THE AGA KHAN UNIVERSITY

World Health Organization

Global strategies for Women, Children and Adolescents Health in SDG times

Prof dr Marleen Temmerman

VVN, Brussels 25/09/2017

ICRH
INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH
Improving sexual and reproductive health through research, training and adapted interventions

GHENT UNIVERSITY

Short bio

- MD, MPH, PhD, OB/GYN
- Academic: Ghent University, University of Nairobi
- Politics: elected Senator Belgian Parliament
- WHO Director Reproductive Health and Research
- Aga Khan University, East Africa

VUB 1981-87 Prof Jean-Jacques AMY

University of Nairobi 1987-92 Prof Peter Piot

Research agenda

- Can women get infected with the HIV virus?
- If so, can it have an impact on pregnancy and newborns?

Founding Director International Centre Reproductive Health 1994

ICRH

Quality of Care for pregnant women and newborns- the WHO vision. BJOG 2015

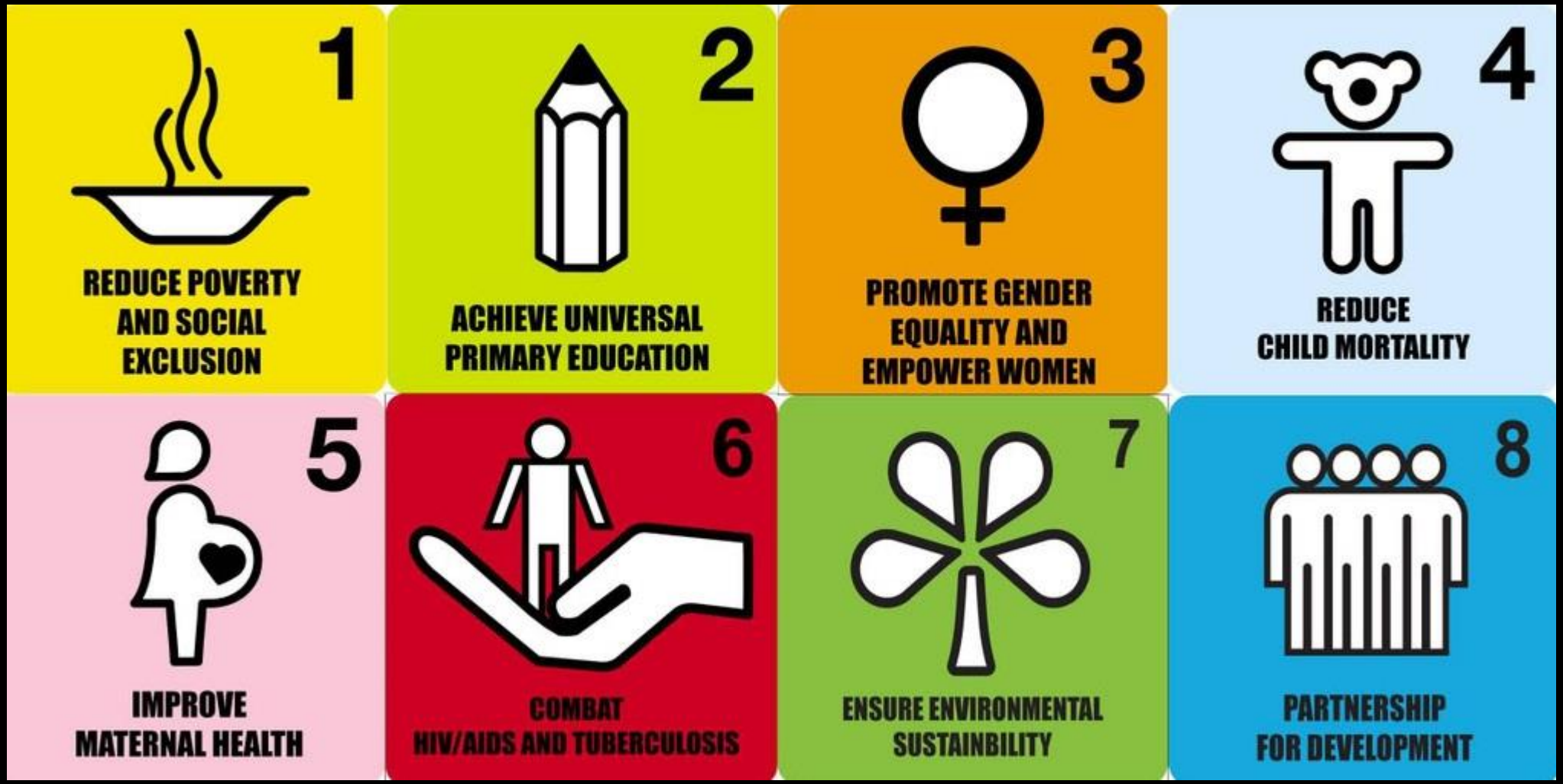
Reproductive Health and Research thematic areas

- Promoting family planning/contraception
- Adolescent sexual and reproductive health
- Improving maternal and perinatal health
- Prevention of unsafe abortion
- Sexually transmitted and reproductive tract infections
- Linkages between sexual and reproductive health and HIV/AIDS
- Sexual health, gender and reproductive health
- Research capacity strengthening and programme development
- Advocacy and communications for SRH and for HRP/RHR

"We will spare no effort to free our fellow men, women, and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected."

United Nations Millennium Declaration
September 2000

Millenium Development Goals




"Every Woman, Every Child.
This focus is long overdue.
With the launch of the Global Strategy for Women's and Children's Health, we have an opportunity to improve the health of hundreds of millions of women and children around the world, and in so doing, to improve the lives of all people."
- United Nations Secretary-General Ban Ki-moon

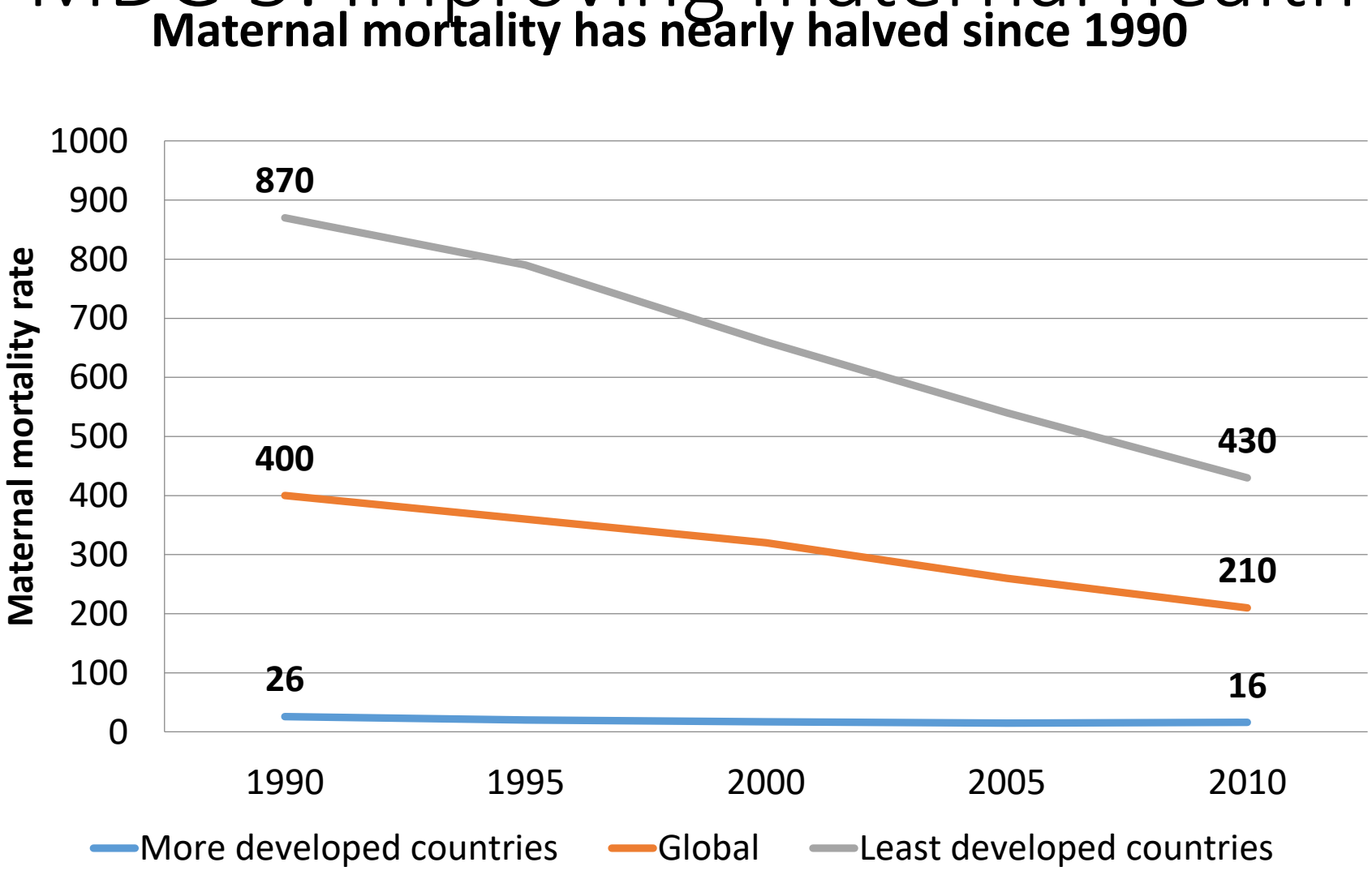
Global Strategy for women's and children's health (2011-2015)
Every woman every child

