



World Health Organization

The Sustainable Development Goals: Implications for Women and Children

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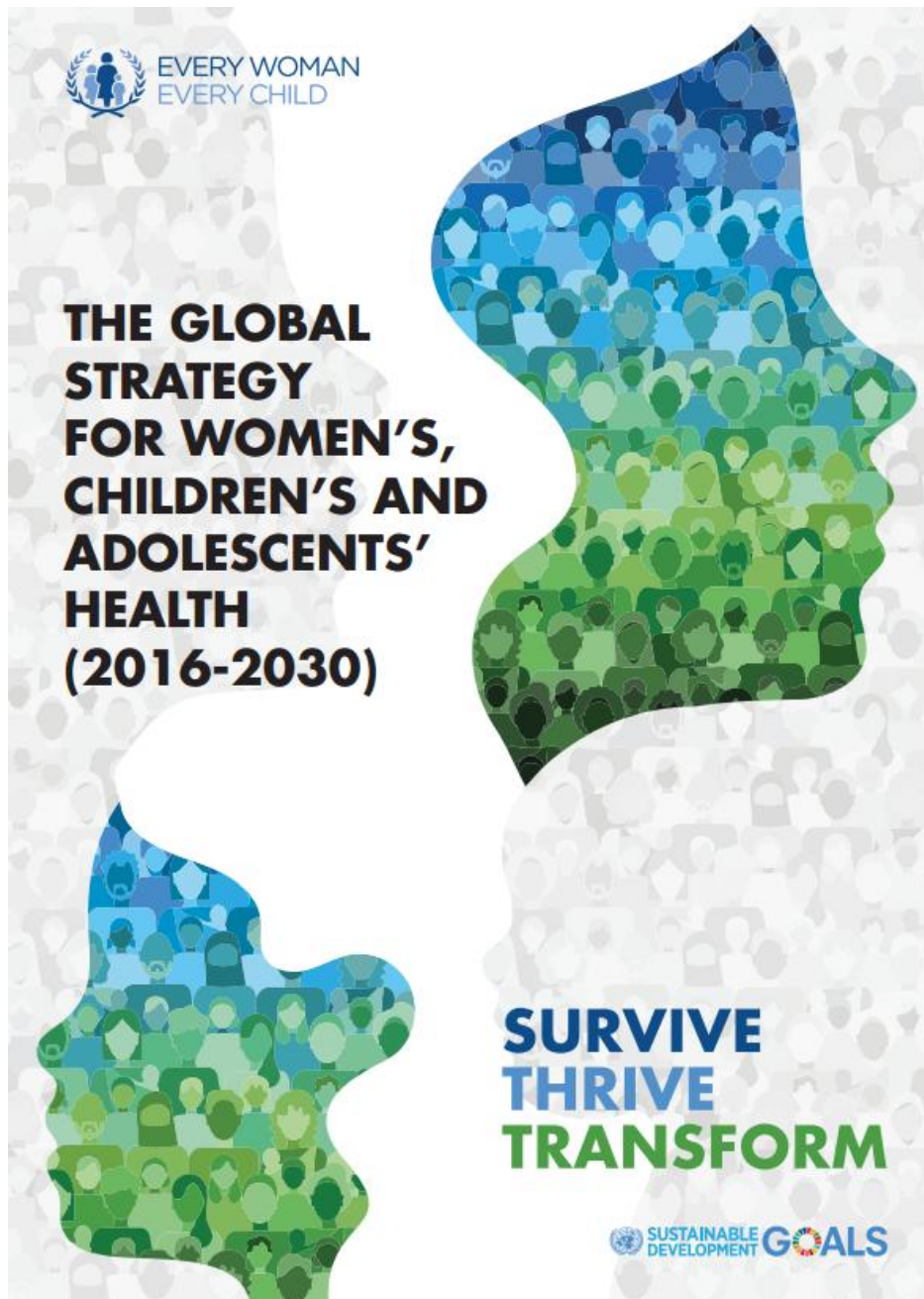


THE AGA KHAN UNIVERSITY



Improving sexual and reproductive health
through research, training and adapted interventions





From Millenium to Sustainable Development Goals.

Global Strategy
for Women's, Children's
and Adolescents' Health 2016-
2030

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"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



