

**Updating the Global Strategy for Women's, Children's
and Adolescent's Health:
Consultation Toolkit**

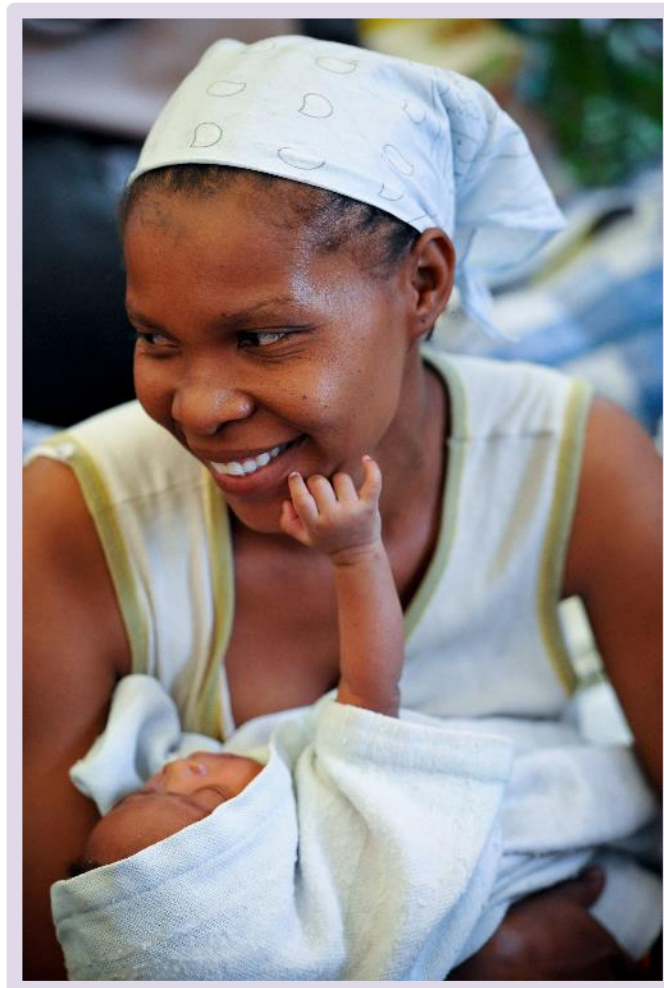


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1. INTRODUCTION

This Consultation Toolkit to accompany the process of updating the Global Strategy is designed to help inform a wide range of stakeholders on the key issues surrounding the updated Global Strategy for 2016-2030 and to provide information on the consultation process coordinated by PMNCH, as well as how to get involved. This communications toolkit is designed to inform a broad audience and galvanize input into this consultation process.

This toolkit is a guide, so please feel free to choose the content that works best for you and adapt as needed.

Share your Views

- [Take](#) the survey or [Submit](#) your views.
- Tweet your thoughts using [#Commit2Deliver](#)

Ask any Questions

If you have any further questions or would like to request further assistance with the consultation process, send us an email to: pmnch@who.int.

2. GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENT'S HEALTH

Source: [Every Woman Every Child](#)

Transitioning the Global Strategy for the Post-2015 Era

Great strides have been made in reducing maternal and child mortality – with a 47% reduction in maternal mortality and a 49% reduction in child mortality since 1990 – demonstrating that change is possible. While there has been substantial progress, much remains to be done. As we transition from the MDGs to the SDGs, it is imperative to accelerate momentum for women and children, but also to protect the often fragile gains in some countries, as recently witnessed with the impact of Ebola and weakened health systems on maternal and child health.

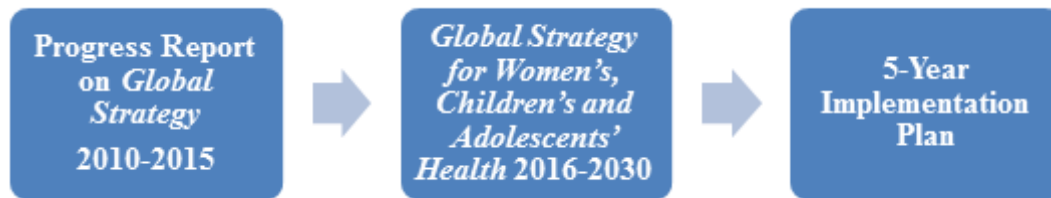
Launched in September 2010 by the UN Secretary-General, the Global Strategy for Women's and Children's Health has contributed to significant progress worldwide for women's and children's survival and health. The Every Woman Every Child movement that grew out of the Global Strategy mobilized actors from all sectors to work towards shared goals. Strong progress has been made toward the vision to end all preventable maternal, newborn, child, and adolescent deaths within a generation but there is still unfinished business and new challenges that need to be addressed as we transition from the Millennium Development Goals to the Sustainable Development Goals agenda.

