Consultation on the
UN Secretary-General's

Global Strategy for Women's, Children's and Adolescents' Health

Johannesburg, South Africa | 6 -7 May 2015

World Health Organization

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1: BACKGROUND

Significant progress has been made in improving the health of women and children, globally and in Africa. However, more remains to be done to save the 6.3 million children and 289,000 women who continue to die every year and to respond to the needs of the 225 million women who still have an unmet need for family planning.

As we transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs), women's, children's and adolescents' health must remain at the center if we are to finish the MDGs agenda, and to drive the transformative change envisioned by the SDGs. The 2016-2030 Global Strategy for Women's, Children's and Adolescents' (GS 2.0) builds upon the 2010-2015 Global Strategy for Women's and Children's Health launched by the UNSG in September 2010. It is the front runner platform for the implementation of the SDG agenda and provides the foundation for a people centered movement towards a transformed future.

The 6th -7th May 2015, African regional consultation on the GS 2.0, hosted by Government of the Republic of South Africa and the Every Woman Every Child (EWEC) movement, with support from the World Health Organization (WHO), the Partnership for Maternal, Newborn & Child Health (PMNCH), and other partners, provided the first opportunity to review the zero draft of the GS 2.0 (developed with input from over 4550 people and institutions) and provide some recommendations around its operationalization. The consultation was preceded by constituency based pre-consultations on 5th May 2015 with civil society, youth, private sector, media and parliamentarians to allow for more voices to be heard. The three main objectives of the consultation included:

1. Review of progress made under the 2010-2015 Global Strategy for women's, and children's health;
2. Feedback and recommendations from stakeholders in the Africa region on the content of the 2016-2030 draft Global Strategy for women's, children's and adolescents' health;
3. Strategies on how to generate political engagement for the development and implementation of the 2016-2030 Global Strategy.

2: SUMMARY OF KEY RECOMMENDATIONS

The 248 senior representatives from ministries of health from eighteen countries, multilaterals, health professionals, civil society organizations (CSOs), youth, media, private sector, academics, parliaments, development partners and foundations present strongly endorsed the GS 2.0 as a driver the transformative change envisioned by the SDGs. Overall there was universal support of the problem statement and goals as strong, however the actions to solve the problems need to be strengthened. Highlighted below are the key observations and recommendations:

A useful political mobilization tool: This effort should build on national and regional plans and initiatives and seek to reduce the complexity of the public health landscape and burden on national governments – these include among others 1) Common African Position (CAP) on the Post-2015 Development Agenda, 2) The Campaign for accelerated reduction of maternal mortality (CARMMA), 3) WHO/AFRO and the African Union Commission commitments on Universal health coverage and 4) ending preventable maternal and child deaths by 2035 and Agenda 2063 –The Africa we want. The GS 2.0 while global needs to be locally relevant and identify a process for translating the strategic shifts into actions in countries

Focusing on adolescents: Partners welcome the focus on adolescents' health and call for a stronger reflection of adolescents' health in the actions. While adolescents are identified by the GS 2.0 as a priority, transformative actions related to improving their health, wellbeing and capabilities are absent. The GS 2.0 should also focus on adolescents not only as targets of health policies and programmes but as change agents, focusing on health promotion.

Strengthening the scope and content of the GS 2.0: The goals and objectives of the GS 2.0 are adequate but there is an insufficient focus on preventive services, community engagement and involvement of men and adolescent boys for the benefit of children, women and adolescents. The accountability framework should include principles of respect and dignity, and the human rights based approach. The definition of the programme areas under innovation needs to be expanded.

There should be a transformative action on fulfilling human rights. While there is a focus on humanitarian settings in priorities, it does not translate into proposed actions. There should be a stronger focus on gender. The GS 2.0 should propose actions to ensure availability of disaggregated data by age and gender. It should ensure a stronger focus on strengthening health systems for universal health coverage

Improving structure and impact: The GS 2.0 should make a clear investment case to compel policy makers and partners to adopt its recommendations. It should show clearly the value of implementing or focusing on certain areas and what the expected yield would be. As such the GS 2.0 needs to propose clear actions and the anticipated results of these actions (currently the transformative shifts are not actions). This should consider differences in actions to be undertaken in humanitarian settings. The GS 2.0 should also prioritize the actions that have made the most difference in countries. Currently, all interventions seem to be presented on equal footing, some prioritization is required to allow partners to select priorities actions in resource limited settings. The document should include illustrative examples for each of the proposed actions.

Improving user-friendliness: Each section of the GS 2.0 should include a summary of key take away message. Writers should also make the language appealing to people of different professions who need to read, understand and make decisions based on what is presented – compelling and simple.

Moving towards operationalizing the GS 2.0

In operationalizing the GS 2.0 it will be critical to set targets that we can hold ourselves accountable to. Each country will need to adapt the GS 2.0 and targets to its local context. Operationalization of the GS 2.0 will have to prioritize game changing interventions such as Universal health Coverage (UHC), use of technology, partnership with the private sector and engagement of young people

Mobilizing political will

There is need for the GS 2.0 to "speak to the priorities of Member States", if the proposed interventions are to be adopted.

Conclusion

Partners welcome the update of the GS 2.0 and its ability to align partner resources from different constituencies, in support of government priorities across the continuum of care from reproductive, maternal, newborn, child and adolescent health. Going forward there is opportunity to give input through the continuing online consultation on www.womenchildrenpost2015.org that is open until June 5th.

It is anticipated that the first draft of GS 2.0 will be presented at World Health Assembly (WHA) May 2015, the GS 2.0 and draft implementation plan will be launched around the UN General Assembly in September 2015, in May 2016 the GS 2.0 and implementation plan will be presented to the WHA and at the Women Deliver Conference, Copenhagen.

3: SESSION SPECIFIC KEY MESSAGES

3.1: Plenary Session – Welcome Ceremony

To be successful, the GS 2.0 will require high level political support, commitment and country leadership. Game changers for the GS 2.0 will be making it locally relevant, having a clear data informed basis, ensuring that the concept of universal health coverage is at the centre and implementation (One of the youth leaders aptly highlighted four priorities: "first ACTION, second ACTION, third ACTION and fourth ACTION").

3.2: Plenary Session – Women's, children's and adolescents' health in the African region

There are many opportunities in Africa that the GS 2.0 can leverage including:

Common African Position (CAP) on the Post-2015 Development Agenda.

- The Campaign for accelerated reduction of maternal mortality (CARMMA) post 2015.
- WHO/AFRO and the African Union Commission commitments on Universal health coverage and ending preventable maternal and child deaths by 2035.
- Agenda 2063 –The Africa we want with 7 common aspirations

Game changers for the GS 2.0 include a multi-sectoral approach, special focus on adolescents, empowering teachers to provide quality sexuality education and availability of disaggregated data by age and gender. A possible framework of "SCALE SPEED SOLIDARITY and QUALITY (SSSQ)" was proposed by one of the participants.

3.3: Plenary Session – Overview of the draft Global Strategy and key pillars

Implementation of various strategies in the 2010-2015 Global strategy has contributed to concrete achievements in children's and women's health however there is unfinished business and the gains made are fragile. The GS 2.0 does not represent the closing of one book and starting of another rather the continuation of work already started. However important to take into consideration changes in thinking/priorities that have taken place during the past 15 years – which may affect both content (e.g. mental illness) and strategies (e.g. ICT)

3.4: Work Groups – Part 1

3.4.1: Women's health

There is need for the GS 2.0 to focus on women's challenges in totality rather than just on women's health by highlighting the wellbeing of women to capture of issues such as nutrition, education, women empowerment, infertility and others that all critical for women's and adolescent girls' health. Currently the GS 2.0 is silent on interventions for preventing unsafe abortion - a major killer of women in Africa.

3.4.2: Adolescents health

For adolescents there is need for countries to improve the availability of age and sex disaggregated data and information (10-14, 15-19 years) to inform and target key health needs, improve quality and coverage of services and understand the costs of intervention delivery. Targets/goals specific to adolescent health need to include the major causes of mortality and lost DALYs e.g. road injuries and violence, mental health, maternal mortality and HIV/AIDS. More attention to the underlying determinants of adolescents' health problems would make a stronger case for inter-sectoral collaboration. Countries need to be helped to develop investment cases for adolescent health.

Because it is a new focus the attention to adolescents health in the GS 2.0 often seems like an after-thought. For example there is very little about adolescents, current situation or trends, in the Introduction. There is also a need to put young people at the centre of developing/implementing/monitoring policies and programmes. The section that gives a table of interventions should distinguish women from adolescents.

3.4.3: Children's and Newborn health

The GS 2.0 needs clear goals and targets beyond the Sustainable Development Goals. In writing the GS 2.0 it is important to highlight lessons learnt from the Millennium Development Goal period, country examples of what works and a key take home message at the end of each section. The 7 transformative actions need to be reworked as they are currently more like under-pinning principles and an 8th action on communication should be added.

