
Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

Report by the Director-General

1. The Executive Board at its 144th session agreed to the inclusion of a proposed item on women's, children's and adolescents' health on the provisional agenda of the Seventy-second World Health Assembly.¹ It further agreed that a single report would be submitted on maternal, infant and young child health that included a description of progress made towards universal coverage of maternal, newborn and child health interventions and on newborn health, which had been specified under item 20.3 of the draft provisional agenda presented in document EB144/41 Rev.1.

2. Pursuant to resolution WHA69.2 (2016) on committing to the implementation of the Global Strategy for Women's, Children's and Adolescents' Health and the Board's request, the present report highlights successes, challenges and activities in the areas of women's, children's and adolescents' health. It also reports on implementation of resolution WHA58.31 (2005) on working towards universal coverage of maternal, newborn and child health interventions and resolution WHA67.10 (2014) on newborn health action plan. It further discusses multisectoral actions, human rights and equity, and monitoring and accountability. The data underpinning this report are available through the Global Health Observatory data portal.²

STATUS OF WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

Women's health

3. Despite declines in mortality women continue to die from preventable conditions. Cervical cancer, which is preventable for instance by human papillomavirus vaccination, is the fourth most frequent cancer in women with an estimated 570 000 new cases in 2018.³ In January 2019, the Executive Board in decision EB144(2) requested the Director-General to develop, in consultation with Member States and other relevant stakeholders, a draft global strategy to accelerate cervical cancer elimination, with clear goals and targets for the period 2020–2030, for consideration by the Seventy-third World Health Assembly, through the Executive Board at its 146th session.

4. Women's ability to thrive and transform their lives is hindered by lack of access to and use of contraception. An estimated 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method. Some barriers to access include lack of

¹ See the summary records of the Executive Board at its 144th session, seventeenth meeting, section 1.

² See Global Health Observatory data repository (<http://apps.who.int/gho/data/node.gswcah>, accessed 20 February 2019).

³ See document EB144/28 for further information.

knowledge, sociocultural obstacles and barriers to obtaining services are major reasons for non-use in populations with low contraceptive prevalence. In 2018, WHO issued a global handbook to help providers of family planning to address these major reasons for non-use of contraception.

5. Violence against women and girls continues to be a global threat. Global estimates indicate that in 2010, 35% of women had experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime, with significant impacts on their mental, physical and sexual and reproductive health. WHO is providing support to countries to expand the application of evidence-based strategies to strengthen the health system response to violence against women. New tools include: a WHO curriculum on violence against women for health care providers, and RESPECT, an interagency framework for prevention of violence against women, which can be used to inform policy and financing decisions.

6. It is estimated that 200 million women and girls alive today have undergone female genital mutilation, and with population growth the absolute number of girls who are subjected to this practice will increase unless efforts towards abandonment are accelerated. In 2018, WHO launched a clinical handbook on female genital mutilation that provides practical advice to health care providers on how to communicate with patients to prevent the practice and how to provide appropriate care for health complications related to the practice.

7. Sexually transmitted infections also continue to be a critical public health challenge. An estimated 376 million new cases of the four most common curable sexually transmitted infections (chlamydia, gonorrhoea, syphilis and trichomoniasis) occurred globally in men and women in 2016.¹

Maternal and newborn health

8. Globally, maternal mortality declined by 44% since 1990, with still an estimated 303 000 maternal deaths in 2015. Maternal mortality ratio is highest in the African Region at 542 per 100 000. New estimates on levels and trends in maternal mortality will be released in 2019. A systematic review of 70 studies in 28 countries found that at least 9% of abortion-related hospital admissions have a near-miss event and about 1.5% end in a death; severe haemorrhage was the most common complication reported (23%).

9. Globally, the number of neonatal deaths halved from 5.0 million in 1990 to 2.5 million in 2017.² However, the decline in neonatal mortality from 1990 to 2017 has been slower than that of post-neonatal under-5 mortality. In the African Region, which remains the WHO region with the highest under-5 mortality rate, the share of neonatal deaths is 37%. By contrast, in the European Region, which has the lowest regional under-5 mortality rate, 52% of all under-5 deaths occur in the neonatal period. Preterm birth, intrapartum-related complications (birth asphyxia or lack of breathing at birth), infections and birth defects cause most neonatal deaths. New preterm birth estimates were published in 2018 which estimated that some 15 million babies are born preterm³ in 2014; Asian and sub-Saharan African countries accounted for 78.9% of livebirths and 81.1% of these preterm births. In 2015, estimates suggested that there were 2.6 million stillbirths. New estimates will be available in late 2019.

