Consultations on updating the Global Strategy for Women's, Children's and Adolescents' Health: Round 2

ANNEX: CONTENT-SPECIFIC COMMENTS ON THE ZERO DRAFT OF THE GLOBAL STRATEGY

This document is an annex to the *"Round 2 – Feedback on the Zero Draft of the Global Strategy"* synthesis report. It presents a comprehensive list of detailed text-specific comments for each section of the Zero Draft received during the consultation and which have not been included in the main report. Where several comments have been received on the same point, these are presented as one comment. To the extent possible, all comments received throughout the consultation process (through the online/ offline survey, as noted in the minutes of consultation events and through individual/ organisational submissions) which refer to specific points in the text and figures presented are included here. Specific comments which have been referenced in the main report are not included in this annex.

Section I: Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity

Section I: Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity	
Reference	**Comment**
Section I	The importance of social groups in ensuring better services, increasing demand, ensuring community support etc. only receives a mention in the final part of the draft (section V, p.21). This looks like an afterthought and should be mentioned upfront in section I.
p.3	Text should be clear on the major differences between GS1 and GS2; and the purpose of the updated GS; and should justify the broadening of approach.
p.3, para.2, sentence 1	Suggest adding: "…are at its centre *as empowered rights holders, driving* the comprehensive change…"

Section I: Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity	
Reference	**Comment**
p.3, para.3	Add to end of paragraph 3: *"Reaching the SDGs will require the proactive engagement of the private sector and a strong focus on multi-stakeholder market development. Moreover, the global community needs to broaden its mindset above and beyond commitments, toward investments for sustainable and scalable impact."*
p.3, para.3	Decline in vertical transmission of HIV/AIDS, through effective PMTCT was not mentioned though more still needs to be done. I strongly disagree that 225 million women have unmet needs for family planning - the number is too high.
p.3, para.3	Suggest amendment here: Could this be reoriented to be about realising rights? As it stands, WCA do not clearly appear to be rights holders. Further, add "barriers that prevent them from exercising *autonomous* health choices"
p.3, para.3	In the introduction here, is where we feel the private sector is truly missing. Instead of generalizing by saying "political commitment and investment", we suggest to explicitly mention the key stakeholders especially the private sector. When calling on these specific key stakeholders, there will be no confusion that everyone's help is needed, and recognized.
p.3, para.3	Suggest also adding 'accountability' to the statement 'doing the right thing for women, children, and adolescents requires political commitment and investment'
p.3, para.4	The reference to generation/s in the last paragraph of the introduction is confusing and slightly misleading. Consider rewording.
p.3, para.4, sentence 3	Could this be reoriented to reflect that it is more than just realising the potential - it is a legal obligation and an entitlement.
p.3, para.5	MDG 1 should be mentioned as well as 3, 4 and 5, since 1 includes nutrition.
p.3, para.5	Besides MDG 4, 5, and 6, also need to include MDG 1 as 45% of under-five deaths are related to under-nutrition
p.4	Please include milestones for gender equity and for women (e.g. CSW or Women Deliver) on page 4 of the GS2.0. We claim that the health of women is key to the health of mothers and children, but have no milestones for women's empowerment or women's health.
p.4	Figure 1 has too much information and some of the font is difficult to read
p.4	The timeline should be revised to include the *Global Plan Towards the Elimination of New HIV Infections Among Children and Keeping Their Mothers Alive* as one of the initiatives of 2011.
p.4	Regarding Figure 1, we think that the 2011 United Nations High Level Meeting on Non Communicable Diseases should feature in the 'milestones' of the EWEC journey.

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Reference	**Comment**
p.4	We would suggest including key NCD related events and FCTC events in the infographic on page 4.
p.4	Add a reference to CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.
p.4	Suggest to include other human rights milestones here like the two TGs. GC 15 of CRC could also be mentioned.
p.4	The timeline on page 4 is expected to present 'results and milestones on the EWEC journey' but the causal link between the events listed and the EWEC strategy is not always apparent. It would be helpful to list milestones which the EWEC has directly influenced and frame them as outputs (rather than events/conferences).
p.4	In the timeline in Figure 1, a number of important initiatives for 2011 and 2014 are missing: Lancet Series on Midwifery State of the World's Midwifery Report 2011 State of the World's Midwifery Report 2014 Lancet Series on Stillbirth. These need to be included or referenced somewhere in this section.
p.4	Suggest that reversing the order of the years (currently most recent -> earliest) would help the reader, since we read from top to bottom. Also suggest spelling out all acronyms/initialisms (eg SUN Movement, PEPFAR, IHP+, UNITAID)
p.4	Figure 1 should include the 'Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive 2011-2015' that was launched by UNAIDS in 2011.
p.4	Figure 1. is a bit confusing when specific organizations are listed on the right side of the graphic. Are those organizations responsible for helping to achieve those milestones? I would try to make it more clear what the right column is about.
p.5, para.2	Recommend adding highlighted text: "The number of women with access to modern contraceptives had risen by 8.4 million in the 69 lowest resource countries. *Coverage of oral rehydration salts to treat diarrhoea has increased by 49% between 2012 and 2015*."
p.5, para.2	A specific achievement to be included on page 5, within the second paragraph as a line edit would follow Antiretroviral therapy for HIV/AIDS has saved 6.6 million lives since 1995 (about 210,000 children died of AIDS-related causes in 2012, compared with 320,000 in 2005) *" and over 1 million new HIV infections in infants have been prevented".*
p.5, para.4	Recommend adding highlighted text:

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	"In some countries, more than half of mothers and children in the poorest 20% of the population have received two or fewer of eight essential preventive interventions. *Thirteen developing countries reported high stock-out rates of misoprostol, used to treat post-partum haemorrhage, one of the major causes of maternal mortality*."
p.5, para.4	It would be good to mention why we won't meet the goals and the need to shift from a technocratic approach focusing on interventions to a holistic understanding of rights.
p.5, para.4	The eight essential prevention interventions include behavior-focused interventions such as care-seeking and demand; therefore, the word "received" does not sufficiently or accurately describe the nature of these interventions. Would suggest revising the 3rd sentence of paragraph 4 to read "In some countries, more than half of mothers and children in the poorest 20% of the population have received *or practice* two or fewer of eight essential preventive interventions."
p.5, para.4	Para 4 could mention that only 24% all children living with HIV in 2013 were receiving antiretroviral therapy, UNAIDS, 2014
p.5, para.4	Need for additional information on remaining FP/RH gaps. The following could be inserted after the sentence on 225 million women having unmet need: *"The past decade has witnessed only limited progress in reducing child marriage, adolescent pregnancy, and rapid, repeat pregnancy."* After the sentence on women and children receiving less than 2 of eight essential interventions, the following could be inserted: *"High parity women, for whom an additional pregnancy may bring dangerous complications, rarely receive focused family planning counselling and services to help the woman make an informed decision about family planning use."*
p.5, para.5	Mention more explicitly the need for publically financed health systems free at point of use through progressive taxation. It could be added to the last sentence of para 4 on page 5, so that the last two sentences read: *"We have to sustain this momentum to drive the ambitious, universal agenda for sustainable development to 2030. In order to achieve these efforts publically financed health systems free at the point of use through progressive taxation will be absolutely key."*
p.5, para.5	Add *"integrating prevention of NCDs"* to the last paragraph on page 5 after "the Global Strategy is based on lessons learned from the MDGs,".

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Reference	**Comment**
p.5, para.5	This could be a good place to refer to the fundamental right to health as recognised in international human rights treaties and how this right is indispensable for the exercise of many other human rights that can contribute to bringing about the changes demanded by the SDGs. There is a mention to the right to health later on in the Global Strategy, but only on page 12.
p.5, para.5	Justify claims that the Strategy is transformational and a frontrunner platform.
p.5, para.5	Add "integrating prevention of NCDs" to the last paragraph on page 5
p.5, para.5	We strongly recommend adding the rationale and benefits of a life course approach and the importance of addressing NCD risk across the RMNCAH continuum to the introduction and the last paragraph of section I (page 5).
p.5, para.5, sentence 4	Suggest replacing "equity" with "*equality*".
p.5, fig.2	Given that the strategy is not inclusive of adolescents, there should also be a graph on page 5 on trends in relation to adolescent mortality. The 2014 WHO report would be a good source of data.
p.5, fig.2	Figure 2 would benefit from having a legend that explains the acronyms.
p.5, fig.2	Any data related to adolescents? It would be good to make the case for adolescents' health upfront e.g. less progress for adolescents than women in general. Similarly for newborns compared to older children but at least this is reflected in the figure 2 graph.
p.5, fig.2	Figure 2 includes maternal, newborn and child deaths but neglects to include a graphic or even text around the progress for stillbirths, which has been even less progress resulting in an additional 2.6 million deaths each year. If the GS is to take forward women's and children's health, it should consider progress towards tackling the full burden of deaths including preventable deaths of babies who die in last three months of pregnancy
p.5, fig.2	The data and graphs should have included some aspects of teenage pregnancy, as opposed to lumping them with the maternal mortality
p.5, fig.2	In figure 2 the authors need to explain the projections beyond 2015 as well as the meaning of the dotted lines.
p.5, fig.2	Since all figures and tables need to be able to stand alone, suggest adding a legend explaining the dotted/dashed lines.

