



A Guide for Implementing the Global Strategy for Women's, Children's and Adolescents' Health in Latin America and the Caribbean



**EVERY WOMAN
EVERY CHILD**

FOR HEALTHY AND EMPOWERED WOMEN,
CHILDREN AND ADOLESCENTS
LATIN AMERICA AND THE CARIBBEAN



**Pan American
Health
Organization**



**World Health
Organization**

REGIONAL OFFICE FOR THE Americas



survive



thrive



transform



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Preface

In September 2015, during the United Nations Sustainable Development Summit, United Nations Secretary-General Ban Ki-moon presented the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). During its launch, four countries of the Americas (Canada, Colombia, Mexico, and the United States) committed to implementing the Global Strategy in the Region. Since then, more than 50 countries around the world have joined them in committing to the Global Strategy.

By recognizing that health is more than the absence of disease, and that many complex factors influence people's health, the Global Strategy incorporates both the life course approach and collaboration with other sectors. This inclusive process allows to advocate for nutrition, education, gender equality, respect for rights and cultural diversity, clean water and clean air, sanitation, hygiene, and infrastructure in the hope that all women, newborns, children, and adolescents achieve their right to the highest possible level of health. Furthermore, the objectives established in the Global Strategy will guide countries on the path towards achieving the 2016-2030 Sustainable Development Goals (SDGs).

To help countries achieve the Global Strategy objectives, international organizations throughout the world have begun to adapt and develop roadmaps for its implementation within each specific region.

gender equality
collaboration **life course**
health **education**

In Latin America and the Caribbean (LAC), eight agencies have joined forces under a regional coordinating mechanism called Every Woman Every Child – Latin America and the Caribbean (EWEC-LAC). A fundamental part of this joint effort was the organization of a series of meetings and discussions at the regional, national, and local levels in early 2017, to compile inputs on how LAC countries perceived and interpreted the Global Strategy within their own particular context.

This publication recounts the process and presents the outcomes of these meetings in the region. We hope that other regions benefit from this process, accelerating their progress towards achieving the Global Strategy goals. As a result of these sessions, recommendations were formulated for equity-based, multisectoral approaches that can be used to implement and monitor Global Strategy progress at the national and local levels in LAC.

This is the hope of the eight agencies that form EWEC-LAC, which, by working together in every sector to leave no woman, child, or adolescent behind, aspire to change the future so that they can not just survive, but also thrive, and transform our world.

adolescents

nutrition leadership safety

**respect for rights and
cultural diversity**



DEVELOPMENT OF THE GLOBAL STRATEGY

“Every Woman Every Child” is the slogan of a global movement seeking to mobilize and intensify national and international action on the part of governments, multilateral agencies, and civil society, with the contribution of the private sector, to address the major health challenges and inequities affecting women, children, and adolescents. Its high-level steering committee is chaired by former President Michelle Bachelet of Chile, former Prime Minister Hailemariam Desalegn of Ethiopia, and United Nations Secretary-General António Guterres (1).

In September 2015, during the UN Sustainable Development Summit, the **Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)** (hereinafter, the Global Strategy) was launched. The Global Strategy expands previous global commitments and proposes the vision of 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 can participate fully in shaping prosperous and sustainable societies (2).

This new strategy was presented as a contribution to achieving the Sustainable Development Goals (SDGs) by 2030 and promoting the health and empowerment of

women, children, and adolescents, thus leading to a stronger and more integrated operational framework. In this way, all countries would have the necessary support to reach and maintain their targets with respect to these objectives:

- **Survive:** End preventable deaths.
- **Thrive:** Ensure health and well-being.
- **Transform:** Expand enabling environments.

The Global Strategy places special emphasis on the following issues:

- **Equity:** By highlighting this issue, the Strategy takes a wider-ranging and more ambitious stance than previous commitments, putting equity at the heart of the Strategy and emphasizing the goal of reaching everyone, according to their different needs, especially those who are most vulnerable, ensuring their right to health, while leaving no one behind, anywhere.
- **Adolescents:** For the first time, a strategic global document on the health of women and children gives special importance to diverse groups of adolescents.
- **Life-course approach:** This is the guiding framework for using development to achieve maximum enjoyment of health and well-being, at all ages, and from the earliest stages of life.
- **Comprehensive and multisectoral approach with accountability:** There is a recognized need for multidisciplinary contributions from different sectors, so that they can contribute to improving and maintaining aspects related to health and well-being, including nutrition, education, social protection, clean water, and clean air, as well as health care and infrastructure and public safety, in specific contexts.

The **Global Strategy** proposes the following nine **action areas** for its implementation:



Source: Every Woman Every Child (2).

Together with launching the Global Strategy, an operational plan was developed and presented to the World Health Organization (WHO) Member States, who endorsed it during the 69th General Assembly in May 2016 (3). To achieve the Global Strategy targets, the different regions and international agencies are currently developing roadmaps for the implementation and adaptation of the strategy in specific contexts. To monitor countries' implementation and progress, a framework has been designed with proposed indicators and guidelines for mainstreaming equity by disaggregating data according to socioeconomic and territorial factors (4).



THE INTERAGENCY COORDINATING MECHANISM AND CONSULTATION PROCESS IN LATIN AMERICA AND THE CARIBBEAN

In 2013, during the conference “A Promise Renewed for the Americas” (APR-LAC), representatives from 27 countries of Latin America and the Caribbean and 39 organizations reaffirmed their commitment to eliminating preventable maternal and child mortality by reducing inequities in reproductive, maternal, neonatal, child, and adolescent health as directed in the Declaration of Panama (5). The following courses of action were ratified:

- Scaling up evidence-based interventions through national plans and strategies;
- Promoting universal health coverage;
- Leveraging current cooperation and strategic alliances;
- Mobilizing political leadership; and
- Developing a roadmap to coordinate future action.

Within this framework, the World Bank, the Inter-American Development Bank (IDB)/Mesoamerican Health Initiative, the Pan American Health Organization/World Health Organization (PAHO/WHO), the United Nations Children's Fund (UNICEF), and the United States Agency for International Development (USAID) have taken actions to develop a coordinated and integrated approach. A key decision in this regard was the agreement to transform the coordinating mechanism, A Promise Renewed for the Americas, into the regional arm of the global movement Every Woman Every Child in Latin America and the Caribbean (EWEC-LAC). This entity made the commitment to support the countries of Latin America and the Caribbean in their efforts to achieve the objectives and targets established in the Global Strategy. EWEC-LAC collaborates with key actors at the regional, subregional, and national levels to improve the analysis of health inequalities and their social determinants, and to adopt and implement equity-based health strategies and interventions.

