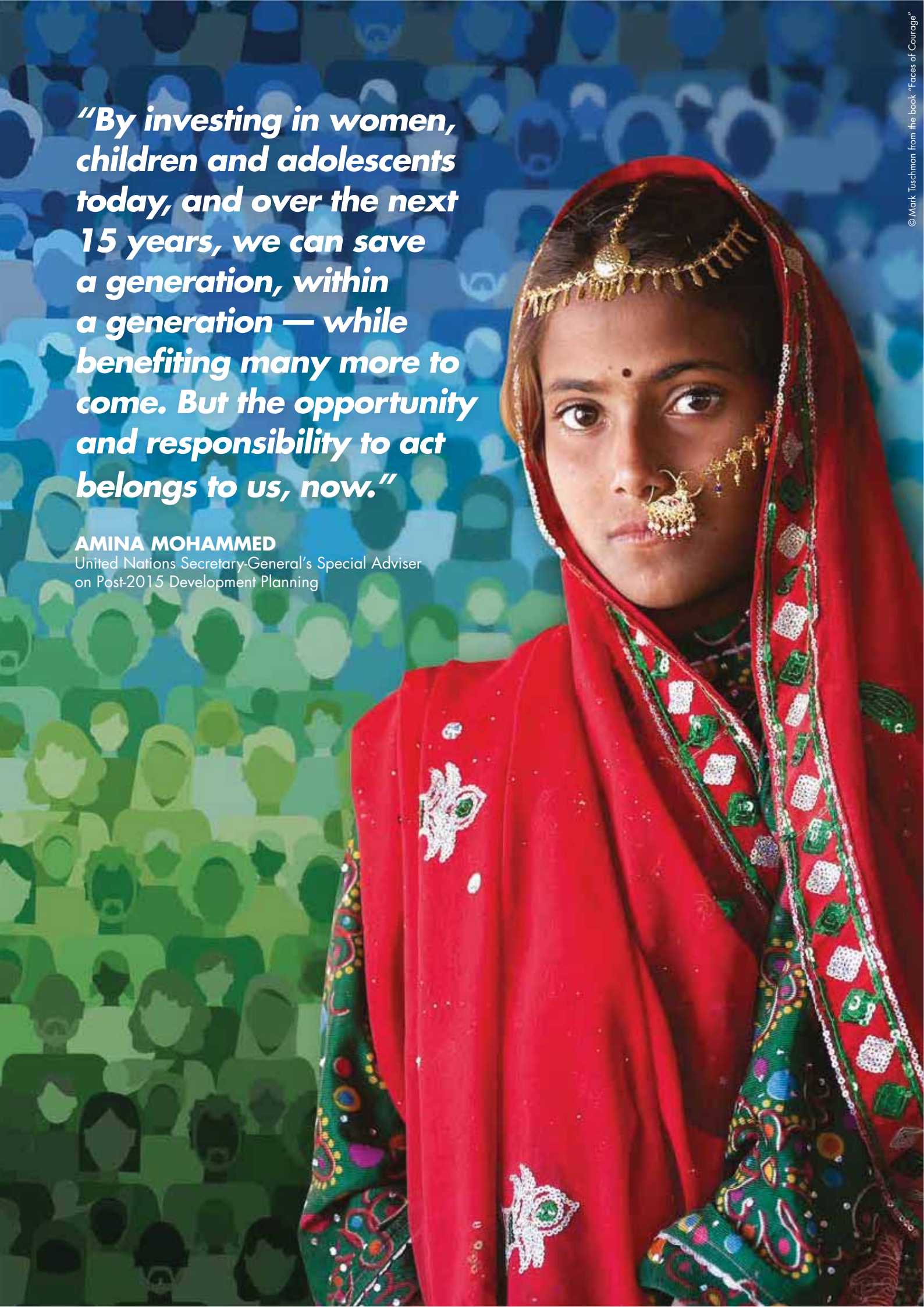
IMPLEMENTATION: WE ALL HAVE A ROLE TO PLAY

OPERATIONAL FRAMEWORK

EVERY WOMAN EVERY CHILD ARCHITECTURE

Figure 5:
Every Woman Every Child Architecture Framework





"By investing in women, children and adolescents today, and over the next 15 years, we can save a generation, within a generation — while benefiting many more to come. But the opportunity and responsibility to act belongs to us, now."

