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Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development

Report by the Director-General

1. Pursuant to resolution WHA69.2 (2016), the present report highlights new data and initiatives concerning women's, children's and adolescents' health. As indicated by the Secretariat in its report on this subject to the Seventieth World Health Assembly,[1] this report gives special consideration to early childhood development. An earlier version of this report was noted by the Executive Board at its 142nd session.[2] More details are available in the 2018 report on progress towards the 2030 targets of the Global Strategy for Women's, Children's and Adolescents' Health, which are aligned with the Sustainable Development Goals. That report is available on the Global Health Observatory data portal,[3] which also includes the latest available data on the 60 indicators. It assesses progress to date and suggests evidence-based strategic priorities for achieving the Survive, Thrive and Transform objectives for every woman, child and adolescent.

STATUS OF WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

2. Universal health coverage is technically and financially possible. While there exists a range of evidence-based, cost-effective interventions and health systems strategies to support countries as they move towards universal health coverage, the returns are highest when investments are made across the life course, targeting those most often left behind – women, children, adolescents and older people in the poorest communities. These population groups are even more vulnerable in the humanitarian crises and fragile settings that need to be addressed in order to achieve the Sustainable Development Goals. For example, an estimated 26 million women and girls of reproductive age live in emergency situations, and all of them need sexual and reproductive health services. An estimated 246 million children (75 million of whom were aged under 5 years) lived in conflict zones in 2015.[4] As a result of disruption and lawlessness, violence, abuse and neglect, children are exposed to traumatic experiences that pose a major risk to their health and development. Moreover, sexual violence often occurs more

[1] Document A70/37.

[2] See document EB142/19 and the summary records of the Executive Board at its 142nd session, thirteenth meeting, section 2.

[3] See Global Health Observatory data repository (http://apps.who.int/gho/data/node.gswcah, accessed 22 March 2018).

[4] UNICEF. Early moments matter for every child. (https://www.unicef.org/media/files/UNICEF_Early_Moments_Matter_for_Every_Child_report.pdf, accessed 22 February 2018).

frequently during emergencies, exacerbating threats to the health and survival of women and girls, men and boys.

Strengthening data related to women, children and adolescents

3. Work is being done to strengthen existing indicators. For example, indicator 3.1.2 (the proportion of births attended by skilled health personnel) under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), a critical coverage indicator for maternal and newborn survival, is currently difficult to measure at country level because of the lack of clear guidelines and standardized occupation titles and functions. Countries have found large gaps between current standards and the competences and skills of birth attendants, namely in respect of their ability to correctly manage uncomplicated childbirth and the immediate postnatal period. In order to assess progress in the proportion of births attended by skilled health personnel, at country and global levels, definitions and measurements will have to be improved. WHO, UNFPA, UNICEF, the International Confederation of Midwives, the International Council of Nurses, the International Federation of Gynecology and Obstetrics and the International Pediatric Association have tackled this challenge by engaging in a broad Member State and stakeholder consultation, for developing a joint statement on an updated definition of "skilled health personnel".[1] The update is particularly relevant for the Global Strategy and the Sustainable Development Goals, and will inform the revision of the International Standard Classification of Occupations by ILO. Similarly, work is ongoing to strengthen existing early childhood development indicator 4.2.1, "the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex", in partnership with UNICEF and other stakeholders.

Child health

4. The transition from the Millennium to the Sustainable Development Goals provides a timely opportunity to rethink and adapt global strategies on child health and associated programmes. The fact that under-5 mortality has been halved in the past two decades, changes in the age, causes and spatial location of child deaths, and mounting recognition of the importance of taking action to help children who survive grow and thrive are all catalysts for a strategic reconsideration of the global approach to child health.

5. Together with UNICEF, WHO has launched an initiative to redesign child health guidelines, specifically by looking into the changes required to revise the child health policies and programmes that will define universal health coverage during the first 18 years of life. The initiative focuses on "survive" and "thrive" interventions up to the age of 18 years and accepts that the diversity of social, epidemiological and demographic conditions requires context-specific approaches; it is therefore working to define a manageable set of new typologies and suggest a series of evidence-based activities that are likely to improve the health status of children.

6. As a first step in this direction, new global and regional estimates of adolescent (10–19 years) mortality and disability-adjusted life years lost were released in May 2017, and child mortality figures for under-5s and those aged 5–14 years were released on 19 October 2017.

[1] See http://www.who.int/reproductivehealth/skilled-birth-attendant/en/ (accessed 22 February 2018).

7. **Congenital syphilis.** Provisional estimates, derived from the Spectrum STI modelling tool and based on country-reported data from 129 countries, suggest that globally in 2016 there were 1.1 million cases of maternal syphilis, resulting in more than 660 000 cases of congenital syphilis, with 350 000 of these occurring as adverse birth outcomes.

