

Key Messages and Events 2017-2018

Roadmap for action

May 2017-May 2018

May 2017

Global Adolescent Health Conference
16-17 ; Ottawa

World Health Assembly

22-31 ; Geneva, Switzerland

Major launches:

- GFF Annual Report

- Report of the High Level Working Group on the Health and Human Rights of Women, Children & Adolescents

June 2017

High-level Political Forum for Sustainable Development

10-19 ; New York

July 2017

Family Planning Summit

10 ; London, UK

High-Level Political Forum

10-18 ; New York, NY

Launch of Global Strategy Monitoring Progress Report

August 2017

Acting on the Call: Overcoming Critical Barriers to Maternal and Child Survival

30-31 ; Addis Ababa, Ethiopia

September 2017

UN General Assembly

12-25 ; New York

Report launches:

- State of the World's Children

- IAP Report

- Countdown to 2030

October 2017

137th Inter-Parliament Union Assembly

14-18 ; St Petersburg, Russia

November 2017

COP 23 UN Convention on Climate Change

6-17 ; Bonn, Germany

December 2017

2nd NCD Alliance Global Forum

9-11 ; UAE

January 2018

African Union Summit

Addis Ababa

World Economic Forum Annual Meeting

23-26 ; Davos, Switzerland

May 2018

G7 Summit

Canada

World Health Assembly

Geneva, Switzerland

- Women, children and adolescents have a right to health and well-being. Healthy women, children and adolescents are at the heart of the Sustainable Development Goal agenda, delivering transformational change to achieve the vision of the 2030 Sustainable Development Goals.
- Through the Every Woman Every Child movement, we do more together than we can do alone. Our partnership delivers effective and efficient action among governments, the UN, the private sector and civil society, addressing major health challenges facing women, children and adolescents everywhere.
- Every Woman Every Child's *Global Strategy for Women's, Children's and Adolescents' Health* (2105-2030) guides action and promotes accountability for progress. Together, we will end all preventable maternal, newborn and child deaths, including stillbirths, by 2030. Women, children and adolescents must survive, as well as thrive, to reach their full potential and to transform the world around them.



EVERY WOMAN
EVERY CHILD

Adolescent Health and Well-being

The physical, mental and social potential acquired in childhood can blossom into skills, behaviours and opportunities that contribute to better health and well-being in adolescence and later to a more productive adulthood. The right investments and opportunities may consolidate early gains, or offer a second chance to young people who missed out in childhood.

What do we need for progress?

- Health education.
- Supportive parenting.
- Nutrition.
- Immunization.
- Psychosocial support.
- Prevention of injuries, violence, harmful practices, substance abuse.
- Sexual and reproductive health information and services.
- Management of communicable and non-communicable disease.

Key messages

- There are 1.2 billion adolescents aged 10-19 in the world today, 89% of whom live in less developed regions. Their unprecedented numbers means that this "SDG generation" of adolescents will experience the full effects of the SDGs and drive its outcomes. Investments in physical and mental health, education, nutrition, livelihoods and participation will enable adolescents to realize their potential.
- If countries in demographic transition invest in human capital and expand youth opportunities, demographic dividends could be enormous. In sub-Saharan Africa, this would be at least US\$500 billion per year for up to 30 years.
- Investments to help girls complete secondary school yield an estimated 10 per cent return in low- and middle-income countries, including through delayed pregnancies, reduced fertility rates, better maternal and infant nutrition, improved infant mortality, and greater political participation.

How do we measure our progress?

Global Strategy key indicators

- Adolescent mortality rate
- Adolescent birth rate (10-14, 15-19) per 1000 women in that age group (SDG 3.7.2)
- Proportion of young people (in schools) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG 4.1.1)
- Number of countries with laws and regulations that guarantee women aged 15-49 with access to sexual and reproductive health care, information and education (SDG 5.6.2)
- Proportion of ever-partnered women and girls aged 15 and older ever subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG 5.2.1)

Roadmap for action

May 2017-May 2018



May 2017

Global Adolescent Health Conference
16-17 ; Ottawa, Canada

Pre-WHA assembly International Federation of Medical Student's Association
TBA ; Geneva, Switzerland

AA-HA! Launch
16 ; Ottawa, Canada



July 2017

UN High-level Political Forum
10-19 ; New York, NY



August 2017

International Youth Day
12 ; Global



September 2017

UN General Assembly
12-25 ; New York, NY



October 2017

Intl. Day of Girl Child
11 ; Global

UNESCO Youth Forum
25-26 ; Paris, France

International Congress on Adolescent Health
27-29 ; New Delhi, India



December 2017

Anniversary of Resolution on Youth, Peace & Security
TBA ; New York, NY



January 2018

ECOSOC Youth Forum
TBA ; New York, NY



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Empowerment of Women, Girls and Communities

Women, children and adolescents are potentially the most powerful agents for improving their own health and achieving prosperous and sustainable societies. They cannot fulfil this crucial role unless country leaders and societies uphold human rights, ensure access to essential commodities, services and information, and expand opportunities for social, economic and political participation. The Global Strategy recognizes women, children and adolescents as powerful agents of change and calls for removing barriers to their rights and participation.