3.4.4: Health determinants

Expand the understanding of social determinants of health to include underlying factors affecting health- such as stability, conflict, laws and policies. Clearly recognize that the right to health is a fundamental right. Explicitly highlight respect for girls and women's rights to make health decisions without third party consent. The GS 2.0 needs to holistically address all the deprivations, and discrimination such as disability, income levels/poverty stigma, women blaming, infertility, SRHR needs of LGBTI[1], the issue of children's' rights and does *not address* men explicitly – i.e. perpetrators of gender inequality.

The use of technology and engagement with private sector to improve child, adolescents and maternal health and SRHR can be the game changing interventions.

3.4.5: Health systems

The GS 2.0 should look at broader health system issues such as Human Resources for Health, to address retention of staff in public sector, skill transfer, career path, health financing, essential medicines, diagnostics, commodities and supplies and stock outs. The issue of community involvement and community level of care is not well reflected. There is no mention of preventive services such as vaccination, outreach, screening, or school health and does not address youth friendly services. There is also no reference to involvement of men and their participation and services should also be men-friendly. There is also need to highlight the roles of community health workers, private sector and intellectual property rights.

3.5: Plenary Session – Moving the draft 2016-2030 Global Strategy forward in partnership

The GS 2.0 should build on successful efforts related to the MDGs with special attention to quality of care, accountability and mentoring after training. It will be important to recognize the roles of parliament in legislation, oversight and budgeting for the success of the GS 2.0. For the corporate sector to contribute there is need for a clear road map, a specific 5 year implementation plan and simplification of communication

3.6: Work Groups – Part 2: Cross cutting priorities within the updated Global Strategy

3.6.1: Innovation

Broaden the definition of the programme areas under innovation to include partnership with media, training of the nurses, mobilizing communities, democratization of data and availability of data at the community level. Inclusion of development of a market place of information (like Google and Apple) where communities, especially adolescent can access information required. Underscore the role of private sector in innovation. Not enough coverage on Family planning and multiple prevention technology. In the 7 Transformative actions innovation is used only in the 6th and linked only to the research ignoring its cross cutting nature and power to be a game changer.. More clarity should be provided on the 1000 innovations mentioned in the GS 2.0.

3.6.2: Humanitarian settings

Not enough attention was provided to humanitarian settings in the GS 2.0. The GS 2.0 needs to link up with existing preparedness structure in country like civil defence mechanisms. There is a need to differentiate between humanitarian and fragile situations and need to clarify definitions of both, identify the unique challenges for each setting and clarify the possible interventions for the different situation. The section on humanitarian settings needs to be rewritten in line with thesurvive, thrive and transform theme of the GS 2.0.

3.6.3: Financing

It is recommended to bring together different sections on finance, but use short declarative sentence. Challenges such as not enough money, inefficient allocation (over-focus on tertiary care, administration and urban care) miss-alignment, over-burden of international support mechanisms, barriers to care due to out of pocket payment and inadequacies of financial data (both domestic and international) need to be addressed in the GS 2.0. The importance of meeting financing commitments such as the 2001 Abuja Declarations and Frameworks for Action on Roll Back Malaria needs to be included.

1 Lesbian, gay, bisexual, transgender and intersex

3.6.4: Advocacy

Impact would be improved if personal messaging and stories were woven into the document's language. Game changing actions would include Community Engagement, improved data coverage and access and making communication a priority

3.6.5: Accountability

Data disaggregated by age, sex and vulnerable populations and use of technology will be key to improving accountability. A unified operationalized accountability plan and national accountability framework were recommended. Principles of respect and dignity, and continuous human rights based approach should be included in the accountability framework. The role of parliaments was underlined several times as being the only constituency with a formal and legal accountability mandate in country.

3.6.6: Human rights

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). Human rights should be a "golden thread" woven throughout the document and it should be the first transformative action since the GS 2.0 has human rights as an operational principle; and the target population for this GS 2.0 are all subject to human rights violations. The GS 2.0 should emphasise equality and non-discrimination – over and above equity and turning rights into actions as game changers.

3.7: Plenary Session – Mobilizing Political Will and Way Forward

There is need for the GS 2.0 to "speak to the priorities of Member States", if the proposed interventions are to be adopted. They emphasized the need to "prioritize the priorities" and "focus on solvable problems". Investment cases and messages need to be developed to market the GS 2.0's key messages. Incorporation of views from the African Continent will go a long way in cultivating and maintaining political will for the GS 2.0 at national and continental level.

4: ACKNOWLEDGEMENTS

The African Union led by Commissioner Mustapha Sidiki Kaloko, The regional bodies represented, Dr. Odiyo Odongo, ECSA-HC and Dr. Ali Ali, EAC, Mrs Graça Machel, Board Chair of PMNCH, Minister Aaron Motsoaledi, Minister, South Africa National Department of Health, Dr. Rebecca Moeti, Regional Director for WHO's Africa Region, Leila Pakala, UNICEF Regional Director, Juliatta Onabanjo, UNFPA Regional Director East and Southern Africa, Nana Kuo and Amina Mohammed from the Executive Office of the UN SG, Sarah Barber, Country Director, WHO, South Africa , Herve Ludovic de Lys, Country Director, UNICEF, South Africa, Esther Muia, Country Director, UNFPA, South Africa

Political leadership represented by Niyongana Gallican Senate of Rwanda, Thabitha Khumalo Parliament of Zimbabwe, Lilian Nabatanzi Parliament of Uganda, Faustine Ndugule Parliament of Tanzania. The 230 participants from all constituencies (media, private sector, youth, CSO, academia, health associations, donors and UN organizations) including the seventeen government representatives from Niger, Nigeria, Togo, Ghana, Uganda, Tanzania, Burundi, Zimbabwe, Botswana, DRC, Central Africa Republic, Rwanda, Lesotho, Zambia, Swaziland, Botswana, Cameroon and South Africa

Colleagues from WHO (Marleen Temmerman), UNAIDS (Malayah Harper), World Bank (Rama Lakshminarayanan), UN Women (Auxilia Ponga), PMNCH Board Members & Alternates: Craig Friedrichs, Farouk Jiwa, Barni Noor, Peter Cooper, Neema Rusibamayila, Chris Armstrong, Rama Lakshminarayanan, Robin Gorna, Executive Director of PMNCH

Organizers of the meeting WHO led by James Kiarie, PMNCH led by Kadi Toure, Ahmad Azadi, Michael Wong, WHO AFRO led by Phanuel Habimana, Government of South Africa National Department of Health led by Dr, Pillay and Dr. Dlamini

ANNEX 1 Meeting Concept note

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

EVERY WOMAN
EVERY CHILD

Consultation on the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health
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CONCEPT NOTE

INTRODUCTION

The updated Global Strategy for Women's, Children's and Adolescents' Health, to be launched by the UN Secretary-General (UNSG) in September 2015, is a roadmap for ending all preventable deaths of women, newborn, children, and adolescents by 2030 and improving their overall health and well-being. The 2016-2030 Global Strategy builds upon the 2010-2015 Global Strategy for Women's and Children's Health launched by the UNSG in September 2010.

The 2010-2015 Global Strategy laid out a plan to enhance financing, strengthen policy, and, with a strong emphasis on the continuum of care, to improve services on the ground for the most vulnerable in 49 poorest countries. The Every Woman Every Child (EWEC) movement grew out of the 2010-2015 Global Strategy and continues to put the Strategy into action, mobilizing actors from all sectors to work towards these shared goals. With over 300 partners 400 commitments were made in support of the first Global Strategy from governments, civil society, the private sector, philanthropy, and international organizations and an estimated $34 billion has been disbursed. The Progress Report on the Global Strategy 2010-2015 was launched on 10th March 2015 and provides key lessons to inform the development of the 2016-2030 Global Strategy for the Sustainable Development Goals (SDGs) era. The final copy of the report is available on the EWEC website: http://www.everywomaneverychild.org/global-strategy-2/gs2-progress-report

The 2016-2030 Global Strategy will support the achievement of women's, newborns', children's and adolescents' health in the context of the Sustainable Development Goals. It anticipates a more integrated post-2015 development framework in which all countries are supported to attain and sustain their health goals, moving beyond reductions in mortality to a vision of healthy life for all through the life-course.

MEETING PROCESS

The 2016-2030 Global Strategy is being developed through an extensive outreach and multi-stakeholder consultation process undertaken by Every Woman Every Child partners around key national, regional and global events in early 2015. The renewed Global Strategy consultations are designed to facilitate inputs that build on national plans and processes through discussions with national governments, regional institutions, multilaterals, health professionals, CSOs, private sector, academics, development partners and foundations. The consultation also builds on existing processes to renew the African Union Maputo Plan of Action for Operationalization of the Continental Policy Framework on Sexual and Reproductive Health and Rights (MPoA). It will also build on regional and global initiatives like the Campaign for the Accelerated Reduction of Maternal, Mortality in Africa (CARMMA), A Promise Renewed, Every Newborn, Ending Preventable Maternal Mortality, the UN Commission on Life-Saving Commodities, and Family Planning 2020.

