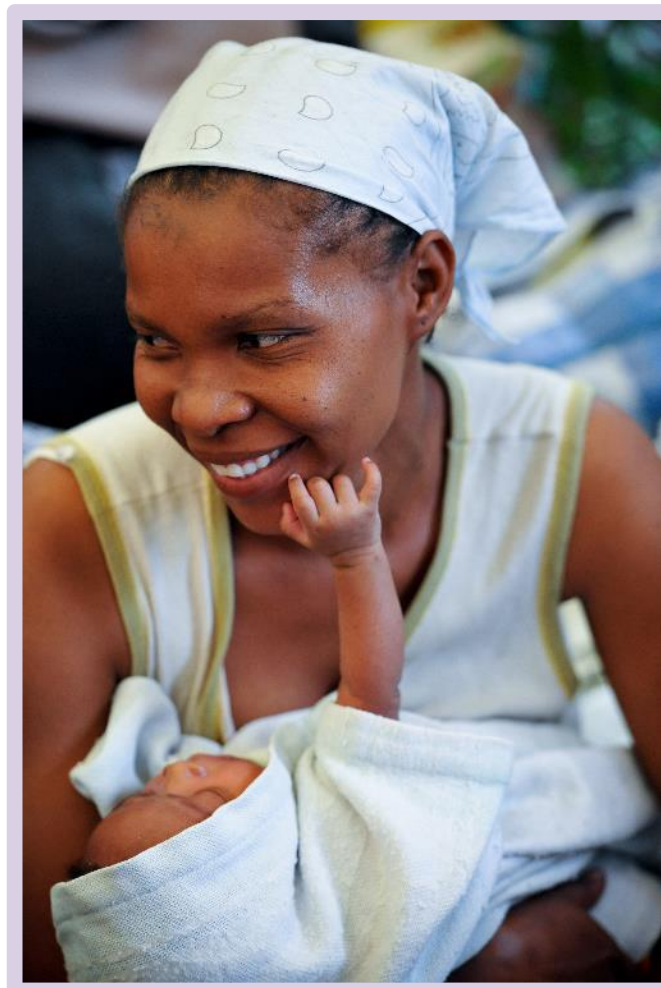




EVERY WOMAN
EVERY CHILD

***Consultations on updating the Global Strategy for
Women's, Children's and Adolescents' Health:
Round 2 – Feedback on the Zero Draft of the Global
Strategy: Executive Summary***



12th June 2015

EXECUTIVE SUMMARY

This report aims to synthesise the views of over 2,450 organisations and individuals (Appendix A), who provided feedback on the Zero Draft of the updated Strategy as part of a multifaceted consultation process to contribute to updating the Global Strategy for Women's, Children's and Adolescents' Health. The consultation process was coordinated by the Partnership for Maternal, Newborn & Child Health (the Partnership) at the request of the office of the United Nations Secretary General.

The Partnership would like to convey its thanks to the thousands of participants for their thoughtful and detailed inputs to this consultation process. Space and time limitations notwithstanding, it is hoped that most respondents will note some or all of their views reflected in this report and that, taken as a whole, the report does justice to the thoughtful and detailed remarks made. This synthesis report and an accompanying annex containing specific comments made on each section of the report will be submitted to the Global Strategy writing team and posted on the consultation web-hub (www.WomenChildrenPost2015.org).

Summary of main findings

There was an overwhelming wealth and depth of feedback. Many respondents felt the Strategy was "*very good and makes a strong case for promoting women and girls rights and well-being*" (Youth). The Zero Draft resonated with this global audience in a number of ways:

- It made a compelling case to update and expand the strategy;
- The new focus on adolescent health was endorsed;
- There was appreciation for the ambition to embed the Strategy in a human rights approach, and for the new focus on humanitarian settings and addressing inequities.

Whilst respondents were appreciative of the huge challenge in updating the Strategy and meeting the breadth of expectations, there were some serious omissions that seemed to roll back on the first strategy. These were considered vital to ensuring the Strategy is compelling and credible. The most critical gaps were sexual and reproductive health and rights (including abortion services), breastfeeding and women's health and gender equity amongst others (Appendix B presents a comprehensive list).

The consultation also identified important content and presentational elements to address:

- Better integration with the life-course throughout the strategy, clearer foundation in gender equality & rights;
- Fuller articulation of health systems strengthening and financing, actions to address needs in humanitarian and other challenging settings;
- Strengthened goals, targets, milestones and the accountability approach;
- Roles and responsibilities including creating space for the voice and participation of women, men, youth, communities and others.