What do we need for progress?

- Promote laws, policies and social norms to enable women's social, economic and political participation.
- Invest in social, behavioural and community engagement research, policies and programming to strengthen individual and community capacities and actions for health and reduce social inequities.
- Scale up evidence-based social, behavioural and community engagement interventions, such as women's groups supporting pregnant women or new mothers; involving men and boys in health programmes; participation of communities in quality-improvement activities and governance of services.
- Strengthen the capabilities of health programmes and services to engage communities and provide more responsive services.
- Expand CRVS systems to increase access to services and entitlements.

Key messages

- The participation and empowerment of women and girls at all levels and across sectors will help ensure that women and girls can truly transform our world into a more prosperous and sustainable society for all.
- A supportive social, economic, political and legal environment is necessary to enable women and girls to achieve their potential for health and well-being in all settings.
- Investment in social, behavioural and community engagement research, policies and programming is needed to strengthen women's and community capacity for health and improve the coverage, quality and equity of services.
- Gender-responsive health policies and interventions require analysis of barriers to the achievement of women's health, including those based on ethnicity, class, geographic location, and sexual orientation or gender identity.

How do we measure progress?

Global Strategy key indicators

- Maternal mortality ratio (3.1.1)
- Sexual violence against women by intimate partners (5.2.1)
- Informed decisions by women on sexual and reproductive health (5.6.1)
- Early marriage (before 15 and before 18 years) (5.3.1)
- Female genital mutilation (5.3.2)
- Legal frameworks for equality and non-discrimination on basis of sex (5.1.1)
- Proportion of children and young people in schools with proficiency in reading and mathematics (SDG 4.1.1)
- Participation rate in organized learning (one year before the official primary entry age), by sex (4.2.2)
- Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (4.1.1)
- Proportion of 15-24 year olds not in education, employment or training (NEET) (8.6.1)
- Proportion of women in Parliament (GS additional contextual indicators, by target)

Roadmap for action

May 2017-May 2018



May 2017

Global Citizens Hearing

TBD ; Geneva, Switzerland

The report of the High Level Working Group on the Health and Human Rights of Women, Children and Adolescents

22 ; Geneva, Switzerland



June 2017

ICM World Congress

18-22 ; Toronto, Canada



July 2017

Women Advancing Africa

10-12 ; Dar-es-salaam, Tanzania



September 2017

International Day for Eradication of Poverty

17 ; Global



November 2017

16 Days of Activism Against Gender Violence

25 Nov - 10 Dec ; Global



December 2017

UHC Day

12 ; Global



March 2018

International Women's Day

8 ; Global

Commission on the Status of Women

12-23 ; New York, NY



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Sexual and Reproductive Health and Rights

Women and others facing discrimination because of their gender identity or sexual orientation often have unequal access to, and uptake of sexual and reproductive health services and resources. The Global Strategy recognizes the right of every woman and adolescent to make informed choices about their sexual and reproductive health and seek and receive the quality services they want and need.

What do we need for progress?

- Universal access to sexual and reproductive health-care services, including.
- family planning and safe abortion where legal.
- Prevention of child marriage and female genital mutilation.
- Screening and management of cervical and breast cancer.
- Identification of context-specific needs—including barriers to women and adolescent realizing their sexual and reproductive health and rights.
- Legal frameworks to register and address human rights violations, promote human rights literacy and provide age- and gender-appropriate protection services and safe spaces, including in humanitarian and fragile settings.

Key messages

- 225 million women have an unmet need for family planning.
- 8% of maternal mortality is due to unsafe abortion.
- At least 1 in 5 female refugees and internally displaced persons in countries affected by conflict are victims of sexual violence.
- In adolescent girls aged 15-19, the two leading causes of death are suicide and complications during pregnancy and childbirth.
- 30 million girls are at risk of female genital mutilation in the next decade.
- Gender-responsive health policies and interventions require analysis of barriers to the achievement of women's and adolescent sexual and reproductive health and rights, including those based on ethnicity, class, geographic location, and sexual orientation or gender identity.
- Transformation requires that women, girls and communities fully participate in decision-making for policies and programmes that affect their sexual and reproductive health.
- 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.