¹ Report on global sexually transmitted infection surveillance, 2018. Geneva: World Health Organization; 2018.

² UNICEF, WHO, World Bank, UN-DESA Population Division. Levels and trends in Child Mortality Report 2018: estimates developed by the UN Inter-agency Group for Child Mortality Estimation. New York: United Nations Children's Fund; 2018.

³ Before 37 completed weeks of gestation.

10. A key element for preventing maternal and newborn deaths is access to high-quality antenatal care services. In countries that have conducted household surveys since 2010, 77.5% (median) of women report having at least four antenatal care visits. Estimates of the number of cases of syphilis from 132 countries suggest that there were one million cases of maternal syphilis in 2016, resulting in more than 660 000 cases of congenital syphilis, including 350 000 adverse birth outcomes. Although high-quality antenatal care services can prevent congenital syphilis, as at 2017 less than 10% of countries report testing of >95% of antenatal care women and treatment of >95% of pregnant women who test positive for syphilis. From 2015 to 2018, 11 countries and territories have been validated by WHO as having eliminated mother-to-child transmission of syphilis.

11. Access to skilled health professionals during pregnancy and postnatally is crucial to prevent deaths among women and newborns. In countries with household surveys conducted between 2013 and 2018 a median of 81% of pregnant women reported having a skilled birth attendant present during childbirth. High-quality intrapartum care is essential to ensure that the “right amount” of care is provided; paradoxically, “too much” (or un-indicated) care can have as profound a consequence as no or insufficient care. Based on data from 169 countries that include 98.4% of the world’s births, it was estimated that 29.7 million (21.1%) births occurred through caesarean section in 2015, nearly twice the number compared with 2000. Furthermore, 73% of women reported having at least one post-natal visit but only 53% reported that their newborns received a post-natal visit. The post-partum period is a vital opportunity during which care for non-obstetric conditions, such as noncommunicable diseases and mental health conditions, can be instituted and/or maintained.

12. The Every Newborn Action Plan (adopted in resolution WHA67.10) continues to provide strategic actions to end preventable newborn mortality and stillbirths; together with the initiative towards ending preventable maternal mortality, it contributes to reducing maternal mortality and improved health outcomes for the mother and baby dyad. The Every Newborn Tracking Tool was developed in 2014 to measure progress towards the strategic objectives and track country ownership and action to advance newborn health, as set out in the Every Newborn national milestones 2020. The tool, initially applied to the 20 countries with the highest neonatal mortality rates, has been used in 75 countries in 2018.¹

13. The results of the WHO-coordinated Alliance for Maternal and Newborn Health Improvement mortality study, the largest study to-date to provide data on population-based rates, timing, and causes of maternal deaths, stillbirths, and neonatal deaths, were released in 2018.² Data came from 11 cohorts in eight countries of sub-Saharan Africa and south Asia. The main findings were that a larger proportion of deaths occurred during labour, delivery and the subsequent 24 hours (40–45%) than had been previously estimated and that perinatal asphyxia and newborn infections were more common causes of death than preterm birth complications. Also, about 90% of stillbirths were related to maternal health. Antepartum stillbirths were more common than intrapartum stillbirths, even in high-mortality populations in sub-Saharan Africa and south Asia. A smaller study in cohorts in Bangladesh, Pakistan and the United Republic of Tanzania showed that the accuracy of ultrasound scanning in late pregnancy for determining gestational age was improved by including a measurement of the fetal transcerebellar diameter.

¹ WHO, UNICEF. 2018 Progress report: Reaching every newborn national 2020 milestones (<https://www.healthynetwork.org/hnn-content/uploads/Final-Country-Progress-Report-v9-low-res.pdf>, accessed 5 March 2019).

² The Alliance for Maternal and Newborn Health Improvement (AMANHI) mortality study group. Population-based rates, timing, and causes of maternal deaths, stillbirths, and neonatal deaths in south Asia and sub-Saharan Africa: a multi-country prospective cohort study *Lancet Glob Health* 2018; 6: e1297–e1308 Published online October 22, 2018 [http://dx.doi.org/10.1016/S2214-109X\(18\)30385-1](http://dx.doi.org/10.1016/S2214-109X(18)30385-1) (accessed 5 March 2019).