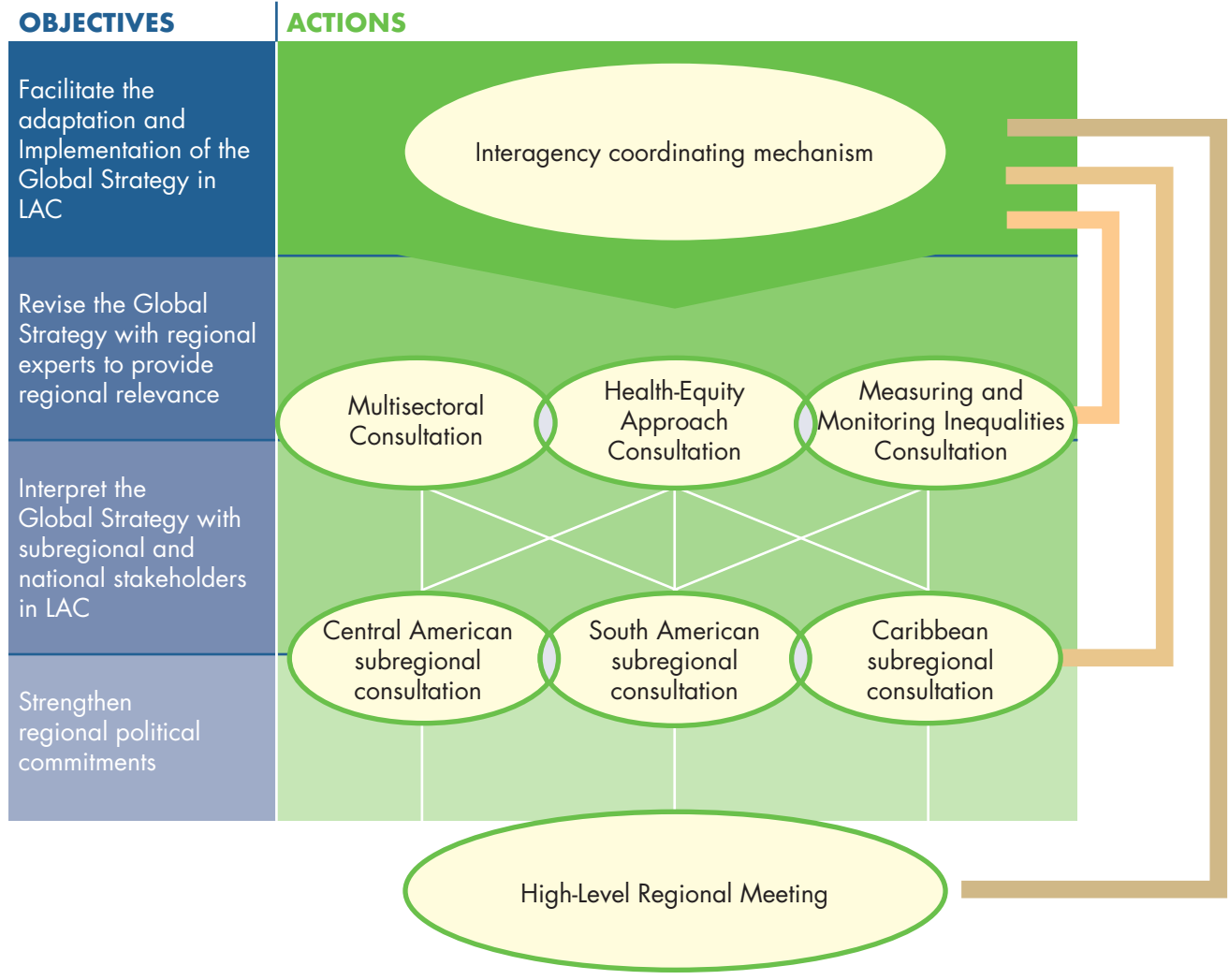
Other agencies joining this commitment include the United Nations Population Fund (UNFPA), the organization of United Nations devoted to promoting gender equality and empowerment of women (UN Women), and the Joint United Nations Program on HIV/AIDS (UNAIDS).

In 2016, to strengthen the Global Strategy's potential for guiding actions aimed at reducing health inequities for women, children, and adolescents in the Americas, PAHO commissioned a report that reviewed equity in the existing literature. Furthermore, based on this review, a checklist was created to support decision-makers in ensuring an approach grounded in equity when formulating or adapting national plans.

Consultation activities in the first half of 2017

During the first half of 2017, EWEC-LAC convened a series of consultations involving regional and subregional experts and stakeholders to facilitate the Global Strategy's adaptation and implementation in the LAC context. The process aimed to build consensus and synergies among institutions and actors, to identify ongoing initiatives and experiences to share, and to obtain specific recommendations to take the strategy from paper to practice in LAC (see figure on the following page).

Regional consultations and debate on the Global Strategy in the Americas



The consultation process included the following actions:

- 1) Three regional meetings of experts to address the following key priorities:
 - a. multisector action to guide implementation through the analysis of successful experiences with key national actors;
 - b. equity-based policies to ensure that Global Strategy operations respond to the principles of equity and universality; and
 - c. monitoring and measuring health inequalities to generate specific country recommendations and, in particular, to guide the work of the Metrics and Monitoring Working Group (MMWG) regarding baseline and regional monitoring of health inequalities for women, children, and adolescents.
- 2) Three subregional consultations in Central America, South America, and the Caribbean focused on identifying and contextualizing specific challenges, and on strengthening and sharing action areas and initiatives. Participants included key institutions and national actors, such as health ministries, and sectors including civil society, subregional organizations, and international agencies. These consultations were facilitated by the regional partners with the involvement of the Region's subregional integration institutions and organizations.
- 3) The High-level Meeting for Every Woman, Every Child, Every Adolescent, convened by former President Michelle Bachelet of Chile, was held 3-4 July 2017 in Santiago (Chile) to obtain specific commitments for joint implementation of the Global Strategy in LAC. During the meeting, President Bachelet stressed the importance of local input and participation:

// We need for each country to develop a comprehensive program for women, children, and adolescents, strengthening components of the strategy such as early childhood development; adolescent health and well-being; improvements in the quality, equity, and dignity of health services; sexual and reproductive rights; empowerment of women, girls, and communities; and solutions to humanitarian crises and the situations of greatest fragility in our Region. //

The meeting's intentions and commitments were expressed in the Santiago Commitment to Action, "Leaving No Woman, Child, or Adolescent Behind in Latin America and the Caribbean: Reducing Health Inequities in Countries." This declaration recognizes that the Global Strategy goals are "ambitious but attainable," and calls upon countries to "take the necessary actions to ensure that people realize their right to the highest attainable standard of health" (6).

To address the specific challenges of LAC countries requires a response in consonance with national and subregional realities. In this regard, EWEC-LAC sought the following from the consultation process and debate involving actors and institutions:

- First, to obtain a contextualized interpretation of the Global Strategy, in particular the action areas identified, according to the perspectives of the diverse institutions and multisectoral actors participating or involved in the activities.
- Second, to identify specific ways forward to adapt and implement the Global Strategy in the region, especially at the national level, including specific support from the agencies.

This report presents a multiactor, multi-institutional interpretation of how to adapt and implement the Global Strategy in the Americas, and its proposed recommendations. This interpretation emerged from an analysis of the preparatory activities (outputs, debate records, direct observations, and reports) (see the Annex for more details). The target audience comprises institutions from the countries, partner agencies, subregional integration mechanisms, international cooperation institutions, donors, and other stakeholders who could use the results and outputs of these consultations to inform their own agendas and plans promoting health and health equity for women, children, and adolescents in the Americas.



REGIONAL PERSPECTIVE ON THE GLOBAL STRATEGY

In 2013, the Region's achievements and gaps with regard to the 2000-2015 Millennium Development Goals were considered, as well as the convergence of countries and institutions around "A Promise Renewed for the Americas," with the aim of accelerating and deepening efforts to reduce inequities in reproductive, maternal, neonatal, child, and adolescent health. The courses of action set forth in the Declaration of Panama anticipated the new commitments acquired through the SDGs and the Global Strategy, with a view to truly not leaving anyone behind. These developments have set the stage for a moment of great opportunity, with commitment to a regional movement coordinated by multiple agencies advancing together on women, children, and adolescent health, with an injection of fresh energy and contributions. Furthermore, the countries of the Region can point to many achievements that should be held up as models for other regions and countries.

In 2000, infant mortality was 2.5 times higher in the lower income quintiles, but in 2015 it was three times higher.⁽⁸⁾

The Global Strategy's vision and objectives—that all women, all adolescents, and all children everywhere should enjoy their rights to not only physical health, but also to mental and social health and well-being—resonated with the Region's actors and multisectoral institutions. In the words of President Michelle Bachelet:

// Survive, thrive, and transform are much more than three verbs. They are a specific appeal that we make and to which we commit as a community of nations dedicated to the development of our societies, and they will guide and inspire our efforts to reduce the preventable deaths of women, children, and adolescents; and at the same time, ensure that they reach their maximum potential of development, from earliest infancy and throughout their life course. And for them to also be transformative agents in their societies. //

In this new context, the focus on rights, a multisectoral approach, and participation are key to obtaining better, more ambitious results.

At the Regional Expert Meeting on Equity-Based Policies and Strategies in LAC, as well as at the subregional consultations, the participants considered it crucial to build on the existing structures and agencies to optimize levels of communication, coordination, integrated action, and monitoring.