This African regional consultation is hosted by Government of the Republic of South Africa and *Every Woman Every Child*, with support from the Partnership for Maternal, Newborn & Child Health (PMNCH), World Health Organization (WHO) and other partners. It will bring together approximately 200 senior representatives from governments, multilaterals, health professionals, civil society organizations (CSOs), youth, media, private sector, academics, parliamentarians, development partners and foundations. During this consultation a draft of the 2016-2030 Global Strategy will be shared for review and input with a focus on operationalization. Outcomes from pre-consultations on 5th May 2015 with civil society, youth, private sector, media and parliamentarians will also be presented and discussed.

This consultation follows from two related events co-hosted with the Government of South Africa, the African Union International MNCH Conference in August 2013 and the 2014 Partners' Forum. Finally it builds on the just ended African Union meeting in February, in Nairobi, Kenya, to validate draft reports for the Review of MPoA, Abuja Call and African Union Roadmap and Preparation of the 2014/15 MNCH status report.

MEETING OUTPUTS

1. Review of progress made under the 2010-2015 Global Strategy for women's, and children's health;
2. Feedback and recommendations from stakeholders in the Africa region on the content of the 2016-2030 draft Global Strategy for women's, children's and adolescents' health;
3. Strategies on how to generate political engagement for the development and implementation of the 2016-2030 Global Strategy.

Annex 2 Meeting agenda

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

EVERY WOMAN
EVERY CHILD

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AGENDA

PRE MEETINGS AGENDA

5 MAY

Pre-meetings by the following constituencies:

- **Civil Society:** Save the Children, CIVICUS, Graça Machel Trust, World Vision
- **Youth:** UNFPA, AfriYAN
- **Private Sector:** Merck, GSMA and Philips
- **National leadership:** World Health Organization, African Union
- **Media:** South African Science Journalists' Association and Partnership for Maternal Newborn & Child Health

Note: *The agenda of these pre-meetings are set up by the constituencies and co-organizers. Each pre-meeting will have a briefing on the updated Global Strategy. The output of these meetings are expected to be a set of key recommendations on the Global Strategy draft and suggestions from different constituencies on how to generate political engagement for the update and implementation of the 2016-2030 Global Strategy and will be shared during the consultation.*

Locations:

- *Civil society: Senate I*
- *Youth: Lucretia II*
- *Private sector: Claudius*
- *National leadership: Romanus*
- *Media: Stephanie: Marcia I*

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CONSULTATION AGENDA

DAY ONE – 6 MAY

Time	Agenda item
08:00 – 09:00	Registration
Facilitator	Nikiwe Bikitsha (Broadcaster and Columnist)

1. Plenary Session – Welcome Ceremony

Purpose: This session aims to set the scene for the consultation, providing a rationale for the update of the Global Strategy and setting the context within which this update is taking place. The session will also demonstrate leadership in women's, children's and adolescents' and galvanize participants to fully engage in the consultation and the broader process for updating the Strategy.

Location: Plenary

09:00 – 10:00	**Special video: Amina Mohammed, UN Special Adviser on Post-2015 Development Planning** **Moderator: Nikiwe Bikitsha (Broadcaster and Columnist)** **Panelists:** • **Matshidiso Rebecca Moeti, Regional Director for WHO's Africa Region** • **Gogontlejang Phaladi, AfriYAN Member, Botswana** • **Graça Machel, Chair, PMNCH; African Ambassador, A Promise Renewed** • **Aaron Motsoaledi, Minister, South Africa National Department of Health**

2. Plenary Session – Women's, children's and adolescents' health in the African region

Purpose: This session will present an overview of women's, children's and adolescents' health in Africa. It will highlight progress to date on achieving the Millennium Development Goals, remaining challenges, emerging priorities, and opportunities for accelerating progress in the next 15 years. The session will be informed by the Success Factor Study which identifies key strategies that have been put in place by countries that are on track to reach MDGs 4 and 5 and will as such include a focus on both health and health enhancing interventions. Following a scene setting presentation, panelists interventions will focus on what they find are game changing interventions and strategies that will accelerate progress.

Location: Plenary

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CONSULTATION AGENDA

DAY ONE – 6 MAY

Time	Agenda item
10:00 – 11:00	**Moderator: Precious Matsoso, Director General of Health, South Africa** **Presentation:** **Key MDGs achievements and post-2015 issues on women's, children's and adolescents' health in Africa, Phanuel Habimana, Acting Director, Family and Reproductive Health Cluster, WHO/AFRO** **Panelists:** • **Women's health: Fannie Kachale, Director for Reproductive Health Services, Ministry of Health, Malawi** • **Children's health: Neema Rusibamayila, Director Preventive Services, Ministry of Health, Tanzania** • **Adolescents' health: Asha Mohamud, Adolescent and Youth Team leader, UNFPA ESARO; Yemurai Nyoni, Founder, Dot Youth** • **Health systems: Laurent Musango, Regional Advisor Health Financing, WHO AFRO** **Discussion and feedback**
11:00 – 11:30	**Coffee Break**
Facilitator	**Tsepiso Makwetla (Broadcaster and Columnist)**

3. Plenary Session – Overview of the draft Global Strategy and key pillars

Purpose: This session will introduce the Global Strategy. It will provide a rationale for why the Global Strategy is needed, this will be in part achieved by highlighting the progress made by the 2010-2015 Global Strategy. It will provide information on the process for updating the Global Strategy and will provide an overview of the first draft of the 2016-20130 Global Strategy. The panelists, following the presentation will respond to key overarching pillars of the Global Strategy, providing their perspectives on how the Strategy should advance national leadership, accountability, advocacy, and financing among others.

Location: Plenary

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CONSULTATION AGENDA

DAY ONE – 6 MAY

Time	Agenda item
11:30 – 13:00	**Moderator: Vicky Okine, President, Alliance for Reproductive Health and Rights** **Presentation:** **Achievements of the 2010-2015 Global Strategy and Overview of the draft 2016-2030 Global Strategy, Marleen Temmerman, WHO, Director, Department of Reproductive Health and Research** **Panelists:** • **EWEC Progress Report: Taona Kuo, Senior Manager, UNSG Executive Office** • **National Leadership: Yogan Pillay, Deputy Director General, National Department of Health** • **Investment and impact: Jesca Nsungwa Sabiiti, Assistant Commissioner for Child Health, Ministry of Health, Uganda** • **Health Workforce: Pius Okong, Chairperson, National Health Commission, Uganda** • **Governance and accountability: Miriam Were, Member independent Expert Review Group** • **Advocacy and commitments: Vuyiseka Dubula, Director of Policy, Advocacy & Accountability, Sonke Gender Justice** **Discussion and feedback**
13:00– 14:00	**Lunch**

4. Work Groups – Part 1

Background on group work: The work groups will be informed by presentations provided in sessions 2 and 3 by a range of stakeholders. The work groups will provide feedback to the technical content areas of the draft 2016-20130 Global Strategy, based on a set of key questions:

- How can the draft 2016-2030 Global Strategy content and strategies be strengthened?
- What game changing interventions should be prioritized in the draft 2016-2030 Global Strategy?
- What changes need to be made to each of the sections of the draft 2016-2030 Global Strategy?

Location:

- Women's health: Senate II
- Children's and Newborn health: Lucretia I
- Adolescents'/Youth health: Lucretia II
- Health systems: Tiberius
- Determinants of health: Romanus

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CONSULTATION AGENDA

DAY ONE – 6 MAY

Time	Agenda item
14:00 – 16:00	**Presentation: Introduction to work groups and logistics, James Kiarie, WHO, Coordinator, Human Reproduction, Department of Reproductive Health and Research** **5 Work groups:** • **Women's health (Chair: Tchiguiri Komlan Kassouta N'Tapi, Chef Division Santé Familiale, Ministère de la Santé, Togo)** • **Children's and Newborn health (Chair: Seidou Moluh, Ministry of Health, Cameroon)** • **Adolescents'/Youth health (Chairs: Patrick Aboagye, Director, Family Health Division, Ministry of Health, Ghana; Cedric Nininahazwe, Executive Director RNJF, Y+ Steering Committee Member)** • **Health systems (Chair: Yolande Guendoko, Spécialiste en gestion de la Santé de la reproduction, Ministère de la Santé et de la Population, Central African Republic)** • **Determinants of health (Chair: Théophile Bigayi Spécialiste en gestion de la Santé de la reproduction, Ministère de la Santé, Burundi, Rotimi Sankore, Chair, Afri-Dev)**
14:00 – 16:00	**Parallel session for parliamentarians** organized in collaboration with the Inter-Parliamentary Union (IPU) focusing political engagement and the role of parliaments in developing and implementing the UN Secretary-General's Global Strategy on women's, children's and Adolescents' Health.
16:00 – 16:30	**Coffee Break**

5. Plenary Session – Work Groups Reporting

Objective: This session aims to present in plenary the findings from group work. Report back will be structured to respond to the following questions.

- How can the draft 2016-2030 Global Strategy content and strategies be strengthened?
- What game changing interventions should be prioritized in the draft 2016-2030 Global Strategy?
- What changes need to be made to each of the sections of the draft 2016-2030 Global Strategy?