Section II: Big Returns to Investing in Women's, Children's and Adolescents' Health

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Reference	**Comment**
p.6	Provide the data source for the claims made in the box on return on investments.
p.6	Debería especificarse que lo del 70% de muertes prevenibles por comportamientos de riesgo se refieren principalmente a enfermedades no transmisibles diabetes hipertensión cancer obesidad entre otros. El tema no es el deporte es la actividad física y debemos ser muy claros en eso. It should be specified that 70% of deaths from preventable risk behaviours relate mainly to non-communicable diseases (i.e. cancer, diabetes, hypertension, obesity among others). The issue is not the sport or physical activity and we must be very clear on that.
p.6	High burden country-specific estimates may help governments feel the importance and urgency. It may also be a good advocacy tool.
p.6	We suggest to add a 6th point on investing in participation and accountability and how it has contributed to local ownership of heath strategies by the communities and more responsive policies and services to meet the actual needs of women, adolescents and children from different population groups. It could also refer to how investing on the elimination of discrimination and violence against marginalised groups can result in a more active engagement of these groups in their societies. More generally, this new point could also highlight the positive impact of human rights based approaches (see footnote 26 of the Global Strategy).
p.6	SRHR offers the biggest return on women and children's health. This must be reflected in Chapter 2, (Page 6)
p.6	There is a major omission in that the impact on the health workforce, especially midwives, is not mentioned at all. The importance of education for girls as these will become the health workers of the future could be included as an additional investment case.
p.6	We were left wanting the find the references for this section. Please provide where they come from.
p.6	I think this section would be stronger if specific references were provided for the numbers given
p.6	Other than Early Childhood Development, the evidence provided for the determinants of health in this section is scant. In fact it's likely that the benefits of investing in determinants are assumed within some of the evidence provided (e.g., we cannot improve nutrition without investment in water and sanitation, which alone returns USD $4 for every $1 invested, and would result in $260 billion being

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	returned to the global economy each year were universal access to be reached) This type of information, as well as stronger figures on the return on investment in nutrition should be included in the "better nutrition" point. Additionally, the reference to nutrition should include explicit reference to maternal undernutrition, obesity and the double-burden of undernutrition.
p.6, para.1	Suggested insert: *"Ending preventable deaths among women, children and adolescents and improving their health is integral to the goal of ending extreme poverty and boosting shared prosperity."*
p.6, para.1	The phrase 'immeasurable benefits' in Section II (p.6) seems problematic to us, given that measurability and data collection are such contentious and problematic topics in the post-2015 development field at present. As Margaret Chan is so fond of saying, 'What gets measured gets done'. We would suggest replacing 'immeasurable' with 'infinite benefits', which requires that the benefits can be measured (at least up to a point) and that they are anticipated to be sustained across a long continuum of time.
p.6, para.1	There's a disconnect between the paragraph of text and the 5 bullets. It seems from the text that bullets 1-4 would fall under primary benefits and bullet 5 is a secondary benefit? The purpose of this section doesn't come through strongly for me - the first paragraph should more succinctly say "there are many reasons to invest, particularly in areas that have a high ROI. The top five areas determined by the Global Strategy are:"
p.6, item 1	The dual burden of under-nutrition should be mentioned – combining communicable diseases and NCDs. This is the future of public health.
p.6, item 1	One major omission in Section 1 is that investment of nutrition services to treat severe acute malnutrition and the promotion of breastfeeding is not included as part of the section for saved lives and improved health. This is a glaring omission as the following section on better nutrition, better health and productivity only focuses on prevention of undernutrition.
p.6, item 1	Suggested insert: *"Providing contraceptive and skilled care at birth, as well as life-saving maternal and newborn commodities."*
p.6, item 1	We are concerned by having "providing contraception at birth" and "providing skilled care at birth" as being linked. While both are rights that should be available to women, the statistics seem to note that they would be achieved if all women did both of things. However women clearly have the right to refuse contraception after giving birth. A better way to state it would be to separate the two components and change "Providing contraceptives at birth" to "Ensuring availability of post-partum contraception"

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Reference	**Comment**
p.6, item 1	We recommend including "providing contraceptives" as a separate bullet point from "providing skilled care at birth." First, the recommendation could be interpreted as only providing contraceptives at birth. Second, investment in providing contraceptives is the most cost-effective health investment. Figures on Return on Investments should be included in this new bullet. For example, for every additional $1 invested in contraceptive services, the cost of pregnancy-related care, including HIV care for women and newborns is reduced by $1.47 (Guttmacher, Adding It Up 2014). Achieving universal access to sexual and reproductive health (SRH) services by 2030, and eliminating unmet need for modern contraception by 2040 is estimated to return $120 for every $1 spent (Copenhagen Consensus, 2015). Contraception ranks number two as 'best buy' for any intervention in support of the Sustainable Development Goals.
p.6, item 1	Providing contraceptives and skilled care at birth.- this should be extended to all women, not just at birth. Women should not have to wait until birth to access contraceptives. Unsafe abortion is one of the largest drivers of maternal mortality; therefore access to safe abortion should also be included.
p.6, item 1	Important to explicitly cite newborn deaths here (not just stillbirths), i.e. ''Investing in women's and children's health an additional US $ 5 per person per year would avert 5 million maternal deaths, 147 million child deaths, *including X million newborn deaths as well as* 32 million stillbirths in 74 high—burden countries by 2035."
p.6, item 1	Saved Lives, Improved Health: add sources for assertions in the two bullet points under point 1
p.6, item 1	Suggest referencing breast-feeding as follows: *"Better protect, promote and support breastfeeding. Suboptimal breastfeeding practices In the first 2 years of life are related to the deaths of almost 12% of deaths in children under 5; or about 800,000 deaths in 2011 (Lancet Nutrition Series, 2013. Breastfeeding also supports birth spacing, and is proven to contribute to lower risks for breast--- and ovarian cancers, saving mothers' lives."*
p.6, item 1	While post-partum family planning is critical, this narrow framing obscures women's and adolescent girls' need for contraceptives throughout their reproductive years. The Global Strategy 2.0 should articulate that all individuals regardless of their age, marital status, gender have access to a choice of appropriate, affordable, accessible, high-quality contraceptive methods including female condoms.
p.6, item 2	Incorporate breastfeeding into the second point on better nutrition, better health and productivity

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Reference	**Comment**
p.6, item 2	The value of preventing under nutrition in women in children is not just to reduce stunting in children and to improve children's lives and their eventual productivity, but also to improve the health and productivity of women, and this needs to be acknowledged
p.6, item 2	We recommend broadening point 2 on nutrition to refer to "*preventing malnutrition in all its forms"* and propose the following text: *"Preventing malnutrition in all its forms in women and children. Address under-nutrition to prevent at least 3 million child deaths every year and reduce overall disease burdens and infections. Children who are stunted are likely to be less healthy and less productive as adults, and to have stunted children, thus perpetuating the cycle. They are also at greater risk to be obese / overweight and develop diabetes and cardiovascular disease later in life".*
p.6, item 2	The text relating to the 3 million child deaths every year should be moved to the preceding section on saved lives, improved health. The section 2 should be more focused on prevention of undernutrition and obesity in women (including adolescents) and children, stunting and micronutrient deficiencies.
p.6, item 2	Consider adding Nutrition related non-communicable diseases (overweight, obesity, diabetes and hypertension) as it is a huge public health burden to address in the coming years.
p.6, item 2	Important to emphasize here the huge impact that healthy timing and spacing of births can have in saving lives. Suggested insert: *"In addition, greater investments in programs focused on healthy timing and spacing of births will ensure that many more mothers and children survive and stay healthy. If all birth-¬to-pregnancy intervals were increased to 3 years, 1.6 million under-5 deaths could be prevented annually."*
p.6, item 2	Better Nutrition, Better Health and Productivity: this section does not provide evidence for return on investment (ROI), so is inconsistent with the bullet points under other headings on this page. If a specific nutrition intervention has been shown to provide ROI, add sources
p.6, item 2	In bullet point 2 of the numbered list in Section II (p.6), we strongly call for the writers of the Zero Draft to replace 'undernutrition in women and children' with 'malnutrition in women and children'. This is in line with the language from the ICN2 Outcome Documents and the Rome Declaration, which recognise 'malnutrition in all its forms'. This would enable the chronic and cross-generational harm caused by unhealthy diet, so-called 'overnutrition', and childhood obesity to be emphasised without in any way detracting from the importance of intervening on childhood stunting.

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Reference	**Comment**
p.6, item 2	Omission of the case for funding for breastfeeding protection, promotion and support of breastfeeding in investing in women's and child health, preventing under-nutrition, and ensuring good early development
p.6, item 2	Suggest referencing breast-feeding as follows: *"Increase the rate of children breastfed up to 2 years or more. Continued breastfeeding after 6 months has proven to have a protective effect against overweight and obesity in children and is linked to higher IQ. A relation with higher income at 30 years was also demonstrated, showing the social and economic importance of this practice."*
p.6, item 3	Would be useful to add WASH component as there are similar social benefits in section 5.
p.6, item 3	"An estimated annual return on investment of 7-10% from better Outcomes in education, health, sociability, economic productivity and reduced crime." – This is just one example of how this entire section conflates a number of complex, interrelated statistics into a hodge-podge of findings. There is no reference to actual studies, nor enough information on the basis of these findings. If this section is the theoretical lead-in to the strategy, it needs to be a) better harmonized so that we have a few clear statistics (not overlapping/convoluted stats) and b) needs to be clearly cited with references.
p.6, item 3	How is breastfeeding omitted in looking at interventions from 0-5 years? One of the most cost-effective interventions possible!
p.6, item 4	It is right to flag up the double dividend of investing in adolescents' health. However, having this as the main point makes adolescents' health seem like an instrumental investment rather than a right which is intrinsically desirable. This point should start with the importance of adolescents' rights to health and returns to sexual education etc. and only mention demographic dividend as a second or third point. The language around risk behaviours is possibly stigmatising. [Respondent could not think of better wording, but offered to email a better wording at a later date]
p.6, item 4	Point 4 lists 'comprehensive sex education' but this should be 'comprehensive sexuality education.' This is an important distinction, as it is not just about sex but about gender identity, relationships, etc. This phrasing should be "*sexual and reproductive health, including comprehensive sexuality education, sexual and reproductive rights, and access to modern methods of contraception.*" (The change from "voluntary family planning" to "modern methods of contraception" stems from youth consultations which indicate that 'family planning' terminology does not resonate for them, as that is not their reason for using contraception. One hopes that youth organizations will also participate in this consultation and indicate the most appropriate terminology

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Reference	**Comment**
p.6, item 4	The integrated set of investments for adolescents should also include employment and care for HIV/STIs in addition to care for pregnancy and birth.
p.6, item 4	Include tobacco and second hand smoke on page 6... Add "injury prevention" to the list of investments in point #4 on page 6.
p.6, item 4	Under primary benefit four, Invest in Adolescents, Huge Demographic Dividend, the first point needs to start from a rights perspective which can then lead into the payoffs vs leading with the demographic dividend. References to risk behavior should be replaced with less stigmatizing language, comprehensive sex education should be changed to Comprehensive Sexuality Education, and a reference to the importance of delaying marriage should be added.
p.6, item 4	The current language formulation is instrumentalist. It should open with the right of adolescents to access health, SRHR and education and how this in turn has benefits for economic growth and development. Comprehensive sex education should be changed to Comprehensive Sexuality Education. There should be reference to ending harmful practises including early marriage and FGM. In this section and throughout the report references to "high risk behaviours" should be removed as this language can be stigmatising.
p.6, item 4	We welcome reference under point 4 to an "integrated set of investment" in adolescent health, as well as linking adult deaths to "risk behaviours that start in adolescence". We would recommend further strengthening this point by referencing as an example the return on investment in interventions to prevent direct and second-hand exposure to tobacco smoke
p.6, item 4	Under adolescent health, there needs to be a reference underscores the importance of comprehensive sexual education. We should also add a reference to the importance of WASH to keep girls in school when they get their menses. Women Deliver recommends doing a call out box on the economic case to invest in women, children and adolescents (consult with UN Women, WED and the World Bank for data). You might also want to sprinkle in a few more references to the importance of girls' enrolment in secondary education (consult with UNESCO for data) for women's health or adolescent health.
p.6, item 4	In bullet point 4 of the numbered list in Section II (p.6), we strongly call for hygiene and sanitation and housing to be added to the list of integrated investments in adolescents. This is grounded in the evidence that diseases such as Chagas' disease, rheumatic heart disease, and many infectious diseases are communicated and exacerbated by poor housing conditions, overcrowding, and lack of access to effective sanitation facilities. We also suggest that the '70% of preventable adult deaths' referenced under this bullet point

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Reference	**Comment**
	give reference specifically to misuse of alcohol and tobacco consumption and the fact that much of the 70% is due to non-communicable diseases.
p.6, item 4	One recommended addition would be to explicitly include young mothers under the section discussing investing in adolescents. An estimated 11% of births globally are to adolescent mothers (15-19), which rates in some countries being much higher. It's important to go beyond pregnancy prevention and incorporate MNCH services that are tailored to meet the unique needs of young mothers and their newborns who are "at-risk" mother baby pairs. The Lancet just published data on young mothers and outcomes for their children and found that "young maternal age was associated with an increased risk of low birth weight, preterm and smallness-for-gestational-age births, stunting and wasting in infancy and childhood, and failure to complete secondary education. The associations were attenuated by adjustment for confounding factors, but remained significant, which suggests that they result from biological or behavioral immaturity of the mother." (http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00038-8/fulltext). There is also evidence of higher rates of new maternal HIV infection in younger mothers, during and after pregnancy, and new maternal infection is associated with higher rates of vertical HIV transmission.
p.6, item 4	Recommend adding highlighted text: "Providing contraceptive and skilled care at birth*, as well as life-saving maternal and newborn commodities*."
p.6, item 4	Adolescence is also a window of opportunity for catch-up growth.