The MDGs and the Global Strategy 2010

The UNSG's 2015 progress report:

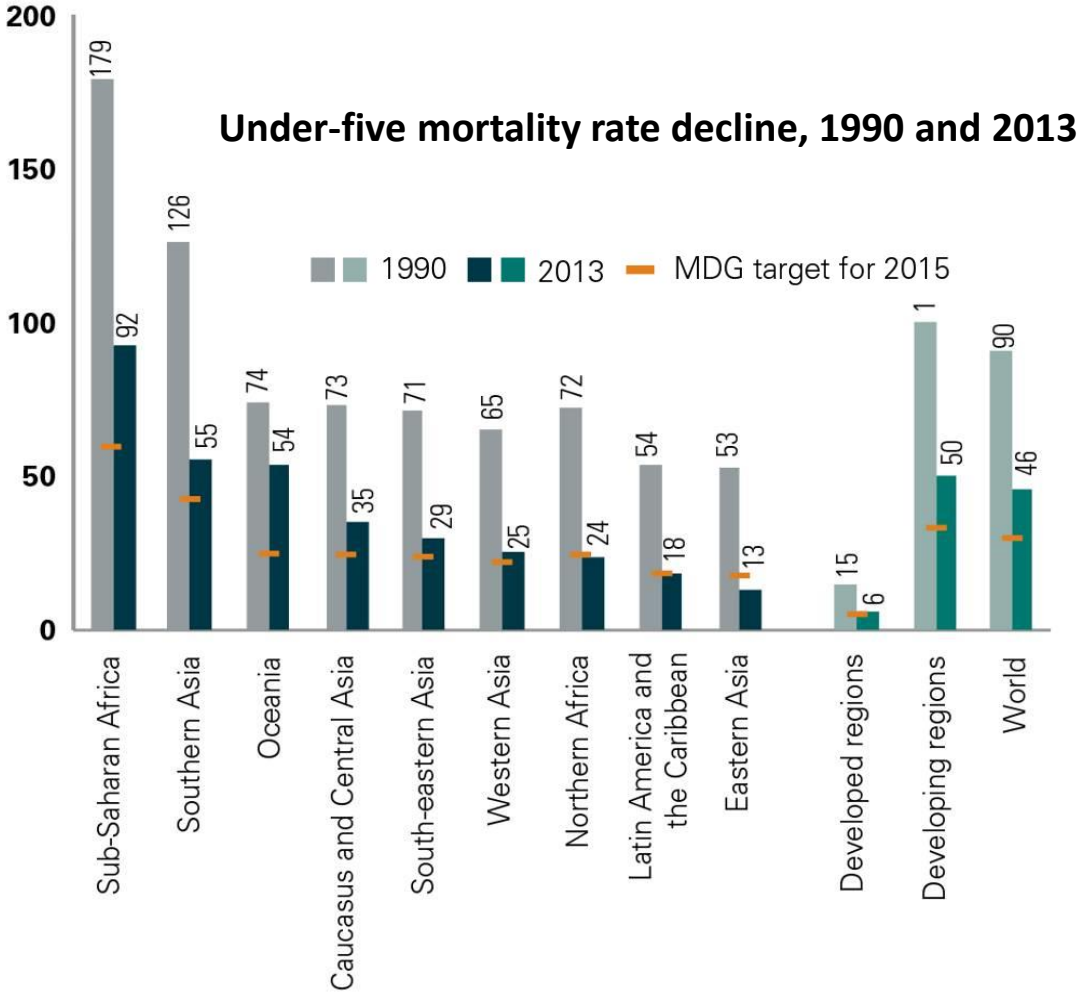
- Health of women and children is now higher on the political agenda
- Over 300 stakeholders from all constituencies made 400 commitments
- US$45 billion in new financing, almost 60% (US$ 34.2 billion) disbursed
- New global initiatives were launched
- 1000 innovations have been selected and supported
- Landmark accountability framework for women and children's health

MDG 5: Improving maternal health



MDG 4 – Reduce child mortality

Since 1990 the global under-five mortality rate has dropped 49 percent

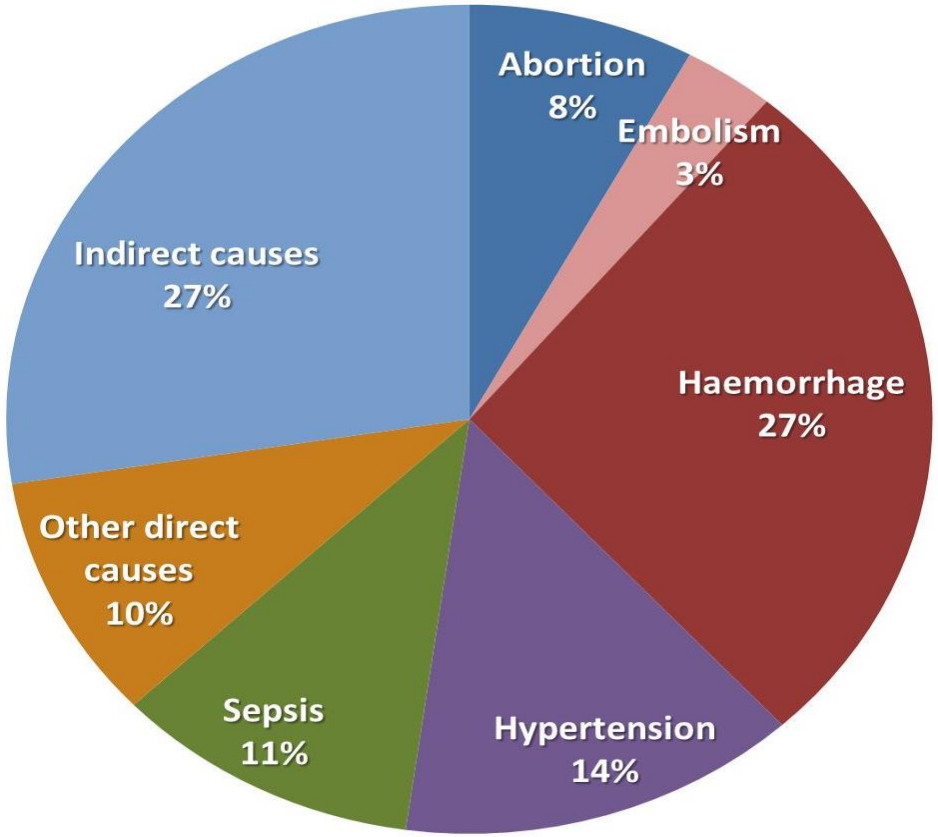


Overall reduction in U5MR
from 90 deaths per 1,000 live births
in 1990 to 46 per 1,000 live births
in 2013