How do we measure progress?

Global Strategy key indicators

- Informed decisions by women on sexual and reproductive health (5.6.1)
- Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (5.6.1)
- Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education (5.6.2)
- Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights
- Legal frameworks for equality and non-discrimination on basis of sex (5.1.1)

Roadmap for action

May 2017-May 2018



May 2017

Global Adolescent Health Conference
16-17 ; Ottawa, Canada



July 2017

Family Planning Summit
10 ; London, UK



September 2017

World Contraception Day
26 ; Global



October 2017

One Young World Global Summit
4-7 ; Bogota, Colombia



November 2017

13 Intl. AIDS Impact Conference
13 ; Cape Town, South Africa



December 2017

World AIDS DAY
1 ; Global

International Human Rights Day
10 ; Global



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Quality, Equity and Dignity

Every woman and child deserves to receive the highest quality of care when they access health services. Health outcomes among women, children and adolescents are worse when people are marginalized or excluded from society, affected by discrimination, or live in underserved communities. Uneven provision of quality care represents a violation of the rights and dignity of those who seek it, harming health outcomes for women, children and communities. The human right of accessing health care extends especially to women and infants in their riskiest time of life – pregnancy, childbirth and the first month. Addressing issues of quality, equity and dignity in healthcare will accelerate progress for ending preventable deaths by 2030.

What do we need for progress?

- Health workforce supported to provide good-quality, non-discriminatory care everywhere.
- Universal coverage of essential health interventions and life-saving commodities through:
 - commodity supply— medicines, equipment, supplies
 - infrastructure—health facilities and roads
 - community engagement
 - water and sanitation
 - protection— registration, law and justice.
- Social and behaviour change around the value of healthy women and babies to society, economies and communities.

Key messages

- More than 3 million mothers and babies could be saved each year through universal and high-quality healthcare in pregnancy, at birth and the first month of life.
- Despite proven and cost-effective solutions to save mothers and newborns, giving birth in a health facility does not equate to safe birth.
- Addressing issues of quality, equity and dignity in healthcare will accelerate progress for mothers and newborns.
- Annually, more than 1.3 million babies begin labor alive and die before birth. With access to skilled birth care and basic and emergency obstetric and newborn care, many of these babies would survive.
- Health care professional associations have a critical role to play in improving the quality of maternal and newborn health care.
- Governments must make greater efforts to integrate human rights, equity- and gender-based approaches into health sector policies and programmes.
- Building a resilient health system requires improving the equity orientation of health information systems and their capacity to collect, analyse and report health inequality data.

How do we measure progress?

Global Strategy key indicators

- Maternal mortality ratio (SDG 3.1)
- Newborn mortality rate (SDG 3.2)
- Stillbirth rate (Global Strategy core indicator)
- Universal health coverage, including "financial risk protection and access to quality essential services, medicines and vaccines (SDG 3.8)
- Proportion of population with access to affordable essential medicines on a sustainable basis (SDG 3.8 GS additional contextual indicators, by target)
- Number of functional emergency obstetric and newborn care (EmONC) facilities per 500 000 population (SDG3.1 GS additional contextual indicator, by target)
- Legal frameworks to promote, enforce and monitor equality and nondiscrimination on the basis of sex (5.1.1 SDG indicator)
- Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)
- Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1)

Roadmap for action

May 2017-May 2018



May 2017

International Day of the midwife
5 ; Global



June 2017

ICM World Congress
18-22 ; Toronto, Canada



August 2017

World Breastfeeding Week
1-7 ; Global

Acting on the call: overcoming critical
barriers to maternal and child survival
30-31 ; Addis Ababa, Ethiopia



September 2017

Infant mortality awareness month
All month ; Global



October 2017

ISQua International Conference on Quality and
Safety in Health Care
1-4 ; London, UK



November 2017

World Prematurity Day
17 ; Global



December 2017

Universal health Coverage Day
12 ; Global



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Humanitarian and Fragile Settings

Meeting the health needs of women, children and adolescents in crises and fragile settings is the most fundamental step to sustaining the gains of the MDGs and achieving the sustainable development goals. Almost 60 per cent of the 1.4 billion living in humanitarian and fragile settings are young people under 25 years of age. Women and adolescent girls in particular are vulnerable in these settings, experiencing exclusion, marginalization and exploitation, including sexual and gender-based violence. 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.

What do we need for progress?