Section III: What is needed: Overcoming the Challenges and Defining Clear Goals

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Reference	**Comment**
Section III - structure	This section is a bit unclear. Propose the following structure: [see submission for full details and explanation] 1. extent of unfinished business and existing challenges in RMNCAH 2. inequities that characterise these challenges

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Reference	**Comment**
	3. humanitarian and fragile settings 4. drivers of these challenges, with explicit mention of social determinants
p.7, para.1	Recommend adding highlighted text: "Despite widespread progress since 1990, children and adolescents face urgent health challenges with many factors combining together, including risks of preventable death and ill-health from causes related to pregnancy and childbirth, sexual and reproductive health, and limited access and use of health care services *and life-saving commodities*."
p.7, para.1	Re: "Whether people are healthy or not, is determined by their circumstances and environment." This is simplistic. Suggest striking. The next sentence addresses the same concept, but is more accurate.
p.7, para.1	The second sentence in paragraph one states that "Whether people are healthy or not, is determined by their circumstances and environment." Individual actions also play a role in determining people's health, though those actions are certainly influenced by circumstances and environment. It would be more accurate and more people-centered to include recognition of this. Would suggest revising the 2nd sentence of the 1st paragraph to read "Whether people are healthy or not is determined by their circumstances, *behaviours*, and environment."
p.7, para.1	While referring to NCDs in the infographics in this section, the zero draft does nowhere address the global epidemiological transition driven by NCDs. Not adequately addressing NCDs within RMNCAH is a missed opportunity and will have important repercussions for all regions. We therefore suggest including the following text in the introductory paragraph to this section: *"NCDs, including cardiovascular disease, cancer, chronic respiratory disease, diabetes and mental and neurological disorders are a significant health issue for women and young people: of the 38 million annual global deaths attributable to NCDs, 18 million are among women, and over 1.2 million among people under 20 years of age."*
p.7, para.1	Page 7 para 1 should include *"communities"* as one of the factors that impact health.
p.7, para.1	We recommend amending this sentence: "To a large extent, factors such as the settings in which we live, the state of our environment, genetics, our income and education level, social and political context, where we work, …" to include where we work.
p.7, para.1	On the first paragraph there should be a clear recognition of SRHR as central to women's and adolescent's health and ability to exercise all other human rights.

Section III: What is needed: Overcoming the Challenges and Defining Clear Goals	
Reference	**Comment**
p.7, para.1, sentence 2	This is fundamentally related to discrimination and marginalisation. Could we add some language on that so that the human rights underpinnings come through more clearly? For example, the TG on MMM mentions the following social determinants: "inequality, gender discrimination in law and practice, and marginalisation based on ethnicity, race, caste, national origin and other grounds." See TG on MMM para 13.
p.7	Under-five growth, more than mortality, is an indicator of children's and society's well-being
p.7	In the 'child health challenges' section on p7, the U5MR is mentioned in the text but there is not figure provided in the box. As we refer to it in the text, it would be good to have it mentioned the related figure. "Pregnancy and childhood" are a part of SRH, so consider rewording as *"related to pregnancy and childbirth and other sexual and reproductive health causes (e.g. STIs, cervical cancer, GBV)".* Also, suggest widening to stigma and discrimination not only on the basis of sex but other factors (e.g. HIV status, drug use, age).
p.7	'Child Health Challenges' is lacking any mention of potable water & sanitation
p.7	Child Health Challenges infographic. Typo: strike *"of"* from "2.9 million children"
p.7	"CHILD HEALTH CHALLENGES" call-out box. I just want to note here that although on a global scale, under-5 mortality is a key indicator of "progress", when it comes to actual program implementation and resource allocation, we must be very deliberate about clearly separating "under five" from "newborn" (under one year). These are two distinct statistics that have vastly different implications for investment, so they should not be conflated as they are done here. Also, what does "1 in 3 children under 5 fails to meet their full potential" mean? What is their full potential? Are we talking about survival curves? Nutrition? Education? Vaccinations? A global strategy is a good opportunity to be more specific, not opaque and vague.
p.7	Child Health Challenges infographic. Include a mention of the fact that globally, more than 60% of infants are not breastfed exclusively up to 6 months.
p.7	The infographic on Child Health Challenges should include preterm birth
p.7	Child Health Challenges box: include mention of the fact that globally, less than 40% of infants under 6 months of age are exclusively breastfed. Also there is a need to include that undernutrition (especially severe wasting) increases the risk of dying in children under 5 years of age.

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Reference	**Comment**
p.7	In the infographic entitled "Child Health Challenges" we recommend adding "42 million children under 12 are overweight or obese" to the point on stunting.
p.7	We recommend that wasting be included in all U-5 nutrition references.
p.7	Women's health challenges: the 13% of maternal mortality attributable to unsafe abortion should be referenced.
p.7	The graphic entitled Women's Health Challenges should include the 13% of maternal mortality attributable to unsafe abortion.
p.7	The statement, "the vision of gender equality in health remains an unfinished agenda (page 7)" is very unspecific. Can this statement be explained and strengthened?
p.7	The text box next on women's health challenges ends with the sentence "The vision of gender equality…". Gender equality is not only a vision, it is a human rights prerogative and an obligation towards whose achievement all states have to work. "Vision" should thus be replaced by *"common goal".* The original female icon should be used, it is irritating when it is turned to the left.
p.7	In the infographic on 'women's health challenges', we strongly call for cardiovascular disease to be added to the list of 'diabetes, malaria, HIV and obesity', as pregnancy causes extra strain on hearts weakened by rheumatic heart disease and other cardiovascular issues, often resulting in maternal mortality. We would also suggest that 'obesity' is reworded to 'obesity-related diseases', as it is not always considered a disease in its own right.
p.7	Under "Women's Health Challenges", we suggest disaggregating the statement "28% of maternal mortality results from communicable and non-communicable diseases".
p.7	There are powerful figures on female genital cutting (FGC) that could be included in the infographics on page 7. For example: - The fact that more than 130 million women have undergone FGC could be added under 'Women's Health Challenges'[1] - The fact that 30 million girls are at risk of FGC in the next decade, the majority of whom are under 5 years of age, could be added under 'Child Health Challenges'.

[1] http://www.unicef.org/media/files/FGM-C_Report_7_15_Final_LR.pdf

Section III: What is needed: Overcoming the Challenges and Defining Clear Goals	
Reference	**Comment**
p.7	We ask that the "women's health challenges" section specifically reference abortion and the statistic: 13% of maternal mortality is due to unsafe abortion.
p.7-8	Include tobacco in the child and adolescent infographics on pages 7 and 8
p.7-8	We recommend the following changes to the 'environmental health challenges' box. The statistics regarding water, sanitation and hygiene in health care facilities should be moved under the women's (and newborn) health challenges as it directly affects quality of care at birth. The water, sanitation and hygiene statistics here should state that 2.5 billion people are without access to sanitation and 750 million people are without access to safe water. This section should also include a box reflecting the health challenges for newborns. Please also consider including a specific box on nutrition.
p.7-8	Tobacco must be included in the child and adolescent infographics on pages 7 and 8. e.g. For child or maternal health: More than half of the world's children are exposed to secondhand smoke (GYTS); Prenatal smoke exposure causes prematurity, low birthweight and SIDS. Or, on the environmental one: Secondhand tobacco smoke exposure causes 10% of all lung cancers.
p.8	In the box on environmental health challenges the only mention of water is in relation to availability of water in health centres. I think a big omission is in relation to water and WASH more generally in the homes of women, children and adolescents. This has a major impact on their health and is not adequately reflected here.
p.8	Consider adding additional points on gender based violence (besides child marriage)- for example: Around 120 million girls under the age of 20 worldwide (about 1 in 10) have experienced forced intercourse or other forced sexual acts, one in 3 ever-married adolescent girls aged 15 to 19 (84 million) have been victims of emotional, physical or sexual violence committed by their husbands or partners, one in 3 women face violence/abuse usually by someone she knows, at least one in four adolescent boys aged 15 to 19 said they experienced physical violence since age 15
p.8	'Adolescent health challenges' mentions HIV data, but it would be important to also specify rates of other STIs such as for example HPV, which is a threat for the health of women and young people. For example, untreated HPV can lead to cases of cervical cancer, and the incidence of HPV has increased in the LAC region.
p.8	The box on Adolescent Health Challenges should state that 15 million girls are married off every year.