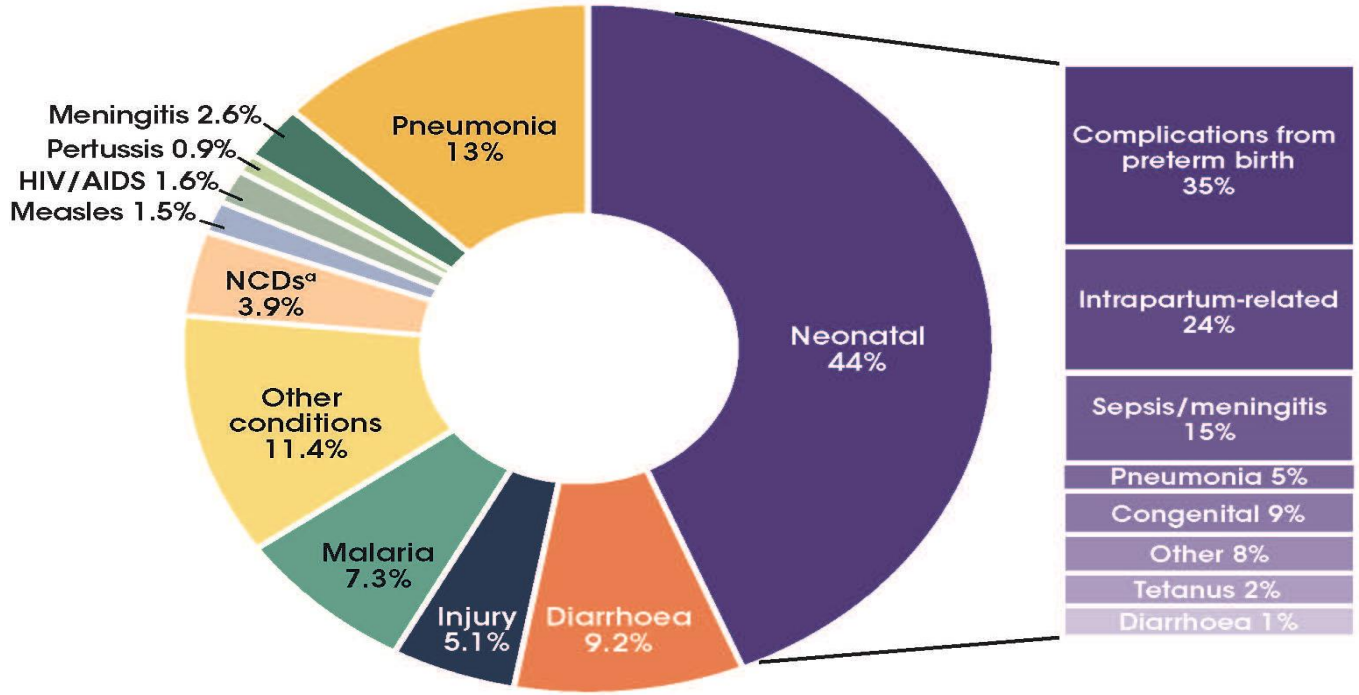
Source: UN Inter-agency Group for Child Mortality Estimation. 2014.

Major causes of mortality

Causes of maternal mortality

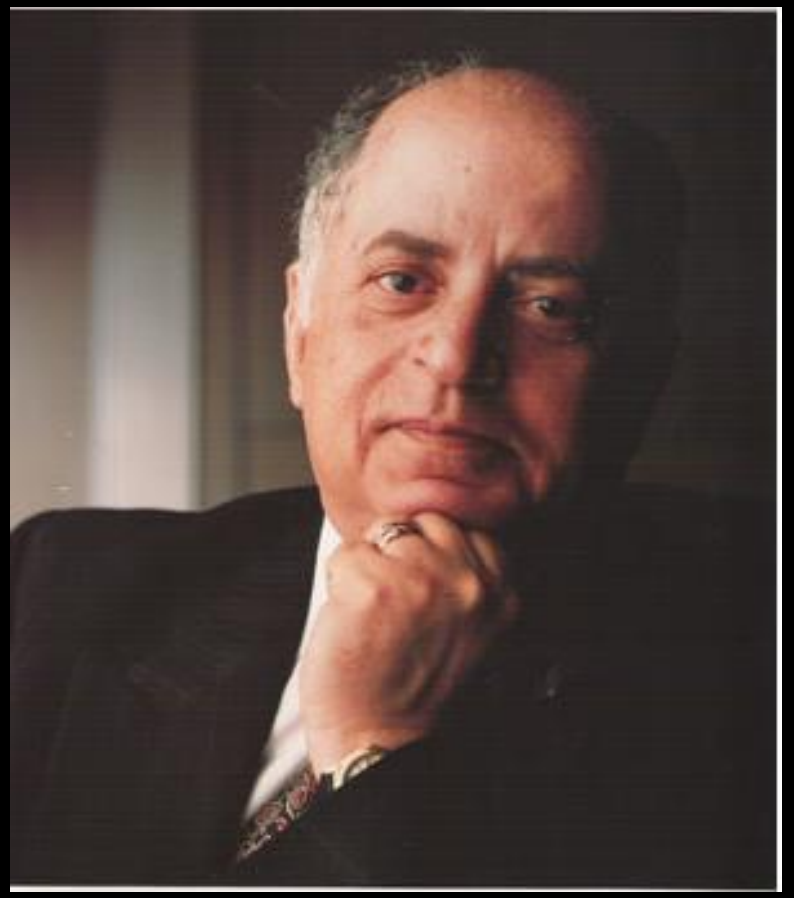


Causes of newborn and child mortality



More than 80% of newborn deaths are in small babies (preterm or small for gestational age) in the highest burden settings.

In addition, every year there are 2.6 million stillbirths – 1.2 million occur after the onset of labour



"Women are not dying of diseases we can't treat. ... They are dying because societies have yet to make the decision that their lives are worth saving.“

Mahmoud Fathalla

Two major evidence-based cost-effective interventions to reduce maternal mortality

- Quality of Care in Childbirth
- Contraceptives/Family Planning

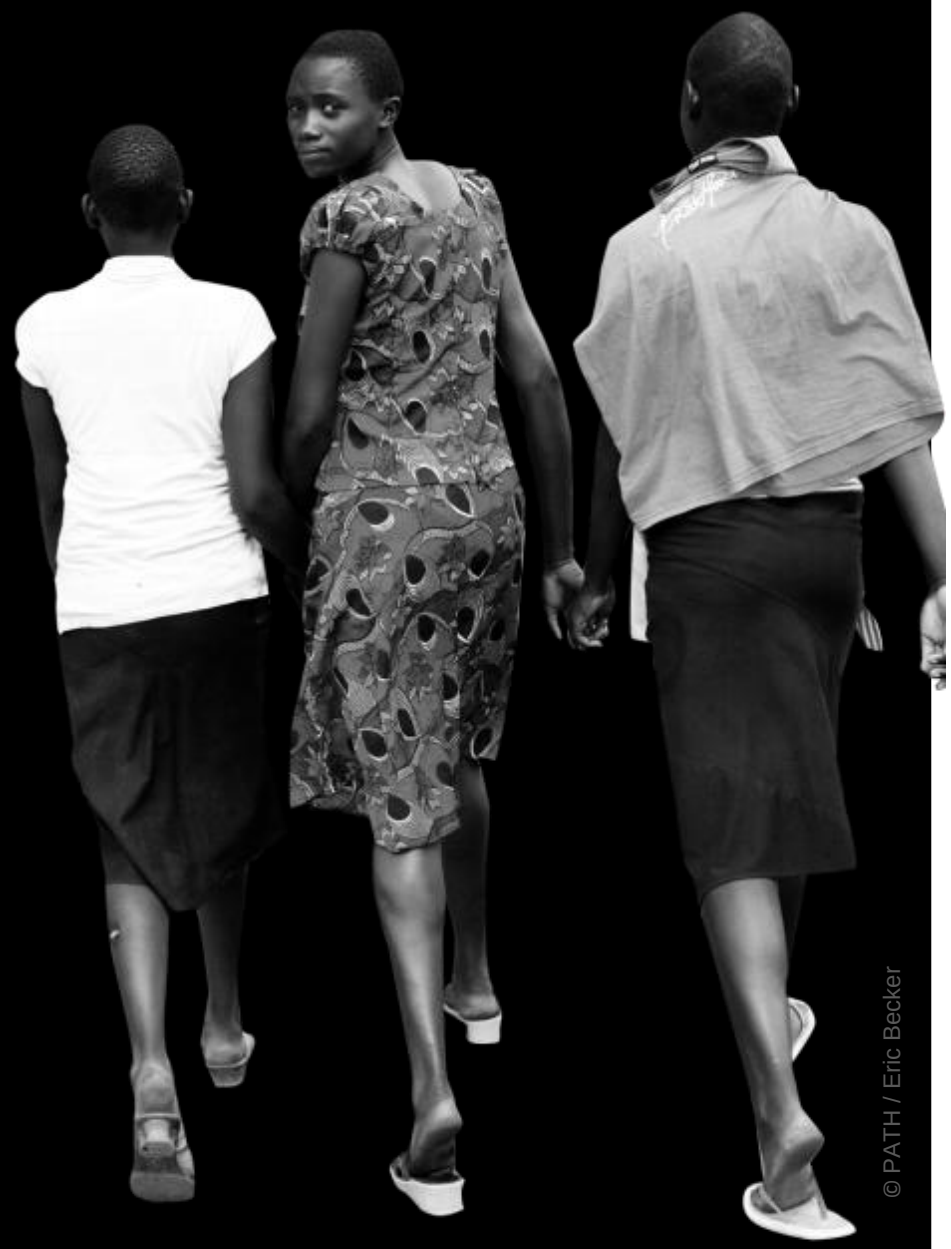
Quality of care at Childbirth: a triple return on investment! Reducing Maternal and Newborn Mortality, preventing Stillbirths