- 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.
- Fully integrate emergency response into health plans and provide essential health interventions.
- Address gaps in the transition from humanitarian settings to sustainable development.
- Break down silos between humanitarian response and development efforts to collectively explore means of working more effectively to build resilience among women, children and adolescents.
- Prepare all parts of the health system to cope with emergencies.

Key messages

- 60% of maternal deaths, 53% of child deaths, and 45% of newborn deaths occur in fragile and humanitarian settings. Strategic action to tackle and prioritise support for RMNCAH is fundamental to human dignity.
- 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.
- At least 1 in 5 female refugees and internally displaced persons in countries affected by conflict are victims of sexual violence.
- Globally, many SDG targets will not be reached without tailored attention to sustainable, inclusive development for women and children in humanitarian and other crises.
- The health interventions and overall response to crises in humanitarian and fragile settings must be better anticipated, planned, and resourced.

How do we measure progress?

Global Strategy key indicators

- Coverage of essential health services, including RMNCAH (3.8.1)
- Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex (5.1.1 GS targets by focal population)
- Number of countries reporting progress in multistakeholder development effectiveness monitoring frameworks that support the achievement of the SDGs (17.16.1)

Roadmap for action

May 2017-May 2018



June 2017
World Refugee Day
20 ; Global



July 2017
The G20 Summit
7-8 ; Hamburg, Germany



August 2017
World Humanitarian Day
19 ; Global



September 2017
Global Disaster Relief Summit
6-7 ; Washington, DC



October 2017
44th Session of the Committee on World Food Security (CFS)
9-13 ; Rome, Italy



December 2017
International Human Rights Day
10 ; Global



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Early Childhood Development

Everyone is born with a unique biological potential for health and then acquires potential from education, skills and life experience. Environmental factors in early development can influence later health. A child's brain and other systems develop most rapidly through the first three years of life, so investments in early development are essential to promote the physical, mental and social development that shape each individual's present and future health. Furthermore, interventions implemented through health, nutrition, education and social protection sectors are effective at improving early child development.

What do we need for progress?

- Breastfeeding.
- Infant and young child feeding.
- Responsive caregiving and stimulation.
- Immunization.
- Prevention and management of childhood illness and malnutrition.
- Treatment and rehabilitation of congenital abnormalities and disabilities.
- Develop and finance integrated health and development programmes for early childhood and adolescence that combine efforts across sectors.
- Support people caring for young children to provide nurturing care with stimulation and opportunities for learning in the first years of life.
- Achieve universal health coverage including financial risk protection and access to quality essential services, medicines and vaccines.

Key messages

- 1 in 3 children (200 million globally) fails to reach their full developmental potential due to poverty, poor health and nutrition, insufficient care and stimulation, and other risk factors to early childhood development.
- Enabling children to develop their physical, cognitive, language and socio-emotional 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.
- Interventions to promote nurturing care, protect maternal mental health, and reduce poverty should be prioritised to complement and enhance services for maternal and child health and nutrition.
- Coordinated governance to implement interventions for young children and families must bring together health, nutrition, environment, education, and child and social protection, as well as the public and private sectors and civil society.
- Investment is needed across multiple sectors to strengthen the capacity of the workforce, assure quality of services, and provide administrative oversight and accountability.

How do we measure progress?

Global Strategy key indicators

- Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial wellbeing, by sex (4.2.1)
- Prevalence of stunting among children under 5 years of age (2.2.1)
- Proportion of children aged 6-23 months who receive a minimum acceptable diet (additional to SDGs)
- Participation rate in organized learning (one year before the official primary entry age), by sex (4.2.2)
- Percentage of infants <6 months who are fed exclusively with breast milk (GS Indicators, by focal population)
- End all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women and children (SDG 2.2)
- Coverage of essential health services including RMNCAH: family planning; pregnancy and childbirth care; breastfeeding; immunization; childhood illnesses treatment (3.8.1)
- Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water (SDG 6.2.1)

Roadmap for action

May 2017-May 2018

May 2017
10th World Congress on Nutrition & Food Sciences
29-31 ; Osaka, Japan

June 2017
Eat Stockholm Food Forum 2017
12-13 ; Stockholm, Sweden

July 2017
ANH Academy Week and Feed the Future
Innovation Lab for Nutrition Agriculture-
Nutrition Scientific Symposium
9-13 ; Kathmandu, Nepal

August 2017
World Breastfeeding week
1-7 ; Global

Acting on the call: overcoming critical
barriers to maternal and child survival
30-31 ; Addis Ababa, Ethiopia

September 2017
2017 UKFIET international conference on
education and development
5-7 ; Oxford, UK