Location: Plenary

16:30-17:30	**Moderator C.C. Ugboko, Head of Gender, Adolescent/School Health and Elderly Health Division, FMOH, Nigeria** **Panelists: to be identified during working group):** • **Women's health** • **Children's health** • **Adolescents' health** • **Health systems** • **Determinants of health** **Discussion and feedback**
17:30	**End of Day One**

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CONSULTATION AGENDA

DAY TWO – 7 MAY

Time	Agenda item
09:00 – 09:15	**Recap of Day 1 Tsepiso Makwetla (Broadcaster and Columnist)** **Location:** Plenary

6. Plenary Session – Moving the draft 2016-2030 Global Strategy forward in partnership

Purpose: This session will present an overview of how in partnership we can take forward the draft 2016-2030 Global Strategy. Panelists will report back on behalf of their constituencies (from discussions in the pre-meetings) on key recommendations on the draft 2016-2030 Global Strategy and on how to generate political engagement for the update and implementation of the 2016-2030 Global Strategy. Panelists will ensure they address investment and impact, implementation considerations, governance and accountability, advocacy and commitments from the perspective of their constituency.

Location: Plenary

09:15 – 10:00	**Moderator: Kereng Molly Rammipi, Ministry of Health Botswana** **Panelists:** • **National leadership: Robert Ndieka, Monitoring and Evaluation Specialist, African Union Department of Social Affairs** • **Civil society: Gugulethu Ndebele Chief Executive Officer, Save the Children South Africa** • **Parliamentarians: Faustine Ndugulile, Member of Parliament, Tanzania, Vice-chair, IPU Advisory Group on HIV/AIDS-MNCH** • **Private sector: Craig Friedrichs, Director of Health, GSM Association** • **Youth: Patrick Sewa Mwesigye, Founder, Uganda Youth and Adolescent Youth Forum** • **Media: Haji Mohamed Dawjee, Deputy Digital Editor and Columnist, The Mail and Guardian** **Discussion and feedback**

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CONSULTATION AGENDA

DAY TWO – 7 MAY

Time	Agenda item

7. Work Groups – Part 2: Cross cutting priorities within the updated Global Strategy

Background on group work: Participants will split into six work groups on the cross cutting themes (human rights, humanitarian, innovation, financing, advocacy and accountability). The work groups will be informed by presentations provided in sessions 2, 3 and 6 by a range of stakeholders. The work groups will provide feedback to the technical content areas of the draft 2016-20130 Global Strategy, based on a set of key questions:

- How can the draft 2016-2030 Global Strategy content and strategies be strengthened?
- What game changing interventions should be prioritized in the draft 2016-2030 Global Strategy?
- What changes need to be made to each of the sections of the draft 2016-2030 Global Strategy?

Coffee break in work groups

Locations:

- Human rights: Senate II
- Innovation: Lucretia I
- Humanitarian settings: Lucretia II
- Financing: Tiberius
- Advocacy: Romanus
- Accountability: Assembly V

10:00 – 12:00	**Presentation: Introduction to working groups, Leila Pakala, UNICEF Regional Director** **Group work chairs are as follows** • **Human rights (Chair: Lillian Nabatanzi, Member of Parliament, Uganda)** • **Innovation (Chair: Farouk Jiwa, Director, Public Policy and Corporate Responsibility Africa, Merck)** • **Humanitarian settings (Chair: Rama Lakshminaraynan, Senior Health Specialist, World Bank)** • **Financing (Chair: Raphael Nunga Matadi, Spécialiste en gestion de la Santé de la reproduction, Ministère de la Santé et de la Population, DRC)** • **Advocacy (Chair: Bibiane Mbaye, External Relations Lead, IPPF Africa Regional Office)** • **Accountability, (Chair: Hendrica Okondo, Global Programme Manager SRHR and HIV, World YWCA)**
12:00 – 13:00	**Lunch**

8. Plenary Session – Work Groups Reporting

Objective: This session aims to present in plenary the findings from group work. Report back will be structured to respond to the following questions.

- How can the draft 2016-2030 Global Strategy content and strategies be strengthened?
- What game changing interventions should be prioritized in the draft 2016-2030 Global Strategy?
- What changes need to be made to each of the sections of the draft 2016-2030 Global Strategy?

Location: plenary

Consultation on the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health
Johannesburg, South Africa - 6-7 May 2015

CONSULTATION AGENDA

DAY TWO – 7 MAY

Time	Agenda item
13:00 – 14:00	**Moderator: Julitta Onabanjo, Regional Director of East and Southern Africa Regional Office of UNFPA** **Panelists (to be identified within the working groups):** • **Human rights** • **Innovation** • **Humanitarian settings** • **Financing** • **Advocacy** • **Accountability** **Discussion and feedback**

9. Plenary Session – Mobilizing Political Will and way Forward

Purpose: Re-emphasize the importance of country leadership and ownership for the success of the draft 2016-2030 Global Strategy, and clearly outline the next steps, including the next steps in the consultation process, the consolidation of work stream inputs, and key milestones and deliverables.
Location: Plenary

14:00 – 15:00	**Moderator: Tabitha Kumalo, Member of Parliament, Zimbabwe** **Presenter: The Global Strategy Development Process: What Next? Robin Gorna, Executive Director, PMNCH** **Panelists:** • **Odongo Odiyo, Manager for Family and Reproductive Health, East Central And Southern African Health Community** • **Ali Omar Ali, East African Community Open Health Initiative Representative, Zanzibar** • **Mustapha Sidiki Kaloko, Commissioner for Social Affairs, African Union Commissions** • **Tikhala Itaye, Co-chair, AfriYAN Namibia** **Vote of Thanks: Precious Matsoso, Director General of Health, South Africa**

Annex 3 List of participants (alphabetical)

Name	Organisation
Patrick Aboagye	Ghana Health Service
ALI ALI	EAC
Estella Anku - Kidd	
Estella Ankukidd	General Electric
Christopher Armstrong	Foreign Affairs, Canada
Yaroh Asma Gali	Ministry of Health
Adele Baleta	Independent Journalist
Priscilla Banda	Elizabeth Glaser Pediatric AIDS Foundation
Sara Bandali	Evidence 4 Action
Ntomboxolo Bandezi	DCST
Anshu Banerjee	PMNCH
Sarah Barber	World Health Organization
Lindsay Barnes	UNFPA
Brahima Bassane	Family Care International
Frank Beadle de Palomo	mothers2mothers
Tshego Bessenaar	Ibis Reproductive Health
Suzune Beukes	MNET
Joannie Bewa	Young Beninese Leaders Association
Sanjana Bharawaj	UNICEF
Arvind Bhardwaj	International Federation of Red Cross and Red Crescent Societies
Theophile Bigayi	Reproductive Health National Program/ Ministry of Health
Pascal Bijleveld	RMNCH Strategy & Coordination Team
Aleksandra Blagojevic	Inter-Parliamentary Union
Beatrice Boakye-Yiadom	African Women's Development Fund
Tossou Boco	
Itumeleng Bodibe	UNFPA
Berangere Boell-Yousfi	UNFPA South Africa
Rob Botha	Imperial Health Sciences
Thabo Botopela	Children's Radio Foundation
Caroline Chibawe	Ministry of Community Development, Mother and Child Health
Katherine Child	Times Media Group
Kuda Chimanya	UNICEF
Mbali Chiya	Children's Radio Foundation
Ugboko Christopher Chukwuamaka	Federal Ministry of Health Nigeria
Giorgio Cometto	World Health Organization
Peter Cooper	International Pediatric Association
Akinyele Eric Dairo	United Nations Population Fund (UNFPA), East and Southern Africa Regional Office
Ruth Davidge	KZN Dept of Health
Haji Dawjee	Mail & Guardian
Sarah Des Rosiers	

Name	Organisation
Maty Dia Wandeler	PMNCH
Bruce Dick	International Association for Adolescent Health
Kim Eva Yaa Dickson	UNICEF
Mudau Dimakatso	Soul City
Alexander Dimiti	
Lindiwe Dladla	Department of Health
Nonhlanhla Dlamini	Department of Health
Xanderleigh Dookey	Times Media Group
Samukeliso Dube	Philips
Nowinile Dube	Department of Health
Vuyiseka Dubula	Sonke Gender Justice
Hareya Fassil	United States Agency for International Development
Jane Ferguson	World Health Organization
A Fernandes	MomConnect
Rachel Firth	The Wellbeing Foundation Africa
Amy Fowler	USAID
Paula Fray	IPS Africa
Jessica Freifeld	Global Health Strategies
Jennifer Gatsi	Namibia Women's Health Network
Lynn Gentile	Office of the High Commissioner for human Rights
Sue Goldstein	Soul City Institute
Robin Gorna	
Johan Grundling	DOH
Yolande Guendoko	Government
Jonathan Gunthorp	
Phanuel Habimana	World Health Organization (AFRO)
phanuel habimana	Zimasile Investments
Dave Hann	
Maja Hansen	UNFPA ESARO
Malayah Harper	
George Justus Hofmeyr	Eastern Cape Department of Health
Busisiwe Hoho	Children's Radio Foundation
Pearl Holele	Department of Health
Futho Hoohlo	The Senate, Parliament of The Kingdom of Lesotho
Greg O Imoohi	Golek Pharmaceuticals Ltd
Emah Irene	WHO
Sanou-Bicaba Isabelle	Ministère de la santé
Mabel Jiri	World Health Organization
Farouk Shamas Jiwa	Merck/MSD
Sue Jones	Save the Children South Africa
Lorence Kabasele	Youthfim
Fannie Kachale	
Savera Kalideen	Soul City