The Region of the Americas faces the dual challenge of scaling up effective, efficient, and evidence-based interventions, while also designing and incorporating methods that help us advance from merely surviving to thriving and transforming.

While recognizing everything that the Region has to offer, there is a broad agreement that major inequities persist that continue to affect and leave behind important segments of the population. Indeed, inequities constitute the greatest challenges facing the Region today. Therefore, the participants highlighted that inequities of **income, education, gender, ethnicity** and **geographical location** constitute structural foundations of social inequality in LAC. They create structural gaps in well-being, recognition, autonomy, and women's ability to exercise their rights on an equal footing with men; gaps between indigenous or Afro-descendant peoples and those who are neither

indigenous nor Afro-descendant; and gaps affecting low-income and other excluded groups, such as populations living in geographical areas without access to services. Several examples were highlighted during the subregional consultations:

- Inequities in **infant and under-five mortality** persist, and are even growing, despite global reductions in the MDG era. For example, in 2015, the risk of a child dying before his or her fifth birthday in countries in the lowest income quintile was three times as high as compared to the group of countries in the highest income quintile (7).
- The importance of adolescents becomes evident when looking at **social inequities in health**; for example, adolescent pregnancy is consistently more prevalent among girls with the least education, from the poorest households, and among girls from indigenous populations (7).
- Evidence exists that **gender inequality** can increase one's vulnerability to substance abuse, sexually transmitted diseases including HIV, and poor nutrition, which may have lifelong consequences for their health and well-being (7).
- As such, participants stressed that a **life-course approach** is required as the analytical framework for addressing inequities, since many poor health outcomes earlier in life have been associated with problems throughout the life course, from fetal and neonatal morbidity and mortality to chronic diseases later in life (7).

In 2015, there were 12 more neonatal deaths per 1,000 live births in countries in the lowest income quintile than in countries in the highest income quintile.

(Source: Most recent maternal mortality estimates by the UN Maternal Mortality Estimation Inter-Agency Group, MMEIG)

Although as a Region we are beginning to move from a strategic approach centered primarily on survival towards one aligned with the goals of thriving and transforming, this is still not enough. There is a consensus that the achievements made must be maintained and defended, while continuing to expose and address the existing persistent gaps.

Major **inequities between countries and within countries** persist; however, neither all countries nor all geographical areas within the same country are ready to make these needed changes. Women, children, and adolescents still face numerous health challenges rooted in poverty and marginalization. Thus, when we speak about children, not only do we want them to survive, but to thrive as adolescents and adults. This is why one of the issues highlighted as being most important within the Global Strategy: to transform settings so as to provide the conditions that make it possible to thrive. The goal should be for all populations to have health and well-being in settings of safety, peace, and justice. To this end, we need to address social, economic, cultural, and environmental determinants, as well as how their intersections influence people throughout the life course.

The importance of emphasizing **adolescents** was highlighted in the three subregional consultations. For example, in the Caribbean, the Global Strategy vision highlights the need for a transformative change to address the threats of drugs and violence. In Central America, the subject of migration and the mobility of adolescent populations, moving between and within countries, was underscored.



Throughout the Region, the importance of **coordination** among existing entities was emphasized.

Linking the Global Strategy with the priorities of the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) makes it possible to strengthen synergies in democratic security, comprehensive climate change and risk management, social and economic integration, and institution-building. Specifically, the SICA Regional Health Policy (2015-2022) was developed to support the objectives that the countries have drafted, focusing on four areas:

1. Institutionalizing regional integration
2. Social determinants of health
3. Capacities in health
4. Knowledge management and research and technology

Common challenges regarding compliance with the SDGs were discussed at a Regional Intersectoral Forum held in 2016 in El Salvador convened by COMISCA. The measurement and analysis of inequities was emphasized as a cross-cutting approach for the 11 technical commissions involved in the technical work being carried out in the subregion.

Furthermore, representatives of the Andean and South American integration system—such as the Andean Health Organization–Hipólito Unanue Agreement (ORAS-CONHU) and the South American Institute of Government in Health (ISAGS-UNASUR)—emphasized that they are seeking to build, in a participatory, consensus-based manner, a space for integration and unity among their peoples on cultural, social, economic, and political issues. This would require prioritizing political dialogue, social

policies, education, energy, infrastructure, financing, and the environment, with a view to eliminating socioeconomic inequality, achieving social inclusion and citizen participation, strengthening democracy, and reducing asymmetries, within a framework of strengthening States' sovereignty and independence. The representatives highlighted work in the Region with other actors and regional cooperation institutions, such as the Amazon Cooperation Treaty Organization (ACTO) and the Southern Common Market (MERCOSUR).

The Caribbean Community (CARICOM) is working to ensure that every citizen of the Caribbean enjoys the safety and opportunities necessary for fulfilling their potential, with guaranteed rights and social justice, in order to thrive economically, socially, and culturally. In the area of health, CARICOM promotes several cooperation initiatives, such as the 2012-2017 framework for coordinated health action; the action plan for young people; the strategic framework for reducing adolescent pregnancy; and the Every Woman Every Child plan for the Caribbean. In particular, the strategy's focus on adolescents is aligned with the priorities of transformative change to ensure inclusive and equitable development. During the subregional consultation, a CARICOM representative emphasized the special role of the younger generation in the Caribbean: "There is a lost generation out there. We are going to find them and help them become a healthier, more thriving population."

Regarding the strategy's guiding principles, the participants discussed how there is a growing emphasis in the Region on social policies, and agreements to address them. This idea is closely related to the Global Strategy approach: country-led, universal, sustainable, human rights-based, and equity-oriented, with community ownership and accountability. In the action areas, there is also a clear consensus among the subregions, in particular regarding the conception of rights, the multisectoral approach, and the importance of citizen participation.

The group of agencies forming EWEC-LAC confirmed their institutional commitment to the dialogue process and their support for adopting the Global Strategy to advance further in these countries so that women and children not only survive, but also thrive, transforming their lives to progress towards achieving a more equitable Region.

PAHO is committed to providing Member States with the appropriate technical support so that they can update and implement their national plans and the relevant Global Strategy components from a wide-ranging perspective of health and social determinants. In particular, this requires compiling and analyzing inequities with quality data, while collaborating with other United Nations agencies, funds and programs, as well as with other relevant partners and stakeholders.

The IDB indicated that the agencies have managed to align their agendas around the common objective of reducing inequities, with a view to strengthening their collective impact. USAID highlighted the importance of establishing a regional roadmap for achieving these ambitious goals and contributing to attainment of the health-related SDGs. UNICEF pointed out the importance of multisector action as a central pillar of implementation. UNFPA emphasized the need to make adolescent health and well-being a central aspect, since adolescence is a crucial stage when decisions and transitions are made that have a key impact on people's lives and on achieving equity. UNAIDS reaffirmed its commitment to the Global Strategy, pointing out that it should adapt to the realities of countries in the Region; for example, low rates of condom use, high rates of violence against women, and a growing number of adolescents with AIDS. Therefore, HIV infection is linked to a set of social determinants of health.

***The
Global Strategy
approach:
country-led,
universal,
sustainable,
human rights-based,
and equity-oriented,
with community
ownership and
accountability.***

IV



ACTION AREAS: TOWARDS AN OPERATIONAL FRAMEWORK FOR THE AMERICAS

The Global Strategy stresses that “only a comprehensive human rights-based approach will overcome the varied and complex challenges facing women’s, children’s and adolescents’ health. To succeed, countries and their partners will have to take simultaneous action in nine interconnected and interdependent areas” (2):



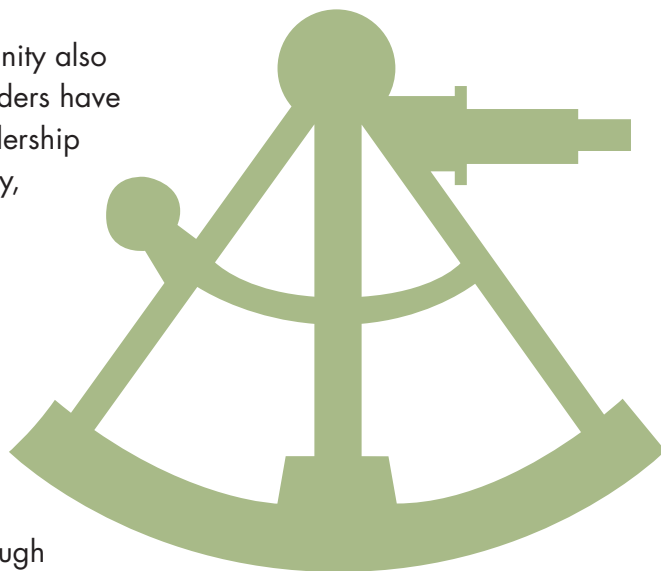
Source: Every Woman Every Child (2).