21 Intl. Congress on Nutrition
15-20 ; Buenos Aires, Argentina

eLearning Africa 2017
27-29 ; Port Louis, Republic of Mauritius

October 2017
3rd International Conference on Global Food
Security
8-10 ; Cape Town, South Africa

44th Session of the Committee on World
Food Security
9-13 ; Rome, Italy

November 2017
World Prematurity Day
17 ; Global

December 2017
Universal Health Coverage Day
12 ; Global



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Financing

While global investment in women's, children's, and adolescents' health has increased in recent years, significant gaps remain. Health is a right and there is strong evidence that investing in health and in women, children, and adolescents yields significant benefits to society and economic benefits of implementing the Global Strategy with sustained financing would lead to:

- 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

One key financing mechanism that aims to contribute resources is the GFF. The GFF launched in 2015 in support of EWEC seeks to accelerate global efforts to end preventable maternal and child deaths and improve the health and quality of life of women, children, and adolescents by 2030.

What do we need for progress?

- Mobilize sufficient and sustainable resources.
- Improve efficiency of existing resources.
- Ensure value for money while increasing financial protection for women, children and adolescents living in poverty.
- Adopt integrated and innovative approaches to financing.
- Strengthen access to health insurance to decrease the impact of catastrophic out-of-pocket health spending, and to insurance related to other essential services and goods.
- Put in place policies for universal health coverage.

Key messages

- Enhanced collaboration between international agencies in strengthening health systems and moving towards universal health coverage will break down silos of financing for women's, children's and adolescents' health and reach the hard to reach populations.
- Focusing on financing and incentivising innovation will enable the scaling up of lifesaving innovations and ensuring they reach the women, children and adolescents who need them most.
- The development of better mechanism and new ways for financing the health of women and children in humanitarian and fragile settings must be prioritised.

How do we measure progress?

Global Strategy key indicators

- Achieve universal health coverage, including "financial risk protection and access to quality essential services, medicines and vaccines (SDG 3.8)
- Coverage index of essential health services, including for RMNCAH: family planning, antenatal care, skilled birth attendance, breastfeeding, immunization, childhood illnesses treatment (SDG 3.1.2, 3.7.1, 3.8.1)
- Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic source (additional to SDGs)
- Out-of-pocket health expenditure as a percentage of total health expenditure (additional to SDGs)
- Proportion of population with access to affordable essential medicines on a sustainable basis (3.b.1) (GS additional contextual indicators, by target)
- Growth rate in government health expenditure compared to the GDP growth (GS additional contextual indicators, by target)
- Percentage of development assistance for health that is on budget (GS additional contextual indicators, by target)
- Government purchase price of a selected basket of essential RMNCAH medicines compared to the international reference price (GS additional contextual indicators, by target)
- Number of innovations from the Every Woman Every Child (EWEC) Innovation Marketplace that have received investments to scale (GS additional contextual indicators, by target)

Roadmap for action May 2017-May 2018



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Regional Events

Roadmap for action

May 2017-May 2018

May 2017

Partner Consultations on Accountability framework
for AU Health Policy Instruments

TBA ; Cairo, Egypt

World Economic Forum on Africa

3-5 ; Durban, South Africa

African Union Commission meeting

8-10 ; Nairobi, Kenya

World Economic Forum on ASEAN

10-12 ; Phnom Penh, Cambodia

World Economic Forum on Middle East and North Africa

19-21 ; Dead Sea, Jordan

June 2017

Sixth Ministerial Conference on Environment and Health

13-15 ; Ostrava, Czech Republic

Aid & Development Asia Summit 2017

14-15 ; Nay Pyi Taw, Myanmar

July 2017

CARMMA event for North Africa

TBA ; Accra, Ghana

Launch of Global Strategy in Latin America and the
Caribbean & technical consultation

3-4 ; Santiago, Chile

Africa Open Data Conference 2017

17-21 ; Accra, Ghana

August 2017

Women Advancing Africa

10-12 ; Dar-es-salaam, Tanzania

WHO Regional Committee for Africa

28 August-1 Sept ; Victoria Falls, Republic of Zimbabwe

September 2017

WHO Regional Committee for South- East Asia

TBA ; Maldives

WHO Regional Committee for Europe

25-29 ; Budapest, Hungary

October 2017

WHO Regional Committee for the Western Pacific

9-13 ; Brisbane, Australia

November 2017

CARMMA week celebration

TBA ; Khartoum, Sudan

December 2017

19th International Conference on AIDS and STIs in Africa

4-9 ; Abidjan, Cote d'Ivoire



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