8. **Violence against children.** Globally, up to one billion children and adolescents aged 0–17 years are victims of violence each year, mainly at the hands of parents and caregivers, peers and acquaintances. Sustainable Development Goal target 16.2 includes ending all forms of violence against children. To support Member States in achieving this target, WHO and nine other international agencies published "INSPIRE: seven strategies for ending violence against children", an evidence-based technical report with seven strategies to end violence against children in 2016. An assessment of national efforts to end violence against children will be issued in a global status report on preventing violence against children, whose publication is planned for 2019. WHO is finalizing guidelines on the health sector response to child maltreatment, which will complement the guidelines on the clinical response to sexually abused children and adolescents that WHO issued in October 2017.[1]

Adolescent health

9. In its 2017 report, *Transformative accountability for adolescents*,[2] the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent issued an urgent appeal for strategic investments in 10–19 year olds, with a view to achieving the 2030 Agenda for Sustainable Development.

10. Following the release of implementation guidance for Global Accelerated Action for the Health of Adolescents (AA-HA!) in May 2017, several Member States have started developing comprehensive national strategies and plans. Intercountry meetings to spearhead use of the guidance have been jointly organized by WHO, the other H6 partners and UNESCO in African, Caribbean, and Latin American countries. During the course of 2018, it is planned to undertake capacity-building activities for use of the guidance in other regions. Also, new adolescent health statistics have been released and are available on the Global Health Observatory data portal.

11. WHO has worked with partners on the Global Early Adolescent Study, which aims to generate knowledge of the ways in which gender norms are formed in early adolescence and how they subsequently predispose young people to sexual and other health risks. Phase I of the Study, conducted in 15 countries, has generated valuable information and contributed to the development of a tool kit to assess gender norms in early adolescence.[3]

12. WHO is working with other members of the United Nations Inter-Agency Network on Youth Development to develop a United Nations strategy on youth, and an associated results framework. The aim is to ensure that adolescents and young adults (aged 10–30 years) are recognized and helped to achieve fulfilling lives and unleash their potential as positive and active agents of change, by 2030. As

[1] WHO. Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization; 2017 (http://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/, accessed 11 April 2018).

[2] Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 Agenda (http://iapreport.org/files/IAP%20Annual%20Report%202017-online-final-web_with%20endnotes.pdf, accessed 22 February 2018).

[3] See http://www.geastudy.org/ (accessed 12 April 2018).

a first step in this process, in June 2017 an open global survey was made available to each and every young person anywhere in the world. This survey is a way for the United Nations to establish what the priority issues are for young people, what the United Nations can do to tackle these issues and how it can best engage with young people in the process.

13. The Compact for Young People in Humanitarian Action, which was adopted at the World Humanitarian Summit in 2016, will further strengthen the role of young people and empower them as agents of change. It calls for the full inclusion and participation of young people in the prevention, preparedness, and response and recovery processes in relation to humanitarian crises.

Women's health

14. **Maternal health and health care.** Between 1990 and 2015, global maternal mortality fell by almost 44%, dropping from about 532 000 deaths in 1990 to an estimated 303 000 in 2015. This represents a decline in the estimated ratio of maternal deaths per 100 000 live births from 385 in 1990 to 216 in 2015. More than 830 women die daily in childbirth or as a result of pregnancy and delivery. Most of these deaths are caused by postpartum haemorrhage, hypertensive disorders, infection, and complications of abortion. Others die as a result of the interaction between pregnancy and pre-existing health conditions, or suffer complications from pregnancy that continue after childbirth, such as infection and depression. In 2016, an estimated 78% of women globally were attended by a skilled health worker during childbirth[1] and only 62% of pregnant women had four or more antenatal care visits. Based on data from 92 low- and middle-income countries, only 59% of women received postpartum care between 2011 and 2016.

15. **WHO support for Family Planning 2020 goals.** Under Family Planning 2020, WHO committed itself: to expand contraceptive access, choice and method mix through research and development; to assess the safety and efficacy of new and existing methods; and to scale up the availability of high-quality contraceptive commodities through product prequalification and Expert Review Panel fast-track mechanisms. In 2015 and 2016, therefore, it added the etonogestrel-releasing implant, the levonorgestrel-releasing intrauterine system and the progesterone vaginal ring to the WHO Model List of Essential Medicines. WHO also works to synthesize and make available evidence on effective family planning delivery models and actions including return to fertility, so as to inform policies, reduce barriers and strengthen programmes. For example, in order to build a sound understanding of the unmet contraceptive needs of adolescents across countries, it has participated in a literature review and published fact sheets on adolescent contraceptive use in 58 low- and middle-income countries that provide data on contraceptive use among married and unmarried women, the types of contraception they use, where they obtain contraception, and their reasons for not using contraception. Its analyses indicate that contraceptive uptake is usually poor in low- and middle-income countries and that the reasons for non-use are diverse.