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Reference	**Comment**
p.8	Graphic on Adolescent Health Challenges: In discussing causes of death for 15-19 year old girls, the main focus is on complications from pregnancy and childbirth, while there is a small parentheses that indicates that the leading cause of death for this group is suicide. This should be brought to the forefront. At the very least there should be discussion in the narrative or in a text box about why so many girls are choosing to end their own lives (e.g. mental health disorders, social conditions such as child marriage, rape, repressive gender norms, etc) and how this health strategy aims to directly address this. However we would actually advocate for building the adolescent strategy around this idea—addressing all the issues facing young girls that make them want to take their own lives, which will in turn have the health, social, and economic impact already being discussed Existing text box: The statement about the services needed for adolescents should include the term "youth-friendly" (as consultations with youth indicate that a main reason for lack of uptake of services among adolescents has to do with provider bias and unwelcoming atmosphere), i.e. *"Adolescents need access to integrated, youth-friendly services…"*
p.8	No mention of the nutritional outcomes related to adolescent pregnancy. Suggest including: *"Adolescent pregnancy can not only stunt the mother's continued growth, but is also associated with increased risk of a low birthweight baby."*
p.8	Environmental & Health Challenges box: Why is it this just in the health facilities, can we add in the numbers of people without access to safe water and adequate sanitation?
p.8	Humanitarian and fragile settings: suggest changing heading to read "Humanitarian settings and fragile states" and defining humanitarian settings in the first sentence. Suggested rewording: *"Among the urgent health challenges facing women, children, and adolescents, those posed by humanitarian settings (for example, refugee camps) and fragile states are among the most acute."*
p.8	Please explicitly define "fragile settings". And distinguish how responses to conflict areas might be different from responses to fragile states due to natural disasters
p.8	Humanitarian and fragile settings challenges text box: we cannot think of a single humanitarian setting in recent memory where a woman would be wearing a short skirt. Could the graphic be changed to reflect a more relevant picture of the women facing these types of issues?
p.8	On page 8, the graphic about adolescents fails to include HIV under death and disability. According to the WHO, HIV is the 2nd leading cause of death among adolescents worldwide after road accidents. Why was HIV not included in this list?

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Reference	**Comment**
p.8	The policy, social and legal barriers adolescents face should be included here.
p.9	Title: Suggest changing "inequities" to "*inequalities*". Inequalities within and across countries is accepted UN language for the last few years including SG reports on MDGs and Post 2015.
p.9	En el tema de inequidades entre y en los países considero muy importante agregar el tema de embarazo en adolescentes que está relacionado con situación económica, ruralidad, etnia, educación entre otros y que en los países es super inequitativo porque se puede ver tres veces más embarazos en poblaciones rurales, indígenas, sin educación, con pocos ingresos y en desigualdad de género. On the issue of *'inequities between and within countries'* it is very important to add that prevalence of teen pregnancy is related to economic, rural-urban, ethnicity, and education factors among others, and in countries this creates especially unfair situations because you can see three times more pregnancies in rural and indigenous populations who are often uneducated, have low-incomes and suffer from gender inequality.
p.9	Address inequities specific to the LAC region: indigenous and afro populations.
p.9	The paragraph on Inequities in health does not mention gender inequality as a basis of inequities. Given that this is a strategy focused on women then it needs to look at gender inequities as well as income. The figure below does show a bar graph of under-5 mortality differences between men and women but that needs to be unpacked and discussed in the text.
p.9, para.1	Commodity availability should be included as an equity point: for instance as bullet point 4, or including *"and commodities"* after "health care" in paragraph 1.
p.9, para.1	In addition to marginalised settings, we need to include the notion of marginalised groups. Certain groups are stigmatised which impacts their ability to live healthy lives.
p.9, para.1	Para 1, should read "Women, children and adolescents who live in marginalised and underserved *communities in* rural, urban and peri-urban settings ..."
p.9, bullets	Under the Inequities within and across countries, it would be strategic to include a statistic that captures commodity availability and quality. Highlighting the inequitable access to commodities is fundamentally important.
p.9, bullets	In all countries? All lower income countries? All lower and middle income countries? A stipulation would be helpful here.

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Reference	**Comment**
p.9, fig.3	Suggest adding a legend explaining the initialisms/acronyms
p.9, fig.3	In the map on page 9, Women Deliver would like to see an indicator comparable to MMR, U5M, for adolescents, to help build the evidence base to that donors and policy makers need to prioritize the adolescents as key group.
p.9, fig.3	Are you sure about U5 mortality in Europe? 1:83 is almost the double than north America; it sounds impossible.
p.9, fig.3	Again please provide legends
p.9, fig.3	The map showing the inequities across and within countries should also include figures from the East Asia Region AND the Pacific region as these have some of the poorest maternal and children's health statistics globally and will be participants in implementing the strategy.
p.9, fig.3	PLEASE if figures will be used that have symbols or short-hand (such as 1:3,300) make sure that this is explained. Some people may read the document that are not familiar with such notation and it defeats the purpose of the document if they can't utilize or understand the figures
p.10	There are boxes with illustrative SDG targets for each of the "Survive, Thrive, Transform" components, and the narrative notes that the SDGs provide the overarching framework with Global Strategy as the implementation and accountability platform, but beyond that single statement there is no clear explanation about how the 3 pillars are envisioned to work toward the SDG targets, nor how the pillars or SDG targets relate to the 7 transformative actions later in the document.
p.10, para.1	We recommend a more explicit recognition of the relationship of the EWEC 2.0 new strategy to the unfinished work of MDGs 4,5 and 6 under the section on Defining Clear Goals on page 10, with the following line edit in the first paragraph . Following the sentence 'It intends to engage and mobilize partners to achieve the SDGs by delivering on women's, adolescents and children's health' add *",encompassing and extending beyond the unfinished business of the MDGs for broad and sustained progress."*
p.10, para.1, sentence 3	Suggest adding "mortality *and morbidity* (Survive); enabling all *women*, newborns…"
p.10, para.2	We were very pleased to see the description under 'defining the goals' of an intent to be clear, concise, measurable and focused on driving action - - and agree with focusing on those targets for which EWEC would be directly accountable. The ambition to have only

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Reference	**Comment**
	nine targets, as compared to the current 15 SDG targets, is moving in the right direction. Clearly, fewer is better and, in our opinion, three to five would be better than nine. Perhaps there is room for tiering.
p.10, para.2	It is important to include an enabling policy environment as part of the key principles outlined on page 10. Without an enabling policy environment, it is impossible to achieve the goals the Global Strategy outlines.
p.10, para.2, bullets	Suggest adding the principle of national ownership through broad-based participation and policy dialogue.
p.10, para.2, bullets	It is important to include an enabling policy environment as part of the key principles outlined on page 10. Without an enabling policy environment, it is impossible to achieve the goals
p.10, para.2, bullet 3	Suggest including a reference to disadvantaged and marginalised groups in society.
p.10, para.2, bullet 4	Life-saving commodities should be included as one of the bullet points as follows: "Build on past work, including the 11 indicators from the Commission on Information and Accountability (CoIA) that were at the heart of the first Global Strategy*, and the ten recommendations of the UN Commission on Life-Saving Commodities for Women's and Children's Health, that were set up as a mechanism to accelerate progress towards saving and improving the lives of women and children*."
p.10, para.2, bullet 4	[To reference breastfeeding] "Build on past work, including the *Global Strategy on Infant and Young Child Feeding and the* 11 indicators..."
p.10, para.2, bullet 4	Add *"and support the ability of countries to collect and analyse their own data."*
p.10, 1. SURVIVE	As this goal translates into specific targets, life-saving commodities should be incorporated under targets pertaining to maternal, newborn and child death, as follows: "*Continue to increase the availability and use of the 13 life-saving commodities and related services identified by the UN Commission on Life-Saving Commodities for Women's and Children's Health. This is one of the most efficient ways to reach the strategy's goals.*"

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Reference	**Comment**
p.10, 1. SURVIVE	SURVIVE. Examples of current SDG targets - to add: *"SDG 3.3 by 2030 end the epidemics of Aids, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases".* Consider making the 3rd bullet under DEFINING CLEAR GOALS as *"Gender Responsive and human rights based".*
p.10, 1. SURVIVE	In addition to examples of current targets, we urge the GS to include the targets that we are advocating for the SDGs: e.g. reduce child mortality to 25 per 1,000 and newborn mortality to 12 per 1,000
p.11, 2. THRIVE	As this goal translates into specific targets, life-saving commodities should be incorporated under targets pertaining to sexual and reproductive health care services as follows: "*Reproductive health commodities are a critical part of an integrated package of low-cost, essential health care interventions for women and adolescents.*" Specific target should read: 'By 2030 ensure universal access to sexual and reproductive health-care services *and life-saving commodities*.'
p.11, 2. THRIVE	SDG 5.6: The actual target formulation is: universal access to sexual and reproductive health and reproductive rights. Suggest to move this target under "transform" to avoid overlaps with target 3.7 and make a clear distinction that the latter is about services and the former is about autonomy and agency
p.11, 2. THRIVE	Under thrive it should be included the need of prevent the institutional violence (disrespect and abuse against women and girls in health facilities) that according to evidence can prevent them to utilize health services.
p.11, 2. THRIVE	Under "Thrive: Realize the highest attainable standard of health" (page 11), the general Goal 3 of the SDGs (UHC and health and well-being for all at all ages) is missing. It is reference on page 16, but should be highlighted here as well.
p.11, 3. TRANSFORM	To add: "SDG 5.9 adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels, adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels"
p.11, 3. TRANSFORM	In the text box for section 3 Transform, include a bullet on "SDG 16.9 By 2030, provide legal identity for all, including birth registration"

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Reference	**Comment**
p.10-11	When listing the SDG goals and targets, 10.2 and 10.3 should also be included to capture the necessary disaggregation of data and elimination of discriminatory laws and practises.
p.10-11	In the list of SDG targets related to the highest attainable standard of health, target 3.8 on universal health coverage is missing. In the list of SDG targets related to transformation, target 5.1 on ending all forms of discrimination is missing.
p.10-11	If the boxes are maintained, SDG 3.3 and 3.4 on HIV/Aids and NCDs need to be inserted in the Survive box, as 5.1 and 5.2. SDG 5.1 in the Thrive box. And 10.3 on ending discriminatory laws under the Transform box. Gender should be reflected/mainstreamed throughout all three "pillars".
p.10-11	We note with grave concern that the sub-section on "Defining Clear Goals" surprisingly fails to reference any of the NCD-related SDG mortality and risk factor targets under its second pillar SURVIVE, despite the strategy's aim to drive the comprehensive agenda of the SDGs. We therefore urge the authors of the GS 2.0 to include target 3.4 "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being" and 3.a "Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate".
p.10-11	SDG target 3.3 is absent from the 3 boxes listing various other SDG targets – while HIV/AIDS continues to be a leading cause of maternal mortality and afflicting women and adolescent girls in particular, as noted in the fact boxes themselves found in this zero draft.

Section IV: How to Achieve the Goals – 7 Transformative Actions

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Reference	**Comment**
p.12, para.1	The role of communities must be mentioned here as agents of change.
p.12, para 2	"The practical power of human rights and equity approaches:" This section should also address the respect, protect, fulfil framework, which forms the foundation of states' human rights obligations to their citizenry and should form the basis for states' actions on women's, children's and adolescents' health.

