



**3.**

**MOVING FORWARD  
TOGETHER AND LEAVING  
NO ONE BEHIND**





**Investing in women,  
children and  
adolescents means  
investing in more  
sustainable, prosperous,  
equitable and resilient  
societies. This is the  
future we want and what  
we are working for.**

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As Chapter 1 indicates, despite the general progress that has been achieved, major challenges persist around each of the three objectives of *Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (EWEC Global Strategy)*.

Under "survive", there is still a high toll of preventable deaths among women, children and adolescents, and also of stillbirths. There are continuing epidemics of communicable and noncommunicable diseases, emerging challenges from environmental pollution and climate change, and humanitarian crises that hinder progress: their impact is especially devastating in already fragile settings.

Under "thrive", multiple barriers to good-quality health and health-related services – including for nutrition, early childhood and adolescent health and development, and sexual and reproductive health services and rights – prevent millions of women, children and adolescents from realizing their full potential and their human right to the highest attainable standard of health and well-being.

Under "transform", issues such as children not being registered at birth, poverty, gender inequality, lack of education, weak health systems, lack of adequate water, sanitation and hygiene, air pollution, gender-based violence and discrimination constitute both violations of rights and barriers to progress. These issues often intersect, leading to even greater vulnerabilities and increased risks of preventable death, illness and injury.

Progress requires action across all the interlinked "survive, thrive and transform" objectives. For example, malnutrition underpins around half of all causes of child mortality; and girls' education is associated with better women's health outcomes. Across all areas, inequities within countries and across regions work against the universal agenda of the *EWEC Global Strategy* and the SDGs.

EWEC has mobilized continued support from governments and a diverse group of nongovernmental stakeholders, including many from low-income countries. For example, seven of the 12 countries in the world that are most at risk from humanitarian crises and disasters (see Figure 16 in Chapter 1) have made commitments since 2010 to the EWEC *Global Strategy* to protect women, children and adolescents from these risks: Afghanistan, Chad, Democratic Republic of the Congo, Myanmar, Niger, South Sudan and Yemen. Commitments, whether financial, in-kind or shared value interventions (policy, advocacy etc.) have increased since 2015.

Chapter 2 demonstrates that support for the EWEC *Global Strategy* is truly global, but increased engagement is still needed by supporters from regions outside North America and Europe. The commitments show strong support for the "survive" and "thrive" objectives of the EWEC *Global Strategy*, but multistakeholder commitments across and between sectors that address the social determinants of health under the "transform" objective are lacking. Government leadership is essential in order to address inequalities and realize progress in women's, children's and adolescents' health, with multisectoral collaboration playing a major role in the implementation of commitments.

However, Chapter 2 also shows that everyone has a role to play, with parliamentarians and nongovernmental supporters demonstrating strong commitments to unite efforts across sectors to improve the health of women, children and adolescents. Notably, citizens are also driving change and taking action for improved health and accountability. Clear documentation and evaluation of activities, processes and outcomes are also necessary to build evidence of what works best across the "survive, thrive and transform" objectives.