AMINA MOHAMMED
United Nations Secretary-General's Special Adviser
on Post-2015 Development Planning

COMMITTING TO ACTION

THE WAY FORWARD

ANNEXES

ANNEX 1:
Results and milestones on the *Every Woman Every Child* journey, 2010-2015

+ Results
o Key Initiatives, Events and Reports

2012

+ **COLSC:** us$ 200 million disbursed for better access to 13 low-cost high-impact commodities in 19 countries
+ **APR:** 29 country strategies launched by 2015
+ **FP2020:** 8.4 million more women and girls using modern contraception by 2015
- UN Commission on Life-Saving Commodities (CoLSC)
- Committing to Child Survival: A Promise Renewed (APR)
- Family Planning 2020 (FP2020)
- Public-Private Partnership to End Child Diarrheal Deaths
- Human Rights Council technical guidance on maternal morbidity and mortality

2011

+ **UN Commission on Information and Accountability:** Ten recommendations that launched an unprecedented accountability initiative
- UN Commission on Information and Accountability (CoIA)
- Independent Expert Review Group (iERG)
- Saving Lives at Birth
- Global Plan Towards the Elimination of New HIV Infections Among Children and Keeping Their Mothers Alive
- UN Political Declaration on Non-communicable Diseases
- UN Political Declaration on HIV and AIDS
- State of the World's Midwifery Report 2011

2010

+ **Launch of Global Strategy:** Over us$ 40 billion in resources and nearly 200 stakeholders made commitments
+ **IWG:** by 2015, over 1,000 innovations selected, representing us$ 255 million in investments
- **Global Strategy for Women's and Children's Health**
- Canada-led G8 Muskoka Initiative on Maternal, Newborn and Child Health
- **Every Woman Every Child**
- Innovation Working Group (IWG)
- Human Rights Council Resolution on the human rights to water and sanitation
- Scaling Up Nutrition (SUN) Movement

2000-2009

+ Countries advance towards mdgs, but insufficient progress on MDGs 4 and 5 to improve child and maternal health
- **Millennium Development Goals (MDGs), 2000-2015**

2015

+ **Progress Report on the 2010 Global Strategy:**
  - 400 commitments by over 300 partners us$ 60 billion committed, 60% disbursed
  - In 49 target countries (2010–2015): 2.4 million lives of women & children saved 870,000 additional health workers trained and more
- **Sustainable Development Goals (sdgs), 2016-2030**
- **Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)**
- Global Financing Facility in support of Every Woman Every Child
- Lancet Commission on Women and Health: the key for sustainable development
- WHO State of Inequality for RMNCH report
- Strategies for Ending Preventable Maternal Mortality
- Abu Dhabi Declaration on humanitarian and fragile settings
- Commission on the Status of Women 59/Beijing+20

2014

+ **Every Newborn Action Plan**
  16 countries launched/developing newborn action plans by 2015
- Every Newborn: An Action Plan to End Preventable Deaths
- Saving Every Woman, Every Child: Within Arm's Reach Summit, Toronto
- Second International Conference on Nutrition (ICN2), Rome
- State of the World's Midwifery Report 2014
- Lancet Series on Stillbirths; Lancet Series on Midwifery
- Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition
- Saving Brains Partnership
- Human Rights Council technical guidance on child mortality and morbidity

2013

+ The **MDG Health Alliance**, led by a group of accomplished private sector leaders, develops innovative approaches to accelerate global progress towards achieving the health MDGs
- UN Special Envoy for Financing Health MDGs and Malaria, MDG Health Alliance
- Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
- RMNCH Steering Committee and "RMNCH Fund"
- PMNCH Financing Harmonisation Group for RMNCH initiatives
- Global Investment Framework for Women's and Children's Health
- Nutrition for Growth Summit, London

ANNEX 2.

WOMEN (including pre-pregnancy interventions)	

PREGNANCY (antenatal care)	
CHILDBIRTH	
POSTNATAL (mother)	

POSTNATAL (mother)	
POSTNATAL (newborn)	
CHILD HEALTH AND DEVELOPMENT	

ADOLESCENT HEALTH AND DEVELOPMENT

HUMANITARIAN AND FRAGILE SETTINGS

ANNEX 3.

HEALTH SECTOR INVESTMENT AREA	POLICY ON:
Constitutional and legal entitlements	
Human rights-, equity- and gender-based approaches	
Strategies and plans	

HEALTH SECTOR INVESTMENT AREA	POLICY ON:
Financing	
Human resources	
Essential health infrastructure	
Essential medicines and commodities	
Service equity, accessibility and quality	
Community capacity and engagement	

HEALTH SECTOR INVESTMENT AREA	POLICY ON:
Accountability	
Leadership and governance	
Health workforce	
Medical products, vaccines and technology	
Heath information	
Health financing	
Service delivery	

ANNEX 4.

SECTOR(S)	KEY POLICIES AND INTERVENTIONS
Finance and social protection	
Education	
Gender	
Protection: registration, law and justice	

SECTOR(S)	KEY POLICIES AND INTERVENTIONS
Water and sanitation	
Agriculture and nutrition	
Environment and energy	
Labour and trade	
Infrastructure, information and communication technologies and transport	

ANNEX 5.

ANNEX 6:

www.everywomaneverychild.org