WORLD HEALTH ORGANIZATION COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018

EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.

COMMITMENT OVERVIEW

The World Health Organization (WHO) is committed to realizing the vision and objectives of the Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy) and the Sustainable Development Goals (SDGs) by fulfilling its constitutional mandate in this context, specifically to:

1. Collaborate effectively with governments, regional bodies, United Nations agencies and partner organizations in the Every Woman Every Child movement to support country-led implementation through the development and deployment of the Global Strategy Operational Framework, the Global Financing Facility and Accountability Framework.

2. Consider the Global Strategy Operational Framework at the World Health Assembly (WHA) in May 2016, and regularly review progress on results, resources and rights for women's, children's and adolescents health that is harmonized with the work of the Independent Accountability Panel for the Global Strategy and monitoring of SDG3 with continued emphasis on improving data, metrics and measurement, including through strengthened civil registration and vital statistics systems.

3. Assist governments, upon request, in strengthening health services, furnishing appropriate technical assistance, and providing necessary aid in emergencies given the significant health needs of women, children and adolescents in humanitarian and fragile settings.

4. Continue WHO's leadership role on the technical content of the Global Strategy by promoting co-operation among scientific and professional groups which contribute to the advancement of knowledge to improve women's, children's and adolescents' health; and by proposing evidence-based conventions, agreements and regulations, and make recommendations with respect to related international health matters.

5. Strengthen collaboration with other sectors where required to address the socioeconomic, political, social and environmental determinants of women's, children's and adolescents' health and to align with the holistic and integrated approach recommended in the SDGs.

6. Expand choice and method mix through contraceptive research and development and assessment of the safety and efficacy of new and existing methods

7. Scale up the availability of high-quality contraceptive commodities through product prequalification and Expert Review Panel (ERP) fast-track mechanisms

8. Synthesize and disseminate evidence on effective family planning delivery models and actions to inform policies, address barriers and strengthen programs

9. Integrate the WHO Medical Eligibility Criteria Family Planning wheel and related tools and guidelines into health systems to expand access to and quality of family planning services

COMMITMENT PROGRESS SUMMARY NARRATIVE

1. EWEC Global movement and related partnerships: the H6 chair is on the High-level Steering Group, WHO's engagement with the H6 is through the H6 Deputies' group, Technical Working Group and other working groups such as on M&E and Adolescent Health. WHO is on the Investors Group of the GFF, hosts PMNCH and is on its Board as well as several partner working groups.
Financing: WHO led the development of the global investment case for women's and children's health. WHO is on the Investors Group of the GFF, and was an active contributor and collaborator in developing the GFF business plan and supports the development and implementation and monitoring of the country investment cases. Countries also benefit from WHO's core financing work with financing strategies, national health accounts and other financing workstreams.

2. WHO is the lead agency for reporting on Health and the Sustainable Development Goals (SDGs). To fulfil this mandate, as reported in WHA A70/37, WHO with the H6 and other partners developed a data portal to track country progress across the 60 indicators. This portal was launched in May 2017 on WHO's Global Health Observatory (GHO): : http://apps.who.int/gho/data/node.gswca. These data will inform the WHO Secretariat's reports to the Health Assembly and support Member States in reviewing progress. In addition, this portal will contribute to the overall EWEC progress reporting coordinated by the Partnership for Maternal, Newborn and Child Health under the auspices of Every Woman Every Child in collaboration.
Following the WHA resolution 69.2 requesting the DG to report regularly on progress towards women's, children's and adolescents' health, there have been annual reports to the EB and WHA. In 2018, WHO and H6 agencies will lead reporting on the Global Strategy indicators component for EWEC and as an input to the WHA.

Specifically to monitor the uptake of the normative guidance, WHO's Department of Maternal, Newborn, Child and Adolescent Health (MCA) and the Department of Reproductive Health and Research (RHR) are establishing a global platform to track the adoption MNCAH policies in all countries: http://www.who.int/maternal_child_adolescent/epidemiology/policy-monitoring-action/en/
3. Country implementation support: WHO continues to provide Member States with support across its core functions. In addition, with H6 partners there is alignment on multilateral support to countries with an H6 focal point now in over 45 countries.