Name	Organisation
Leonard Kamugisha	UNFPA, SOUTH AFRICA
Mercy Kamupira	WHO
Arianna Kandell	
MUTEBA KASANGA	World Health Organization interpreter
Shuaib Kauchali	RMCH
Alexandra Kendall	
Rahabu Kenedy	KIWOHEDE/UNFPA
Oliko Kenneth	
Nkonzo Khanyile	Sonke Gender Justice
Thabitha khumalo	Parliament of Zimbabwe
James Kiarie	World Health Organization
Nancy Kidula	WHO Intercountry support Team, Eastern and Southern Africa
Fatina Kiluvia	UNFPA
Mary Kinney	Save the Children
Samuel Kissi	Curious Minds Ghana
Lenadine Koza	Medical Research Council
Taona Kuo	UN
Sophia Ladha	Pathfinder International, South Africa
Rama Lakshminarayanan	World Bank
Lebohang Lebelwane	Praekelt Foundation
Tshepo Leeuw	UNICEF
Lebo Leseba	PFIZER
Rorisang Lesenyeho	PATH
Geir Lie	PMNCH
Naisola Likimani	Ipas Africa Alliance
David Ludovic de Lys	UNICEF SA
Hlamalani Mabasa	PATH
Zanele Mabaso	Girls Globe
Bongile Mabilane	UNICEF SA
Lebo Madisha	National Department of Health (SA)
Sarah Mafa	National Department of Health (SA)
Nyikadzino Mahachi	Ministry of Health and Child Care Zimbabwe
Elizabeth Mahlangu	TAC
Buhle Makamanzi	Bill & Melinda Gates Foundation
Mogalagadi Makua	Department of Health
Tsepiso Makwetla	SABC and Safm PM Live
Mia Malan	Mail & Guardian
Hlekani Liesbeth Mangate	Department of Health
Aveneni Mangombe	Ministry of Health and Child Care Zimbabwe
SARAH MAPHETO	BAKWENA
Zinhle Mapumolo	City Press
Christian Martins	
Zandile Masangane	Ministry of Health Swaziland
Phuti Mashiane	Department of Health
Tebogo Masilo	E-TV

Name	Organisation
Elizabeth Mason	World Health Organization
Rodney Maswanganyi	WHO
Caesar Mathebula	Health and Wellness Gallery
Some Mathias	African Federation of Public Health Associations (AFPHA)
Grace Matlhape	New loveLife Trust
GERTY MATSHIMANE	National Department of Health
Atlhehang Maubane	WHO
NS Mazibuko	Department of Health
Bibiane Mbaye Gahamanyi	IPPFAR
Michael Mbizvo	University of Zimbabwe
Symplice Mbola Mbassi	World Health Organization
Paul McCarrik	
Neil McKerrow	KZN Department of Health
Pindelwa Mda	Nestlé South Africa (Pty) Ltd
Nyakallo Mdlalose	Sonde Gender Justice
Toung Mve Medard	Reproductive Health and Research
Peter Mehlape	BD
Karin Minnie	North-West University
Bongiwe Mlangeni	Graca Machel Trust
Keiji Mochida	Japan International Cooperation Agency (JICA)
Zipporah Modise	Department of Health (National)
Matshidiso Moeti	World Health Organization
Asha Mohamud	UNFPA East and Southern Africa Regional Office
Beryl Mohr	Bristol-Myers Squibb Foundation
Ellence Mokaba	Department of Health
Maria Mokoka	Bakwena
Seidou Moluh	Moh
Bathobakae Morake	Department of Health (National)
Daniel Morulane	WHO
Emelia Motsai	SABC
Siphiwe Moyo	UN
Phineas Muchenjekwa	RMCH
Dimakatso Mudau	Soul City
Esther Muia	UNFPA South Africa
Anina Mumm	
Nditsheni Mungoni	Love Life
Bob Munyati	AIDS Accountability International
Laurent Musango	WHO
Biziwick Mwale	UNAIDS Regional Support Team for East and Southern Africa
Brian Mwebaze	Youth for Road Safety
Patrick Mwesigye	Uganda Youth and Adolescents Health Forum
Kasonde Mwinga	World Health Organization
Andisiwe Mzinyathi	Children's Radio Foundation

Name	Organisation
Lillian Nabatanzi	Parliament of Uganda
Gudrun Nadoll	GIZ
Gugulethu Ndebele	Save the children South Africa
Faustine Ndugulile	Parliament of Tanzania
Jordan-Lee Nembhard	UNFPA
Gugu Ngubane	RMCH
Cedric Nininahazwe	RNJ+/Y+
Barni Noor	Sida
Ndihokubwayo Norbert	National Assembly Burundi
Jesca Nsungwa - Sabiiti	Ministry of Health
Jesca Lynn Nsungwa-Sabiiti	
Nalenwi Numfor	Cameroon Agenda for Sustainable Development
Sarah Nyathi	Department of Health National Office
Yemurai Nyoni	Dot Youth
Odongo Odiyo	East Central and Southern Africa Health Community(ECSA-HC)
Vicky Okine	Alliance for Reproductive Health Rights
Hendrica Okondo	WORLDYWCA
Pius Okong	Health Service Commission
Persome Oliphant	Mail & Guardian
JULITTA ONABANJO	UNFPA
Breshna Orya	World Health Organization
Connie Osborne	
Leila Pakkala	UNICEF
Shuma Panse	GBC Health
Groesbeck Parham	Global Women's Health Fund - Zambia
Luwei Pearson	UNICEF
Gogontlejang Phaladi	Gogontlejang Phaladi Pillar of Hope Project
Tshepo Phalane	Sonke
Kawemi, Sabina Phiri	Malawi Girl Guides Association
Yogan Pillay	Department of Health
Stephanie Platis	
Auxilia Ponga	UN Women
Gustav Praekelt	Praekelt Foundation
Kereng Molly Rammipi	Ministry of Health
Sammy Ramodike	Children's Radio Foundation
Natasha Rhoda	Neonatal Care improvement
KATE ROGERS	UNICEF
Nigel Rollins	WHO
Neema Rusibamayila	Director Preventive Services
Haroon Saloojee	University of the Witwatersrand
Rotimi Sankore	Africa Health, Human & Social Development
Nicole Schiegg	Fenton Communications
Lebogang Schultz	UNFPA
MICHELLE SEARRA	World Health Organization

Name	Organisation
M J Sebidi	MomConnect
Ramatamo Sehoai	Greater Alex Today
Kgomotso Seko	Graca Machel Trust
Kaunda Selisho	Times Media Group
Portia Serote	
Remmy Shawa	Sonke Gender Justics
Refilwe Shika	Children's Radio Foundation
Levi Barak Singh	The South African National Youth Alliance
Abongile Sipondo	Save the Children South Africa
Lori Sloate	Gavi Alliance
Mandi Smallhorne	African federation of Science Journalists
Mongezi Sosibo	Transnet
Mariette Strydom	UNICEF
Natasha Sundar	Praekelt
Kim Sundstrom	Embassy of Sweden/Sida, Zambia
N'tapi Tchiguiri Kassouta	Ministère de la Santé
Marleen Temmerman	World Health Organization
Vonai Teveredzi	Absolute Return for Kids (Ark)
Anso Thom	Section 27
Rachel Toku-Appiah	Graça Machel Trust
Kadi Toure	World Health Organization
Nkurunziza Triphonie	WHO
Michael Tukuru	World Health Organization
Janet Venter	Japan International Cooperation Agency (JICA)
Marnie Vujovic	Rightto care
Bibi-Aisha Wadvalla	eNCS
Gwen Wilkins	RMCH
Eka Williams	Ford Foundation
Michael Wong	World Health Organization
Gugu Xaba	PATH
Yalewlayker Yilma	Ethiopian Midwives Association
Nkatshu Zamo	Soul City
Thembi Zulu	National Department of Health (SA)

Annex 4 Detailed Session reports

PLENARY SESSION – WELCOME CEREMONY

The opening session had a video presentation from Amina Mohammad UN Special Adviser on Post-2015 Development Planning. The message highlighted Situation the Unfinished business for Women's children's and adolescents' health and the fragility of gains made. The updated global strategy will require high level political support, countries to be in the lead and a strong commitment from countries.