WRAPERS

MATERNAL DEATHS

13% UNSAFE ABORTIONS

47,000 DEATHS



IN 3 DEATHS

COULD BE AVOIDED IF ALL WOMEN HAD ACCESS CONTRACEPTIVES


London Summit on
FAMILY PLANNING
UBORA
QUALITÉ

2020

110M

FEWER UNINTENDED PREGNANCIES

50M

FEWER ABORTIONS

220,000

FEWER WOMEN DYING

3M

FEWER BABIES DYING

The Sustainable Development Goals are here!

HEALTH IN THE SDG ERA

World Health Organization

THE GLOBAL GOALS
For Sustainable Development

Update Rationale iv.

Opportunities with the Sustainable Development Goals (SDGs)

- People-centered goals
- Holistic and inclusive agenda
- Integrative approach recommended within and across sectors
- Evidence on cost-effective SDG investments e.g. with the Copenhagen Consensus process

Governance and Leadership

- National governance – representation and voice, effectiveness, regulation and rule of law, control of corruption, political vision
- Global governance – actors' comparative advantage, participation of low-income countries, new models of development partnership (e.g. south-south cooperation)
- Leadership across society – public, private, civil society leadership, including through multi-stakeholder partnerships

→What governance and leadership approaches would help different actors make best use of their comparative advantages for Every Woman Every Child?

Health Interventions

RMNCH+A with SRHR, child health and development and women's health

- Sexual and reproductive health and rights
- Maternal health
- Newborn health
- Child health and development
- Adolescent health
- Women's health beyond reproduction

→ Which health intervention areas are essential to end preventable mortality and promote the health of women and children?

RENEWED GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

Unfinished agenda and emerging priorities

Progress made:

- Overall reduction of maternal and child mortality
- We can envision to end ALL preventable deaths

Remaining gaps and emerging priorities

- Adolescents and young people
- Stillbirths, newborns
- Increasing burden of NCDs, cancers and mental health
- Nutrition and environmental risk factors
- Humanitarian settings and crisis situations

1. ***SURVIVE***

   End preventable deaths

2. ***THRIVE***

   Improve health and wellbeing

3. ***TRANSFORM***

   Enhance systems and enabling environment

The GS Goals and Targets is aligned with the SDGs, and finalized through a consensus process

EVERY WOMAN
EVERY CHILD

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

SURVIVE
THRIVE
TRANSFORM

SUSTAINABLE DEVELOPMENT GOALS

BMJ 351:Suppl1

thebmj

Towards a new Global Strategy for Women's, Children's and Adolescents' Health

Towards a new Global Strategy for Women's, Children's and Adolescents' Health

We know what needs to be done, say **Marleen Temmerman and colleagues**, but we need to push hard now to create a world in which every women, every child, and every adolescent is able to survive, thrive, and transform

The year 2015 marks a defining moment for the health of women, children, and adolescents. It is the end point of the United Nations' millennium development goals, and their transition to the sustainable development goals, and also the 20th anniversary tary general called on the world to develop a strategy to improve maternal and child health in the world's poorest and high burden countries, starting with 49 low income countries.

The 2010 Global Strategy for Women's and Children's Health was a bellwether for a important is the protection and sustenance of often fragile gains in some countries, the importance of which became clear with the Ebola virus disease epidemic and its results: weak health systems for maternal and child health in west Africa became further weakened.

Ending preventable maternal and newborn mortality and stillbirths

Doris Chou and colleagues discuss the strategic priorities needed to prevent maternal and newborn deaths and stillbirths and promote maternal and newborn health and wellbeing

Despite remarkable achievements to improve maternal and child survival, 800 women and 7700 newborns still die each day from complications during pregnancy, childbirth, and in the postnatal period; an additional 7300 women experience a stillbirth.[1-3] Some countries have been able to improve health outcomes for women and children, even with relatively low health expenditures.[4] The key to their success can be found in context spe-

Key themes and strategic objectives that were found to be largely similar are discussed in this paper. Where the emphasis or recommended strategic approach varied based on the target population, and the distinctions were deemed important, specific recommendations were retained.

Both strategic plans are based on scientific and empirical evidence, and underwent wide expert consultation with inputs from national, regional, and global meetings, and

2500 g at birth, especially those born preterm (fig 1).[13]

Stillbirths have declined by only 15% since 1995. An estimated 2.6 million stillbirths occurred globally in 2009, of which 40% were intrapartum and probably due to inadequate care.[3 14] In addition to prolonged and obstructed labour, untreated infections such as syphilis are an important cause of stillbirths in low resource settings.[14]

Optimal quality of care around childbirth

BMJ 2015;351:h4255

Objectives:

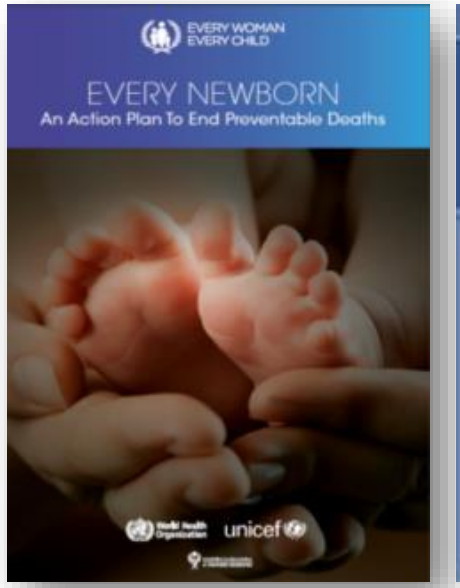
1. Strengthen care around time of birth
2. Strengthen health systems
3. Reach every woman and newborn
4. Harness power of parents, families, and communities
5. Improve data for decision making and accountability

Towards ending preventable maternal and newborn mortality

In 2013 :

289.000 maternal deaths
2.8 million newborn deaths
2.6 million stillbirths

More than 3.0 million babies and women could be saved each year



By 2030 in EVERY COUNTRY:

MMR reduction of at least 2/3 from 2010 and MMR less than 140
NMR of less than 12 per 1000 live births
Still births less that 12 per 1000 total births

Update Rationale iv.

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Enablers for health services

- Health Financing
- Health Management
- Health Workforce
- Health Goods and Services
- Health Information
- Innovation
- Infrastructure

→ What are the main challenges to enabling faster progress on women's and children's health?

Social and Environmental Determinants

- Water, Sanitation and Hygiene (WASH)
- Nutrition
- Education
- Women's political and economic participation
- Economic development and poverty reduction
- Peace and security, including addressing violence against women

→ What are the best ways to work with other sectors: e.g. defining shared goals and targets; joint advocacy and resource mobilization; collaborative projects …?

Human Rights and Accountability

- Human rights

  e.g. human rights-based approach to reducing preventable maternal and child mortality and morbidity; social, economic, cultural and political participation; non-discrimination; equality of opportunities; indivisibility of rights

- Accountability

  e.g. civil registration and vital statistics systems; accountability processes - monitoring, independent review and remedy

→ How could human rights and accountability be even more powerful drivers of change for women's and children's health?

Healthy people at the heart of sustainable development

- Developing health literacy and health promoting skills
- Using community engagement strategies based on the best evidence
- Ensuring that all voices are heard and engaging in meaningful dialogue on women's and children's health
- Addressing inequities, power disparities and other social barriers to progress
- Legal empowerment to claim to essential health, development and humanitarian services

→ How can a new Global Strategy support women, children, young people and communities in being agents of change for their health?