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Reference	**Comment**
	This section could also highlight the political and practical value of the recommendations of international human rights mechanisms and how they should be used in conducting country assessments and national dialogue processes so that human rights are integrated from the early stage of developing national strategies on women, children and adolescents' health. "Availability, accessibility, acceptability, and quality of health": These are not principles but attributes of the right to health. Also, it would be good to explain what AAAQ mean so there is a common understanding. "Equity and non-discrimination": suggest to change it to: "*equality* and non-discrimination", which is the way that it is stipulated in all human rights treaties.
p.12, para.2	The human rights content should be revised to align it to the accepted normative framework (e.g. pg. 12 of the draft document- availability, accessibility and acceptability are not human rights principles rather they are basic concepts of public health and components of the right to health).
p.12, para.2	Please define the concepts of availability, accessibility, acceptability and quality under "The practical power of human rights and equity approaches". Reference 22 does not mention or define these concepts, and since these aim to be cross-cutting, it is important to know what they mean.
p.12, para.2	"Informed choice and non-coercion" should be "*full, free, and informed choice*" as there are many other ways besides coercion that can cause a choice to not be free. While this terminology was created with regard to family planning, it is applicable for all health decisions
p.12, para.2	Under "The practical power of human rights and equity approaches": This section should include the full "PANEL". Right now "empowerment" and "linkages to international standards" are missing. The "linkages to international standards" is relevant as it can be referenced in later discussions on accountability. It is possible that the Strategy is reluctant to reference empowerment here, as it may seem to overlap Gender Strategy ideas. However empowerment is critical when looking out how to help women and adolescents thrive and transform, particularly given the earlier mentioned issue of suicide as the leading cause of death of girls 15-19
p.12, para.3	"Women, children, adolescents *and communities* can use a human rights approach to drive change ... "

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Reference	**Comment**
p.12, para.3	On page 12, the paper states 'Importantly, there is also growing evidence of the positive impact of human rights based approaches on health and equity outcomes'. An excellent example of this, which could be referenced in the strategy, is the type of human rights based approach to securing women's rights pioneered by Tostan, which has been cited by UNICEF as best practice for ending FGC.[2]
p.12, para.3	Suggest to include WEPs and CRBP (and/or their stats) where the strategy reads, "Importantly, there is also growing evidence of the positive impact of human rights-based approaches on health and equity outcomes" These initiatives show the business case for action on these issues, as well as the positive social effects. Seeing these outlined somewhere makes these point even stronger.
p.12, para.3	It would better read that a human rights based approaches enables women etc to drive change, participate etc. It is oddly phrased that women etc "use" a HR approach to drive change
p.12, para.4	I suggest exchanging the word "people" with *"communities".*
p.12, para.4	Can we use other examples of how there are multiple ways in which human rights can be protected and safeguarded? This section could use a similar example in relation to treaty bodies' concluding observations or UPR recommendations.
p.12, box	The box text shared health and human rights commitments should also include the regional review of the ICPD, in addition to the ICPD, PoA.
p.12, box	Under regional commitments that this Global Strategy refers to, please make reference to the Montevideo Consensus and the United Nations Convention on the Rights of the Child (0-18).
p.12, box	The "shared human rights commitments" text box should also mention the Covenant on Civil and Political Rights and the Covenant of Economic, Social and Cultural Rights.
p.12, box	Outcomes of the reviews of ICPD and Beijing – should be added to the box on page 12/top, as per standard language, including as per target 5.6.
p.12, box	We suggest to add WEPs and CRBP on page 12 under, "Shared Health and Human Rights Commitments."
p.12, box	Human rights are obligations, not commitments.

[2] http://www.unicef.org/protection/files/Child_Protection_Compendium_18June13_e-version.pdf

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Reference	**Comment**
	Mentioning of the Commission on the Status of Women is important, but then the Commission on Population and Development should also be mentioned. Often used language is however: The PoA of ICPD, the Beijing Declaration and BfA and the outcomes of their review conferences to capture CSW and CPD resolutions as well as Beijing+5 and ICPD+5. The Regional outcome documents on Population and Development (2013) should also be mentioned here (the Addis Abeba declaration, the Montevideo consensus etc). "The Safe abortion: technical and policy guidance for health systems" deserves mentioning here. Also the initiatives in the HRC to end child, early and forced marriage.
p.13, para.2	It is stated that "maximum resources dedicated to rights" I think this is the wrong analysis, when in fact much about realizing rights is not about resource allocation, but rather to generating political will and commitment; to creating awareness; etc. Much of the work to be done is and/or can be cost neutral. Further, in many circumstances the failure to realize rights is not manifested as gross violations of rights, but rather threats to rights or lack of an environment where rights can be realized. Thus it's not about doing more or doing different things – realizing rights is about doing things differently.
p.13, para.4	Need to include social accountability under paragraph on how accountability is important for human rights on page 13
p.13, para.4	This para could spell out a bit more clearly the different types of accountability, including legal, social, political, national, and international. [See TG on MMM]. Also, it would be important to mention remedial action as part of accountability and the role that remedies play addressing problems and providing corrective action.
p.13, para.4	On page 13, the paragraph that begins "accountability is central to human rights" should include a specific mention of civil society as a critical actor in the accountability process for the Global Strategy.
p.13, box	"Realize Potential and Expand opportunities" is SO VAGUE. The other action that is vague to me is "accelerate progress with innovation, research and learning". These need to be more defined if there is to be any monitoring and evaluation around them. I'm also still confused why there are targets associated with the SDGs and the "pillars" as well as M&E for the transformative actions. It seems like three separate ways of trying to implement more of a focus on women, children, and adolescents into the SDGs --- but makes the document difficult to understand the goal of, and difficult to utilize.

Section IV: How to Achieve the Goals – 7 Transformative Actions	
Reference	**Comment**
p.13, box	It is unclear how the "7 transformative actions" are meant to achieve success across the Survive, Thrive, Transform continuum. (It is particularly confusing that the word "transform" is used to describe the 7 actions but only one of the three pillars)
p.13, box	The document states that "all the transformative actions are underpinned by human rights and equity." However, as a 'cross-cutting issue' (as gender was relegated to be for so many years) this ends up just being a convenient way of not having to be explicitly accountable for human rights and equity within any of the 7 actions. An 8th action should be added if we are committed to accountability in human rights and equity
p.14, action 1	I think there should be something in the realize potential and expand opportunity here about engaging men and boys and influencing them to be more gender aware. Men and boys can also be powerful transformers for change for women. Men's role is notably absent from this document.
p.14, action 1	In the narrative, the social pact concept needs to be more closely linked with advocacy and in particular the role individuals and civil society play in leading and taking part in broad based actions.
p.14, action 1	This "action" is quite vague. Is there a more specific way to describe what the recommended action is here?
p.14, action 1	Action 1: The title should be changed to "Identify and realize potential and expand opportunities" to make it more precise.
p.14, action 1	This section does not focus enough on social groups and demand creation as mentioned in section V, p. 21. This section should emphasise the WHO recommendation that implementation of community mobilisation through facilitated participatory learning and action cycle with women's groups to improve maternal and newborn health is recommended, particularly in rural settings with low access to services…
p.14, action 1, para.1	"… women, children and adolescents *working in communities* are the …"
p.14, action 1, para.1	It would be important to expand the reference to enabling environments to include the need to move from criminalising to decriminalising consensual conduct and behaviour. A new para could mention the need to develop enabling legal and policy environments in which agency, autonomy and access to health services can be exercised without legal constraints, coercion and discrimination.

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Reference	**Comment**
p.14, action 1, para.1	Suggest including nutrition: "There is extensive evidence that health, *nutrition*, and socioeconomic outcomes…"
p.14, action 1, para.1, sentence 2	"Girls" should be added in the second sentence ("…outcomes improve when women *and girls* are able to realize…").
p.14, action 1, para.2	Para 2 focuses on the role of individuals and there needs to be a paragraph outlining the importance of the role played by communities in RMNCH and the evidence of how community engagement can improve health.
p.14, action 1, para.2	Again, this sentence appears to be a strong location to insert an explicit reference to behaviors. Would change the 2nd sentence of the 2nd paragraph to read "The settings in which individuals are born and live, the opportunities they have, and the social and structural barriers they face, affect whether or not they can *exercise healthy behaviours*, realize their potential and maximize health and well-being.
p.14, action 1, para.3	Para 3 says "collective action is required" and communities and community leaders should be specifically mentioned as partners to be listed, that need to be involved in breaking down structural and social barriers.
p.14, action 1, para.3	This paragraph needs to also highlight the notion of state accountability for protection, promotion and fulfilment of rights. This is particularly important here given the debates around how 'partnerships' may legitimise privatisation of state roles and resources. Also, we suggest to add some specific language on the actions that might be required to break down these barriers. Examples could include: Elimination of discriminatory laws Addressing harmful gender stereotypes
p.14, action 1, para.3	Suggest a footnote mentioning WEPs and CRBP when speaking about partnership-in paragraph 3 or in the image at the bottom of the page.
p.14, action 1, para.4	More detail needs to be provided to flesh out what constitutes a "people-centered movement" and how this "pact" can actually drive country-level action.

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Reference	**Comment**
p.14, action 1, para.4, sentence 2	Suggest changing "…be able to demand access to…" to *"…be able to claim and enjoy their rights to quality services".*
p.14, action 1, fig.5	"With this social pact women, children, adolescents *and communities* should be …" or "*working in communities* …"
p.14, action 1, fig.5	The image of the social compact does not make determinants of health sufficiently prominent. It is important to recognize commitments to rights outside the health sector alongside things like Maputo and CARMMA, such as eThekwini and Sharm el Sheik commitments on sanitation, in order to further emphasize the importance of determinants of health to the success of the Global Strategy.
p.14, action 1, fig.5	The image used in the above graphic looks like a ship, consider using an alternative that is more obviously about women, children and adolescents.
p.14, action 1, fig.5	In figure 5, it remains unclear who is acting, e.g. to end preventable deaths. A clearer formulation would be of great help to make the figure more targeted.
p.14, action 1, fig.5	The image gives the impression of a riot, or a group of people each striving to gain attention and be heard. It gives a sense of confusion. Sadly, I think that this mirrors some aspects of the document.
p.14, action 1, fig.5	The content on this page indicates that "Action 1: Realize potential and expand opportunities" is achieved through a social pact by countries to do all 7 actions…which includes Action #1. This seems like circular logic and it remains unclear what types of concrete actions would be recommended under #1 other than this pact (whereas the other actions are much more concrete)
p.14, action 1, fig.5	The social compact image is nice, but it really needs to translate into plain English. most people will not understand what these 7 principles mean. they need to be re-written for public consumption
p.14, action 1, fig.5	In Figure 5 (the illustration of the "social pact"), the words "realize human rights, security, and dignity" and "promote human rights and equity" run across the bottom of the two columns, but do not seemed to be linked to anything. Is the first what pact signatories believe that women, children, and adolescents should be able to do, and the second what the pact signatories are doing to achieve the goals? This is not clear. Right now it just seems like they are there to check the "rights" box, without incorporating rights into the pillars or the

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Reference	**Comment**
	transformative actions. If "realize human rights, security, and dignity" does fall under what the pact signatories believe that women, children, and adolescents should be able to do, then it should be included as a fourth pillar. If "Promote human rights and equity" is part of what signatories should do to achieve the goals on the other side, then it should be an 8th transformative action
p.15, action 2	When Goal 2 speaks to including leaders from the private sector, we suggest to mention initiatives such as WEPs and CRBP that showcase and give leaders of the private sector a platform for commitment and engagement with other leaders and sectors. Telling stakeholders to do something, without a way to do it, will only give us possibly excuses and flatline progress. Again, WEPs principle 1 (high level corporate level ship) is makes an important connection here.
p.15, action 2, para.1	Recommend adding highlighted text: "This is particularly important to address key challenges such as weak legislation and institutions, inadequate infrastructure and capacities, *insufficient supply chain and health regulatory mechanisms,* and lack of quality data for decision-making."
p.15, action 2, para.1	In the first paragraph of this section, please modify as follows: "(…) this is particularly important to address key challenges such as weak legislation and institutions, unsafe infrastructure and capacities, limited *and misuse* of resources, *corruption*, and lack of quality data for decision-making".
p.15, action 2, para.1, sentence 3	Suggest insert: "key challenges such as *private sector regulation*".
p.15, action 2, para.2	In paragraph 2. Please modify as follows: "In this way, by strengthening country leadership capacities *and investing in community participation*, they can create a stronger foundation for transformative change in women's, children's and adolescents' health"
p.15, action 2, para.2	Suggest insert: "Senior political leaders have the authority *and obligation* to…"
p.15, action 2, para.3	Recommend adding highlighted text: "Active citizenship can be a transformative force in the design of health services, in creating demand for those services *and life-saving commodities and in holding governments accountable for the provision of these services*."