1

**REDUCE POVERTY
AND SOCIAL
EXCLUSION**



2

**ACHIEVE UNIVERSAL
PRIMARY EDUCATION**



3

**PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN**



4

**REDUCE
CHILD MORTALITY**



5

**IMPROVE
MATERNAL HEALTH**



6

**COMBAT
HIV/AIDS AND TUBERCULOSIS**



7

**ENSURE ENVIRONMENTAL
SUSTAINABILITY**



8

**PARTNERSHIP
FOR DEVELOPMENT**

“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

GLOBAL STRATEGY
FOR WOMEN'S AND
CHILDREN'S HEALTH

UN Secretary-General Ban Ki-moon



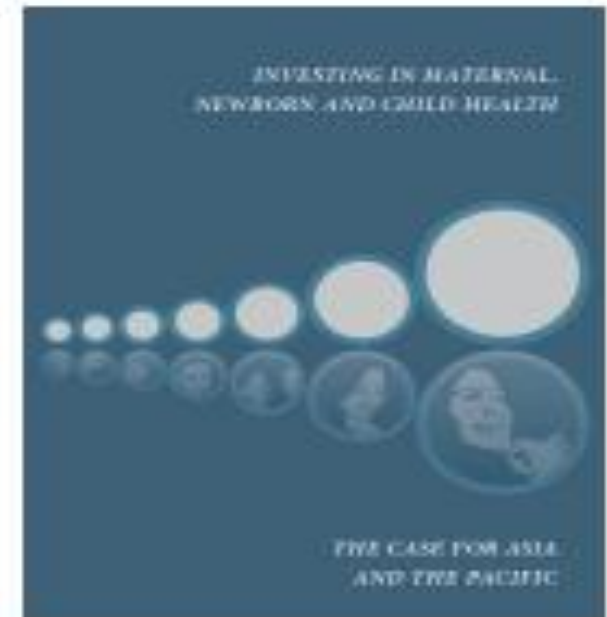
Many initiatives under EWEC



Family Planning 2020



**Global action plan for
prevention and control
of pneumonia (GAPP)**



The MDGs and the Global Strategy 2010-15

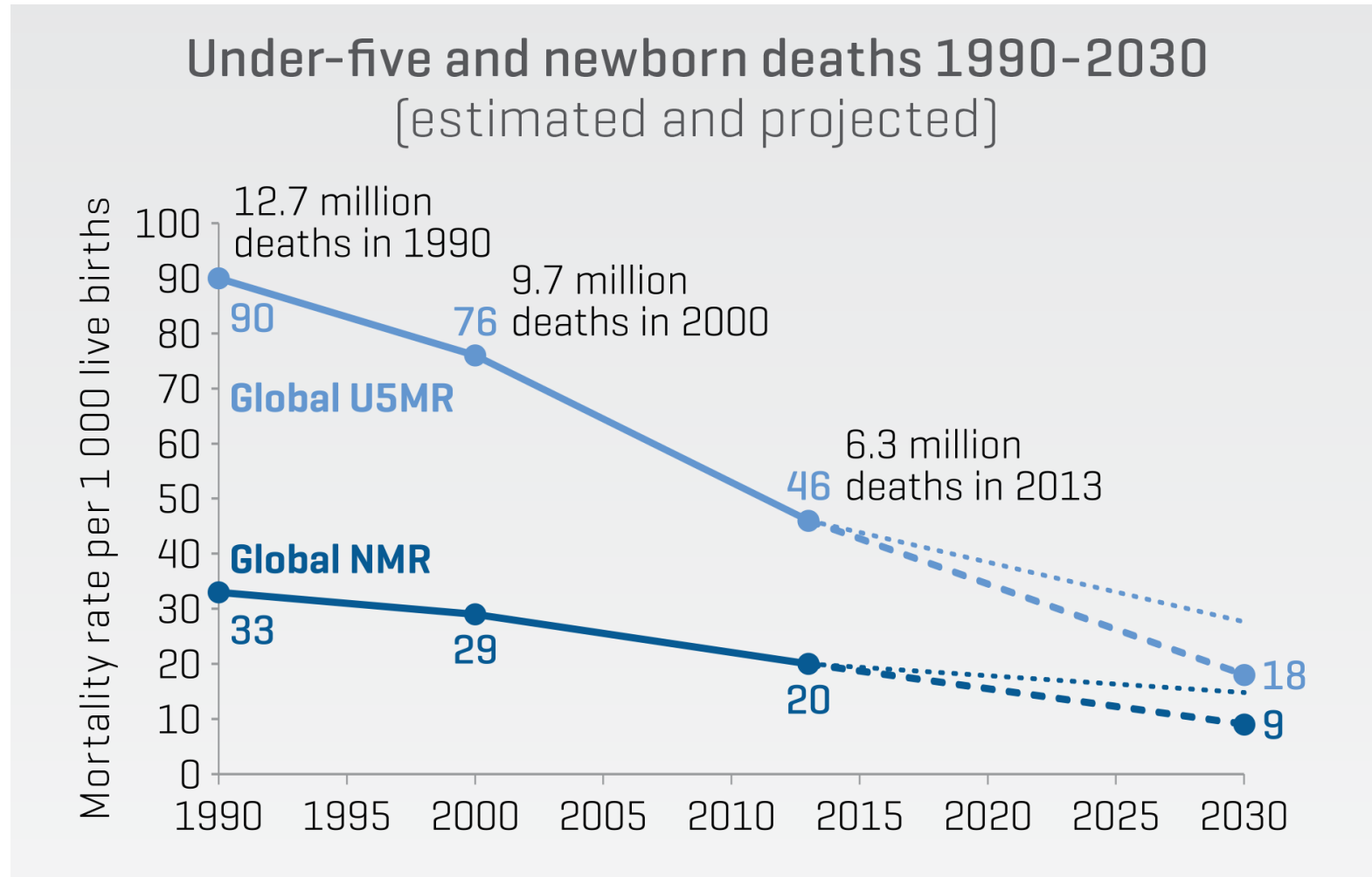
The UNSG's 2015 progress report:

- 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
- More Research has been carried out
- Landmark accountability framework for women and children's health