WHO with H6 partners developed a toolkit to support the implementation of the Global Strategy for Women's, Children's and Adolescents' Health with the aim of bringing together a core set of evidence-based and well documented planning and implementation tools, to facilitate users' and developers' access to these tools: http://www.everywomaneverychild.org/h6-toolkit/

4. WHO coordinated research and evidence syntheses that informed the development of the EWEC GS. To guide implementation, WHO develops a range of core normative products including norms, standards, guidelines and recommendations to guide the implementation. For instance, maternal, newborn, child and adolescent health guidelines are available from: http://www.who.int/maternal_child_adolescent/guidelines/en/. Sexual and reproductive health guidelines are available from: http://www.who.int/reproductivehealth/publications/en/

5. Sociopolitical and multistakeholder accountability are key dimensions of the EWEC Global Strategy monitoring with EWEC Commitment Tracking, Citizen's hearings and parliamentary engagement augment the

accountability processes as set out in the EWEC GS 2017 report(24). An Independent Accountability Panel also is central to the EWEC accountability framework(28)

FP2020 Commitment

Key achievements and important milestones completed:
In 2016 WHO developed new and updated recommendations on the provision and use of contraception for the third edition of WHO's Selected practice recommendations for contraceptive use (SPR). The SPR provides guidance for policyand decision-makers and the scientific community on how contraceptive methods can be used safely and effectively. Using guidance from both the MEC and the SPR, HRP supported more than 40 countries through the training of national decision makers, to strengthen their national health systems so as to improve the safe and effective provision and use of contraception. WHO commissioned five systematic reviews on financing mechanisms for contraceptive programmes. The most striking finding from all the reviews was the lack of strong evidence on contraceptive financing; and after analysis it was not possible to make any strong recommendations on which financing mechanisms were more impactful. In early 2017, WHO updated its guidance statement on Hormonal contraceptive eligibility for women at high risk of HIV, confirming that women at high risk of acquiring HIV can use progestogen-only injectable contraceptives but should be advised about (i) concerns that these methods may increase risk of HIV acquisition, (ii) the uncertainty over whether there is a causal relationship, and (iii) how to minimize their risk of acquiring HIV. WHO published a series of evidence briefs jointly between WHO, UK Aid, STEP UP, and Population Council, on the occasion of the 2017 Family Planning Summit held in London. These evidence briefs take stock of the progress that has been made, and also share crucial data on what works to improve contraceptive services and uptake. WHO supported 20 countries to update their national family planning policies, strategies and guidelines based on WHO recommendations. Forty-seven countries began to use the WHO medical eligibility criteria wheel for contraceptive use.

Multisectoral linkages established

Through providing the secretariat of the Implementing Best Practices (IBP) initiative, WHO hosted a series of 15 webinars on WHO guidelines and high-impact practices in English, French and Spanish, reaching over 1000 participants from 45 countries around the world. These were achieved in partnership with Family Planning 2020, the Reproductive Health Supplies Coalition and the High Impact Practices collaboration

Best practices identified and key lessons learned

Based on latest evidence review 2015 MEC recommended that BF women who are less than 6 weeks postpartum can generally use progestogen-only pills (POPs) and levonorgestrel (LNG) and etonogestrel (ETG) implants (MEC 2), greatly expanding options for immediate post partum family planning

Alignment, advocacy and accountability. WHO engages with partner alignment, advocacy and accountability through EWEC and PMNCH, including as lead co-convener of the PMNCH Accountability Strategic Objective (SO), on the Country engagement SO, and in the EWEC partner alignment framework and advocacy efforts.

THEMATIC COMMITMENT PROGRESS

Reduce global maternal mortality to less than 70 deaths per 100,00 live births

Maternal mortality ratio
Proportion of births attended by skilled health personnel
Proportion of women aged 15-49 who received 4 or more antenatal care visits Proportion of women who have postpartum contact with a health provider within 2 days of delivery

Reduce newborn mortality to less than or equal to 12 deaths per 1,000 deaths

Neonatal mortality
Stillbirth rate Proportion of infants who were breastfed within the first hour of birth
Proportion of newborns who have postnatal contact with a health provider within 2 days of delivery
Proportion of women in antenatal care (ANC) who were screened for syphilis during pregnancy

Reduce under five mortality to less or equal to 25 deaths per 1,000 live births

Under-5 mortality
Percentage of children with diarrhoea receiving oral rehydration salts (ORS)
Proportion of children with suspected pneumonia taken to an appropriate health provider
Percentage of infants <6 months who are fed exclusively with breast milk
Percentage of children fully immunized
Use of insecticide-treated nets (ITNs) in children under 5 (% of children)

End epidemics of HIV, TB, malaria, neglected tropical diseases and other communicable diseases