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Reference	**Comment**
p.15, action 2, para.3	The word "citizens" exclude some population groups without citizenship status.
p.15, action 2, para.3	Add "including youth and family voices", to paragraph 3, second sentence on Page 15: Active citizenship, *"including youth and family voices"*…
p.15, action 2, para.3	Need for additional illustrative information on FP/RH. The following could be inserted after the second sentence: *"Supporting women leaders (including women religious leaders, parliamentarians, journalists, and physicians) can be an effective approach to strengthening family planning and reproductive health advocacy and services."*
p.15, action 2, para.3, sentence 3	This could be expanded to emphasise the key role that women, children and adolescents (as well as civil society organisations that work closely with them) can play in identifying needs, setting priorities, monitoring and providing feedback, and participating in accountability mechanisms that can provide corrective action.
p.15, action 2, para.4	We suggest to also mention transparency of budgets and civic participation in budget monitoring. Also, the paragraph addresses inequities between rich and poor - but does not capture other inequalities that result from discrimination
p.15, action 2, para.5	Add a sentence to the last paragraph, after the third sentence on Page 15: *"Countries should recognize the human rights implications of ensuring access to care for those with NCDs or other special health care needs."*
p.15, action 2, para.5	Spell out RMNCAH on first use
p.15, action 2, fig.6	This figure is confusing for a general audience. It's unclear what it is aiming to convey.
p.15, action 2, fig.6	Figure 6 is not very clear or useful. Eliminate it. It does not contribute much.
p.15, action 2, fig.6	Figure 6 needs more explanation.

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Reference	**Comment**
p.16, action 3	On the section on strengthening resilience and effectiveness of health systems I think the role of the community is omitted. They have a key role in supporting the health system (through health committees, holding health centres accountable) but also in promoting health at the community level e.g. by encouraging health facility deliveries, using health data for resource allocation etc.
p.16, action 3	Life-saving commodities should be incorporated under this transformative action as follows: (Include after the sentence in paragraph 2 that reads 'Where health systems are weak…adolescents): "*Improved health services for women, children and adolescents who need them most require that quality, life-saving medicines and health products be available, accessible, and put into the hands of qualified health workers. Partnering with the private sector is key to create, develop or expand viable markets for quality life-saving commodities and products.*"
p.16, action 3	The text on marginalized and disadvantaged communities should besides refugees also refer to "*other key populations"*
p.16, action 3	In this section there is no reference to the underlying logistical and human resource problems that plague so many health systems around the world. Providing a continuum of care and monitoring that care are important (and we would argue that there is wide-spread agreement on that), but that can't happen when health systems lack basic commodities, infrastructure and personnel. Brain drain and supply chain issues are real, and the original source of so many problems. It's time we state that outright so we can face it head-on
p.16, action 3	CRBP Principle 3, which requires companies to provide decent working conditions that support workers in their role as parents and caregivers, including healthcare benefits for working mothers and expecting mothers would be great to footnote/include here. You could also mention the WEPs, and additional initiatives, here in that they provide companies ways to commit to issues such as women's health within the workplace (safety, health, training, education, etc.).
p.16, action 3, para.1	While there is no clear home for service delivery under the current 7 Actions, a clear reference to goal of increasing integration of services can be included under Action 3 - Strengthen the Resilience and Effectiveness of Health Systems. A proposed edit, following the 3rd sentence, would add the following new sentence *"Greater integration of multiple health care services can better serve and address the health care needs of women, adolescents and children."*

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Reference	**Comment**
p.16, action 3, para.1	The current proposed Sustainable Development Goal 3 does not call for 'Universal Health Coverage and health and well-being for all at all ages' rather it calls for 'Ensure healthy lives and promote well-being for all at all ages'. The paragraph that follows needs to better reflect the actual proposed goal as it is presently very much centred around UHC (which is target 3.8).
p.16, action 3, para.1	In the first paragraph, please change as follows: "These aims can only be achieved through strong, resilient *and equitable* health systems and workforce".
p.16, action 3, para.1	We note that it would be more accurate to say that Goal 3 of the SDGs calls to *"ensure healthy lives and promote well-being for all at all ages"* as this is the agreed upon wording of the goal. The concept of health throughout the life course is introduced for the first time in the zero draft GS 2. It would be useful to have expanded on the concept and its importance to RMNCAH in earlier chapter 3.
p.16, action 3, para.1	To avoid a reductionist model of what universal health coverage should include, there should be a reference to strengthening comprehensive primary healthcare
p.16, action 3, para.1	SDG 3 on health is not cited correctly. It should read *"ensuring healthy lives and promote well-being for all at all ages".*
p.16, action 3, para.1	Page 16, change second sentence in paragraph 1 on p 16, to read: *"These aims can only be achieved through strong and resilient workforce and systems, and publically financed health systems free at the point of use through progressive taxation is therefore essential to reach the 2030 goals".*
p.16, action 3, para.1	Community health workers and volunteers should be mentioned as part of resilient health workforce and systems.
p.16, action 3, para.2, sentence 2	"Prioritises": It would be important to highlight how this prioritisation takes place. Here we could suggest the need for an inclusive dialogue process that enables women, children and adolescents from different groups to have their voices heard.
p.16, action 3, para.3	The recognition of marginalized and disadvantaged communities should mention children and NCDs. Suggest change to paragraph 3 on Page 16: "National plans and policies need to take full account of the needs of the whole population – and especially people in marginalized and disadvantaged communities, such as refugees, *"those living with NCDs, and others with special health care needs".*

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Reference	**Comment**
p.16, action 3, para.3	Identifying especially excluded and priority groups from an equity lens- While strongly welcoming and supportive of the focus throughout the draft on refugees and conflict-affected populations, the draft should acknowledge other groups especially relevant to prioritize in the context of RMNCAH (i.e. beyond 'such as refugees', page 16/under Figure) – e.g. indigenous, migrants, those subjected to racial discrimination, women and girls living with HIV/AIDS, with disabilities, etc.
p.16, action 3, para.3, sentence.1	"Refugees": Suggest to expand the list and include migrants and people with disabilities. Perhaps others?
p.16, action 3, para.4, sentence 4	This alludes to the critical gap in human resources for better RMNCAH, but it needs expansion. The recent State of the Midwives report could be cited and summarized, as midwives are the most important frontline healthcare workers who address the critical needs of the maternal-newborn dyad.
p.16, action 3, fig.7	Stillbirths need to be equally highlighted in the strategy. Under the continuum of care a perinatal block should be included rather than just labour and birth to ensure the inclusion of foetal care.
p.16, action 3, fig.7	Figure 7 has major omissions and presents an inaccurate approach to adolescent health. [Respondent gives nine detailed recommendations for changing figure 7. The most significant is creating a separate column for adolescents. Please see the original submission for full details]
p.16, action 3, fig.7	Under 'labour and birth', *"Clean Care*" should be added under 'first level facility'; and access to water, sanitation and hygiene should be highlighted at all levels as a key intervention. Under 'adolescents and women', prevention of risk behaviours is important in first level facilities, but so too is promotion of healthy behaviours, such as hygiene, as reflected under community-level interventions.
p.16, action 3, fig.7	Suggest referencing breastfeeding: Adolescent and Women: "healthy behaviours *and eating habits...*" and "comprehensive sexual education *that includes information on breastfeeding*". Pregnancy: "counselling and birth preparedness *including information on breastfeeding optimal practices...*" Child: "promotion of optimal care for child at home *including information on exclusive and continued breastfeeding*"
p.16, action 3, fig.7	Breastfeeding promotion was inadvertently left out of Figure 7!

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Reference	**Comment**
p.16, action 3, fig.7	Figure 7 for prenatal, newborn and child should also address/include: Protection from tobacco smoke and other environmental toxins; and Promotion of healthy nutritional intake
p.16, action 3, fig.7	Under Child the items are only focused on health care services. We suggest to add: Health promotion through healthy behaviours and structural measures; Poverty reduction as an essential prerequisite for child health promotion; Protection of children through policies; Sexual education; Development and reinforcement of social competencies.
p.16, action 3, fig.7	I missed a simple, high level concept which can be used in advocacy. Figure 7 comes closest to this but is too late in the document, too complex and (although I argue for this!) puts adolescents first rather than last as in the title of the draft.
p.16, action 3, fig.7	For figure seven, safe abortion must be included in the life course for adolescents and women.
p.16, action 3, fig.7	There are many opportunities throughout the document to address [safe and legal abortion]. At a minimum, we call for this change to the Zero Draft strategy in Figure 7 -- Essential health interventions for women, children and adolescents, at critical stages in the life course, with appropriate references. Under the Pregnancy column: Add *safe and legal abortion and post abortion contraception* to the Referral level and First level facility. Add *awareness and referral for safe and legal abortion* to the Community level.
p.16, action 3, fig.7	The horizontal categories are disjointed, one is about a population (women and girls) and the others are about a particular stage of the life cycle which some women may not/may not choose to go through. Suggest re-thinking and revising this entire table. There are many inconsistencies, redundancies, and omissions and it appears generally not vey health-positive or sensitive to the diversities among clients.
p.16, action 3, fig.7	The title of figure 7 should follow the order in the graphic: Adolescents, women and children. "*And women*" should be added after "hospital care of injuries and illnesses of adolescents" in the box on referral level facility for adolescents and women; "*safe and legal abortion and post-abortion care*" should be added to the interventions at the referral level and the first facility level during pregnancy; in the box on community level for adolescents and women the order of interventions could be amended, starting with the 1) promotion of healthy behavior, 2) CSE, 3) Protection of adolescents through policies (which policies are meant here to protect adolescents from