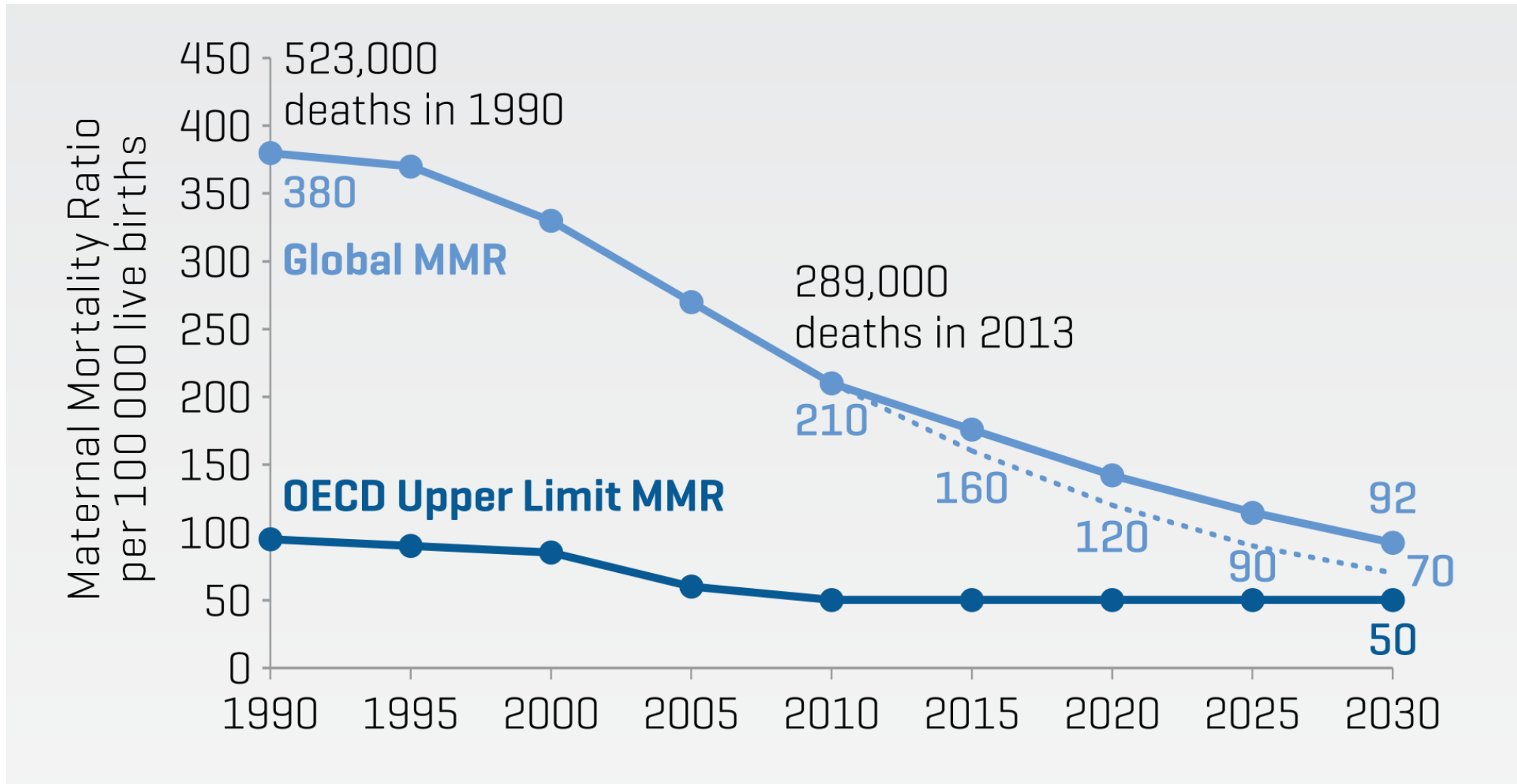
MDG 4 – Reduce child mortality

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



MDG 5: Improving maternal health

Since 1990 the global maternal mortality has dropped over 40%



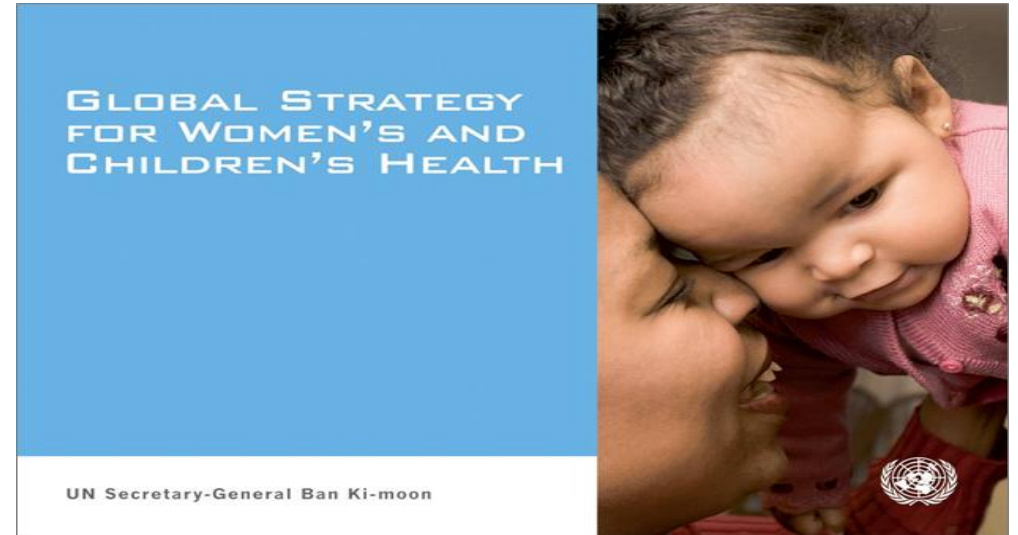
Lessons learned from the Global Strategy since 2010

What worked well

- Political leadership and commitment
- Multi-stakeholder partnerships
- Accountability framework with CoIA and the iERG
- Every Woman Every Child global movement

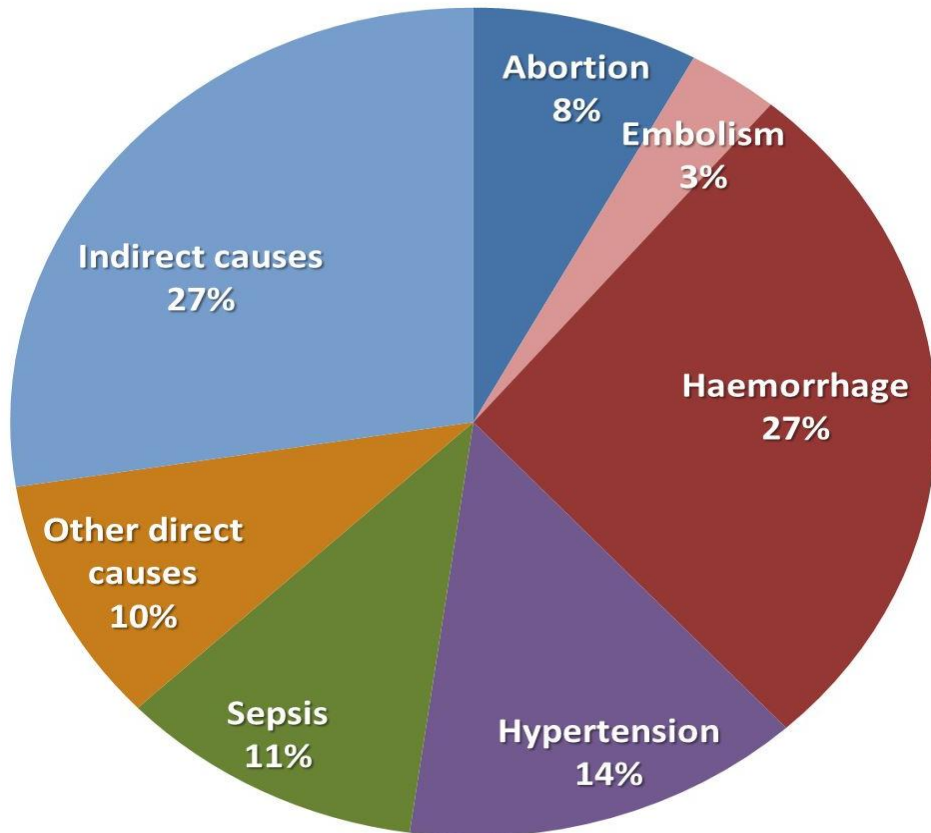
What could work better

- Country plans and priorities leading global collective action
- Coordination with existing initiatives
- Reducing fragmentation with new initiatives
- Sufficient and effective financing for women's and children's health
- Better coordination between research and action