Rebecca Matshidiso Moeti Regional Director for WHO's Africa Region highlighted that though the global strategy can be a good guide strong commitment is required to move forward. Implementation of various strategies has contributed to concrete achievements in child and women survival in the African region 6 countries achieving Under 5 mortality targets and 4 counties achieving maternal mortality targets. The reasons for this achievement have been:

On behalf of the youth Gogontlejang Phaladi, AfriYAN Member, reported on the importance to recognize demographic weight of young people since youth are the best shot at having a better Africa. "Any leader who does not prioritize youth participation is a bad leader". Beyond discussions we will need to focus on how to ensure that what we develop is turned into action

Graça Machel, Chair, PMNCH; African Ambassador, A Promise Renewed shared that to ensure there is momentum going forward there is need to Localize strategy and base it on clear numbers *and to h*ave a Social pact to bring down the global strategy to regional, global and even district level. Implementation however is the game changer and this will require

Aaron Motsoaledi, Minister, South Africa National Department of Health welcomed all participants and said that achievements of the global strategy will never come to be unless the concept of universal health coverage is at the centre so as to move away from vertical systems that are leading to weak health systems. In South Africa there have been substantial gains with roll out the HIV AIDS program from 2009 to now more than 3 million people on treatment, dramatically reduced MTCT, reduced hospitalization due to rotavirus and meningococcal due to vaccination and introduction of HPV vaccination in school health programs. Family planning programmes that had declined have been revamped with emphasis on LARCS specifically implants. Also using technology for example Mum connect use cellphone to reach women when pregnant and 280,000 women have joined the system

PLENARY SESSION – OVERVIEW OF THE DRAFT GLOBAL STRATEGY AND KEY PILLARS

The Global strategy provide a historic opportunity to end preventable deaths within a generation .The global strategy should be country led.there is need to sustain the gains of the previous strategy that are still fragile, Amina Mohamed , the UN special advisor to the Secretary General on post 2015 development planning.

Countries have made significant progress with regards to the millennium development goals but much still need to be done towards elimination of preventable maternal and child deaths and attain universal access to sexual and reproductive health and rights by 2030. They are many opportunities to do so using upcoming and existing platforms and commitments e.g. the SDGs, CARMMA post 2015 and the agenda 2063 for Africa.

Countries need to focus on quality in delivering high impacts interventions and also on high burden and vulnerable populations.

There is need to invest in young people that are growing and are the future of Africa.

In terms of adolescent health, the game changers include investment, multi-sectoral approach, targeting adolescent girls to prevent HIV/ AIDS, child marriage and unsafe abortions. Need to focus on quality sexuality education and empower teachers. There is great need for disaggregated data by age and gender and more involvement of adolescents.

There is need to use the GS to strengthen the health system in the context of universal health coverage.

All in all we need to scale up interventions, speed-up progress while, applying solidarity and quality on all what we do , the 3 Ss and Q.

"Remember SSSQ, that is, SCALE SPEED SOLIDARITY and QUALITY as we implement interventions to improve women ' s , children's and adolescent 's health" - Dr Habimana Phanuel , Acting Director Family and Reproductive, World Health Organization, Regional Office for Africa

WORK GROUPS – PART 1: WOMEN'S HEALTH

Women's health issues as described in the draft strategy span maternal health along the continuum of pregnancy, childbirth and the postnatal period; family planning, Sexual and reproductive health, gender based violence, management of sexually transmitted diseases, health ageing among others.

The discussion did not adequately cover the full scope of women's health issues. The majority of participants had not yet read the draft strategy hence their contribution was limited. Responses to the key questions are shown below.

What participants liked about the draft strategy:

- Need for introduction of programs that address adverse issues affecting women and ensuring adequate access to those interventions is well articulated
- The importance of Empowering women and adolescents as part of realizing the potential of those most affected with information to drive the SDGs is also adequately expressed in the global strategy

What the participants did not like about the draft strategy:

- Strategy focuses on women's "health" challenges rather than women's challenges in totality
- Global strategy silent on interventions for preventing unsafe abortion - a major killer of women in Africa.
- Strategy does not highlight community health workers roles
- Markers of morbidity in women not adequately addressed in the strategy
- Societal / traditional/ cultural values/ religious values not clearly addressed by the strategy
- Strategy not explicit on roles of private sector and modalities of tracking their response to women's health
- Issues of gender based violence do not come out clearly

How can the draft 2016- 2030 global strategy content and strategies be strengthened? (Proposed transformational changes in the global content and strategies)

- The strategy should look at women's challenges in total rather than only focusing on women's health challenges
- In addition to morbidity and mortality, the strategy needs to highlight the wellbeing of women. This will ensure capture of issues such as nutrition, education, women empowerment, etc. all critical for women's health
- The strategy should be explicit in addressing mechanisms for preventing unsafe abortion- a major cause of maternal mortality. The strategy should not shy away from addressing issues of safe abortion care since many countries even those with restrictive laws have windows where SAC is allowed
- The strategy needs to address issues of intellectual property rights especially for the Africa continent

What game changing interventions should be prioritised in the draft 2016 -2030 Strategy? (Priority game changing interventions for 2016-2030 Strategy)

- Maintain strong political commitment to foster successful implementation of the strategy
- Strengthen Women's empowerment to reduce vulnerabilities and avail information availed to women and adolescents to ensure that they are the drivers of change
- Strengthening quality of care in women's health including respectful and dignified care. Poor quality of care was consistently cited as a major cause of morbidity and mortality even when health systems are relatively strong
- Strengthening Health management information systems at all levels of care with disaggregated data to inform planning and resource allocation. The women's health measurement and tracking systems were noted as not being as robust when compared to HIV or malaria- hence weaknesses in evidence based planning.
- Community engagement including addressing societal, cultural, traditional and religious values that impact on women's health and their utilisation of health services e.g. early marriage, roles of community health workers, and male involvement was noted to be critical
- Strengthen accountability of governments, regional economic forums, development partners, individuals, communities and population. This includes streamlining and monitoring of donor funding and ensuring alignment to the Paris declaration.
- Strengthen Multisectoral involvement and public private partnerships: clearly defining the roles and expectations and monitoring system; and leveraging their strengths to support the health sector e.g. procurement and distribution of commodities; and using their platforms for raising awareness on women's health. (E.g. Comprehensive sex education in schools should include elements of pregnancy).
- Implement research on lifesaving interventions for women's health and Strengthen response to research and innovation.

What changes need to be made to each of the sections of the draft 2016- 20130 Global strategy? (Feedback on sections of the draft 2016- 2030 Global strategy)

- While acknowledging the vulnerabilities of women in fragile states and conflict settings, the strategy needs to take cognisance that women are vulnerable even in apparently "non-conflict or non-fragile"" settings.
- Country disaster management solutions clearly articulate the response to women, adolescents and children in conflict situations
- Although time is of essence, the strategy should not emphasize on speed at the expense of quality
- More clarity should be given to coordination of a multisectoral response to women children's and adolescent health issues
- Strategy should look at unique needs of women with disabilities and very young married adolescents
- The strategy needs high advocacy level with attractive clarion call or title e.g.
- Global Strategy for Women Children & Adolescent Health- Transformative actions to achieve the promise
- Global Strategy for Women Children & Adolescent Health- Transformative actions to achieve results

Essential conditions to support implementation

- Conducive political environment
- Strong HMIS with quality disaggregated data
- Community engagement and Male involvement

WORK GROUPS – PART 1: ADOLESCENTS HEALTH

Over 30 persons expressed their pleasure and enthusiasm that adolescents are included in this updated Global Strategy. An important milestone for adolescent health!

1. They were able to identify 5 game changers to be included in the Global Strategy to accelerate action for adolescent health

2. A major effort to fund and enable countries to improve the availability of data and information about adolescent health is needed. What gets measured gets done !

3. Most countries do not know what the key health needs of adolescents are. Programmes exist in many countries, but no one knows about their quality, coverage or costs.

4. Serious engagement and involvement of adolescents/young people in political processes, programmes and their monitoring and evaluation.

5. In order to generate political will investment cases for adolescent health need to be made in each country that includes adequate attention to interventions for priority health problems across the life-course of the adolescent.

6. Targets/goals specific to adolescent health are needed that include the major causes of mortality and lost DALYs e.g. road injuries and violence, mental health, SRH.

7. Adolescent responsive health systems that ensure improved access to health services in variety of settings – communities, schools and health facilities : the adolescent component of universal health care.

There was a concern that adolescents in the zero draft seemed to be a bit of an afterthought.

WORK GROUPS – PART 1: CHILDREN'S AND NEWBORN HEALTH

About 32 child and newborn health stakeholders reviewed the zero draft of the United Nations Secretary General's Global Strategy for Women's Children's and Adolescent's Health, 2016-2030. From the review, the first three sections of the document were thought to be interesting, well presented and easy to read. The group proposed that clear goals and targets as well as action oriented recommendations be included. Critical factors for success and lessons learnt from the Millennium Development Goal period would be useful and country examples of what works in improving women's children, and adolescents health would enhance applicability to countries needs. It was proposed that each section ends with a key take home message.

The 7 transformative actions were thought to be more like under-pinning principles and did not clearly highlight what is new in this strategy. An 8th action on communication was proposed. Still births and problems of urbanization were said to be missing. The group recommended that the actions should be developed in consultation with relevant constituencies. The roles of different constituencies should also be highlighted. At the end of the review, participants were encouraged to provide further inputs on the web-based consultation that was launched on 5 May 2015.