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	what?), 4) contraceptive services, 5) preconception care. Please add "*awareness and referral for safe and legal abortio*n" to the list of interventions at this level.
p.16, action 3, fig.7	The omission of safe abortion in the life course for adolescents and women is egregious. 3 million young women undergo unsafe abortions annually. Abortion should be made safe, accessible and affordable for those who need them. This should be in addition to the reference to management of incomplete abortions in the Pregnancy phase. Management of incomplete abortions should be changed to post abortion care including the treatment of incomplete abortion. Post abortion treatment, care and counselling should be available to all women undergoing any kind of abortion procedure. Prevention of mother to child transmission of HIV should be streamed throughout every aspect of the life course of women and girls.
p.16, action 3, fig.7	Figure 7 is very SRH focused, but issues such as maternal mortality and NCDs are "inextricably linked". Figure 7 should indicate these linkages.
p.16, action 3, fig.7	Under the adolescents and women column, mention *"post-abortion care"* as an essential health intervention. Under the pregnancy column, *mention "in cases of unwanted or life-threatening pregnancy, provide access to safe abortion"*
p.16, action 3, fig.7	Figure 7 should mention prevention of smoking and exposure to secondhand smoke for children and adolescents, as well as under "intersectoral" include school feeding programs, physical activity and nutrition education in school curricula.
p.16, action 3, fig.7	Figure 7, on page 16, gives quite a comprehensive overview of the necessary health interventions for women, children and adolescents – but it omits FGC and child marriage. This could be remedied by adding *"community based human rights education to change the social norms which uphold harmful traditional practices, such as female genital cutting and child marriage."*
p.16, action 3, fig.7	References to FP/RH high impact interventions should be added to Figure 7. For example: Community-Based Family Planning is considered by many organizations a high impact practice and should be included in the community cell in the Adolescents and Women column. Postabortion Family Planning is also considered by many organizations as a high impact practice and should be added to all three cells in the Pregnancy column. For the Labour and Birth column, Immediate and Exclusive Breastfeeding/Lactational Amenorrhea Method counseling and support, as nutrition and child spacing interventions, could be added to all three cells

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	For postnatal Mother/Baby column, postpartum family planning prior to discharge or linked to immunization, also considered a high impact practice, should be added in all three cells. In the Child column, Birth Spacing (to help protect the index child) could be added to any of the cells. For Child at the community level, suggest including: "*Promotion of continued breastfeeding until 24 months, with appropriate complementary feeding starting at 6 months.*" Also, *"Community management of acute malnutrition"*.
p.16, action 3, fig.7	Overall Figure 7 is very weak on interventions for children. Should include promotion and support of continued breastfeeding and complementary feeding, routine immunization and refer to "integrated" management of childhood illnesses. Figure 7 does not provide comprehensive list of essential health interventions but rather notes the packages of care required along the continuum of care. Thus the title should be changed to reflect true content of figure if decided to keep. However, perhaps it is best to place a broader figure describing continuum of care concept and referencing a separate but linked document which will include full list of essential interventions supported by GS (and these should be taken from the technical working papers which will be published in the BMJ supplement).
p.16, action 3, fig.7	This should refer to modern methods of contraception rather than FP methods "SRH services" is listed twice with slightly different phrasing under Referral Level Services for Adolescents and Women Shouldn't all facility levels make post-partum contraception available, as opposed to just the community level? Community level: Under "Adolescents and Women," the other types of care should not be called "pre-conception care"…women and adolescents deserve to be healthy in their own right not just as they prepare to conceive. These types of services should always be available, not just in the time leading up to conception. Also what about mental health services? Perhaps list this at a higher level provider only Postpartum/postabortion FP should be included in the "postnatal mother/baby" column as in the community services row where "postpartum services at facilities" doesn't belong. We are also missing the "policy" and enabling environment piece in this framework: refer to the continuum of care framework and SEED model.
p.16, action 3, fig.7	Figure seven has several omissions: (1) Adolescents and women: community level - could mention menstrual hygiene; first level facility - to be added: STI and HIV testing, prevention and treatment; screening of reproductive cancers, youth friendly services, integrated package to address violence, including rape. (2) Pregnancy: first level facility - to be added: access to safe abortion services and

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	postabortion care, STI and HIV testing, prevention and treatment, integrated package to address violence, including rape, (3) Labour and birth: first level facility: to be added: prevention of mother to child transmission of HIV
p.16, action 3, fig.7	We plea as a minimal change to specifically include in the Zero draft strategy Figure 7, Pregnancy column: 1. Add safe and legal abortion and post-abortion contraception to the referral level and first level facility. 2. Add awareness and referral for safe and legal abortion at community level
p.16, action 3, fig.7	The Child column should be strengthened by including: breast-feeding; diarrhoea; pneumonia; acute malnutrition screening; introduction of vaccines. Further changes were recommended to the Pregnancy and Adolescents and Women columns to avoid stigmatising language. [Respondent offered to email these to the team at a later date]
p.16, action 3, fig.7	Figure 7 should include safe abortion. 3 million young women undergo unsafe abortions annually. Pregnancy phase: Management of incomplete abortions should be changed to post abortion care including the treatment of incomplete abortion. Post abortion treatment, care and counselling should be available to all women undergoing any kind of abortion procedure. "Prevent high risk behaviour" should be changed to "*reduce vulnerabilities*" or "*reduce higher risk behaviour*" Prevention of mother to child transmission of HIV should be streamed throughout every aspect of the life course of women and girls. In the narrative language on health systems and health workers should be strengthened. Task sharing, particularly for Long-acting reversible contraception should be included.
p.16, action 3, fig.7	Figure 7 needs to be updated with the latest evidence on effective practices from the Lancet Series on Midwifery. The last paragraph of item 3 needs to clearly recognize that many health care professionals work at all levels of the health system, rather than putting all those who work close to where people live in one group together. As per the State of the World's Midwifery 2014 report: *"Midwives, when educated and regulated to international standards, have the competencies to deliver 87% of service needs. However, midwives constitute only 36% of the reported midwifery workforce: not all countries have a dedicated professional cadre focused on supporting women and newborns"*

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Reference	**Comment**
p.16, action 3, fig.7	Complete the column on child with: introduction of new vaccines; infant and young child feeding, in particular breastfeeding; screening for acute malnutrition; prevention and management of diarrhoea, pneumonia and malaria.
p.16, action 3, fig.7	There is very limited to nil attention in the text, beyond reference to HIV in fact boxes. For example, it is not explicitly mentioned in the key Figure 7 on 'essential health interventions'; nor in terms of integration in maternal health for example. Mental Health is absent from Figure 7 on essential interventions. While noting the reference to 'GBV and harmful practices' in Figure 7, it should be a separate bullet (as it is currently added to a listing on vaccines, tobacco, alcohol abuse, etc).
p.17, action 4	I am delighted to see the emphasis on integration. However, the statement at the end that countries need to build their management capacity to work cross-sectorally I think underestimates the level of skill and timelines required in doing this and the number of challenges inherent.
p.17, action 4	In addition to a multi-sectoral approach, there should be specific mention of the need to link with other relevant strategies (e.g. UNAIDS Strategy on HIV; Global Fund Strategy, UNFPA's Adolescent and Youth Strategy, etc.) to maximise impact. We suggest also mentioning benefits of integrated service delivery.
p.17, action 4	Goal 4 is about partnering across sectors, this is one of the key places we would like to see the private sector being highlighted and recognized. They are a tremendous part of this partnership. Without mentioning the specific players in these potential partnerships, the idea gets lost.
p.17, action 4	We suggest the Lancet recommendation on nutrition-sensitive approaches is recognised within transformative action 4: 'Partner across sectors for health and sustainable development' (page 17): Nutrition-specific interventions, even if scaled-up to cover 90% of the population, are estimated to reduce stunting prevalence globally by just 20%. Acceleration of progress in nutrition requires improvements in the nutritional outcomes of effective, large-scale, nutrition-sensitive development programmes.
p.17, action 4, para.1	Suggest insert: "such as reduced poverty and inequity, *violence, discriminatory attitudes and gender stereotyping*."

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Reference	**Comment**
p.17, action 4, para.1, sentence 3	Typo: "Heath-enhancing" should read "*Health-enhancing*"
p.17, action 4, para.3	Social and structural barriers should be mentioned and which can be addressed with the support of communities including faith based organisations.
p.17, action 4, fig.8	Add a legend defining fast-track and other countdown countries
p.17, action 4, fig.8	Include progress related to optimal breastfeeding practices.
p.17, action 4, fig.8	In Figure 8 the unit (Percentage?) of Average Absolute Change 1990-2010 is missing?
p.18, action 5	Please mention specifically about wars, natural calamities and immigrants/refugees and role of neighbouring countries and international community in these situations.
p.18, action 5	The title of this action is misleading. It should be reformulated to "*tackle the consequences of inequities and fragilities across settings*" since inequities and fragilities will not be tackled by interventions for women's, children's and adolescents' health.
p.18, action 5	The current approach to include 'tackle inequities and fragilities across settings' as one of the seven transformative actions risks this being seen as the fragile and humanitarian 'section' of the draft and getting somewhat lost in the overall updated Global Strategy. We would suggest that transformative action 5 be used to outline the importance of tailoring approaches to women's, children's and adolescents' health to a particular context, addressing the specific inequities within a country, between regions and populations. In addition, a new section could be added to the draft that outlines the proposed strategy/ies in humanitarian and fragile settings in greater detail, building on the paragraph found on page 18, above Figure 9. If an additional section is not a preferred option, then content related to humanitarian and fragile settings should be incorporated into all of the transformative actions, for example the particular issues related to financing and the complex plurality of actors in

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	humanitarian, conflict and post-conflict contexts could feature within transformative action 2, related to country leadership and resources.
p.18, action 5	It sounds like the majority of this discussion on inequity is looking at humanitarian settings, but it is also extremely important to discuss the inequities rampant in low income countries in general and how we need to work to address them. That seems to be the case in the first paragraph, but the way the second paragraph jumps right into a humanitarian setting discussion it seems like the whole section is focused on that.
p.18, action 5	Should also consider "fragile communities", so not limit discussion on equity to wealth quintiles but also to marginalised, stigmatised and criminalised groups.
p.18, action 5, para.1	Would change the second sentence of the first paragraph to read "One of the priorities in tackling inequities and fragilities is to acquire a detailed understanding of where they occur, who is affected, and what bottlenecks and obstacles prevent people from *practicing healthy behaviours and* accessing the services and care they are entitled to as rights-holders.
p.18, action 5, para.1, sentence 3	Suggest insert: "population data *and also social and economic data."*
p.18, action 5, para.2	Para 2 should mention community systems strengthening as an important part of health systems strengthening in fragile contexts.
p.18, action 5, fig.9	Where does the narrative for figure 9 come from? It oversimplifies the approach needed, and should better explain/qualify targeting to avoid fragmented approaches. The bottlenecks to equitable coverage may not need just a programme for the poor, but better targeting of the needs of the poor within a universal approach etc. Propose this section following Figure 9 is reconsidered
p.18, action 5, fig.9	Chapter IV, item 5 – Figure 9 doesn't flow from the two preceding paragraphs. Needs a few connecting sentences.
p.18, action 5, fig.9	Human rights could be integrated into this interesting graph - to say that human rights requires a focus on the most disadvantaged and marginalised, thus would justify the targeted interventions suggested in the graph. Of course - depends on who gets captured in the data - as often the most marginalised groups are completely invisible (undocumented migrants, sex workers, etc)