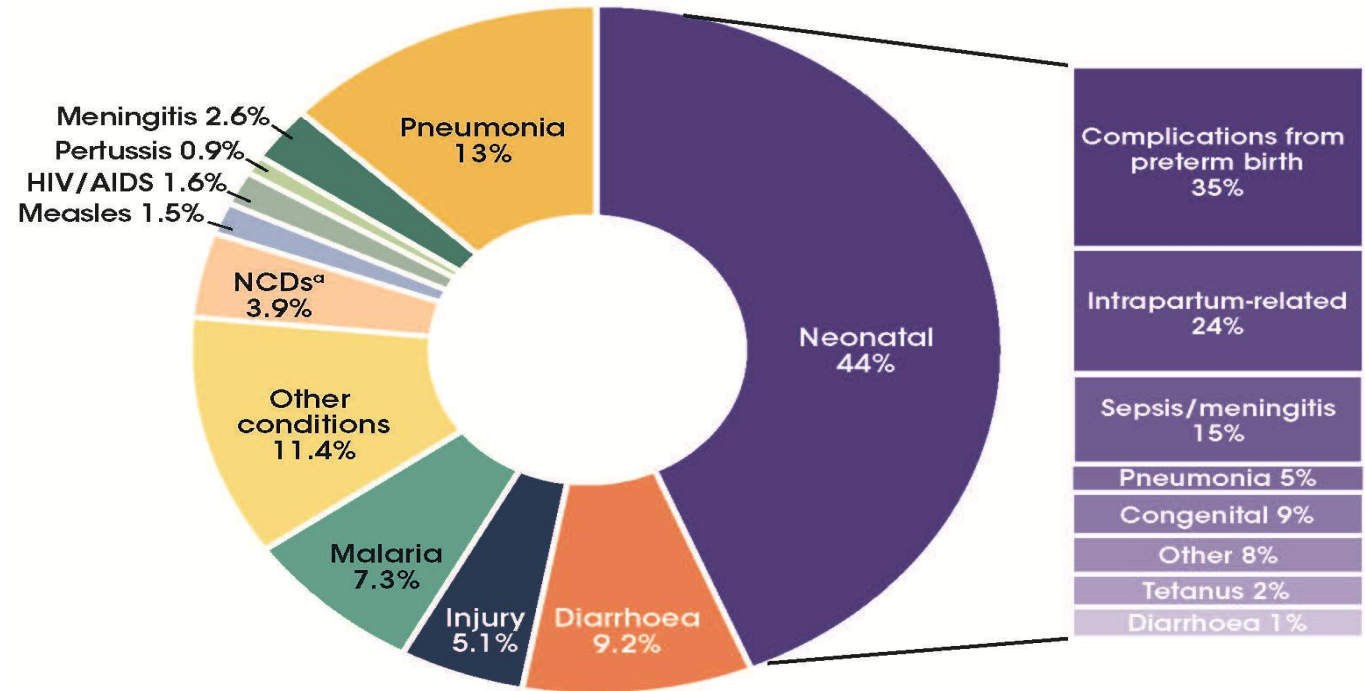


Major causes of mortality

Causes of maternal mortality

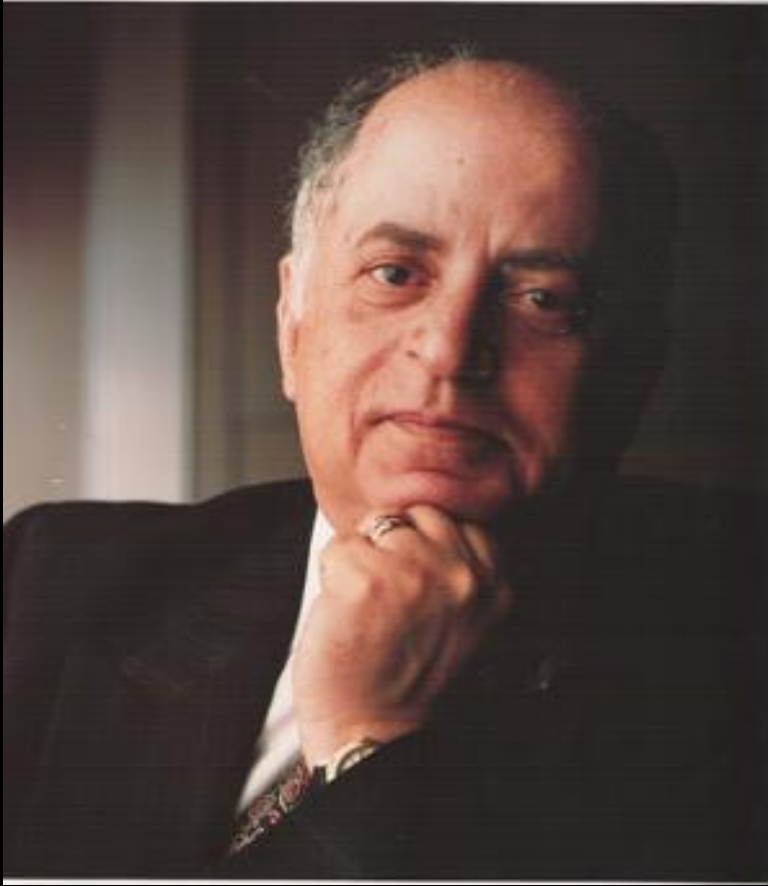


Causes of newborn and child mortality



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



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



Maternal deaths averted by contraceptive use: an analysis of 172 countries



Saifuddin Ahmed, Qingfeng Li, Li Liu, Amy O Tsui

Summary

Background Family planning is one of the four pillars of the Safe Motherhood Initiative to reduce maternal death in developing countries. We aimed to estimate the effect of contraceptive use on maternal mortality and the expected reduction in maternal mortality if the unmet need for contraception were met, at country, regional, and world levels.