In light of these findings, a number of recommendations are made:

- **The strategy will guide priorities for the future.** The consultation process suggests that the Strategy is valued as an important guide from a trusted, objective source and is used to determine what should be done at national and subnational levels, to support policy and programme decisions, to guide funding allocations, and to identify how to invest in monitoring and accountability processes. There is a risk that what is not in the Strategy, will not necessarily be considered a policy priority. Therefore, while the Strategy was appreciated for its ambition to be rights-based, in order to hit the right note with a wide audience, it should aim to incorporate the life course approach in a way that (i) recognises that problems at one stage of life may have been made worse through neglect at an earlier stage or that could have been prevented or mitigated through intervention earlier in the life-course; and (ii) ensures all major life-saving, life-enhancing interventions are included, but particularly comprehensive sexual and reproductive health and rights, (including abortion and comprehensive sexuality education), maternal and women's health, stillbirth, breastfeeding as part of a broader nutrition agenda, integration of NCDs and RMNCAH services and mental health. It should reference the critical elements of health systems strengthening and financing, especially financial protection systems, and policies like reaching the marginalised and poorest.
- **An unfinished agenda with new challenges.** Despite much progress, the MDG agenda is unfinished. The updated Strategy is an important opportunity to create a bridge between the unfinished MDG agenda and the new, broader SDGs. The Strategy should thus aim to build on the previous one, beginning with clear lessons learned, the critical interventions for women, adolescents and children, the building blocks of health systems strengthening, the fundamentals of health

financing and – despite the intention to develop a comprehensive plan later – the outline of the accountability mechanism showing what is state of the art and what is new or additional. It should also reference the major processes and platforms that are driving women’s and children’s health including FP2020, A Promise Renewed, the Commission on Life Saving Commodities, ENAP (Every Newborn Action Plan), and others and reflect the intergovernmental reviews of the ICPD and Beijing Agenda.

- **#Adapt: Adolescents not yet sufficiently in the fold.** The health needs of adolescents, their specific circumstances and point in the lifecycle, as well as the cultural, economic and legal barriers they often experience, should be addressed in a more structured and up-front way, separately from women. The Strategy should refer broadly to the range of adolescent needs (including those of adolescent boys) beyond health services that are vital to health and well-being including preventative services, education, skills, employment, mental health, harm reduction, social skills and gender awareness. It should also be clear about where the data and evidence falls short of what’s needed and identify how to fill the gap. Consider re-ordering the Strategy title to read: “The Global Strategy for Women, Adolescents and Children”.
- **Make this a Strategy For All.** The Strategy should ensure it clearly and explicitly addresses the needs of all people and communities including people living with disabilities, refugees, migrants, the urban poor, lesbian, gay, bi-sexual, transgender, queer and intersex (LGBTQI), the very poorest and those affected by humanitarian disasters and conflict. The integration of adolescent boys will strengthen the Strategy and an amplification of the voices of people, including men and women will build depth. The Strategy should reflect the all-important role of governments, parliament, national action and citizen engagement. If it is a people-centred movement that is needed, how will it happen? And what are the roles and responsibilities of communities, civil society, health service professionals, academics, the media, parliament, the whole of government, the judiciary?
- **Health systems strengthening, financing and universal health coverage.** The strategy should identify and showcase the important elements of health systems strengthening, guiding investments and delivery including, as a priority: Human resources for health; The availability, logistics and management of lifesaving commodities; Investment in reliable, open and transparent data generation; The vital importance of universal health coverage and critical financing issues including financial protection especially for the poorest; Reference the concept of

building on what exists in countries, the continuing importance of the Abuja targets, the Paris Declaration, the Busan accord and other major financing, aid, development and policy commitments.

- **Language and presentation in the Strategy.** There are some presentational, editorial and style adjustments that would increase the clarity and reach of the Strategy including: Use country examples with great care; Pay close attention to language (weed out jargon, define terms, consider adding a lexicon); Scrutinise the graphics for clarity and reconsider those in the Transformative Actions section; Consider incorporating the voices of people into the Strategy.
- **Implementation: Strategy goals & targets, Accountability, and a Roadshow.** Articulate goals, targets and milestones even at a high level. The Strategy should include a basic accountability structure anticipating how it will fit with the accountability and monitoring arrangements of the SDGs and other relevant platforms including the Global Fund for AIDS, TB and Malaria, Gavi, the Global Financing Facility and others.