Partnerships

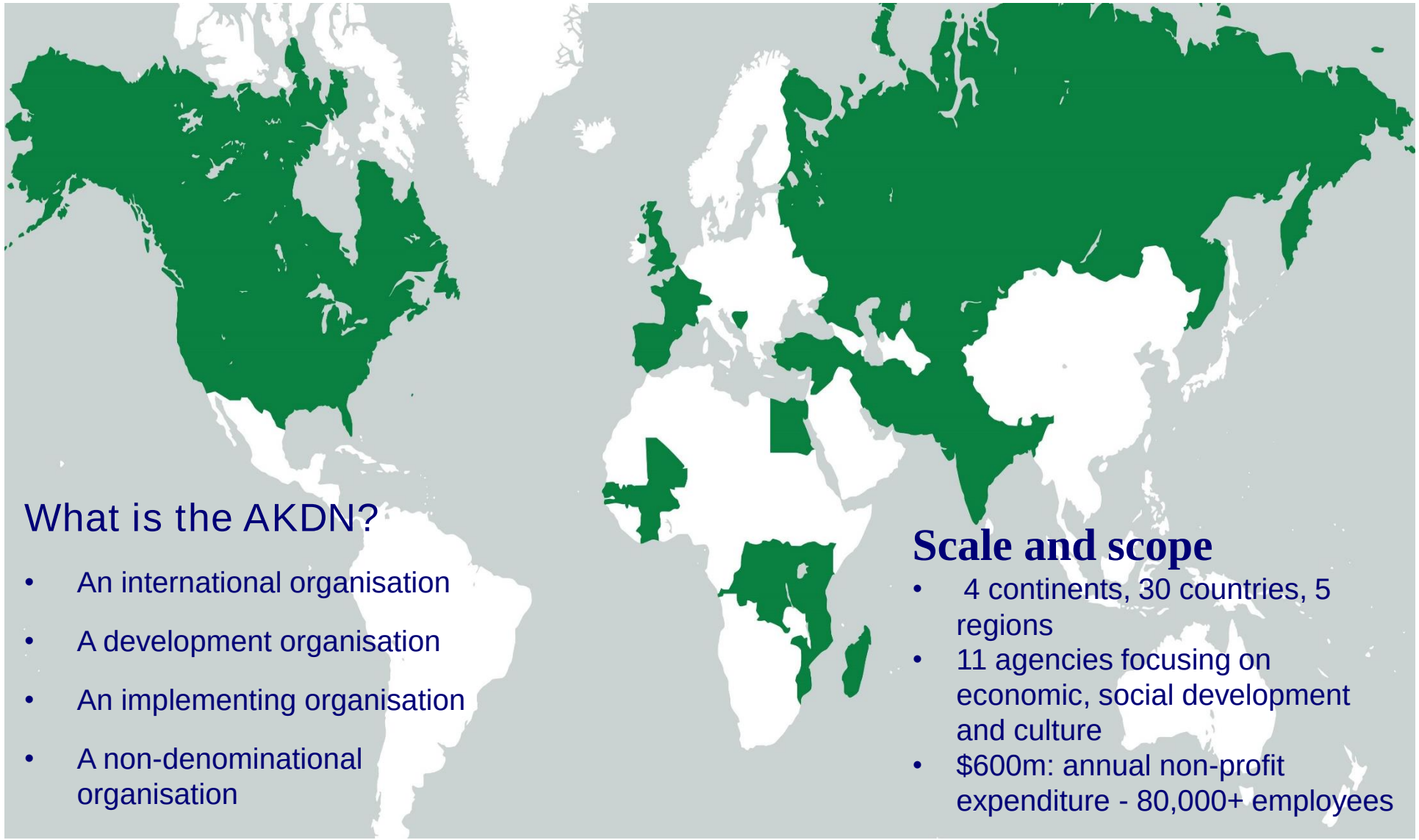
EVERY WOMAN EVERY CHILD

Every Woman Every Child is an unprecedented global movement that mobilizes and intensifies international and national action by governments, the UN, multilaterals, the private sector and civil society to address the major health challenges facing women, children and adolescents. The movement puts into action the *Global Strategy for Women's, Children's and Adolescents' Health*, which presents a roadmap on ending all preventable deaths of women, children and adolescents within a generation.

The AKU East-Africa Centre of Excellence for Women and Child Health

Aga Khan Development Network

A global group of private, non-denominational social development institutions working in 30 countries



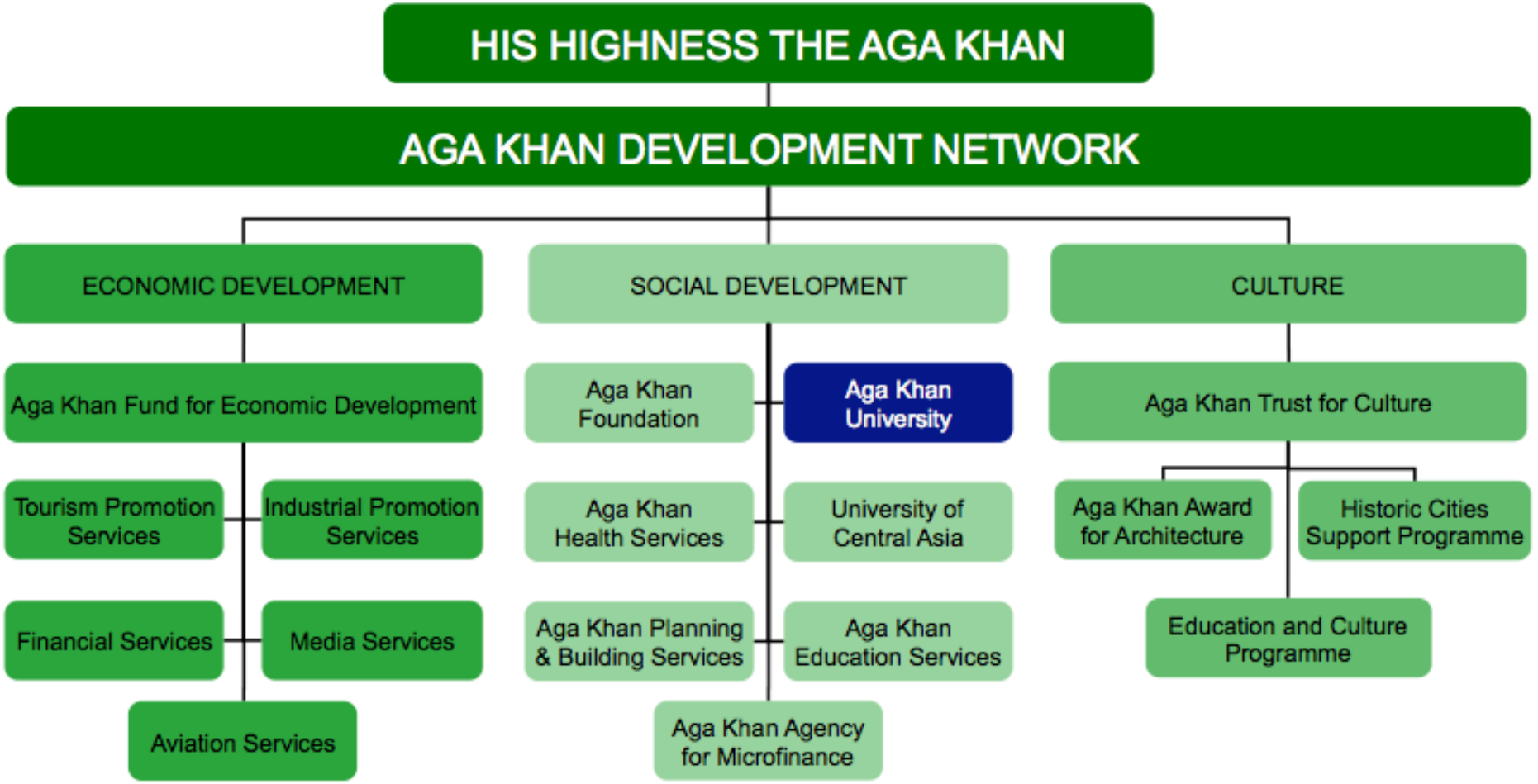
What is the AKDN?