These action areas and their importance in the LAC context are discussed in the following sections.

Country leadership

Country leadership—the first action area presented in the Global Strategy—is the most important vehicle for achieving these targets, since it is an area that cuts across other spheres of action. The Global Strategy stresses that successfully meeting global targets depends on each government taking effective action to adopt and implement national targets through plans, strategies, policies, and national and subnational programs adapted to every country's priorities, context, and circumstances. Consequently, regional and subregional efforts in the Americas should seek to facilitate national leadership in defining the process that each country needs to achieve its targets, including the definition of governance; short-, medium-, and long-term plans; budgets; monitoring; and evaluation.

As partners and key stakeholders, the community also plays an essential role. The Region's stakeholders have highlighted that program ownership and leadership at the highest level of government is necessary, and requires involving civil society and the private sector. These have been key aspects in the Region's most successful processes. Developing synergies among countries is also considered essential, along with the support of subregional integration mechanisms and regional agreements. Furthermore, it is clear that these convergences should be expressed through regional leadership in the overall Global Strategy process, based on experiences and lessons learned that the countries of the Americas can share. Technical and financial




support from international agencies is indispensable during these exchange phases, together with South–South cooperation, to strengthen capacities and enable the design and implementation of strategies, policies, and programs consonant with the regional reality.

During the consultation process, institutions and stakeholders emphasized the following priority action areas and proposals to strengthen country leadership, among others:

- **Strengthening ties between political leaders and administrative managers:** The Region’s stakeholders highlighted two types of leadership—one focused on policy, the other on administration—which must come together to provide a firm foundation for health systems, with the necessary backing and capacity for developing the Global Strategy. Institutional capacity needs to be ensured in order to guarantee the implementation and sustainability of the strategy, while also encompassing other cross-cutting areas, such as financing, multisectoral action, and participation. One of the challenges that these stakeholders underscored was being able to guarantee continuity through changes in government administrations. This would involve establishing mechanisms so that the national policies associated with the initiative would have continuity from one administration to another; an example would be stable State institutions and the laws associated with their budgets and

In 2015, there were 157 more maternal deaths per 100,000 live births in countries in the lowest income quintile than in countries in the highest income quintile.

(Source: Most recent maternal mortality estimates by the UN Maternal Mortality Estimation Inter-Agency Group, MMEIG)



operations. Here, stakeholders pointed out the importance of investing in awareness-raising and capacity-building among lawmakers to address Global Strategy issues, including their participation in developing the associated policies. One proposal was to identify a group of political leaders supporting the strategy—for example, the First Ladies of Belize and Trinidad and Tobago, who participated in the Subregional Caribbean Consultation. “Youth ambassadors” to champion the strategy could also be identified.

- **Enhancing the role of civil society:** Strong advocacy helps to mobilize the necessary political commitment. From this standpoint, participatory construction of public policies and the associated decision-making is important. Therefore, it is essential to involve and empower young people and youth leaders in community-level debate and decisions.
- **Capacity-building for leadership and management:** The stakeholders considered it important to strengthen leaders’ political and managerial skills. They proposed evidence-based actions through cooperation among countries to actively identify, document, promote, and disseminate best practices, which may require new abilities for regional teams. Another way of addressing policy capacity-building involves accountability and monitoring—specifically, evaluating leaders’ managerial capabilities and competencies. Furthermore, they considered it important to ensure institutional memory through the creation, continuity, and monitoring of policy implementation plans.

- **Accountability and supervision by all stakeholders:** Proposals included promoting intersectoral accountability through health results, based on transparency and data access. A proposed first action could be broad dissemination of the Global Strategy. Furthermore, regional accountability was also considered important, with benchmarking and comparative analysis between countries, as well as at the national level. Social participation is also key; to this end, awareness-raising and empowerment involving communities and civil society organizations is important for holding political leaders accountable. Therefore, one of the crucial components of the strategy is monitoring and evaluation, with an active role for participation that implies the need for explicit mechanisms in country strategies and at the regional level. Thus, the active participation of the media in advocacy and in monitoring commitments was a key component. It is also necessary to build capacity among journalists, supported by tools and mechanisms such as presentations, videos, and summaries related to the Global Strategy.

NOTABLE REGIONAL COUNTRY LEADERSHIP INITIATIVES

Liderazgo público para un desarrollo con igualdad [Public Leadership for Development with Equality]: ECLAC/AECID

<http://www.cepal.org/es/cursos/liderazgo-publico-for-a-development-with-igualdad>

Youth for the SDGs enables youth participation for sustainability in Latin America

<http://www.un.org/youthenvoy/2017/04/youth-sdgs-enables-youth-participation-sustainability-Latin-America/>



Community engagement

In order to empower members of a community, citizens must be considered as possessing certain rights. The concept of community is considered here in a broad sense, encompassing local, national, and international groups of people who may or may not be in physical contact, but who share interests, concerns, or identities.

The Global Strategy considers women, adolescents, and children as crucial agents of change in transforming their societies so that everyone can enjoy their rights. Three of the action areas are linked to this vision: individual potential, community engagement, and accountability. Together, these three areas aim to generate the conditions for strengthening community involvement in the delivery of services, the power of association, and the development of advocacy.

Health needs to be seen as a key aspect through which people take control of their lives—which is why it is so important to view women as more than mothers. Gender needs to be understood not only as a category of analysis, but above all, as something that enables us to understand how societies are organized and how power is distributed between men and women. This understanding has an impact on access to and use of the resources needed to develop and maintain health and well-being.

Bodily autonomy and the right to choose is an essential and intrinsic condition for women's development as full citizens. It should be considered an equally substantive claim as the rights of peoples to defend their sovereignty and decide their destiny, and the right to justice and equality.

At the same time, it is important to ensure the inclusion of young people, so that children and adolescents will be able to effectively participate in Global Strategy implementation, which calls for capacity-building for youth leaders and for organizations that defend sexual and reproductive rights.

Community participation in the legal and regulatory framework


is also crucial and could even be considered as a constitutional right. It should be accompanied by actions that aim to empower civil society organizations, as well as by state investment in promoting and strengthening community participation.

Strengthening **rights-based community engagement**

should focus on experiences with health-related advisory committees, accountability processes, and social audits that ensure participation from different local contexts and social groups—including groups with members of different ages, ethnicities, sexual orientations, and disabilities.

The key partners and stakeholders who should be considered here include civil society organizations for the following: boys and girls; adolescents of either sex; women; persons with disabilities, HIV infection or other conditions; LGBTI people; representatives of the indigenous and Afro-descendant communities (women, children, adolescents, young people, persons with different disabilities or sexual orientations, from different peoples and nationalities); representatives of groups representing, e.g., sports, culture, and the environment; universities and academia; scientific societies; and local governments.

Ensuring that all women and girls can participate fully also means involving men and boys in health programs. The Global Strategy stresses the importance of involving all adolescents, as well as organizations that work with them.



Health issues must be tied to different public needs, for example, in relation to forced maternity, and sexual and gender violence; dominant models in the socialization of men and women; sexual and reproductive rights; and other issues on the social justice and sustainable development agenda. The violation of these rights profoundly impacts the situations of women, children, and adolescents. Although health affects people at every socioeconomic and educational level, the impacts are particularly pronounced among the most vulnerable segments of society.