Number of new HIV infections per 1000 uninfected population, by age and sex
Malaria incident cases per 1000 persons per year
Percentage of people living with HIV who are currently receiving antiretroviral therapy (ART)
Proportion of households with at least 1 ITN for every 2 people and/or sprayed by indoor residual spray (IRS) within the last 12 month

Reduce by 1/3 premature mortality from non-communicable diseases and promote mental health and well-being

Age-standardized prevalence of current tobacco use among persons 15 years and older
Mortality between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
Suicide mortality rate Adolescent mortality rate
Proportion of women aged 30-49 who report they were screened for cervical cancer

End all forms of malnutrition

Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age
Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth
Standards) among children under 5 years of age
Prevalence of insufficient physical activity among adolescent
Prevalence of anaemia in women aged 15-49
Proportion of children aged 6-23 months who receive a minimum acceptable diet

Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)

Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods
Adolescent birth rate (10-14, 15-19) per 1000 women in that age group
Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education
Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights

Ensure access to good quality Early Childhood Development

Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial wellbeing
Participation rate in organized learning (one year before the official primary entry age)

Reduce pollution-related deaths and illnesses

Mortality rate attributed to household and ambient air pollution Proportion of population with primary reliance on clean fuels and technology

Achieve Universal Health Coverage incl. financial risk, protection and access to services, medicines, and vaccines

Coverage of essential health services (index based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access)
Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources
Out of-pocket health expenses as percentage of total health expenditure

Eradicate extreme poverty

Proportion of population below the international poverty line

Ensure equitable access to quality education

Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics

Eliminate harmful practices, discrimination, and violence against women and girls

Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18
Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months
Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting (FGM/C)
Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex
Proportion of young women and men aged 18-29 who experienced sexual violence by age 18 Proportion of rape survivors who received HIV post-exposure prophylaxis (PEP) within 72 hours of an incident occurring

Achieve universal and equitable access to water, sanitation and hygiene (WASH) services

Percentage of population using safely managed drinking water services
Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water

Enhance scientific research, upgrade technological capabilities and encourage innovation

Research and development expenditure as a proportion of GDP

Provide legal identity for all

Proportion of children under 5 years of age whose births have been registered with a civil authority
Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100% birth registration and 80% death registration

Enhance global partnership for sustainable development

Number of countries reporting progress in multistakeholder development effectiveness monitoring frameworks that support the achievement of the SDGs
Governance index (voice, accountability, political stability and absence of violence, government effectiveness, regulatory quality, rule of law, control of corruption)

Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?

Global
Regional
Country
Sub-country

Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?

Yes

EVERY WOMAN EVERY CHILD FOCUS AREAS

Early Childhood Development

Applicable

Early Childhood Development Data

Current status: Ongoing

In support of the Sustainable Development Goals, in particular target 4.2 (ensure that all girls and boys have access to good-quality early childhood development), and the Global Strategy objectives (survive, thrive and transform), WHO is working with UNICEF, the Partnership for Maternal, Newborn and Child Health, and the Action Network for Early Childhood Development to draft a global framework for nurturing care, to facilitate action and results. The framework will focus on the first 1000 days from conception within a life course approach; it will speak to all relevant sectors through the health sector. Consultations were started during a WHO technical meeting in July 2017 and are being held in all regions. An online consultation on the draft framework is being completed. In support of the framework, WHO is also developing guidelines for nurturing care in early childhood and leading a global effort to develop a measurement framework and additional indicators to assess child development in children under the age of 3 years. Care for child development, an approach for strengthening services to support responsive caregiving and early learning, is being scaled-up in at least 25 countries.

Country Leadership: Yes

Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery Included: Yes
Geographical Coverage: Both Urban and Rural
Newborns (under 28 days of age): Yes
Children (under 5 years): Yes

Adolescent and Young Adult Health and Well-being

Applicable

Adolescent and Young Adult Health and Well-being data

Current status: ongoing

Activities implemented: Together with UNICEF, WHO has launched an initiative to redesign child health guidelines, specifically by looking into the changes required to revise the child health policies and programmes that will define universal health coverage during the first 18 years of life. The initiative focuses on both “survive” and “thrive” interventions up to the age of 18 and accepts that the diversity of social, epidemiological and demographic conditions requires context-specific approaches; it is therefore working to define a manageable set of new typologies and suggest a series of evidence-based activities that are likely to improve the health status of children.
As a first step in this direction, new global and regional estimates of adolescent (10–19 years) mortality and disability-adjusted life years lost were released in May 2017, and child mortality figures for under-5s and those aged 5–14 years were released on 19 October 2017.