[1] UNICEF. The State of the World's Children 2017 – Children in a Digital World (https://www.unicef.org/sowc2017/, accessed 22 February 2018).

16. **Safe abortion.** According to recent estimates, 56 million induced abortions were performed each year worldwide between 2010 and 2014. From 1990 to 2014, the abortion rate declined markedly in developed regions, from 46 to 27 per 1000 women, but remained the same in developing regions.[1]

17. According to recent research on the safety of abortion, about 25 million of the estimated 56 million abortions performed between 2010 and 2014 were unsafe. More than 75% of abortions in Africa and Latin America were unsafe, and in Africa nearly half all abortions were performed in the least safe circumstances, by untrained persons using traditional and invasive methods.[2]

18. 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,[3] 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.

19. **Cervical cancer.** In 2012, more than 528 000 women developed, and more than 266 000 women died from, cervical cancer.[4] Yet, cervical cancer can be eliminated, and no woman should die from it. The political will to prevent the disease is stronger than ever, and cost-effective tools exist (human papillomavirus vaccine and DNA testing, screening and treatment). To spur progress and promote the scaling-up of national action, seven United Nations entities (IAEA, IARC, UNAIDS, UNFPA, UNICEF, UN Women and WHO) established the five-year United Nations' Joint Global Programme on Cervical Cancer Prevention and Control. The Joint Programme aims to help countries to prioritize action for optimal results. It brings together the major players involved in cervical cancer prevention. Six priority countries – one from each of the six WHO regions – have been selected for amplified action. Human papillomavirus vaccine for girls had been introduced into 71 national immunization programmes by March 2017.

20. **Violence against women and girls.** Millions of women and adolescent girls globally experience violence, primarily from partners and other family members and with grave consequences to their health. In May 2016, the Health Assembly adopted resolution WHA69.5, which endorsed the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. The Secretariat is working with Member States to facilitate the uptake of clinical and policy guidelines and training tools for responding to violence against women. In increasing numbers, Member States are developing or updating their national protocols for a health response to violence against women in line with WHO guidelines. Of the 106 countries that fully reported on availability of post-rape care services in 2016, 43% provided all four elements of comprehensive care in accordance with

[1] Sedgh G et al. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. The Lancet. May 2006;388(10041):258–267 (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/fulltext, accessed 22 March 2018).

[2] Ganatra B et al. Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model. The Lancet. September 2017 (Online First publication, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31794-4/fulltext, accessed 21 February 2018).

[3] See Global Abortion Policies Database (http://srhr.org/abortion-policies/, accessed 27 February 2018).

[4] See GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012 (http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx, accessed 22 February 2018).

WHO guidelines (post-exposure prophylaxis for HIV and sexually transmitted infections, emergency contraception, safe abortion and first-line psychological support) and 86% provided three of the four elements. Coverage, however, remains a challenge. The collection of prevalence data on violence against women has increased; between 2010 and 2017, 46% of 194 Member States had conducted population-based surveys on violence against women. This momentum needs to be maintained to achieve the objectives of the global plan of action, the "transform" objective of the Global Strategy for Women's, Children's and Adolescents' Health, and targets 5.2 and 5.3 of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls).

CROSS-CUTTING ISSUES

Quality of care

21. Member States are committed to achieving universal health coverage with quality, equity and dignity for all women, newborns and children in line with relevant Health Assembly resolutions.[1] Recognizing the need for action, 10 countries, led by WHO, in collaboration with UNFPA, UNICEF, implementation partners and other stakeholders, have established the Network for Improving Quality of Care for Maternal Newborn and Child Health. These pathfinder countries aim to halve maternal and newborn deaths and stillbirths and improve experience of care in participating health facilities within five years of implementation, by developing and implementing national quality strategies and policies.

Financing investment in women, children and adolescents

22. Resources from the Global Financing Facility Trust Fund have currently been allocated to 26 countries. As at July 2017, US$ 525 million had been contributed to the Trust Fund. The first replenishment was launched in September 2017 followed by a series of events and aimed to mobilize an additional US$ 2 billion to enable the Facility process to be expanded over the period 2018–2023 to the 50 countries facing the most significant needs (the 26 current beneficiaries plus 24 other countries).[2] WHO has been an active partner of the Facility and has played a key role in helping Member States to prepare their investment cases.

Health and human rights

23. Pursuant to the recommendations of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents, issued in 2017, WHO and the Office of the United Nations High Commissioner for Human Rights have concluded a framework cooperation agreement to