An updated Global Strategy for Women's, Children's, and Adolescents' Health will build on new evidence, including the need to focus on critical population groups such as newborns, adolescents and those living in fragile and conflict settings, build the resilience of health systems, improve the quality of health services and equity in their coverage, and work with health-enhancing sectors on issues such as women's empowerment, education, nutrition, water, sanitation and hygiene. It will align with the targets and indicators developed for the Sustainable Development Goals framework and outline opportunities for means of implementation, including innovative financing and the Global Financing Facility. To build the political support needed to develop and implement an updated Global Strategy, it will be essential to demonstrate how the Every Woman Every Child multi-stakeholder partnership and accountability models have contributed to accelerated progress for women's, children's, and adolescents' health.

A Progress Report to be launched in March 2015 will document progress, lessons learned, and the added value of partnerships facilitated under the Global Strategy. It will also look at the unfinished business and set-up the rationale for an updated Global Strategy for the 2016-2030 period. The next Global Strategy will be launched at the UN General Assembly in

September with a draft five-year implementation plan and will be proposed for formal endorsement at the World Health Assembly in May 2016.

Main Products for 2015



Key Principles

Transitioning the *Global Strategy* for the post-2015 era requires:

1. Strong country ownership
2. The highest-level and broad-based political support
3. Added value
4. Mobilizing ambitious and concrete multi-stakeholder action
5. A human-rights based approach
6. Aligning with SDGs and related processes and mechanisms

3. CONSULTATION PROCESS

The Partnership for Maternal, Newborn & Child Health (PMNCH; Partnership) has been tasked (see Annex 1) with coordinating multi-stakeholder consultations to provide inputs, feedback and build ownership of the updated Global Strategy for Women's, Children's and Adolescent Health (Global Strategy). The consultation process is a key deliverable of the Advocacy and Communications work stream, led by PMNCH and the UN Foundation, under the overall guidance of the Strategy and Coordination Group.

PMNCH consultations on the development of the updated Global Strategy have been divided in two rounds:

- **Round I (Feb-March 2015):** Will solicit input to inform the technical writing process of the Global Strategy. This round will take into account all feedback received in reply to a written survey posted on www.womenchildrenpost2015.org, as well as feedback provided at relevant consultation events, including a global stakeholder meeting in New Delhi, 26-27 February, 2015. A synthesis report with feedback received will be shared with the drafting team of the Strategy and with all PMNCH stakeholders in early April. **Closing date for input: 20 March, 2015.**
- **Round II (April-May 2015):** The first draft of the updated Global Strategy will be shared with a wide audience for their comments and suggestions. A synthesis report of comments will be available in early June and will guide the revision process ahead of the final draft. This phase will coincide with a consultation meeting in South Africa in early May and the World Health Assembly in late May, where a high-level side event on the Global Strategy is planned. **Closing date for input: end May, 2015**

A third phase of consultation around the development of the implementation plan for the Global Strategy might be undertaken in later part of 2015.

Written and oral inputs into each consultation round will be collated into a PMNCH-led synthesis report to be shared with the leads of the Global Strategy effort and the wider community. Throughout the consultation process, an interactive online hub (www.womenchildrenpost2015.org) will enable information sharing and feedback from the consultation, report on events, and curate a social media-based discussion. This online user-generated content will also be collated to feed into the PMNCH synthesis reports.

4. POST 2015 SUSTAINABLE DEVELOPMENT GOALS¹

Global goals such as the Millennium Development Goals (MDGs) have accelerated progress in improving the health of women and children worldwide, in part by stimulating policy and financing commitments to women's and children's health. While there has been a 45% decrease in global maternal deaths and a 47% decrease in global child deaths since 1990, the baseline year for the MDGs, much more remains to be done to save the nearly 7 million lives of women and children lost every year.^{2,3}

The ongoing Post 2015 development agenda discussions present an important opportunity to ensure that the health and well-being of women and children remain central to the global sustainable development agenda and to prioritize effective strategies to improve their health. The women's and children's health community has reached a consensus on health and non-health interventions that need to be prioritized to improve health outcomes in 2015 and have issued recommendations on goals and targets related to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) that should be included in the Post 2015 development agenda (See PMNCH Policy brief: Placing Healthy Women and Children at the Center of the Post 2015 Development Agenda). These proposed targets include among others, to reduce child mortality to 25 or fewer deaths per 1,000 live births, newborn mortality to 12 or fewer deaths per 1,000 live births in all countries, maternal mortality in all countries to a global ratio of less than 70 per 100,000 live births, and meet a minimum of 75 percent of demand for contraceptives by modern methods.