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Reference	**Comment**
p.18, action 5, fig.9	Modify caption to specify that the figure pertains to inequities in health services coverage
p.19, action 6	More clarity should be provided on the 1000 innovations mentioned in the strategy.
p.19, action 6	Goal 6 can footnote CRBP Principle 5: companies should ensure that their products and services are safe and seek to support children's rights through them (this would apply to companies especially in the health and pharmaceutical sector when implementing this goal).
p.19, action 6, para.2	Life-saving commodities should be incorporated under this transformative action as follows: "*Public-private partnerships are critical to develop quality, affordable innovative products. An example of such a partnership is a new formulation for inhaled oxytocin, currently under development, which will obviate the need for syringes/injections and cold storage and would make the drug easier to store and administer to women haemorrhaging after labour.*"
p.19, action 6, para.3	Add "and on recognition that NCD prevention and treatment affects the child survival agenda" to the end of paragraph 3 on Page 19: "…and on social and behavioral change research, *and on recognition that NCD prevention and treatment affects the child survival agenda*".
p.19, action 6, para.5	We suggest that the phrase 'Less formal' in point 6 (p.19) could be interpreted as being culturally insensitive, as it suggests that South-South collaboration is somehow lacking, when really it less widely practiced and explored. We suggest substitution of 'less formal' with *'emergent'*.
p.19, action 6, para.5	Suggest *replacing* last paragraph of this section with: *"We still have many big gaps in global health where we don't have the right tool – key vaccines, drugs, diagnostics and other tools across multiple disease areas. Furthermore, we need to address larger issues that are hindering the scaling of innovations for the most vulnerable, including regulatory issues, clinical capabilities, and policy challenges. Finally, the game-changer in the innovation space broadly in the next fifteen years will be our ability to fully deploy digital health assets against every type of innovation and intervention – whether directly for remote tools, data management and social media engagement, or indirectly as digital and data infrastructures will enable and eventually align all of our health work.* *Both private and public sectors are important sources of investment, expertise and leadership to scale innovations. We need to spur the development of innovation marketplaces that will engage not only academia, civil society, foundations, donors, and companies, but also*

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	socially minded investors and domestic governments. Innovations scale successfully based on country demand and alignment with country needs and priorities; we must find ways to leverage innovations coming out of the developing world that are more user-centric in their conception, design and price. Innovation needs to rebalance from being primarily supply-side -- pushed by donors and the R&D community -- to being more demand-side, being pulled by countries/markets, with the right analytics, price and approach."
p.19, action 6, para.5	Add sources for innovations stalling at the development stage and South-South knowledge exchange.
p.19, action 6, para.5, sentence 1	…and lack of political will
p.19, action 6, fig.10	Figure 10 is not very helpful. Should be cut given the premium on space.
p.19, action 6, fig.10	Figure 10. What does this mean, "number of technology-enabled programs"? Could we get some examples? Otherwise this figure does not do anything to enhance understanding of the content
p.20, action 7	This section concerns itself with accountability and the College would like to see the inclusion of the International Code of Marketing Breast-milk Substitutes and subsequent, relevant, WHA resolutions added to this section. In terms of discussion about independent review and accountability the College feels that conflict of interest issues and transparency are key aspects that have again been either missed or avoided.
p.20, action 7	The role of civil society in accountability, and the importance of multi-stakeholder, participatory planning processes (for policies, budgets, national plans, accountability mechanisms etc.) must be emphasized further
p.20, action 7	Disaggregation of data should be mentioned here, especially in relation to sex, age, geographical location, marital status and health status. It could be mentioned here that data collection is contributing to better budgeting and planning and thus governance. Of particular importance is gender-responsive budgeting.
p.20, action 7	We agree that a strong accountability mechanism is needed to monitor the implementation of the strategy. Still, it does not become very clear who the accountability mechanism will be designed [by] and how it will be related to the monitoring of the post-2015

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	framework. This is of great importance taking into account the ambition of the strategy to serve as a front-runner implementation platform.
p.20, action 7	Spell out CoIA and CSO in the Accountability Principles table
p.20, action 7	In the narrative language, it is important to ensure there is a common understanding around key words (eg innovation, accountability, technology-enabled programs).
p.20, action 7, para.1	Suggest changing "action" to "*redress*".
p.20, action 7, para.1	Amplify Accountability, insert "subnational" in the sentence "Data is crucial at all levels to ensure accountability, whether *subnational*, national or international."
p.20, action 7, para.2, sentence 1	Although all stake holders are accountable, it is important to specifically highlight the responsibility of States under international law to respect, protect and fulfil human rights in relation to the right to health. Also, this section should include a reference to the accountability framework developed in the Guiding Principles on Business and Human Rights.
p.20, action 7, para.2, sentence 7	Financial data - ie NHAs, and transparent, timely budgets and expenditure data also should be mentioned here.
p.20, action 7, para.4	Suggest changing "idea" to "*requirement*".
p.20, action 7, para.5, sentence 2	What models? Such as?
p.20, action 7, Acc. principles	In the Accountability principles table (page 20), insert a reference to subnational authority under the Leadership bullet. This table would also benefit from emphasizing support for and harmonization with existing health and development plans in addition to inclusion of subnational leaders and civil society.

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Reference	**Comment**
p.20, action 7, Acc. principles	Global section - to be added: obligations under international human rights law and commitments made in international consensus documents.
p.20, action 7, Acc. principles	Goal 7 is another key place the private sector should be mentioned. At the bottom of the page where actions at laid out at the country and global level, we suggest adding initiatives to ""mechanisms, institutions, and processes."" Here we suggest footnote/mention WEPs and CRBP.
p.20, action 7, Acc. principles	Accountability: Suggest to specifically mention state responsibility and the responsibility of the private sector. Mechanisms: Suggest to include national protection and redress mechanisms here including NHRIs, judiciary, parliamentary commissions, women commissions, children Commissions, etc. National review: The review work of international human rights mechanisms should also be highlighted. The observations and recommendations of these mechanisms are critical inputs into national strategies on women, children and adolescents' health. Legitimacy/strong linkages: The role of international human rights mechanisms should be highlighted here. Some of these mechanisms are not intergovernmental but have the legitimacy which comes with the ratification of treaties by State parties. Open accountability: This should be relevant at the country level, in particular the issue of transparency and social accountability.

Section V: We all have a Role to Play

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Reference	**Comment**
p.21	One cannot disagree with the list above, but the figure misses the opportunity to illustrate in how they may interact in new ways - it shows all the elements without indicating the process by which they will work.
p.21	While recognizing their critical role in many settings, there seems to be an overemphasis or imbalance in references to 'faith-based groups' – for example, in page 15 and page 21/bottom, where it should be consistently preceded by 'women's and youth groups' and

Section V: We all have a Role to Play	
Reference	**Comment**
	inclusive of 'groups representative of especially excluded and marginalized communities' (e.g. indigenous, migrants, women and youth living with HIV/AIDS, with disabilities, etc.)
p.21	This section should emphasize advocacy more, and in general, the section lacks clear guidance on concrete steps to be taken by stakeholders. Under "we all have a role to play" section, in the "creating an enabling environment" portion, add a reference to fostering good governance and proper judicial systems for redress.
p.21	Provide a source for the EWEC Innovation Working Group proposal for a global innovation marketplace.
p.21	CSOs are not only watchdogs but in many cases service providers. In this chapter it should be added that we need to ensure a safe and enabling environment of civil society and human rights defenders to do their work. The increased limited space for civil society is a concern and greatly impacts the objectives of this strategy.
p.21	Under the section We All Have a Role to Play, we would advise that the Private Sector be added under Stakeholder Engagement and Partnership and that Workplaces be added under Creating an Enabling Environment.
p.21	Suggest deleting reference to faith based organisations since they can be quite detrimental to women's and adolescents' health and reproductive/sexual rights. The text could refer to civil society organisations.
p.21	Most of the "create an Enabling Environment" boxes are part of the 7 transformative actions. Only "Advocacy" and "Human Rights and Equity" are explicitly missing. It would make it clearer to either have all of them link to the transformative action language, or to have none of them use the same language as the 7 transformative actions.
p.21	Figure on page 21: We would suggest further clarifying the interactions between the different stakeholder and their contribution to the enabling environment. Women, children and adolescents should be in the centre of the figure, both as actors and beneficiaries. Consider adding under 4th para the following "Social groups, women's and youth movements, faith-based organizations, organizations engaging men and boys, and many others…"
p.21, para.1	Para 1, include communities in: "Women, children adolescents *and communities* must be at the centre of this movement..."
p.21, para.1	Add paragraph after current paragraph 2: *"Effective, sustainable financing requires active engagement of all private sector models at all levels, global, regional, country, and local:* • *Philanthropy;*

Section V: We all have a Role to Play	
Reference	**Comment**

	• *Corporate social responsibility (CSR) -- utilizing core competencies in areas such as supply chain, training, human resources management, where industry is leveraging its business skills, brand or know-how to engage more directly in services, products and innovation directed toward social goods;*
	• *Shared Value Creation - developing sustainable business models:*
	  ○ *traditional public-private partnership structures;*
	  ○ *emerging social impact investing vehicles, using blended investment approaches to generate more inclusive and beneficial growth and development targets; the Saving Lives@ Birth Grand Challenge is an example of a blended finance initiative.*
	  ○ *new market opportunities with private capital and know-how that will enable many women and children to become part of an economy where certain fundamental needs are met."*

p.22, fig.11	Add a label to the X-axis (years)

Reference list

Reference	Comment
p.24, no.40	The PLBC Evidence Summit led by USAID and UNICEF published a special issue of the Journal of Health Communication which is a better reference than the citation currently listed (the website). Would change the citation for the PLBC Evidence Summit (currently number 40) to - *Special Issue: Population-level behavior change to enhance child survival and development in low- and middle-income countries: a review of the evidence. Journal of Health Communication: International Perspectives, Volume 19, Supplement 1, September 2014.* http://www.tandfonline.com/doi/full/10.1080/10810730.2014.918217