14. WHO is in the process of updating its recommendations on uterotonic agents to include carbetocin and working towards its inclusion in the WHO Model List of Essential Medicines. This move is based on the results of a WHO-coordinated equivalence trial of heat-stable carbetocin versus oxytocin for the prevention of postpartum haemorrhage, the largest such trial to date. Heat-stable carbetocin was found to be equivalent to oxytocin for the prevention of blood loss of at least 500 ml, or the use of additional uterotonic agents.

15. In 2018, WHO issued new guidance on the use of home-based records for the care of pregnant women, mothers, newborns and children. Such records are a useful complement to facility-based records and contribute to a larger objective of ensuring the right to access to information in line with global efforts for people-centred care, which WHO embraces.

16. In 2018, WHO also issued new recommendations on intrapartum care for a positive childbirth experience.¹ They highlight the importance of woman-centred care to optimize the experience of labour and childbirth for women and their babies through a holistic, human rights-based approach. It also issued new recommendations on non-clinical interventions targeting women and health systems including health care providers for reducing unnecessary caesarean sections in 2018.²

17. Work is under way to support countries to increase their investments to improve quality of services at the time of childbirth and in the immediate postnatal period (see section on universal health coverage, paragraphs 31–35 below).

Child health (ages >28 days to nine years)

18. In 2017, an estimated 5.4 million children died before reaching their fifth birthday. Although globally there has been great progress in reducing the under-5 mortality rate, from 93 per 1000 live births in 1990 to 39 in 2017, sub-Saharan Africa remains the region with the highest rate in the world, with one child in 13 dying before his or her fifth birthday. Fifty-one countries are not currently on track to meet the Sustainable Development Goal target³ for under-5 mortality. Efforts to reduce mortality are particularly needed, especially in the African and South-East Asia regions.

19. Worldwide in 2017, 151 million children under 5 suffered from stunting, 51 million from wasting, and 38 million were overweight.

20. Coverage of key interventions varies. For children under 5 rates of immunization to prevent common childhood illnesses remain high: above 90%. However, other interventions vital for keeping children healthy and treating common illnesses have lower coverage rates globally. Examples include exclusive breastfeeding among infants aged 0–5 months (38% median), children sleeping under insecticide-treated bednets (44% median), children with acute respiratory infection taken to a health

¹ WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf;sequence=1>, accessed 5 March 2019).

² WHO recommendations: non-clinical interventions to reduce unnecessary caesarean sections. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/275377/9789241550338-eng.pdf?ua=1>, accessed 5 March 2019).

³ Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

facility (64%) and treatment with oral rehydration salts of children with diarrhoea (43% median). Quality of health care for common childhood illnesses and paediatric care are also highly variable.

21. WHO and UNICEF have initiated the Child Health Redesign initiative with the aim of updating strategic directions for global child health, aligned with the Sustainable Development Goals. The initiative expands the focus of child health programming beyond the age of 0–5 years to include priority survival and thrive interventions for older children and adolescents but with continued emphasis on preventing newborn and infant deaths in most affected regions. It calls for a child- and family-centered multisectoral approach to programming that takes into account the health, nutrition, environmental, psychosocial and learning needs of all children and adolescents to achieve their full potential.

22. The Nurturing Care Framework (2018), a road map for actions to enable children to survive, thrive and reach their full potential, has been taken up by numerous countries and partners.¹ WHO has worked with more than 20 countries to develop plans and capacities to strengthen the health sector's support for families to provide nurturing care. In their 2018 declaration, the members of the Group of Twenty embraced an initiative on early child development, showing commitment to the early years for strengthening human capital. WHO and partners are working together to facilitate cross-country learning about best practices through the Early Child Development Action Network.²

23. To facilitate tracking of progress towards Sustainable Development Goal target 4.2, indicator 4.2.1 “the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex”, WHO, in collaboration with UNICEF and the World Bank Group, is coordinating work to develop global scales to strengthen population-based measurement of early childhood development from 0 to 3 years of age.

Adolescent health (ages 10 to 19 years)

24. The leading causes of death in 2016 among 10–19-year-olds were road injury, suicide and interpersonal violence, and the main contributors to the non-fatal disease burden included iron-deficiency anaemia, skin diseases and mental health disorders. Progress in mitigating these causes of adolescent death has been limited.