Women's and children's health priorities are currently well reflected in the Outcome Document of the Open Working Group, which will act as the basis for the sustainable development goals. There are three targets under the health goal directly related to RMNCH, which aim to:

- Reduce the global maternal mortality ratio (MMR) to 70 per 100 000 live births;
- eliminate preventable newborn and child deaths; and
- ensure universal access to sexual and reproductive health (SRH) services (including family planning), information and education.

¹ Drawing from UN Resolution 68/309 "Report of the Open Working Group on Sustainable Development Goals established pursuant to General Assembly resolution 66/288"; UN Resolution 68/970 "Report of the Open Working Group on Sustainable Development Goals"; and PMNCH Post 2015 Policy Brief "Placing health women and children at the heart of the post-2015 sustainable development framework"

² WHO, UNICEF, UNFPA, World Bank. Trends in maternal mortality: 1990 to 2013. WHO, UNICEF, UNFPA, World Bank Estimates. 2014.
http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf?ua=1

³ UNICEF, WHO, World Bank, UN DESA/ Population Division. Levels and Trends in Child Mortality: Report 2013. Estimates developed by the UN Inter-Agency Group for Child Mortality Estimation.
http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2013.pdf?ua=1

In addition, there are health related targets under other goals (e.g., gender, education, nutrition, WASH). However, while a focus on youth has increased notably in education, nutrition, employment and gender goals, references to youth remain absent in the health goal.

While RMNCAH related goals have made considerable progress in the Post 2015 framework, the desire to see a reduction in the number of goals and targets by some might result in the dropping of critical RMNCAH targets during the next intergovernmental negotiations. Continued advocacy is required to strengthen remaining gaps such as the references to the health of young people.

Another critical debate in the Post 2015 agenda is around the Means of Implementation (MoI) which includes financing, capacity building and technology transfer mechanisms, and the Financing for Development Summit in July 2015 will be a crucial part of this debate. The Global Strategy is expected to play an important role in the MoI for RMNCAH for the Post 2015 agenda.

5. GUIDANCE FOR NOTE TAKERS

Thank you for holding a consultation meeting about this important process. The note of your consultation is a critical part of the consultation process and we look forward to receiving it. The note will ensure that views expressed during the meeting will be fed into the process and will have impact. These guidance notes are designed to help you optimise the impact of your consultation.

For the notes:

- Please indicate how many participants attended the session (approximately), how long the consultation lasted for, who provided presentations/introductions, and where the meeting was held/ who it was hosted by.
- In your report, please ensure the first section contains the summary statement of views held and expressed, as well as any concerns or questions, suggestions and advice. What were the issues of greatest interest/ longest discussion and were there points of rapid consensus?
- Try to ensure that the note represents a balanced view of all the issues discussed. Whilst not always feasible, agreement by the group of the summary statement would be helpful.
- Notes will have the greatest impact if they are structured by theme or question rather than in the order of discussion (see suggested template in Table 1).
- In noting detail, it would be helpful to:
 - Attribute views to constituencies (e.g. as stated by an international NGO/ donor...). Providing names is not necessary.
 - Aim to provide a couple of quotations that were memorable or somehow captured thinking well. It will be necessary to get constituency attribution for a quote (a country-based NGO, a private sector organisation etc.)
 - Write in full sentences if possible but bullet points can be submitted as long as the full meaning is clear. If we are unable to understand the meaning of the statement, we will have to exclude it from the analysis.

To share the experience:

- Take some photographs if possible and e-mail directly to PMNCH's Communications Officer Veronic Verlyck, who can ensure that they are uploaded to the hub and/or PMNCH website (ndurev@who.int)
- Encourage others to blog about the event and to tweet using the #Commit2Deliver hashtag, which is being used to capture the conversation among the community about the women's and children's health agenda in 2015 and beyond.
- Consider writing a 250-350 word web-story and include the event, date, location, number of participants, any speakers, and sponsoring agency/ies, as well as highlights from the event and agreed next steps. A selection of sample web-stories is provided below:
 - <http://www.everynewborn.org/regional-consultation-on-newborn-health-in-asia/>
 - <http://www.everynewborn.org/national-cso-consultation-on-the-enap-held-in-nigeria/>
 - <http://www.everynewborn.org/every-newborn-country-consultation-in-uganda/>

Suggested themes:

Table 1 is provided as guidance to organise consultation notes. However, consultation notes can be submitted using any logical format.