- An international organisation
- A development organisation
- An implementing organisation
- A non-denominational organisation

Scale and scope

- 4 continents, 30 countries, 5 regions
- 11 agencies focusing on economic, social development and culture
- $600m: annual non-profit expenditure - 80,000+ employees

The Aga Khan Development Network



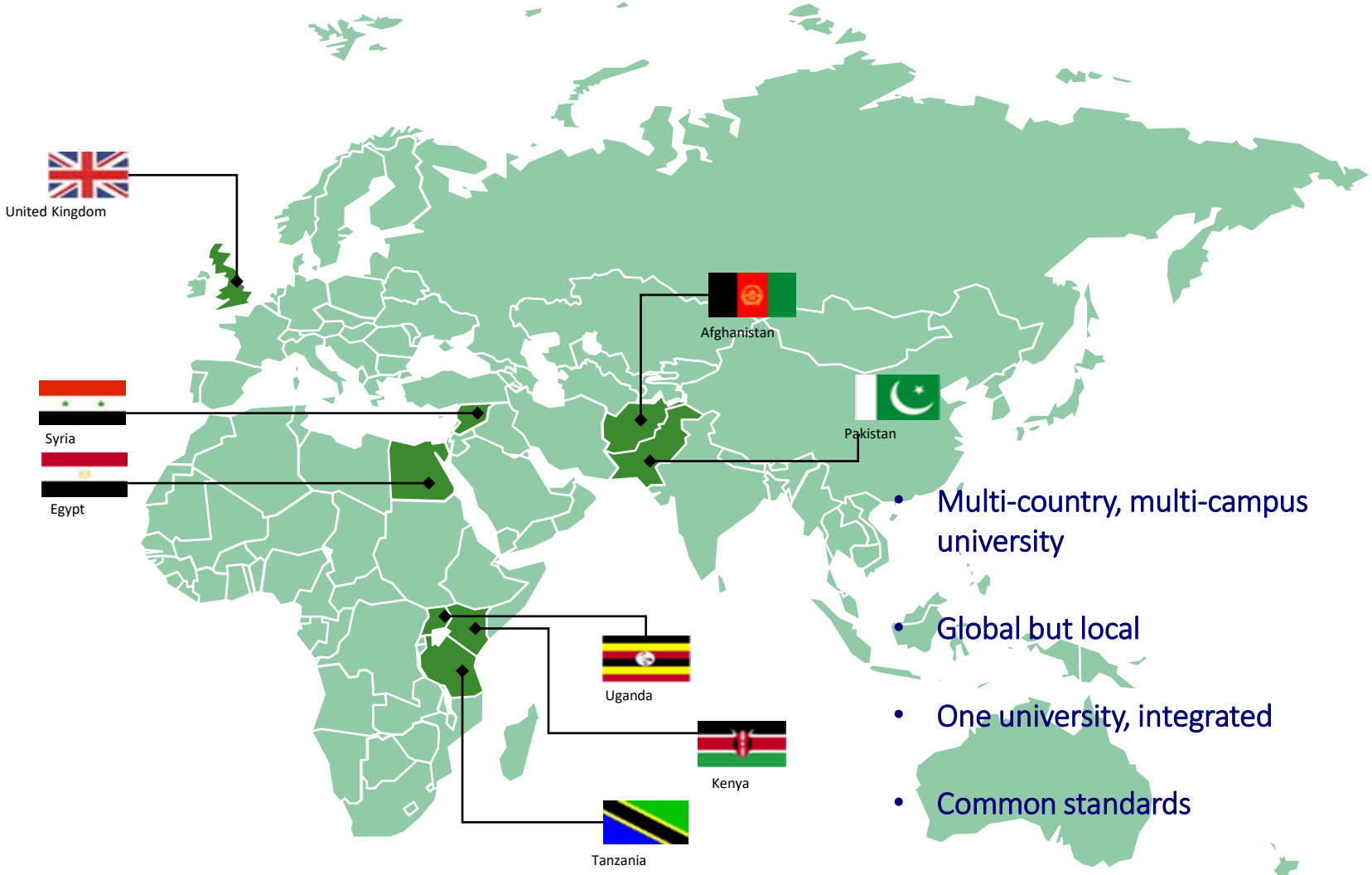
Pluralism

“In the troubled times in which we live, it is important to remember, and honour, a vision of a pluralistic society. Tolerance, openness and understanding towards other peoples' cultures, social structures, values and faiths are now essential to the very survival of an interdependent world. Pluralism is no longer simply an asset or a prerequisite for progress and development, it is vital to our existence.”

Humayun's Tomb, New Delhi, India

His Highness the Aga Khan at the Ceremony to Inaugurate the Restored Humayun's Tomb Gardens, New Delhi,15 April 2003

An international university with local relevance



- Multi-country, multi-campus university
- Global but local
- One university, integrated
- Common standards
- Opportunities for students, faculty & staff

Activities in Egypt and Syria suspended
Expansion into Rwanda and Burundi planned

Centre of Excellence in Women and Child Health, including Adolescent Health

- Training effective and relevant health care professionals, capable of leadership at all levels of the health system.
- Appropriate models for clinical care and planning for national, regional and global policy in RMNCH.
- Appropriate, cutting edge research and advocacy to promote effective interventions in urban and rural settings, as well as probing the frontiers of knowledge.
- Appropriate models for monitoring and evaluation to support progress in RMNCH.

Filename

The ICPD 1994 was a landmark event in Sexual & Reproductive Health

Filename

"….a remarkable consensus among 179 governments that individual human rights & dignity, including the equal rights of women & girls & *universal access to sexual & reproductive health & rights*, are a necessary precondition for sustainable development…"

Source: Report of the operational review of the implementation of the Programme of Action of the ICPD & its follow up beyond 2014.

The world has changed dramatically in the last 20 years.

- Remarkable progress in reducing extreme poverty
- Tremendous increase in primary school enrolment
- Rapid increase in mobile phone use
- Steady urbanization

Source: United Nations. Millennium Development Goals Report. 2014.

Filename

In some ways the world has not changed since the ICPD.

- ❑ continuation of multiple refugee crises, resulting in numbers unseen since 1994.
- ❑ Conflicts during the year …. have forced an average 32,000 people per day to abandon their homes and seek protection elsewhere.

Source: United Nations. Millennium Development Goals Report. 2014.

Filename

There has been limited & patchy progress in the sexual & reproductive health, in particular of adolescents

Child Marriage

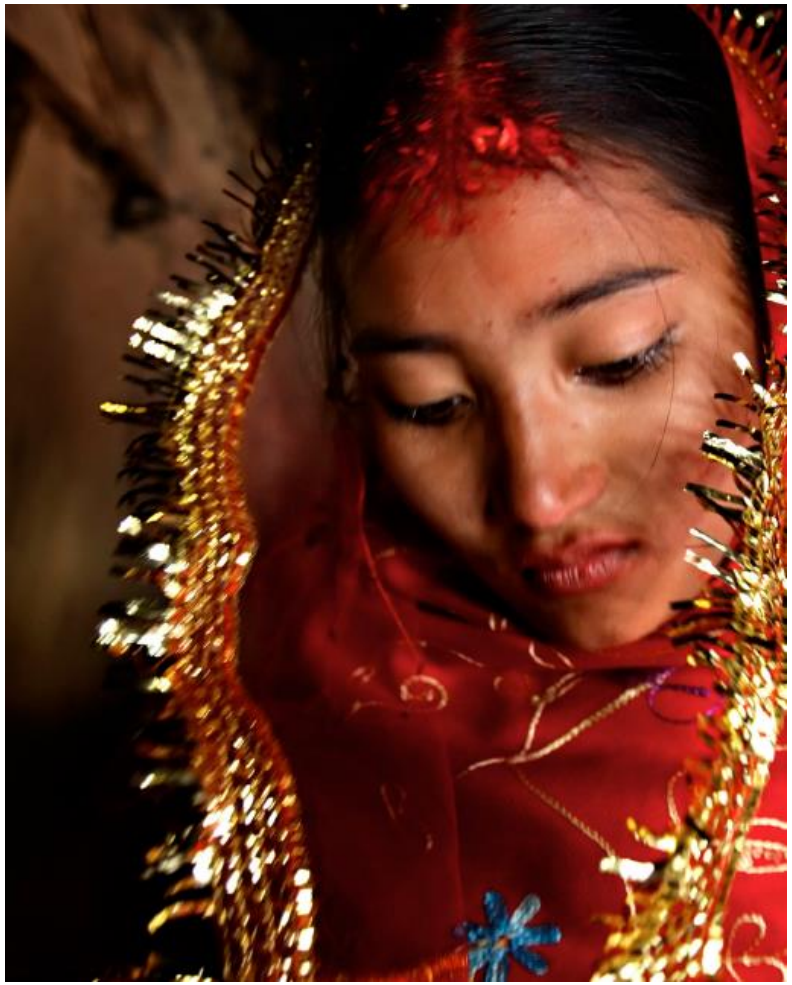
Despite gains in selected countries, little progress has been made in preventing child marriage in developing countries