COMMUNITY ENGAGEMENT EXPERIENCES IN THE REGION

Founded in 1984, the Latin American and Caribbean Women's Health Network (LACWHN) is one of the oldest and strongest regional women's networks, defending women's health and human rights, with special emphasis on sexual and reproductive rights. It brings together individuals and organizations active in social movements and women's health: LACWHN comprises 558 organizations and 329 personally affiliated members, in 20 countries of Latin America and the Caribbean.

<http://reddesalud.org/>

Factors contributing to inequities and vulnerabilities are often complex and multidimensional, requiring the involvement of multiple sectors on multiple levels to address inequities and social determinants of health.

Multisector action

The social foundations of health play a crucial role in the health and well-being of women, children, and adolescents, and consequently require multisector actions to achieve them. Therefore, given the role of local governments, it is necessary to learn from multisectoral experiences associated with local development at the municipal or district levels. Likewise, it is necessary to learn from social protection strategies and policies, particularly those targeting infants and small children, given the development of these kinds of multisector actions in the Region—whether political, technical, or operational. These should become the pillars of new policies, including those addressing health and social determinants (multisectoral by definition). It is important to recognize that health is both a prerequisite for development and a result of development. All strategic plans of UN agencies involve multisector actions, which facilitate their implementation. The Global Strategy highlights the importance of multisectoral efforts for successfully reducing inequities, noting that this involves working on health determinants beyond the realm of health care. A distinction is made between the various types or models of multisector action, stressing how important it is for this work to tackle structural forces and social and gender norms affecting society as a whole, indicating the need for a multisectoral effort to effectively address inequities.

Within this framework, **governance** is a key pillar (along with the role of governments and their leaders), since successful multisectoral actions have been associated with the existence of high-level political commitment that facilitates the creation of a working agenda. This agenda outlines a common purpose or objective, facilitates coordination among the various sectors and different administrative levels involved, promoting and ensuring the participation of civil society and providing administrative and financial support to these kinds of initiatives.

Also highlighted here is the need to **structure support entities** for multisectoral work in a way that contributes to their sustainability. Such structures vary according to the countries' contexts and situations. From this perspective, these entities should

consider not only governmental sectors, but also call upon communities, industry, and academia, among others. However, it must be noted that the interference of industrial sectors can constitute a threat when adequate regulations are not in place.

Another key pillar is **joint monitoring** by the participating sectors, with joint follow-up, information-sharing, and evaluations—all essential aspects for the sustainability of multisector action initiatives. The Global Strategy highlights the ties between accountability and the great need for prospective impact assessment, given the lack of a culture of evaluation.

Finally, another noteworthy pillar in the Region is **financing and resource allocation**. In terms of availability, there must be a way of transparently allocating resources for joint tasks between sectors. Lack of transparency in resource distribution and in allocating sectoral budgets can clearly limit or hinder integration and coordination between sectors.

The key areas for multisectoral efforts in the Region include education, social protection, labor, justice, agriculture, energy and the environment, technology, transport, water and sanitation, and budgetary matters. Moreover, key issues flagged for the Region are *migration* and mobile populations, whether between or within countries. Participants in the consultation process have also underscored the importance of accounting for *cultural diversity*, specific aspects of which should be included in subregional and national plans. There should be an emphasis on *investment in early childhood* and *inclusion of adolescents*. Health policies need to be expanded, with a strong emphasis on education (including sex education) and the workplace. Likewise, the participants emphasized the importance of a multisectoral approach to the role of women as caregivers. A large number of women provide informal health care to their families, whether children or adults (unremunerated work). This must be taken into account for the effective integration of women into the workplace and to achieve equity.



EXAMPLES OF EFFECTIVE REGIONAL MULTISECTORAL INITIATIVES**EWEC Report on the Regional Expert Meeting on Multisectoral Action for the Global Strategy**

<http://www.apromiserenewedamericas.org/e/wp-content/uploads/2017/10/Meeting-Report-Multisectoral-Action-LAC-FINAL.pdf>

EWEC Experiencias países [EWEC Country Experiences]

<http://www.everywomaneverychild-lac.org/experiencias-multisectoriales/>

PNAE, National School Meals Program (Brazil)

<http://educador.brasilecola.uol.com.br/politica-educacional/alimentacao-escolar.htm>

Chile Crece Contigo [Chile Grows with You] (Chile)

<http://www.crececontigo.gob.cl/acerca-de-chcc/programas/>

FAN, Childcare Foundation (Colombia)

<http://www.fan.org.co/es/empresas-que-nos-apoyan>

CEN-CINAI, National Office for Educational and Nutrition Centers and Comprehensive Childcare Centers (Costa Rica)

<http://www.cen-cinai.go.cr/index.php/cen-cinai/marco-estrategico/mision-y-vision>

Mother and Child Health Program (Cuba)

https://www.ecured.cu/Programa_Materno-infantil_en_Cuba

Adolescent Pregnancy Reduction Program (Jamaica)

<http://jis.gov.jm/framework-developed-to-reduce-adolescent-pregnancy-in-the-caribbean/>

Prospera Program (Mexico)

<https://www.gob.mx/sedesol/articulos/conoce-todo-sobre-prospera>



Health financing

The Global Strategy warns that current funding is insufficient for providing the necessary budget to implement all the measures indicated in the Strategy, leaving no one behind. To overcome this, the Global Strategy proposes three lines of action, which the regional stakeholders also consider priorities: mobilize sufficient and substantial resources; ensure value for money while increasing financial protection for women, children, and adolescents; and adopt integrated and innovative approaches to financing. This area involves two joint objectives, increasing equity and efficiency, which can be achieved through collecting, pooling, and allocating resources and procurement (8).

The subject of health financing is already part of the *public discussion* in the countries of the Americas. All national plans are applying, at different levels and to a different degree, these lines of action, with numerous strategies, plans, and reforms. However, there are several challenges related to this action area. For example, major differences exist in per-capita health spending among the countries of the Region, with Uruguay and Chile ranking among the biggest spenders. One of the greatest challenges is to reduce out-of-pocket health expenditure, since this is one of the regions where it is highest, with a regional average of 48% in 2011, more than double the WHO benchmark of 15-20% (8). A participant in the South American subregional consultation warned:

“If out-of-pocket expenditure increases, health system reform will fail. Where out-of-pocket spending is high, the survive, thrive, and transform formula will also fail.”

Furthermore, the high degree of informal work in the Region limits access to health insurance and retirement plans through an employment contract, making it essential to seek coverage for a population that cannot remain uncovered if our goal is universal health coverage. There is concern that, if health financing relies on local government sources or budgets, there is a risk of generating and increasing inequities. Consequently, increasing and improving funding in the Region—with equity and efficiency—is a strategic issue, as well as advancing towards the elimination of direct payment, which is becoming a barrier to access at the time of greatest need for service delivery, especially for women, who have less access to economic resources.

In this context, the Global Strategy presents an opportunity and is a tool to mobilize sufficient and sustainable resources, including the search for greater fiscal space. Advocacy in this area by Global Strategy groups was identified as an important function to **show the cost of not investing in development**, which is why it is necessary to create fiscal and social pacts.

The LAC's stakeholders see the Global Strategy as a tool for mobilizing new resources and strengthening the management and effective allocation of existing resources. However, the current situation of health system financing is recognized as a limitation, since their budget sources are current national revenues focused primarily on health care, with asymmetries among primary health care, health promotion actions, and public health management. Budget planning and allocation tend to be sectoral; this needs to change in order to strengthen multisectoral work under the Global Strategy. In Latin America and the Caribbean, there are few examples of joint budgetary management among various sectors aimed at developing synergistic and integrated impact, even where the stakeholders agree that this is important.



The **key partners or stakeholders** to involve in the process are social sector ministries, the Ministry of Finance and budget offices, national and local planning departments, public policy decision-makers and implementers, academia, civil society, and international organizations. The trend in LAC is for donor contributions to have increasingly less influence on budgets.