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Following the release of implementation guidance for Global Accelerated Action for the Health of Adolescents (AA-HA!) intercountry meetings to spearhead use of the guidance have been jointly organized by WHO, the other H6 partners and UNESCO in Caribbean and African countries. Capacity-building activities for use of the guidance are undertaken in other regions in the first half of 2018. Also, new adolescent health statistics have been released and are available on the Global Health Observatory data portal.
WHO is working with other members of the United Nations Inter-Agency Network on Youth Development to develop a United Nations strategy on youth. The aim is to ensure adolescents and young adults (ages 10–30) are recognized and helped to achieve fulfilling lives and unleash their potential as positive and active agents of change, by 2030. As a first step in this process, in June 2017 an open global survey was made available to each and every young person anywhere in the world. This survey is a way for the United Nations to establish

what the priority issues are for young people, what the United Nations can do to tackle these issues and how it can best engage with young people in the process.

Country Leadership: Yes
Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery Included: Yes
Geographic Coverage: Both Urban and Rural
Early Adolescent Girls (aged 10-14): Yes
Early Adolescent Boys (aged 10-14): Yes
Adolescent Girls and Young Women (aged 15-24): Yes
Adolescent Boys and Young Men (aged 15-24): Yes

Sexual and Reproductive Health and Rights

Applicable

Sexual and Reproductive Health and Rights data

Current status: Ongoing

Activities implemented: Under Family Planning 2020, WHO committed to expand contraceptive access, choice and method mix through research and development; to assess the safety and efficacy of new and existing methods; and to scale up the availability of high-quality contraceptive commodities through product prequalification and Expert Review Panel fast-track mechanisms. In 2015 and 2016, therefore, it added the etonogestral-releasing implant, the levonogestral-releasing intrauterine system and the progesterone vaginal ring to the Model List of Essential Medicines. WHO also works to synthesize and make available evidence on effective family planning delivery models and actions, to inform policies, address barriers and strengthen programmes. For example, in order to build a sound understanding of the unmet contraceptive needs of adolescents across countries, it has participated in a literature review and published fact sheets on adolescent contraceptive use in 58 low- and middle-income countries that provide data on contraceptive use among married and unmarried women, the types of contraception they use, where they obtain contraception, and the reasons for not using contraception. Its analyses indicate that contraceptive uptake is usually poor in low- and middle-income countries and that the reasons for non-use are diverse.

In collaboration with the United Nations Department of Economic and Social Affairs, the Special Programme of Research, Development and Research Training in Human Reproduction has launched the open-access Global Abortion Policies Database, containing abortion laws, policies, health standards and guidelines for all WHO and United Nations Member States. In addition to providing data on specific abortion policies, country profiles include sexual and reproductive health indicators, the list of human rights treaties ratified by the country in question, and links to the concluding observations of United Nations treaty bodies with selected extracts relating to abortion. Cervical cancer: to spur progress and promote the scaling-up of national action, seven United Nations agencies (WHO, IAEA, IARC, UNAIDS, UNFPA, UNICEF and UN Women) established the five-year United Nations' Joint Global Programme on Cervical Cancer Prevention and Control. The Joint Programme aims to help countries prioritize action for optimal results. It brings together the major players involved in cervical cancer prevention. Six priority countries – one from each of the six WHO regions – have been selected for amplified action.

WHO has worked with partners on the Global Early Adolescent Study, which aims to generate knowledge of the ways in which gender norms are formed in early adolescence and how they subsequently predispose young people to sexual and other health risks. Phase I of the Study, conducted in 15 countries, has generated valuable information and contributed to the development of a tool kit to assess gender norms in early adolescence.

Country Leadership: Yes
Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery Included: Yes
Geographic Coverage: Both Urban and Rural
Early Adolescent Girls (aged 10-14): Yes
Early Adolescent Boys (aged 10-14): Yes
Adolescent Girls and Young Women (aged 15-24): Yes
Adolescent Boys and Young Men (aged 15-24): Yes
Women (aged 25-49): Yes
Men (aged 25-49): Yes

Quality, Equity and Dignity in Services

Applicable

Quality, Equity and Dignity in Services data

Current status: Ongoing

Following the publication in 2016 of the WHO Standards for improving quality of maternal and newborn care in health facilities, WHO and UNICEF have launched the Network for Improving Quality of Care for Maternal, Newborn and Children Health. This Network is led by the Ministries of health of ten countries and brings together health care professionals and providers, technical and funding partners to foster, accelerate and sustain quality of care improvement for maternal, newborn and child health.