Method We extracted relevant data from the Maternal Mortality Estimation Inter-Agency Group (MMEIG) database, the UN World Contraceptive Use 2010 database, and the UN World Population Prospects 2010 database, and applied a counterfactual modelling approach (model I), replicating the MMEIG (WHO) maternal mortality estimation method, to estimate maternal deaths averted by contraceptive use in 172 countries. We used a second model (model II) to make the same estimate for 167 countries and to estimate the effect of satisfying unmet need for contraception. We did sensitivity analyses and compared agreement between the models.

Findings We estimate, using model I, that 342 203 women died of maternal causes in 2008, but that contraceptive use averted 272 040 (uncertainty interval 127 937–407 134) maternal deaths (44% reduction), so without contraceptive use, the number of maternal deaths would have been 1.8 times higher than the 2008 total. Satisfying unmet need for contraception could prevent another 104 000 maternal deaths per year (29% reduction).

Interpretation Numbers of unwanted pregnancies and unmet contraceptive need are still high in many developing countries. We provide evidence that use of contraception is a substantial and effective primary prevention strategy to reduce maternal mortality in developing countries.

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See Online/Comment

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Quality of care in RMNCHHealth



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

IN 3 DEATHS
COULD BE AVOIDED IF
ALL WOMEN HAD ACCESS
CONTRACEPTIVES



EMPOWER
अधिकार



London Summit on
FAMILY PLANNING

RIGHTS
गुणवत्ता

UBORA
QUALITÉ



MBAZAMMLAKA



2022

110M

FEWER UNINTENDED PREGNANCIES

50M

FEWER ABORTIONS

220,000

FEWER WOMEN DYING

3M

FEWER BABIES DYING

Dr Karan Singh



Bucharest 1974:

‘Development is the best
contraceptive’

1992: ‘Contraception is the best
development’




**SUSTAINABLE
DEVELOPMENT
GOALS**

The left large screen displays the United Nations logo at the top, followed by the text "SUSTAINABLE DEVELOPMENT GOALS" in blue and multi-colored fonts. The word "GOALS" is particularly large and features a colorful circular graphic within the letter "O".


**SUSTAINABLE
DEVELOPMENT
GOALS**

The right large screen displays the United Nations logo at the top, followed by the text "SUSTAINABLE DEVELOPMENT GOALS" in blue and multi-colored fonts, mirroring the left screen.

Sustainable Development Goals



Target 3.7 By 2030, ensure *universal access to sexual and reproductive health-care services*, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

Target 5.6 Ensure *universal access to sexual and reproductive health and reproductive rights* as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

GOAL 1 END POVERTY

GOAL 2 END HUNGER

GOAL 3 WELL-BEING

GOAL 4 QUALITY EDUCATION

GOAL 5 GENDER EQUALITY

GOAL 6 WATER AND SANITATION FOR ALL

GOAL 7 AFFORDABLE AND SUSTAINABLE ENERGY

GOAL 8 DECENT WORK FOR ALL

GOAL 9 TECHNOLOGY TO BENEFIT ALL

GOAL 10 REDUCE INEQUALITY

GOAL 11 SAFE CITIES AND COMMUNITIES

GOAL 12 RESPONSIBLE CONSUMPTION BY ALL

GOAL 13 STOP CLIMATE CHANGE

GOAL 14 PROTECT THE OCEAN

GOAL 15 TAKE CARE OF THE EARTH

GOAL 16 LIVE IN PEACE

GOAL 17 MECHANISMS AND PARTNERSHIPS TO REACH THE GOALS



Changing World

- The human race is ageing
- Urbanisation
- Migration
- Noncommunicable diseases are the world's leading causes of illness and death