One path to explore is to define minimum coverage linked to minimum funding levels, including taxes specially earmarked for the health of women, children, and adolescents. The core of such a strategy should include guaranteed protection mechanisms for services targeting women—for example, access to contraception. Budgets should reflect national policy priorities. Furthermore, multisectoral budgets facilitate managing such strategies as Healthy Municipalities from all the sectors involved. With regard to efficient management with equity, reviewing public health priorities is important in order to reach agreement on what constitutes equitable coverage to meet the population's requirements and specific needs. Furthermore, it is essential to be able to estimate the financial impact of not dealing with priority health issues. Significant regional initiatives include the PAHO Strategic Fund and the PAHO Revolving Fund for Vaccine Procurement—joint purchasing mechanisms for essential drugs and strategic health supplies that save lives.



**EXAMPLES OF FINANCING ACTION INITIATIVES IN LATIN AMERICA
AND THE CARIBBEAN**

Law 5508. Promotion and protection of maternity and support for breastfeeding (Paraguay)

http://oig.cepal.org/sites/default/files/2015_pry_ley5508lactanciamaterna.pdf

Financing for Development in Latin America and the Caribbean (ECLAC)

https://repositorio.cepal.org/bitstream/handle/11362/37769/S1500126_en.pdf

Evaluación y revisión del financiamiento del sistema de salud uruguayo [Evaluation and Review of the Financing of the Uruguayan Health System]

http://www.paho.org/uru/index.php?option=com_docman&view=download&category_slug=publications&alias=405-el-camino-hacia-la-cobertura-universal-en-uruguay-financiamiento&Itemid=307

Universal Health Coverage in Latin American Countries: How to Improve Solidarity-based Schemes. The Lancet Series.

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)61780-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61780-3.pdf)

Mesoamerica Health Initiative

<http://www.saludmesoamerica2015.org/en/salud-mesoamerica-initiative/the-initiative/salud-mesoamerica-initiative-mission-and-objectives,2754.html>



Health systems resilience

This action area corresponds to health systems strengthening, with an emphasis on creating resilience in the face of disruption, to ensure the continuity of effective, quality service delivery. Resilience is an attribute of health systems that function well and that are oriented towards universal health access and coverage. The Global Strategy proposes three lines of action, which the Region's stakeholders consider critical priorities:

- Equip the health workforce everywhere to provide good-quality, non-discriminatory care;
- Prepare all parts of the health system to cope with emergencies;
- Ensure universal coverage of essential health interventions and life-saving equipment (2).

With regard to the last of these three lines of action, the Region aims to go far beyond the minimum.


The **PAHO Strategy for Universal Access to Health and Universal Health Coverage** constitutes the general framework for the countries of the Region to follow. The concept of “universal health, access and coverage for all” means that all people and communities must have access, without discrimination, to comprehensive, timely, quality health services, according to their specific needs, without incurring financial difficulties. This requires adequate organizational mechanisms and sufficient, sustainable financing to cover the entire population with a comprehensive and integrated approach that emphasizes the importance of scaling up health investment. Such a universal health strategy promotes strengthening primary care, and firm action to reduce inequities through expanding access and improving the social determinants of health and well-being (9).

Resilience is an attribute of health systems that function well and that are oriented towards universal health access and coverage.

Some of the challenges of the region's health systems, identified in the discussions during the regional consultations, have to do with the model of care, its fragmentation, the segmentation of financing, and weak financial protection (some people are insured while others are not, out-of-pocket expenditure, etc.), poor quality of care, limitations in geographic coverage, and disturbances from frequent and recurrent epidemics, natural disasters, and climate change.

Among the priority actions to overcome these challenges, the stakeholders highlighted the design and implementation of response plans, not only of health ministries, but also of the State, to ensure sustainability over time. They indicated that, before drafting a new plan, there should be an evaluation of the plans already implemented.

With regard to initiatives under way associated with health system resilience, it was emphasized that all countries have government plans, although their emphasis often varies according to which administration is in power. Furthermore, there are national contingency plans that incorporate this issue. A stronger response component needs to be included in order for the region's emergency plans to be resilient; an example is the experience in Central America of the COMISCA Executive Secretariat. Moreover, there should be a financial mechanism to compensate countries for dealing with emergencies. The **Belize-Guatemala border initiative** is an example of successful collaboration that facilitates maternal and child care.



In sum, the key stakeholders in this action area include ministries of health and other government offices, health worker associations, NGOs, community leaders, and users of the system. International agencies and interagency groups could play a crucial role in evaluations that would enable countries to assess previous plans and to learn from them.

EXAMPLES OF REGIONAL INITIATIVES ON HEALTH SYSTEM RESILIENCE

***La reforma en salud del Ecuador* [Health System Reform in Ecuador]**

<http://iris.paho.org/xmlui/bitstream/handle/123456789/34061/v41a962017.pdf?sequence=1>

***Buen Vivir* [Well-being] National Plan (Ecuador)**

<http://www.buenvivir.gob.ec/documents/10157/ab314343-51d8-46e7-b38c-5c658f9e7da4>

Strategy for Universal Access to Health and Universal Health Coverage (PAHO)

<https://www.paho.org/uexchange/index.php/en/uexchange-documents/technical-information/26-strategy-for-universal-access-to-health-and-universal-health-coverage/file>

Accountability

In the Global Strategy, accountability is an action area requiring efforts to harmonize monitoring and reporting; improve civil registration and vital statistics; promote independent review and multi-stakeholder engagement (2). In its political

manifestation, accountability is often termed “governance,” and it is an essential part of a democratization process ensuring that the less privileged and less powerful can challenge and reconfigure social power dynamics. Stakeholders have emphasized that it is necessary to go beyond a vision that limits accountability to providing information, according to certain formal requirements, on how funds were spent for the proposed purposes.

Effective accountability requires the following:

1. Obligation to report, explain, and justify decisions and actions;
2. Capacity to impose sanctions on public officials who neglect their duties; and
3. Responsible transparency, specifying who does what and how it should be done, in order to evaluate their behavior objectively and transparently.

Accountability strengthens the development of projects for democratic, equitable, and just societies, which means that it should occur at all levels of action (local, regional, and national). In particular, officials should be held accountable to upholding the rights of women, children, and adolescents—including those that are neglected and marginalized.

Accountability is especially important given the increased transparency requirements of governments and authorities. The remoteness and lack of credibility of political institutions in LAC can be corrected by strengthening accountability. The demands of civil society and other actors is another factor, given the current high profile of social networks and the role of the media.

There is consensus that one of the operational lines should be **strengthening accountability processes** in LAC, and that the participation of vulnerable or marginalized groups is important.



Transparency in the **generation, use, and dissemination of information** is of great importance for strengthening accountability. It is essential to disaggregate data at the national level by sex, age, disability, ethnic group, mobility, economic condition, geographical location, and other relevant status conditions. This will help identify discrimination for women, children, and adolescents in access to health care and other benefits and services that affect their health and human rights.

Within this framework, it is important to establish **effective systems for civil registries, vital statistics, and health statistics**, which provide basic information for planning. Reporting on data and indicators from different strategies or plans should be harmonized among them, in such a way as to ensure availability and access by different actors.

Generating spaces for **civic leadership** should be favored through platforms for social accountability, social audits, and training citizens for these tasks, in addition to information sessions or community meetings on results monitoring.

Accountability is considered a key action area to advance the objectives of thriving and transforming. It constitutes a **political space** to promote and evaluate the Global Strategy.

Accountability should be the foundation for **formulating new public policies** and new agreements and evaluating impact in a participatory manner. This involves supporting processes of citizen control in civil society organizations' monitoring of public policies.

Accountability constitutes a **coordinating mechanism** with the other action areas and with all participating sectors and stakeholders, in such a way as to ensure the synergy of the Strategy's various components.