WHO also published this year new WHO recommendations: intrapartum care for a positive childbirth experience.

Country Leadership: Yes
Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery Included: Yes
Geographical Coverage: Both Urban and Rural
Newborns (under 28 days of age): Yes
Children (under 5 years): Yes

Empowerment of Women, Girls and Communities

Applicable

Empowerment of Women, Girls and Communities data

Current status: Ongoing

Activities implemented: Violence against women and girls. The WHO Secretariat is working with Member States to facilitate the uptake of clinical and policy guidelines and training tools for responding to violence against women. An increasing number of Member States are developing or updating their national protocols for a health response to violence against women in line with WHO guidelines Following the G8 Summit in June 2010, the WHO/UNICEF/UNFPA/UN-Women Muskoka initiative funded by France aims at reinforcing health systems to reduce maternal, newborn and child mortality, within the framework of the Harmonization for Health in Africa mechanism and of a common analysis and action plan. This commitment to facilitate access to health for children, women and youths goes hand in hand with an active promotion of gender equality and the empowerment of women. As noted in the WHA report A70/37, WHO also supports innovative approaches, including through the Young Voices Count initiative in which adolescents and young people themselves will monitor and help to shape progress towards their health and the attainment of the Sustainable Development Goals.

Country Leadership: Yes
Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery Included: Yes
Geographical Coverage: Both Urban and Rural
Newborns (under 28 days of age): Yes
Children (under 5 years): Yes
Early Adolescent Girls (aged 10-14): Yes
Early Adolescent Boys (aged 10-14): Yes
Adolescent Girls and Young Women (aged 15-24): Yes
Adolescent Boys and Young Men (aged 15-24): Yes
Women (aged 25-49): Yes
Men (aged 25-49): Yes

Humanitarian and Fragile Settings

Applicable

Humanitarian and Fragile Settings data

Current status: Ongoing

Work initiated to update the 2014 review of maternal, newborn, child and adolescent health and nutrition guidelines and data collection tools in humanitarian settings, and create a repository of these tools. Second,

work will start on mapping of the existing M and E frameworks and developing an overarching M&E framework Work has started to undertake a mapping of different SRHR indicators and dataset within the existing humanitarian HDMIS with a view to identify gaps and ways to address. Simultaneously work will be undertaken in collaboration with partners on identifying the accountability gaps on SRHR in crises settings Two systematic reviews will be conducted on ASRH and SAC in crises settings looking at effective methods of delivery. Research partners have been identified to pilot these methods in a service delivery project funded by the Netherlands in Bangladesh, Yemen and DRC .

Work is ongoing to develop an App version of the combined MEC/SPR for humanitarian crises. This app will provide a digital interface for IOS and Android users working in crises settings on family planning interventions and their delivery. The app once downloaded will not require internet connectivity and in the expert review group was identified as an important tool to build capacity and delivery of FP services in crises. A paper version of prototype available.

A process chart on research prioritization for the promotion of MNCAH in humanitarian crisis settings has developed. WHO has been mobilized and provided expertise in mass vaccination campaigns in conflict-affected states:
• Diphtheria vaccination campaign in Yemen targeted 2.7 million children in 2017 and 2018
• Mass vaccination campaign to protect more than 4 million children (4 766 214) against a measles outbreak in conflict-affected states in north-eastern Nigeria in 2017
• Second largest oral cholera vaccination campaign in Cox's Bazar in 2017

Country Leadership: Yes
Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery Included: Yes
Geographical Coverage: Both Urban and Rural
Newborns (under 28 days of age): Yes
Early Adolescent Girls (aged 10-14): Yes
Early Adolescent Boys (aged 10-14): Yes
Adolescent Girls and Young Women (aged 15-24): Yes
Adolescent Boys and Young Men (aged 15-24): Yes
Women (aged 25-49): Yes
Men (aged 25-49): Yes

PROCESS RELATED COMMITMENT PROGRESS

Have challenges faced during the implementation of commitment-related activities resulted in either delays or unsuccessful implementation? Note: If you experience any challenges in completing this questionnaire, please list them under this section.

Yes

Have you made any changes to either the funding or implementation partners associated with your organization's commitment?

Yes

Please provide the following information on the Government's point of contact for this update:

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