Non-communicable diseases



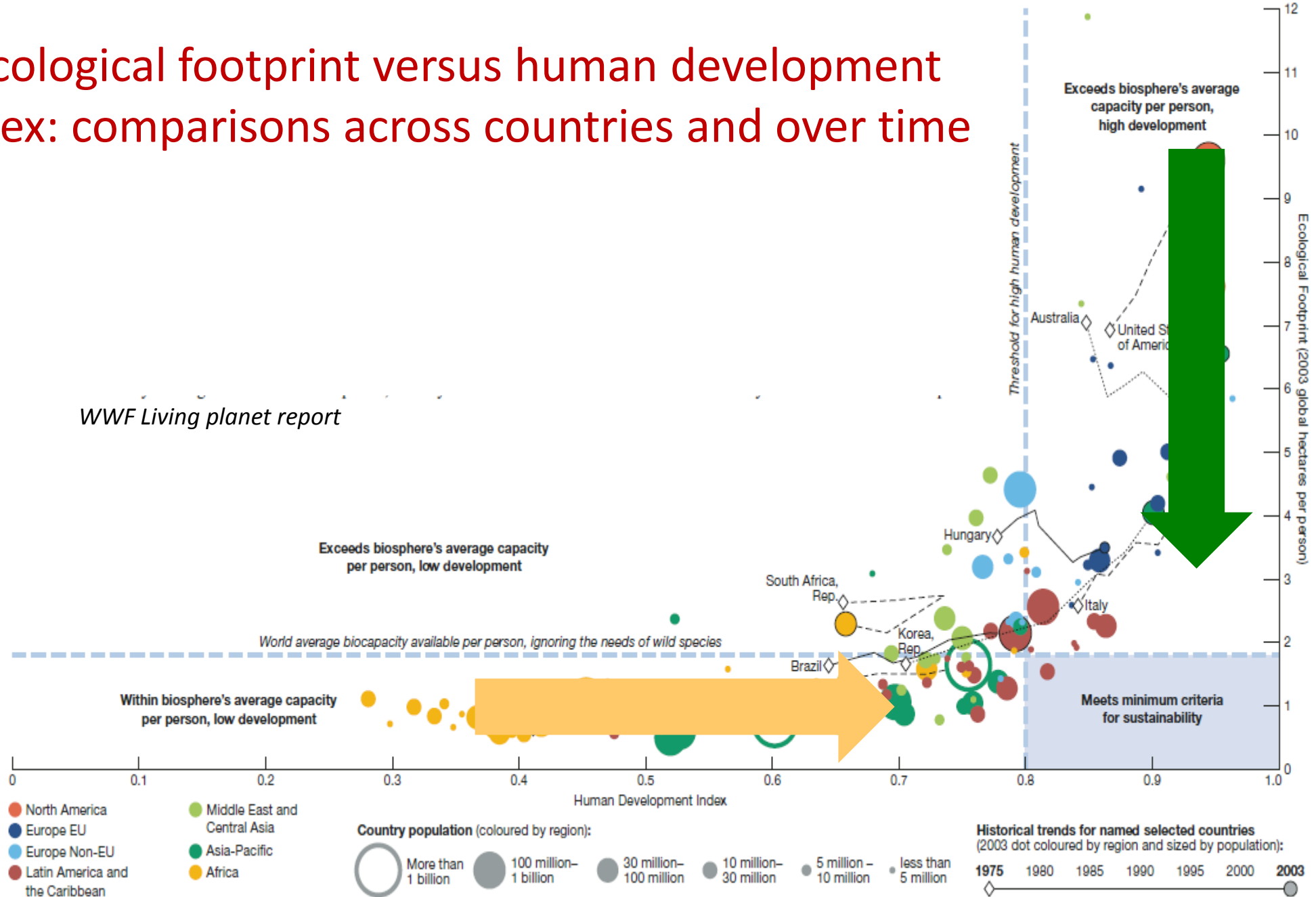
Health Security

- Outbreaks, epidemics and pandemics
- Natural disasters
- Civil unrest, internal conflicts and wars
- Use of biological, chemical and radio nuclear agents, material and weapons



Ecological footprint versus human development index: comparisons across countries and over time

Fig. 22: HUMAN DEVELOPMENT AND ECOLOGICAL FOOTPRINTS, 2003



WWF Living planet report



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

Vision and principles

Vision

By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is fully able to participate in shaping sustainable and prosperous societies.

Guiding principles

- Country led
- Universal
- Sustainable
- Human rights-based
- Equity enhancing and gender responsive
- Evidence informed
- Partnership driven
- People centred
- Community owned
- Accountable
- Aligned with development effectiveness and humanitarian norms

What's new in the GS 2.0?

- **Equity**
Focus on reaching the most vulnerable and leaving no one behind
- **Universality:**
For all countries, explicit focus on humanitarian settings
- **Adolescents**
The “SDG generation” – a 10 year old in 2016 will be 24 in 2030
- **Life-course approach**
Health and well-being interconnected at every age, and across generations
- **Multisector approach**
Joint progress across core sectors eg nutrition, education,

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: 60% maternal mortality and 53% under-five mortality in these settings

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

Health challenges for women



WOMEN'S HEALTH CHALLENGES

289,000 WOMEN DIED IN 2013 IN
PREGNANCY AND **CHILDBIRTH**,
WITH MORE THAN ONE LIFE LOST
EVERY 2 MINUTES



225 MILLION
WOMEN HAVE
AN UNMET NEED FOR
FAMILY PLANNING



52% OF MATERNAL DEATHS (IN PREGNANCY, AT OR SOON AFTER CHILDBIRTH)
ARE ATTRIBUTABLE TO THREE LEADING PREVENTABLE CAUSES -
HAEMORRHAGE, SEPSIS, AND HYPERTENSIVE DISORDERS

28% OF MATERNAL MORTALITY RESULTS FROM
NON-OBSTETRIC CAUSES
SUCH AS MALARIA, HIV, DIABETES, CARDIOVASCULAR DISEASE AND OBESITY