WORK GROUPS – PART 1: HEALTH DETERMINANTS

About 12 stakeholders reviewed the zero draft of the United Nations Secretary General's Global Strategy for Women's Children's and Adolescent's Health, 2016-2030. From the review, the group proposed to expand the understanding of social determinants of health to include underlying factors affecting health- e.g stability, conflict, laws and policies etc.

The group proposed that clear recognition of the fact that the right to health is a fundamental right, respect for girls and women's rights to make health decisions without third party consent be explicitly highlighted. The group felt that the strategy does not holistically address all the deprivations, and discrimination i.e disability, income levels/poverty stigma, women blaming, infertility, SRHR needs of LGBTI[2], the issue of children's' rights and does not address men explicitly – i.e. perpetrators of gender inequality.

The content and the strategies of the draft 2016-2030 Global Strategy that need to be strengthened include Children's' rights, male involvement, muti-sectoral meaningful participation, resources allocation, girl education, issue of both under nutrition and over nutrition, reproductive cancers, infertility…

The game changer interventions to be prioritized in the draft 2016-2030 Global Strategy include the use technology to improve child, adolescents and maternal health and SRHR and engagement with private sectors.

WORK GROUPS – PART 1: HEALTH SYSTEMS

The fragmented in different sections of the Global Strategy is noted, it is recommended to bring together different sections, but use short declarative sentence. It is useful for resource mobilize resource for health in countries through presentation of investment case such as health as a productive sector: job creation/ economic growth/ gender empowerment, to be brought up earlier. The principles of alignment, harmonization, accountability and contributions by different sectors were highlighted. The following challenges need to be addressed in the Global Strategy such as, not enough money, not allocated efficiently (over-focus on tertiary care, admin, urban care), inefficiency, miss-alignment and over-burden of international support mechanisms, barriers to care dues to out of pocket payment, and gaps in financial data and analysis (both domestic and international). It is recommended to secure adequate overall financing volumes by increasing fiscal space, overcome excessive out-of-pocket expenditures, overcome fragmentation, verticalization and short-termism by encouraging for long-term strategic investment in health system delivery platforms (facilities, HRH, supply chains, information systems) and prioritize investment at the Primary Health Care at the community level. It's crucial to building financial planning, tracking and reporting capacity, including through use of National Health Account (NHA) and related accountability process and minimize burdening requirements and improve transparency of international support mechanisms.

PLENARY SESSION – MOVING THE DRAFT 2016-2030 GLOBAL STRATEGY FORWARD IN PARTNERSHIP

Ms Molly Rammipi, (Ministry of Health Botswana): briefly summarised how a series of pre-meetings allowed representatives from 6 specific constituencies to consider how their respective can help to update the former SG plan (2010-2015) and to implement the 2016-2030 plan.

Robert Ndieka (African Union): reported the recommendations from the National leadership pre-meeting. The GS should build on structures and successes related to efforts around the MDGs. The Strategy should focus on priority technical areas including neonatal deaths (incl. still births), adolescent health, intersectoral collaboration that addresses the social determinants of health. Business models are needed to address quality of care, and mentoring beyond just simple training. The Strategy needs to serve the most disadvantages and include accountability mechanisms.

Gugulethu Ndebele (Save the Children South Africa): summarised discussions and recommendations from Civil society on 7 areas namely i) build upon the identified successes from the MDGs; ii) Accountability and community mobilisation; iii) accessible, comprehensible data; iv) Human rights based approaches; v) Communication and advocacy; vi) Health systems strengthening and vii) Financing

Dr Faustine Ndugulile, (MP Parliament of Tanzania): highlighted that democratic governments are ultimately accountable to elected parliamentarians. When parliamentarians are informed and understand the data, then commitment and progress are more likely. The parliamentarians recommended that the GS includes

2 Lesbian, gay, bisexual, transgender and intersex

parliamentarians in coordinating committees related to implementation and accountability.

Craig Friedrichs (GSM Association): Between 2010 and mid- 2013, more than 400 organizations, including more than 100 private sector organizations, made commitments to advance the Global Strategy for Women's and Children's Health. There are also more than 1,000 innovations in the pipeline for scaled RMNCAH delivery. The greatest gains in health goals have been realised through robust PS investment. Some recommendations:

- A clear road map of how and where the corporate sector can contribute
- Be specific - consider a change in terminology.
- Consider a 'Shared values' approach
- Specific 5 year implementation plan
- Simpler communication

Not enough just to believe, but need to deliver.

Patrick Sewa Mwesigye (Uganda Youth and Adolescent Youth Forum): The adolescents' constituency applauded the inclusion of adolescents in the GS but commented that it needs to go beyond adolescent health to adolescent well-being. Investing in adolescents should be considered an investment for the future and not just the population and their needs today. Investment in Africa needs to recognise the changing demography. There is a need for sex and age disaggregated data and indicators to inform the GS and its implementation. An adolescent constituency should be included in PMNCH.

Haji Mohamed Dawjee (The Mail and Guardian newspaper): highlighted that access to mobile technology in Africa has increased ten-fold. This is a valuable resource for simple effective messaging, especially to the youth. Costs and challenges with internet access need to be addressed when considering long term sustainability.

Comments from the floor included that:

1. Boys are also adolescents and their needs re. violence and substance abuse need to be considerd in addition to sexual and reproductive needs of girls

2. The voices of children (younger than adolescents) is missing and somehow needs to be included.

Molly Rammipi concluded by commenting that the presentations demonstrate the commitment of each constituency to support the GS and to be partners.

WORK GROUPS – PART 2: INNOVATION

The Innovation working group discussed the three questions and agreed on the following conclusions

1. Innovation is capable of increasing efficiency and challenging status quo. There is a need for broadening the definition of the programme areas, e.g. partnership with Media, training of the nurses, mobilizing communities, democratization of data and availability of data at the community level. Carrying out case studies of already used technologies and measuring impacts and results of what has worked and why. Examples to be given e.g. adaptation, application and scale-up of using mobile phones for health information and sharing.

2. Technology can help providing access to not only quantity but quality of information. Development of a Market place of information (like Google and Apple) where communities, especially adolescent can access information required. Working not only on the technical skills but also soft skills of health care workers, e.g. better client orientation can encourage communities to seek help and create awareness. Using innovative ways of integrating traditional health practitioners and faith based organization with non-traditional health sectors as they have strong influence in marginalised communities especially on adolescents and women.

3. Innovation to be expanded as more mainstreamed in the document because of its cross cutting nature. The role of private sector in innovation has been underscored. Collaboration with private sector to be increased to further advance this sector. Disparity between countries when it comes to access to technology to be considered. Not enough coverage on Family planning and multiple prevention technology. Criticism of 7 Transformative actions where innovation is used only in the 6th and linked only to the research ignoring its cross cutting nature and power to be a game changer. There is a lot of "what" in the document but not enough "how". More clarity to be provided on the 1000 innovations mentioned in the strategy.

WORK GROUPS – PART 2: HUMANITARIAN SETTINGS

The working group discussion the role of the new Global Strategy in humanitarian settings felt that not enough attention was provided to this in view of the majority of mortality taking place in these settings. They felt

that these need to be addressed in any National Health Sector Plan and that they need to be highlighted to the highest level of national leadership. In order to be able to highlight the needs, disaggregated data are needed, and mapping needs to be done of fragile areas, not only during but even before a crisis occurs. Preparedness and contingency plans also need to ensure community participation. The Global Strategy needs to link up with existing preparedness structure in country like civil defence mechanisms. Not only the immediate short term needs but also the aftermath of any crisis (long term complications) should be addressed, and there is hence a need for a seamless transition from crisis to recovery to development. In particular the problem of impunity and crimes to women and children need to be addressed. The dissemination of existing tools like MISP and minimum package of services needs to be ensured.

Though government leadership is primary and external support secondary, there is a need for advocacy on what to do if there is no government and the need to depoliticize access to affected population. There is a need for strong link with human rights and accountability and leadership.

There is a need to differentiate between humanitarian and fragile situations and need to clarify definitions of both, identify the unique challenges for each setting and clarify the possible interventions for the different situation.

The section on humanitarian settings needs to be rewritten in line with the survive, thrive and transform theme of the strategy.

WORK GROUPS – PART 2: FINANCING

The fragmented in different sections of the Global Strategy is noted, it is recommended to bring together different sections, but use short declarative sentence. It is useful for resource mobilize resource for health in countries through presentation of investment case such as health as a productive sector: job creation/ economic growth/ gender empowerment, to be brought up earlier. The principles of alignment, harmonization, accountability and contributions by different sectors were highlighted. The following challenges need to be addressed in the Global Strategy such as, not enough money, not allocated efficiently (over-focus on tertiary care, admin, urban care), inefficiency, miss-alignment and over-burden of international support mechanisms, barriers to care dues to out of pocket payment, and gaps in financial data and analysis (both domestic and international). It is recommended to secure adequate overall financing volumes by increasing fiscal space, overcome excessive out-of-pocket expenditures, overcome fragmentation, verticalization and short-termism by encouraging for long-term strategic investment in health system delivery platforms (facilities, HRH, supply chains, information systems) and prioritize investment at the Primary Health Care at the community level. It's crucial to building financial planning, tracking and reporting capacity, including through use of National Health Account (NHA) and related accountability process and minimize burdening requirements and improve transparency of international support mechanisms.