25. In its 2017 report on transformative accountability for adolescents,³ the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent issued an urgent appeal for strategic investments in 10–19-year-olds, with a view to achieving the goals of the 2030 Agenda for Sustainable Development.

26. There has been some progress in other areas. During the past decade, the proportion of young women who were married as children decreased from 25% to 21%. The number of adolescent pregnancies has declined in Chile, England and Ethiopia. Although progress globally in reducing the incidence of HIV infection in adolescents aged 15–19 years has been slow, decreases of 25% or more

¹ WHO, UNICEF, World Bank. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf?ua=1>, accessed 5 March 2019).

² See www.ecdan.org (accessed 5 March 2019).

³ 2017: Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 Agenda: Geneva: World Health Organization (acting as the host organization for the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent); 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259699/9789241512992-eng.pdf?sequence=1&isAllowed=y>, accessed 5 March 2019).

in adolescent girls have been reported in selected districts of seven countries by the United States Agency for International Development's DREAMS Project.

27. New estimates on alcohol consumption suggest that 26.5% of all 15–19-year-olds are current drinkers. The prevalence of overweight in 10–19-year-olds has quadrupled from 4.3% in 1975 to 17.3% in 2016. WHO further estimates that 50% of young people risk developing avoidable hearing loss owing to listening to musical devices or in entertainment venues, and that one billion 0–14-year-olds are exposed to household air pollution.

28. WHO's global nutrition policy review for 2016–2017 showed that 89% of 160 countries had some type of school health and nutrition programme, but most specific programme components have weakened since the review for 2009–2010.

29. WHO, with its United Nations partners in the Global Health Partnership H6, has established a Global Action for Measurement of Adolescent Health Advisory Group in order to fill data gaps and to bring together data collection efforts, by harmonizing and prioritizing indicators. Further, WHO has developed a range of normative tools, and published a handbook for conducting assessments of barriers to adolescent health services, guidelines on implementing activities to improve adolescent nutrition, guidelines on delivering HIV pre-exposure prophylaxis, and a compilation of WHO recommendations on adolescent sexual and reproductive health and reproductive rights.¹ The Secretariat is preparing guidelines on school health services and on promotion of mental health among adolescents, and updating those on adolescent pregnancy. WHO and UNESCO have launched an initiative on making every school a health-promoting school, which aims to develop and promote global standards in this area.

30. In 2018, another 33 national teams were trained in using the Global Accelerated Action for the Health of Adolescents (AA-HA!) to respond to adolescents' health needs. WHO used strategic entry points to strengthen country level action: working with the Global Fund to Fight AIDS, Tuberculosis and Malaria to prevent HIV infection of adolescent girls in 13 countries, with the UNFPA-UNICEF global programme to end child marriage in 12 countries, and improving access to and use of contraception in Family Planning 2020's 69 focus countries.²

CROSS-CUTTING ISSUES

Universal health coverage

31. Universal health coverage is crucial for accelerating progress in women's, children's and adolescents' health. Examining trends in universal health coverage can help to explain the lack of progress identified in improving women's, children and adolescent health described above. In addition to the current index to monitor progress towards Sustainable Development Goal target 3.8.1 on coverage of essential health services, the "composite coverage index" is a weighted average of coverage levels with contraception, antenatal and delivery care, child immunization and case management for common illnesses of children.³ This index has been used to compare the 81 countries that are the focus of the Countdown to 2030 for Women's, Children's and Adolescents' Health (mostly low- and middle-income

¹ WHO. WHO recommendations on adolescent sexual and reproductive health and rights. Geneva: World Health Organization; 2018 (<http://www.who.int/iris/handle/10665/275374>, accessed 26 March 2019).

² For details on these countries, see <http://www.familyplanning2020.org/countries> (accessed 5 March 2019).

³ Boerma T, Requejo J, Victora CG, Amouzou A, George A, Agyepong I et al. Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health. *The Lancet*, 2018; 391:1538-1548, Published online January 30, 2018 [http://dx.doi.org/10.1016/S0140-6736\(18\)30104-1](http://dx.doi.org/10.1016/S0140-6736(18)30104-1)

countries) so as to identify those that are falling behind. Among these 81 countries, coverage rates for family planning, post-natal care, breast feeding and health-care seeking for pneumonia are below 50%. The fact that inequality in coverage tends to be lower for immunization and for treatment with oral rehydration salts for diarrhoea than for skilled birth attendant and four antenatal care visits suggests that interventions that can be delivered at the community level tend to be more equitable than interventions requiring access to fixed health facilities.