8% OF MATERNAL MORTALITY
IS ATTRIBUTABLE TO
UNSAFE ABORTION



CERVICAL CANCER
KILLS ALMOST AS MANY
WOMEN AS CHILDBIRTH -

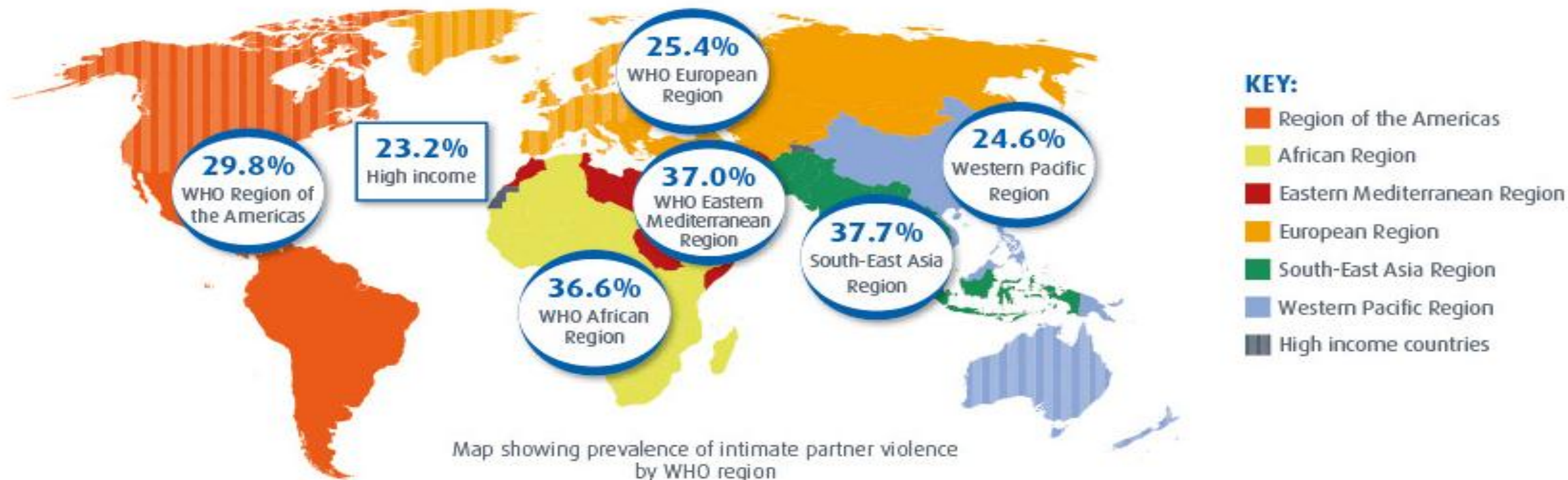
270,000 DEATHS A YEAR

1 IN 3 WOMEN AGED 15-49 YEARS
EXPERIENCES **PHYSICAL AND/OR**
SEXUAL VIOLENCE
EITHER WITHIN OR OUTSIDE THE HOME



1 in 3 women

throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



All statistics can be found in the report entitled Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, by the World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council, found here:

<http://www.who.int/reproductivehealth/publications/violence/en/index.html>

Health challenges for children



CHILD HEALTH CHALLENGES

6.3 MILLION CHILDREN UNDER THE AGE OF FIVE DIE EACH YEAR FROM **PREVENTABLE CAUSES**, 52% DUE TO **COMMUNICABLE DISEASES**, WITH PNEUMONIA, DIARRHOEA AND MALARIA AS LEADING CAUSES



2.8 MILLION CHILDREN WHO DIE ARE **NEWBORNS**; MORE THAN 80% WERE **PREMATURE** AND/OR **SMALL** FOR GESTATIONAL AGE



IN ADDITION, 2.6 MILLION BABIES DIE IN THE LAST 3 MONTHS OF PREGNANCY OR DURING CHILDBIRTH (**STILLBIRTHS**)

45% OF UNDER-FIVE CHILD DEATHS ARE DIRECTLY OR INDIRECTLY DUE TO **MALNUTRITION**;

GLOBALLY, 25% OF CHILDREN ARE **STUNTED** AND 6.5% ARE **OVERWEIGHT** OR **OBESE**;



LESS THAN 40% OF INFANTS ARE **BREASTFED** EXCLUSIVELY UP TO 6 MONTHS

1 IN 3 CHILDREN (200 MILLION GLOBALLY) FAILS TO REACH THEIR FULL PHYSICAL, COGNITIVE, PSYCHOLOGICAL AND/OR SOCIO-EMOTIONAL POTENTIAL DUE TO **POVERTY**, **POOR HEALTH** AND **NUTRITION**, **INSUFFICIENT CARE** AND **STIMULATION**, AND OTHER RISK FACTORS TO EARLY CHILDHOOD DEVELOPMENT

Adolescent health challenges



ADOLESCENT HEALTH CHALLENGES

1.3 MILLION ADOLESCENTS
DIE EVERY YEAR FROM **PREVENTABLE**
OR **TREATABLE CAUSES**;

THE 5 LEADING
CAUSES OF DEATH
IN ADOLESCENT BOYS AND GIRLS ARE,
ROAD INJURIES, HIV, SUICIDES,
LOWER RESPIRATORY INFECTIONS
AND **INTERPERSONAL VIOLENCE**

IN ADOLESCENT GIRLS AGED 15-19
THE 2 LEADING **CAUSES OF DEATH**
ARE **SUICIDE** AND
COMPLICATIONS DURING
PREGNANCY AND CHILDBIRTH;

2.5 MILLION UNDER 16 **GIVE BIRTH**;
1.5 MILLION UNDER 18
ARE **MARRIED**

AROUND **1 IN 10** GIRLS (AROUND 120 MILLION)
UNDER THE AGE OF 20 HAVE BEEN VICTIMS OF
SEXUAL VIOLENCE;
30 MILLION ARE AT RISK OF
FEMALE GENITAL MUTILATION
IN THE NEXT DECADE

GLOBALLY
80% OF ADOLESCENTS
ARE **INSUFFICIENTLY**
PHYSICALLY
ACTIVE



70% OF PREVENTABLE ADULT DEATHS FROM **NONCOMMUNICABLE DISEASES**
ARE LINKED TO RISK FACTORS THAT **START IN ADOLESCENCE**

Environmental health challenges



ENVIRONMENTAL HEALTH CHALLENGES

1 IN 8 DEATHS WORLDWIDE
(7 MILLION DEATHS)

IS LINKED TO **AIR POLLUTION**;



INCLUDING AROUND **50%** OF CHILD DEATHS
DUE TO **PNEUMONIA**

EVERY YEAR

LEAD EXPOSURE IS LINKED

TO ABOUT **600,000** NEW CASES OF
INTELLECTUAL DISABILITIES

IN CHILDREN, AND TO

143,000 DEATHS IN THE POPULATION



32% OF THE GLOBAL POPULATION
LACKS ACCESS TO
ADEQUATE SANITATION;

9% OF THE GLOBAL POPULATION
LACKS ACCESS TO

SAFE DRINKING WATER



IN SUB-SAHARAN AFRICA,

WOMEN AND GIRLS SPEND

40 BILLION HOURS A YEAR
COLLECTING WATER

— EQUAL TO A YEAR'S WORK
OF THE ENTIRE LABOUR FORCE
IN SOME HIGH-INCOME COUNTRIES



IN HEALTH FACILITIES IN 59 LOW- AND MIDDLE-INCOME COUNTRIES,

WATER IS NOT READILY AVAILABLE IN ABOUT **40%**,

MORE THAN **30%** LACK **SOAP** FOR HAND WASHING, AND **20%** LACK **TOILETS**,
WHICH SIGNIFICANTLY AFFECTS QUALITY OF CARE, INCLUDING AT THE TIME OF BIRTH

Challenges in humanitarian and fragile settings



HUMANITARIAN AND FRAGILE SETTINGS

60% OF MATERNAL DEATHS,
AND 53% OF CHILD DEATHS
45% OF NEWBORN DEATHS
OCCUR IN **FRAGILE STATES** AND
HUMANITARIAN SETTINGS