WORK GROUPS – PART 2: ADVOCACY

Chaired by Bibiane Mbaye, External Relations Lead, IPPF Africa Regional Office)

The group recognised the efforts to incorporate advocacy as a crosscutting issue in the document. The group discussed advocacy in terms promoting the strategy itself, as well as advocacy through the Strategy as a tool to change policy within countries

How can the zero draft 2016-2030 Global Strategy content and strategies be strengthened?

- The document needs to become more user friendly, with less jargon and needs to pull out points, stakeholder engagement.
- Impact would be improved if personal messaging and stories were woven into the documents language

What game changing interventions should be prioritized in the zero draft 2016-2030 Global Strategy?

- Community Engagement: advocacy at a community level, capacity building where civil society creates demand for policy makers.
- Engaging various sectors and leveraging financing, i.e. finance ministries, parliamentarians
- As mentioned throughout the meeting, data coverage and access remains of critical importance

What changes need to be made to each of the sections of the zero draft 2016-2030 Global Strategy?

- Champion engagement- i.e. certain public celebrities have influence as great as policy makers
- Making communication a priority: media engagement, effective social media handles within a changing multilateral landscape

WORK GROUPS – PART 2: ACCOUNTABILITY

How can the draft content and strategies be strengthened?

- Accountability to whom, for what and how
- Different levels of accountability (from individual, community, health facility, private sector, Civil society, faith based organization government, donor etc.)
- The importance data management. Disaggregated by age, sex and vulnerable population.

Game change interventions?

- National accountability framework and a unified operationalized accountability plan.
- Country compacts and social packs.
- Incentives (finance and non-financial) accountability in a positive way
- Technology to improve HMS

Changes to the section

- To what extent can we mobilize women, children and adolescents to drive the accountability agenda, what are the incentives that can be used for it?
- Include principles of respect and dignity, and continuous human rights based approach in the accountability framework
- Importance of parliament capacity can and should play in accountability processes

WORK GROUPS – PART 2: HUMAN RIGHTS

The group recognised the efforts to incorporate human rights as a crosscutting issue in the document. However the group noted the need for human rights to be a "golden thread" throughout the document

How can the zero draft 2016-2030 Global Strategy content and strategies be strengthened?

- Human rights should be the first transformative action since the strategy has human rights as an operational principle; and the target population for this strategy are all subject to human rights violations.
- The concept of Women children and adolescent health in all policies should be highlighted in the document as multiple sectors impact on these cohorts

What game changing interventions should be prioritized in the zero draft 2016-2030 Global Strategy?

- Implementation of human rights based approach to women, children and adolescent health. Key areas to be addressed include:
- Equality and non-discrimination – over and above equity
- Stronger analysis of determinants of health and outcomes of discrimination
- Turning rights into actions

What changes need to be made to each of the sections of the zero draft 2016-2030 Global Strategy?

- 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 components of the right to health).

3.7: PLENARY SESSION – MOBILIZING POLITICAL WILL AND WAY FORWARD

Representatives from the African Union Commission, the East, Central and Southern African Health Community, the East African Community, and the African Youth Network on Population and Development re-emphasized the importance of country leadership and ownership for the success of the draft 2016-2030 Global Strategy.

The regional bodies expressed the need for the global strategy to "speak to the priorities of Member States", if the proposed interventions are to be adopted. They emphasized the need to "prioritize the priorities" and "focus on solvable problems". The youth reiterated that they are ready to engage, lead, and promote the global strategy especially as regards adolescent and youth issues.

The panel recommended that an investment case be developed and communication to market the strategy's key messages, be emphasized and clearly articulated. Involvement of political leaders from the onset would enhance national ownership of the strategy.

The African Union Commissioner for Social Affairs, Dr Mustapha Sidiki Kaloko lauded the consultative process employed to update the UN Secretary-General's Global Strategy on Women's, Children's and Adolescents' Health. He stressed that incorporation of views from the African Continent will go a long way in cultivating and maintaining political will for the revised strategy at national and continental level.

Annex 5 Report on parliamentary session

Inter-Parliamentary Union
for democracy. For everyone.

IPU STATEMENT

Dr. Faustine Ndugulile MP
Vice-Chair, IPU Advisory
Group on HIV/AIDS-MNCH

Consultation on the UNSG's
Global Strategy on Women's,
Children's and Adolescents' Health

Johannesburg, 7 May 2015

Ladies and gentlemen,

I am pleased to report to you the outcome of the Parliamentary Session. The session brought together parliamentarians and parliamentary staff from across Africa. We were pleased to learn about the outcomes of the consultations with parliamentarians held at the 132nd IPU Assembly in Hanoi and we factored them into our deliberations. A comparative study of five parliaments implementing the 2012 IPU Resolution *Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children,* prepared by WHO and IPU, provided additional insights into the important work that parliaments are doing in this area and it further helped inform our discussions on the Global Strategy.

Parliament is the key institution of accountability in each country, mandated by law or Constitution to conduct oversight of all organs of state. Its responsibility is to keep the executive to account for commitments made at national, regional and global levels and make sure that government action makes a difference in the lives of ordinary people, especially the most marginalized. Mobilization of parliaments in all countries is therefore central to ensure accountability for commitments made through the new Global Strategy.

We have seen over the last few years, particularly through the IPU and its Advisory Group on HIV/AIDS and Maternal, Newborn and Child Health, that mobilization of strong political commitment and leadership from parliaments can contribute to accelerated progress and promotion of even greater commitment for the health and wellbeing of women and children. Results of IPU's work have been reported annually through the independent Expert Review Group and they received wide recognition. The Parliamentary Session therefore noted with disappointment that the current draft of the Global Strategy does not make reference to parliaments. We very much hope that this will be corrected and that the next draft will recognize parliaments as a key stakeholder.

In addition to keeping the executive to account, parliaments have the power to legislate and ensure that enabling laws and policies are passed to advance progress on women's, children's and adolescents' health. They approve budgets proposed by the executive and can ensure, like in the example we heard yesterday from Uganda, that adequate funding accompanies commitments and programs on women's and children's health. Finally, as representatives of the people parliamentarians can engage with their constituents to increase their knowledge of factors that impede progress on women's, children's and adolescents' health and can provide direct

access of citizens to decision making. As such, parliaments can be important agents of change.

The IPU has given a significant contribution in the last few years to help most affected countries make advances on MDGs 4 and 5 and accelerate progress. It did so because in recent times parliaments around the world have increasingly sought advice about how to modernize their legislation, involve citizens and health workers, and effectively fulfil their prerogatives of law-making, oversight, representation and budget appropriation. As a result, a number of parliaments that have received support from IPU have managed to elevate the issue to the top of the political agenda and make strong contribution to improving women's and children's health in their countries.

Despite this progress, the Parliamentary Session noted with concern that the capacities in many parliaments to engage on issues linked to women's, children's and adolescents' health remain limited. Continued and long-term focus on parliaments is needed to build this capacity and see results. We therefore call for support to IPU and parliaments to strengthen their efforts to improve capacities and competencies in parliaments to engage on issues linked to women's, children's and adolescents' health. This should include all functions of parliaments: legislative, oversight, budgetary and representative. We are aware that engaging with parliaments may take time but we reassure you that it is a worthwhile investment.

Ladies and gentlemen,

Parliamentarians want to have a Global Strategy that will be our road map on how to enhance budgetary allocations, strengthen laws and policies and improve service on the ground for the most vulnerable women, adolescents and children. IPU is committed to continue providing support to parliamentary efforts within the context the new Global Strategy. Its member parliaments have already proved their commitment. Continued assistance from the international community for the vital parliamentary work is essential and it would help make a giant leap forward on a fundamental precondition for development.

We want parliaments to play a role in accountability at all levels and we want our input to feed into implementation mechanisms for the new Global Strategy. It is therefore imperative that parliaments be represented in the future global structure on accountability for commitments made in the Global Strategy. During the implementation of the current Global Strategy, IPU successfully unveiled the potential of parliaments in dealing effectively with the issue and fed the results into global reporting progress. Parliaments should therefore be represented in this future mechanism by their global organization – the Inter-Parliamentary Union.

Official representation of parliaments in the global mechanism would also help strengthen linkages between parliaments and other stakeholders - civil society, media, international organizations, etc. This interaction is vital to further strengthen partnerships, ensure greater impact, align national, regional and global efforts and help parliaments play an informed and effective role in accountability for commitments.

Allow me to conclude by highlighting once again recommendations from the Parliamentary Session to the new Global Strategy:

- The Global Strategy should recognize parliaments as a key stakeholder.
- All efforts should be made to strengthen capacity of parliaments to ensure accountability and exercise their function in the context of the Global Strategy.
- IPU should be invited to represent parliaments in the future global accountability mechanism for women's, children's and adolescents' health.

Thank you.