32. Universal health coverage will not be achieved without substantive improvements in the quality of care. An estimated 8.6 million excessive deaths in low- and middle-income countries in 2016 could have been prevented by health care, of which 5.0 million were estimated to be due to receipt of poor-quality care.

33. The new WHO initiative on national strategies and policies to improve quality of care provides guidance on establishing national policies to achieve universal health coverage of high quality. Furthermore, WHO and UNICEF jointly established a global network for improving the quality of maternal, newborn and child health services in 2017. The network is serving as a pathfinder for demonstrating how to plan, improve and sustain quality of care in health services and accelerate reductions in preventable mortality and morbidity through universal, safe and effective coverage. As part of the network WHO, in conjunction with UNICEF, has established a core set of indicators to monitor quality of care at the point of service delivery, devised tools to measure how women are treated during facility-based childbirth, and created mechanisms to collect and analyse those data at national and subnational levels aligned with the country's health information management system.

34. WHO and the Alliance for Health Policy and Systems Research supported a series of eight implementation research projects in different countries that tested and documented the delivery of maternal, newborn and child health interventions in different contexts.¹ The results of all eight projects clearly demonstrated that carefully-designed implementation research can help to solve problems in the delivery of efficacious interventions.

35. The findings of a WHO global survey on midwifery education illustrated serious gaps in competencies and widespread constraints on the ability to ensure quality services. WHO supported six global consultations on priority actions, including strengthening leadership, aligning partners, and focusing on the essential competencies for midwifery practice advocated by the International Confederation of Midwives. Based on the findings, a special report on strengthening quality interprofessional midwifery education for universal health coverage by 2030 is being prepared.

Multisectoral action, rights and equity

36. Slow progress across multiple Sustainable Development Goals,² and interlinked human rights, continue to adversely affect the health of women, children and adolescents. Worldwide extreme poverty has decreased, but pockets of the worst forms of poverty persist in all countries. Hunger is on the rise across the world after many years of decline. Conflict, drought and disasters linked to climate change are major exacerbating factors.

¹ Portela A, Qazi SA (eds). Addressing implementation challenges for maternal, newborn and child health interventions. *Acta Paediatrica* 2018;107(Suppl. 471).

² United Nations. Sustainable Development Goals Report 2018. <https://unstats.un.org/sdgs/files/report/2018/TheSustainableDevelopmentGoalsReport2018-EN.pdf> (accessed 8 March 2019)

37. With regards to environmental health, 29% of the population lacks access to safe drinking water, 61% do not have safe sanitation, and 892 million people defecate in the open. More than 90% of the urban population worldwide breathes air that does not meet WHO's air quality guidelines. More than one in every four deaths of children under 5 is directly or indirectly related to environmental risks.

38. WHO and its partners continue to provide support to countries to address environmental health challenges. WHO convened the first Global Conference on Air Pollution and Health in late 2018. WHO has issued new guidelines on housing and health and on sanitation and health. It has collated new data on air pollution covering more than 4300 cities and settlements in 108 countries, published a report on air pollution and child health, and continues to work with partners in the global campaign for clean air – the Breathe Life campaign.

39. On education, the participation rate in early childhood and primary education was 70% in 2016, up from 63% in 2010. The lowest rates are found in sub-Saharan Africa (41%) and northern Africa and western Asia (together 52%).

40. In terms on leaving no one behind, globally 73% of children under 5 have had their births registered; the proportion is less than half (46%) in sub-Saharan Africa. Whereas more than half of countries (116 of the 197 covered in the Sustainable Development Goals Report) have established a national human rights institution, only 75 of these countries have institutions that are fully compliant with the Principles relating to the Status of National Institutions (The Paris Principles).¹

41. Effective multisectoral action is needed to tackle social and other determinants of the right to the highest attainable standard of health for all, and specifically for women, children and adolescents and marginalized populations. The Partnership for Maternal, Newborn & Child Health, WHO and other partners supported a BMJ special series which illustrates best practice on how multisectoral action has a positive impact on health and sustainable development outcomes.² Case studies from 12 countries with a diverse range of income levels and structural challenges highlight how multisectoral interventions were deployed to address context specific-barriers. Findings from these case studies will inform the evolving evidence base for effective multisectoral action.