THERE WERE **51.2 MILLION**
FORCIBLY DISPLACED
PERSONS AND
16.7 MILLION
REFUGEES IN 2013

WOMEN AND CHILDREN ARE UP TO
14 TIMES MORE LIKELY
THAN MEN TO DIE IN A **DISASTER**

ALMOST **60%** OF THE **1.4 BILLION** PEOPLE
LIVING IN **FRAGILE STATES** ARE
UNDER 25 YEARS OF AGE

THE **AVERAGE TIME**
A PERSON SPENDS IN
REFUGEE SITUATIONS
IS **17 YEARS**

AT LEAST **1 IN 5** FEMALE REFUGEES AND
INTERNALLY DISPLACED PERSONS IN COUNTRIES
AFFECTED BY CONFLICT ARE VICTIMS OF
SEXUAL VIOLENCE

IN REFUGEE CAMPS, MILLIONS OF WOMEN AND GIRLS ARE AT RISK OF **SEXUAL VIOLENCE,**
DISEASE OR **DEATH** WHEN THEY HAVE TO ACCESS TOILETS OR SHOWERS
OR SEARCH FOR WATER AND FIREWOOD IN **UNSAFE AREAS**



EVERY WOMAN
EVERY CHILD

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

**SURVIVE
THRIVE
TRANSFORM**

 SUSTAINABLE
DEVELOPMENT GOALS





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 woman, 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

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



- Every country should reduce MMR by at least 2/3 from 2010 baseline
- No country should have MMR > 140 deaths per 100,000 live births
- Global MMR should be < 70 maternal deaths per 100,000 live births



- Every country should have national neonatal mortality rate ≤ 12 per 1000 live births
- Global neonatal mortality rate milestone 9 per 1000 live births



- Every country should have stillbirth rate of ≤ 12 per 1000 total births
- Global stillbirth milestone rate 9 per 1000 total births

A historic moment

THE WORLD WE WANT IN 2030: SUSTAINABLE DEVELOPMENT GOALS (SDGs)



The survival, health and well-being of women, children and adolescents are essential to achieving all the SDGs.

Our generation now has the:

Knowledge

Resources

Opportunity

Key highlights of investments with big benefits



SAVED LIVES, IMPROVED HEALTH

- Investing in women's and children's health.
- Providing contraceptives and skilled care at birth.

BETTER NUTRITION AND HEALTH

- Preventing under-nutrition in women and children.

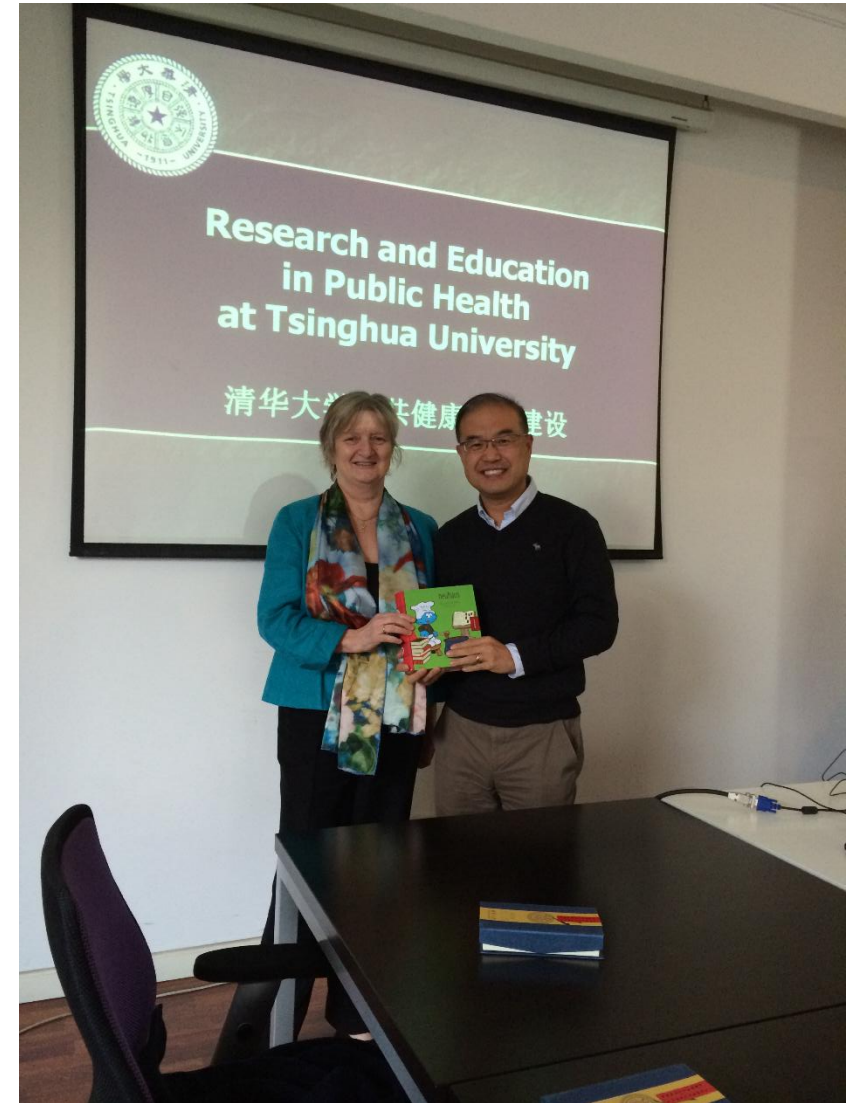
INVEST IN ADOLESCENTS

- Huge demographic dividend from investing in adolescents.
- 70% of preventable adult deaths are linked to risk behaviors that start in adolescence.

EARLY CHILDHOOD DEVELOPMENT - HIGH RETURNS

- Better outcomes in education, health, sociability, economic productivity and reduced crime.
- Coordinated birth-to-age-five programmes prevent chronic disease and reduce healthcare costs.

Role of the Research Community



Dissemination and Advocay



African First Ladies Network/Women Parliamentarians





Thank you

Please get involved. Further information available
at the Every Woman Every Child website:

www.everywomaneverychild.org



EVERY WOMAN
EVERY CHILD