TABLE 1
COUNTRIES SHOWING A DECLINE IN THE RATE OF CHILD MARRIAGE BY REGION

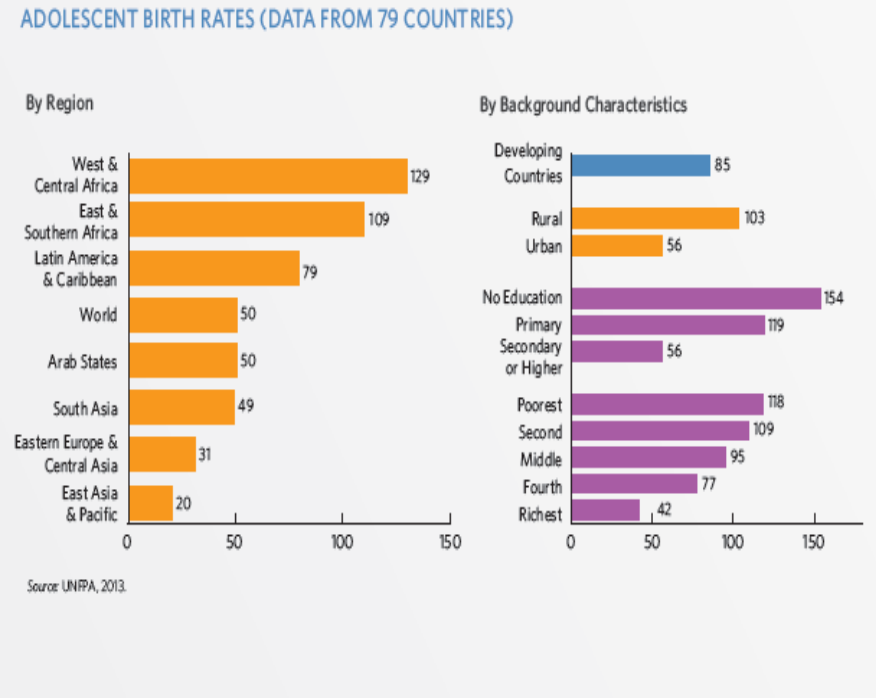
REGION	COUNTRIES WITH SIGNIFICANT* DECLINES IN RATES OF CHILD MARRIAGE
Sub-Saharan Africa	Benin (U), Cameroon (U), Congo (R), Ethiopia, Lesotho, Liberia, Rwanda, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zimbabwe (R)
Arab States	Jordan (R)
East Asia and the Pacific	Indonesia (R), Philippines (R)
South Asia	Bangladesh (U), Nepal
Eastern Europe and Central Asia	Armenia
Latin America and the Caribbean	Bolivia, Guyana (R)

Source: Results from two consecutive household surveys (MICS and DHS) in 48 countries.
* Measured as changes of 10% or more in the prevalence of child marriage between the two surveys.
(U) Changes observed in the urban areas only.
(R) Changes observed in the rural areas only.

Source: UNFPA Marrying too Young: End Child Marriage. 2012.



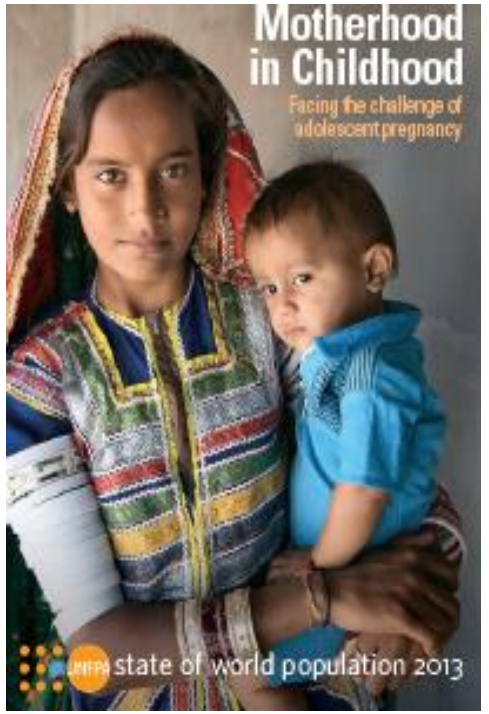
Adolescent Pregnancy



Source: UNFPA. Motherhood in childhood. Facing the challenge of adolescent pregnancy. . 2013.

The number of births to girls aged 15-19 years declined globally from 64 in 1990 to 54 in 2011 (per 1000 girls).

Source: United Nations. Millennium Development Goals Report 2014.



New HIV infections

- Globally, the number of new HIV infections per 100 adults aged 15 to 49 years declined by 44 % between 2001 & 2012. However, there has been no substantive decline in the past decade in new HIV infections among young people between 15-24 years. (1)

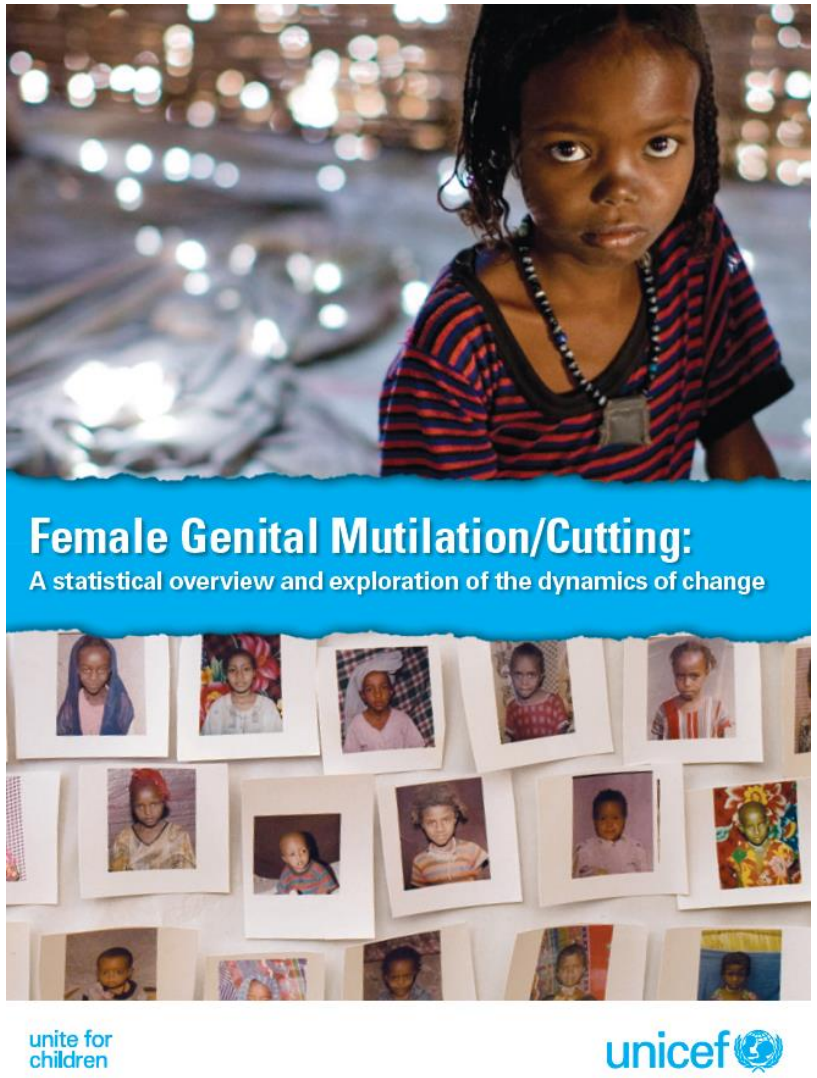
- In 2012, approximately 2/3rd of all new infections were in girls, & mainly in sub-Saharan Africa. (2)

Sources:

1.United Nations . Millennium Development Goals Report. 2014.