42. Within the Every Woman Every Child architecture, WHO works with the Partnership for Maternal, Newborn and Child Health and the Global Health Partnership H6 to develop joint workplans to support member countries to improve planning and implementation of programmes on reproductive, maternal, newborn, child and adolescent health. Action includes providing support to 26 Member States in preparing their investment cases for applying for resources from the World Bank's Global Financing Facility Trust Fund.

43. To strengthen the response to women's, children's and adolescents' health in humanitarian settings, WHO is undertaking various activities. These include an audited assessment of all available guidance to ensure relevance and applicability, a review of gaps in research, publication of a guide on newborn health in 2018,³ and finalization of manual on procurement of newborn emergency kits. The Regional Office for the Eastern Mediterranean has also published a guide for child health in humanitarian settings to address region-specific challenges. To ensure coherence in responding to

¹ As adopted by the United Nations General Assembly in resolution 48/134 (1993).

² The BMJ. Making multisectoral collaboration work. Country studies and synthesis of findings; 2018. <https://www.bmj.com/multisectoral-collaboration> (accessed 8 March 2019).

³ See <https://www.who.int/reproductivehealth/publications/humanitarian-settings-contraception/en/> (accessed 25 February 2019).

ongoing and emerging challenges in humanitarian settings, all relevant guidelines will include recommendations specifically designed for these settings.

Monitoring and accountability

44. Standardization of monitoring tools and harmonization of methodologies are critical to ensure consistent monitoring of progress in implementation of the global strategy. Strengthening the collection, collation and analysis of data at country level will also support decision-making at the local level. This will empower health providers and clients to address issues of demand and supply, as well as to inform quality and utilization of services.

45. To ensure the elaboration of global standards for measurement, WHO is coordinating the Mother and Newborn Information for Tracking Outcomes and Results, an expert group to advise the Secretariat on monitoring maternal and newborn health and to harmonize and validate core indicators. WHO recently launched two new efforts to harmonize reporting indicators for interventions to improve child and adolescent health: the Child Health Accountability Tracking Technical Advisory Group, jointly led with UNICEF, and the Global Action for Measurement of Adolescent Health Advisory Group.

46. In order to strengthen country health data systems, WHO has elaborated guidance and training materials for programme managers in the analysis and use of health facility data with a specific module for managers of reproductive, maternal, newborn, child and adolescent health programmes. Several workshops have been held to introduce and refine this module. In addition, in conjunction with Countdown to 2030 for Women's, Children's and Adolescents' Health, WHO has been sponsoring regional workshops in Africa to build capacity to analyse and use data on reproductive, maternal, newborn, child and adolescent health.

47. WHO is leading the way in developing digital health applications for family planning and reproductive, maternal, newborn, child and adolescent health. Several consultations were conducted in 2018 and early 2019, the outcomes of which will be guidelines, which will soon be published, and tools for digital interventions for strengthening health systems so as to assist countries in adapting digital client-level information on systems to local contexts, independent of the digital software being used.

48. The adaptation of WHO's existing guidelines on sexual and reproductive health to humanitarian and emergency settings is crucial for reaching populations in challenging settings. WHO's recently launched contraceptive delivery tool for humanitarian settings¹ was developed using systematic methodology to adapt both the medical eligibility criteria and the selected practices recommendation for contraceptive use.

49. To ensure that data are available for action, WHO is finalizing a global platform to track the adoption and implementation of essential policies on sexual, reproductive, maternal, newborn, child and adolescent health in all countries. Data collection was initiated in August 2018; as at 21 January 2019, 115 countries have responded with more than 7000 source documents having been provided. These data will be used at country level for policy dialogues.

50. WHO's Health Equity Monitor provides the latest data and analysis of national and subnational inequalities in reproductive, maternal, newborn, child and adolescent health. WHO has issued updates

¹ See <https://www.who.int/reproductivehealth/publications/humanitarian-settings-contraception/en/> (accessed 25 February 2019).

of the Health Equity Assessment Toolkit software, which contains new features such as interactive visuals and maps and translated material in French, Portuguese and Spanish.

51. WHO will be launching a portal for new maternal, newborn, child and adolescent health data in conjunction with the improvements to the Global Health Observatory before the Seventy-second World Health Assembly.

ACTION BY THE HEALTH ASSEMBLY

52. The Health Assembly is invited to note the report.

= = =