EXAMPLES OF REGIONAL ACCOUNTABILITY INITIATIVES

The 2030 Agenda for Sustainable Development and Related Processes
SDGs of ECLAC

Consensus of Montevideo


Operational Guide for Implementation and Follow-up of the Montevideo
Consensus on Population and Development

Research and innovation

Participants in the consultations stressed the importance of making progress on updating evidence associated with the effectiveness of interventions to address emerging problems and reduce inequities in health care and social areas. Furthermore, they highlighted the need to identify the determinants and barriers that limit the access of women, children, and adolescents to health services: gender-based, economic, cultural, and geographic, among others.

To this end, social, behavioral, anthropological, and community investigations are needed. Stakeholders emphasized that the political and social sciences should also contribute evidence related to social objectives and human rights—for example, studies on how to achieve health equity, effective empowerment, elimination of discrimination regarding access to services, and improvement in accountability instruments.

Innovation is also important, including the concept of “integrated innovation,” with stakeholders highlighting the need not only for scientific and technological innovations, but also for social, business and financing innovations, which can often be combined to achieve transforming effects. To this end, the role of South–South cooperation is crucial, as well as the participation of community organizations.



Stakeholders emphasized that research should be oriented towards priorities based on local needs, and that these needs should provide feedback for innovation initiatives. Research, they pointed out, should not only focus on studying the effectiveness of interventions, but also on aspects of implementation and effective coverage, with an equity approach.

The importance of research initiatives' sustainability was underscored as well, especially in the case of research linked to action projects. To this end, collaboration—involving academia, the government and public policy decision-making, and the private sector—is a crucial component.

For research capacity-building, it is necessary to create and use network experiences such as those involving the region's schools of public health, national institutes of health, and technical schools, as well as promoting the exchange of experiences.

A platform should be established for disseminating sources and opportunities for financing research in the Region, as well as creating incentives for using available data and technological development, and for digital communication targeting adolescents.

Participants in the consultations highlighted that in the region there are cost-effective innovation and intervention development initiatives that can save lives, which should be disseminated. They also indicated the importance of identifying best practices that provide solutions.

REGIONAL RESEARCH AND INNOVATION INITIATIVES

Knowledge Saves Lives: Knowledge for Health (K4Health) shares accurate, up-to-date knowledge and platforms to support family planning and other public health efforts worldwide. <https://www.k4health.org/>

Research-innovation project Mamás del Río (Peru): This initiative seeks to improve maternal and child health in Peruvian Amazon communities through training community agents and creating a referral system, coordinated with smartphones, for pregnant women who are provided care on a medical ship and at Health Ministry centers. <http://www.mamasdelrio.org/>

Inequality metrics and monitoring


The Global Strategy indicators and monitoring framework focuses on 17 goals with 60 proposed indicators in priority areas, selected based on consultations and a technical review. Of these, 16 have been designated as key minimum indicators for evaluating Global Strategy progress.

With regard to the inclusion of equity in this monitoring, the Global Strategy emphasizes that equity is a cross-cutting aspect aligned to the SDGs, which means disaggregating indicators, when relevant, by age, sex, education, wealth, territory, and urban-rural areas (4). The disaggregation of indicators contributes to achieving equity and reveals unjust and avoidable inequalities, providing guidance on the mechanisms of generating the essential aspects of an intervention, and/or promoting a monitoring and evaluation process with other sectors and civil society.

Furthermore, to emphasize an equity-based approach, it is necessary to establish a monitoring framework that integrates civil society and women, children, and adolescents themselves. At the same time, it is crucial to strengthen national and subnational capacities for the measurement, analysis, dissemination, and use of the information and to invest in data systems.

With this in mind, EWEC-LAC established the Metrics and Monitoring Working Group (MMWG), which is carrying out actions to support the measuring and monitoring of health inequalities in the region, including:

- Capacity-building with key national and subnational data analysis actors to measure and monitor health inequalities, through regional and national workshops. A theoretical and practical manual has been designed to complement and ensure the sustainability of these workshops.

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- Developing national health equity profiles in collaboration with national and subnational strategic actors, to identify and visualize current inequalities and inequities in women, children, and adolescent health at the subnational level.
 - Mapping key data sources that can be used for future monitoring of regional, national, and subnational health inequalities to understand which data countries are currently using and what their sources are.
 - Preparing a regional report on the state of women, children, and adolescent health inequities, inequitable coverage, and key interventions in LAC.
 - Creating a list of the principal health indicators and equity stratifiers for monitoring women, children, and adolescent health in the region to support countries in the systematic measuring and monitoring their health inequalities.
 - Identifying and documenting efforts in different countries to measure and monitor health inequalities at the national and subnational levels, so that they can serve as references for other countries in the institutionalization of this kind of initiative.

Regional experts consulted by the MMWG learned about and validated the initiatives and methods used, and made practical suggestions to strengthen support for countries in monitoring the principles of equity and universality. Stakeholders emphasized that leaving no one behind and reducing inequities means greater and faster progress for disadvantaged groups—which is a challenge in terms of policy-making and implementation; monitoring can show whether this is, in fact, occurring.

To emphasize an equity-based approach, it is necessary to establish a monitoring framework that integrates civil society and women, children, and adolescents themselves.


One of the principal outcomes of the meeting was a consensus on the need for a set of indicators and stratifiers adapted to the challenges and realities of the countries of the Americas, for monitoring the Global Strategy goals in the Region, while adding other indicators that could reflect specific aspects of the diverse national contexts. To this end—based on the results of a survey on the prioritization of indicators and stratifiers associated with the Global Strategy regarding their importance, sensitivity to inequality, and availability—the criteria to be applied for selecting a priority list of indicators (approximately 10) and equity stratifiers (3 to 5) were narrowed down to two categories:

- Importance for measuring inequality or the differential impact of the indicator on disadvantaged populations.
- Usefulness for informing policies or actions was another suggested criterion to be added.

The criterion of availability was considered secondary since, although it is a real limitation, investment should be focused on information systems to collect indicators that meet the previous criteria. Furthermore, it was considered important to first determine the availability of information for the key indicators for the region.



In the opinion of the experts, lack of information regarding availability made it more difficult to select the set of indicators during the regional meeting. They considered it important to expand the audience of the survey to national actors and take advantage of subregional consultations as forums to discuss the criteria



with them. Nevertheless, a preliminary selection exercise was carried out, applying the revised criteria to the Global Strategy indicators survey.

As for stratifiers, the results of the survey prioritized ethnic group, gender, and income level. However, participants agreed that education also had to be included, since it is an important social determinant. Furthermore, the use of indices of property or wealth, instead of income, was discussed. Measuring equity between territories, incorporating some measures of subnational differences, was also considered important.

Finally, there was an assessment of PAHO's efforts to incorporate trend forecasting techniques to guide setting quantitative targets at the regional and national levels.

At the three subregional consultations, the participants agreed on the importance of having standardized indicators to measure regional goals, but emphasized the importance of capacity-building for monitoring, analysis, and interpretation in guiding decisions at the national and subregional levels.

Although several indicators were recommended, the vast majority are not available in these countries. Regarding data availability, participants acknowledged that although it is limited, decisions have to be made with the indicators at hand. In this context, the work done with countries has been based on priorities and data sources defined by these indicators.

Due to the lack of available data, there is concern that Global Strategy monitoring could be reduced to maternal and child indicators, despite the need to advance towards a more comprehensive concept of health. Maternal mortality is not a sufficient indicator of women's health; women outside childbearing age or whose quality of life is compromised should also be included. The focus should be on making progress in monitoring rights and the goals of thriving and transforming, using a life-course approach, and not moving backwards simply because mortality data are the only ones available. This requires a perspective of multisectoral integration of sociodemographic and economic data.

With regard to the monitoring framework, the public's role in the use and generation of information was highlighted: it is important to strengthen citizen monitoring, which provides the most innovative sexual and reproductive health data. Furthermore, the importance of having both quantitative and qualitative indicators was underscored: they complement each other and enrich and harmonize analysis. Participants emphasized that, together with the debate on better indicators, we face the major challenge of translating the data that we generate into action—the greatest task before us.