2. UNICEF. Towards an AIDS-free generation – Children and AIDS. Sixth stocktaking report. 2013.

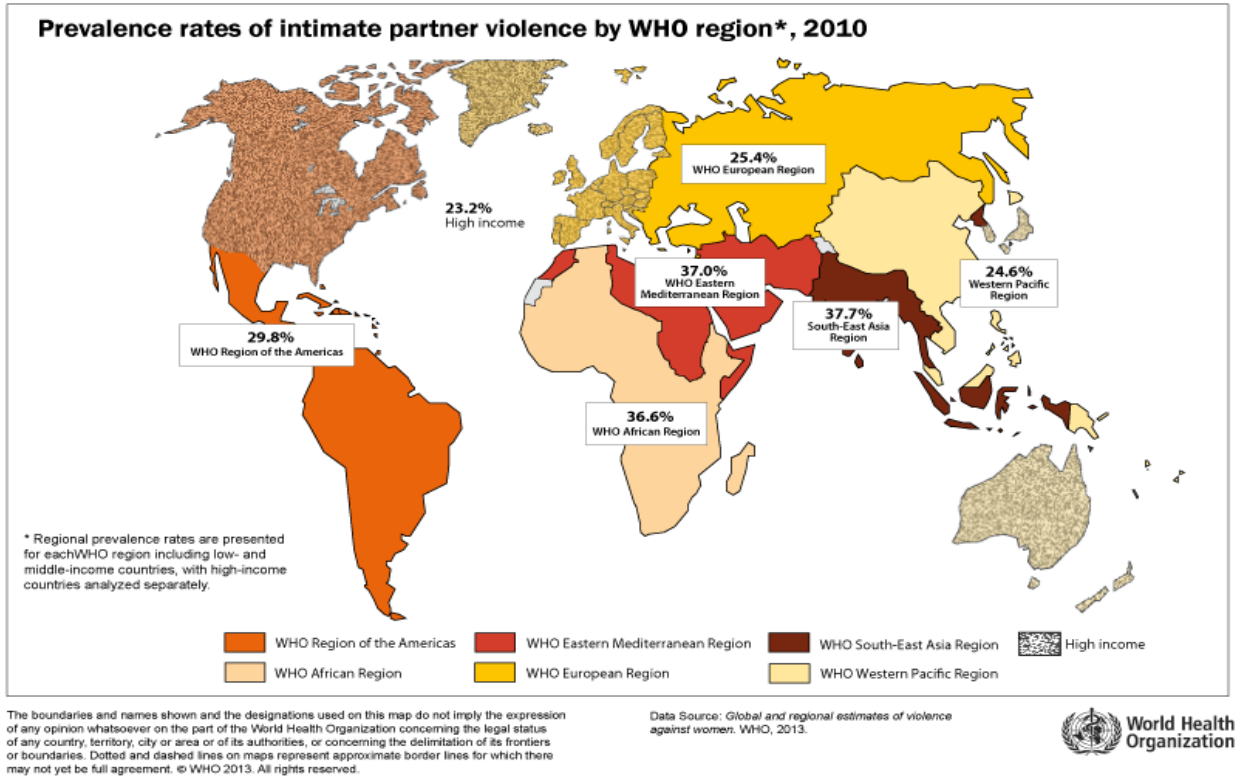
Female Genital Mutilation/Cutting



- Across sub-Saharan Africa, there has been only a minor reduction of the overall prevalence of FGM/C.
- But in more than half of the 29 countries where FGM/C is concentrated, significantly lower prevalence levels can be found in the youngest age group (15-19) compared to the oldest age group (45-49).

Source: UNICEF. Female Genital Mutilation/Cutting: A statistical overview and exploration of dynamics of change. 2013.

Partner Violence



- Globally, 1 in 3 women will experience physical and/or sexual violence by an intimate partner or sexual violence by someone other than their partner.
- Such violence starts early in the lives of women with estimates showing that nearly 30% of adolescent girls (15–19 years) have experienced intimate partner violence.

Source: World Health Organization, London School of Hygiene and Tropical Medicine, South African Medical Research Council: *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.* Geneva. WHO; 2013.

UNFPA 2014 Global Survey and Summary Report

- In the case of adolescents, it stresses that universal access to sexual and reproductive health services, including youth-friendly services, and comprehensive sexuality education from an early age are essential for young people to protect themselves and lead healthy lives
- Governments are encouraged to remove legal barriers preventing women and adolescent girls from access to safe abortion, including revising restrictions within existing abortion laws
- The Secretary General's report goes beyond the original ICPD Programme of Action to endorse the full spectrum of sexual and reproductive health and rights, thereby explicitly including sexual rights as part of the agenda moving forward.

The Gag Rule: What is the Mexico City Policy?

- The Mexico City Policy is a U.S. government policy that requires foreign NGOs to certify that they will not "perform or actively promote abortion as a method of family planning" with non-U.S. funds as a condition for receiving U.S. global family planning assistance and, as of Jan. 23, 2017, any other U.S. global health assistance, including U.S. global HIV (under PEPFAR), maternal and child health, malaria, nutrition, and other program areas.
- The policy was first announced by the Reagan administration at the 2nd International Conference on Population, held in Mexico City, Mexico, 1984.
- Under the Trump administration, the policy has been renamed as "Protecting Life in Global Health Assistance." Among opponents, it is also known as the "Global Gag Rule," because among other activities, it prohibits foreign NGOs from using non-U.S. funds to provide information about abortion as a method of family planning and to lobby a foreign government to legalize abortion.

Effects on most vulnerable populations

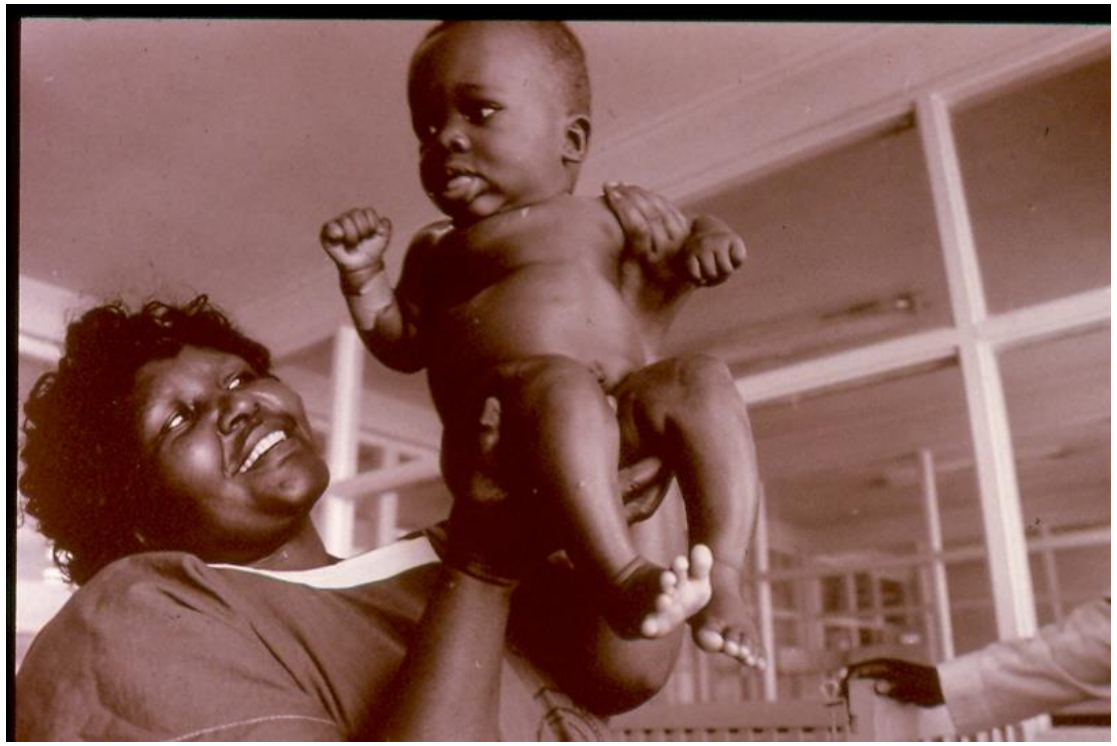
- Under previous Republican administrations, the restrictions in the Mexico City Policy applied specifically to US family planning funds, **approximately US$575 million**.
- Trump's policy extends restrictions to an **estimated $8.8 billion** in US global health assistance, including funding support for family planning and reproductive health, maternal and child health, nutrition, HIV/AIDS – including The President's Plan for Emergency Relief for AIDS (PEPFAR), prevention and treatment of tuberculosis, malaria (including the President's Malaria Initiative), infectious diseases, neglected tropical diseases, and even to water, sanitation, and hygiene programs.

SheDecides


ViewSonic
Hon. Marie-Rose Nguini-Effa
Member of Pan-African Parliament
Cameroon


She Decides.

Yes, we can, if we care!



" It takes two to make a child but a village to raise a child". We are all part of that global village!