Table 1: Suggested thematic areas

Thematic area	Main points
National leadership and operationalization	
Basic package of services	
Health systems strengthening and universal health coverage	
Adolescents	
Health-influencing sectors (Social and Economic Determinants of Health)	
Innovation	

Thematic area	Main points
Human rights	
Humanitarian settings	
Financing	
Monitoring and accountability	
Global financing facility - update	

Submit your consultation note:

You can upload your note on www.WomenChildrenPost2015.org or email to pmnch@who.int.

6. SUGGESTED QUESTIONS FOR CONSULTATIONS

Sample questions to foster discussion are provided below. You can upload feedback here. Or take the [online survey](#).

National leadership and operationalization

- How can the updated Global Strategy encourage sustained, strong political and administrative leadership and commitment for RMNCAH? Discussions could focus around issues at the global, national and sub-national levels.

Health systems strengthening and universal health coverage

- How important is Universal Health Coverage (UHC) to the delivery of RMNCAH?
- Which of the challenges that prevent the delivery of RMNCAH services as part of Universal Health Coverage (UHC) should the Global Strategy address specifically?

Adolescents

- How should the Global Strategy embrace the needs of adolescents and how can the RMNCAH community learn from best practices and successes around adolescent health?

Health-influencing sectors (Social and Economic Determinants of Health)

- On a practical level, what are the best ways to build coordination between health and other sectors?

Innovation

- What are the most critical RMNCAH areas in which gaps could be best be addressed by innovations? Do you have any specific examples of how innovation can be used?
- How do you think globally developed RMNCAH innovations could be based on needs, priorities and demands of countries?

Human rights

- How should a human rights-based approach be introduced into the updated Global Strategy in practical terms? How would countries operationalize a human-rights based approach? Please include examples of actual cases, where possible

Humanitarian settings

- What are the challenges and priorities in meeting the RMNCAH needs of women, children and adolescents during conflict-related and humanitarian emergencies?

How can disaster risk reduction and emergency preparedness, response and recovery best be integrated into the updated Global Strategy?

Financing

- Are there particular domestic or global health financing issues that the Global Strategy should address?

Monitoring and accountability

- How can data collection and management be improved where resources are scarce?
- Considering accountability arrangements for RMNCAH during the last five years, how should accountability and monitoring be done in the next five years? Broadly, accountability and monitoring includes the COIA, Countdown, the iERG in addition to national and global reporting
- What role can the GS play in improving the impact of accountability mechanisms and initiatives?

Global Financing Facility

It would be helpful to understand whether those consulted feel they have had sufficient follow up information about the development of the Global Financing Facility. If not, through what mechanisms could this information be better shared?

7. JOIN THE CONVERSATION

PMNCH is actively sharing available information on the Global Strategy and creating opportunities for its membership and the broader RMNCAH community to discuss and submit views on this initiative. To reach the greatest range of stakeholders, PMNCH is opening a number of channels including:

- www.WomenChildrenPost2015.org is a dedicated, web-based, interactive space which provides access to information about the Global Strategy, and enables stakeholders to download available tools and resources, upload replies and comments to a set of survey questions, ask questions, post blogs, access posted links to relevant documents, case studies etc. Stakeholders are able to upload their comments onto the website. The survey includes an option to remain anonymous. Another way to send input is by e-mail with your comments to: pmnch@who.int.
- Opportunities to discuss relevant issues within the PMNCH constituencies of academic, research and teaching institutions (ART), donors and foundations, health care professional associations (HCPAs), multilateral organizations, non-governmental organizations, and private sector. These discussions will take place through conference calls, in-person meetings, and electronic exchanges, and will be facilitated by the development of additional, constituency specific, questions around the Global Strategy.
- In addition, a Consultative Advisory Group (CAG) has been established, made up of representatives from each of the PMNCH constituencies able to field a representative. The CAG enables cross-constituency discussions and an opportunity for constituency representatives to feed back to their respective constituencies emerging views across the membership.
- Taking advantage of global and regional meetings during the consultation period by holding side-meetings and develop other consultation opportunities. The debate from these meetings will contribute to deepening the cross-constituency discussion. A full calendar of events is available at www.WomenChildrenPost2015.org.