TOOLS TO MEASURE AND MONITOR HEALTH INEQUALITIES

Frequently Asked Questions for Measuring and Monitoring Health Inequalities (EWEC-LAC)

<https://www.everywomaneverychild-lac.org/e/publication/frequently-asked-questions-about-measuring-and-monitoring-health-inequalities/>

Health Equity Report 2016 (UNICEF)

<https://www.everywomaneverychild-lac.org/e/publication/health-equity-report-2016-full/>

National Health Inequality Monitoring: A Step-by-Step Manual (WHO)

<http://apps.who.int/iris/handle/10665/255652>

Observatory of Sexual and Reproductive Health (Guatemala)

<http://www.osarguatemala.org/>



RECOMMENDATIONS AND CRITICAL SUPPORTS FOR THE STRATEGY IN THE AMERICAS

In drafting the roadmap to guide implementation of the Global Strategy goals, targets, and action areas, the different contexts of Latin America and the Caribbean have been considered, as well as the recommendations of the multisectoral and multi-institutional stakeholders that were consulted. A set of recommendations was formulated, and certain key supports for its implementation were identified.

A first consideration was to recognize and leverage the previous regional commitments and actions, such as the 2011 Rio Political Declaration on Social Determinants of Health, the 2013 Declaration of Panama, the 2013 Montevideo Consensus on Population and Development, the 2030 Agenda, the 2015 Beijing + 20, the 2016 High-level Political Declaration on HIV, and the 2016 Montevideo Strategy. All of these commitments focus on reducing health inequities; recognize the impact of the social determinants of health; promote rights in accordance with human rights conventions, including those documents devoted especially to women and children; and highlight the importance of multisectoral action and community participation.

Building on these agreements, the Commitment to Action Santiago, “Leaving No Woman, Child, or Adolescent Behind in Latin America and the Caribbean,” seeks to catalyze achievement of the Global Strategy goals—survive, thrive, and transform in LAC—with the aim of putting an end to avoidable deaths; ensuring the right to health, integrated development, and well-being; and promoting enabling environments to reduce health inequities (6).

Recommendations

The recommendations presented herein are aimed at facilitating country leadership during the process that each country needs to undergo to achieve its targets, including strengthening governance; implementing short-, medium- and long-term plans; formulating budgets; and designing and implementing monitoring and evaluation. Six pillars were proposed for the recommendations:

- PILLAR 1** Strengthen political commitment at the regional level and in each country for the development of an integrated program for women, children, and adolescents
- PILLAR 2** Employ an equity approach to policies and strategies in Latin America and the Caribbean
- PILLAR 3** Accelerate specific actions to achieve universal health with equity and quality
- PILLAR 4** Strengthen multisectoral action at the regional level and in countries to achieve the Strategy's objectives
- PILLAR 5** Strengthen accountability and citizen participation mechanisms
- PILLAR 6** Strengthen monitoring and evaluation of health inequities with robust frameworks and indicators

PILLAR 1

Strengthen political commitment at the regional level and in each country for the development of an integrated program for women, children, and adolescents

Key aspects in building political commitment are the visibility of issues and problems associated with the Global Strategy among decision-makers and the public, as well as having concrete proposals for solutions and actions. This resulted in the following specific recommendations:

- *Design a regional and subregional communication strategy* on the Global Strategy's scope and objectives that involves all stakeholders and the general public. Regularly disseminate countries' progress in adopting the Strategy. Implement plans to disseminate and debate the strategy, not only within the health sector, but also in forums for intersectoral action.
- *Strengthen the Strategy's legal framework and leadership* through advocacy of national legislation that enables progress in sexual and reproductive health rights in the areas of information and service delivery, as well as advocacy of actions to protect children and adolescents.
- *Promote public statements* by ministers of health and other leaders, supporting the Global Strategy and its implementation, declaring it of regional interest through regional and subregional agencies, such as CARICOM, COMISCA, UNASUR, MERCOSUR, and ORAS-CONHU.
- *Debate and analyze the Global Strategy* with stakeholders from the legislative branch, sectoral and intersectoral technical teams, academia, civil society, and community organizations for women, young people, and children.
- *Generate a regional social pact* to promote work in the countries and of cooperation among them.

PILLAR 2

Employ an equity approach to policies and strategies in Latin America and the Caribbean

- *Combine universal approaches with greater and more rapid efforts for disadvantaged groups*—a critical aspect of reducing inequities. This recommendation should result in policies emphasizing frameworks and monitoring indicators that make it possible to detect differences between relevant social groups, in keeping with human rights standards and principles.

Specifically, the recommendations are as follows:

- Devote special attention to certain social groups in the region, tailored to each country's specific context: women, children, and adolescents; indigenous and Afro-descendant people; migrants; LGBTI population; displaced persons; persons with disabilities; those in situations of exclusion or discrimination; those in informal employment; rural populations; and people with a high degree of social and economic vulnerability.
- Focus on the most vulnerable groups requiring special attention and positive action, as a way of ensuring equal rights.
- *Respond to the social and structural determinants of health.* To analyze and address inequities in health, it is first necessary to recognize the deep underlying imbalances created by forms of societal organization and the unequal distribution of power, prestige, and resources among the different social groups. It is essential to bear

Focus on the most vulnerable groups requiring special attention and positive action, as a way of ensuring equal rights.

in mind that health equity encompasses much more than access to services or health care. Equity is a substantive pillar for all the goals and targets for surviving, thriving, and transforming and, as such, it needs to respond to the structural social determinants of health with a life-course approach. Therefore, it is necessary not only to identify and carry out activities centered on the goal of surviving, but also to highlight those actions associated with the goals of thriving and transforming.

- *Strengthen implementation of the life-course approach within the framework of policy and operations for health and well-being.* Priority thematic areas were identified for decisions on interventions associated with the multiplicity of factors that have a life-long influence: early childhood development (the “first thousand days” strategy) and an agenda of social inclusion for adolescents and women, beyond reproductive health issues.

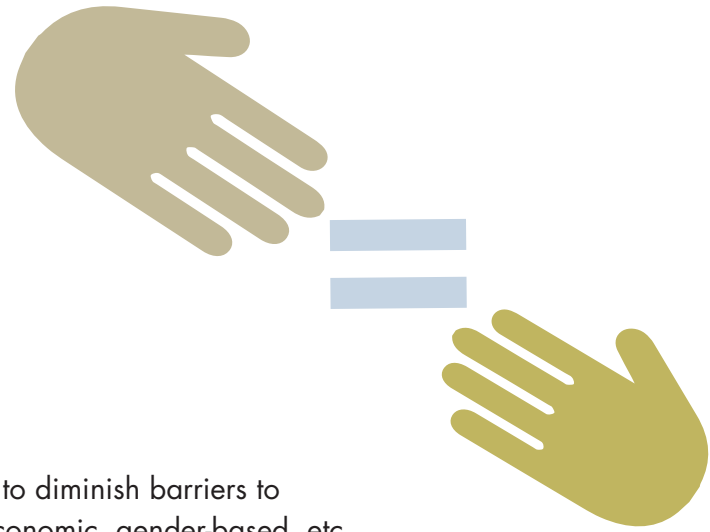
PILLAR 3

Accelerate specific actions to achieve universal health with equity and quality

Universal access and universal health coverage is one of the central commitments of the 2030 Agenda. It is expressed in several of the Global Strategy targets and in the action areas of health system resilience and financing for health. However, achieving equity in health and social services access and coverage requires considering the dimensions of availability, access, acceptability, and quality, highlighted as essential elements of the right to health. The specific recommendations of this pillar are listed below.

- *Advance towards free and universal coverage and the elimination of access barriers to services for women, children, and adolescents.* A fundamental aspect of this is strengthening health systems to achieve the goals of universal health coverage and access to health with an emphasis on quality, comprehensiveness, and timeliness. This includes the following:

- Developing approaches to improving the quality of services and addressing inequities in quality of care, while proposing mechanisms that facilitate universal access to quality services (such as standards, routine metrics, evaluations, and continuous improvement).
- Identifying and implementing interventions to diminish barriers to universal access: cultural, geographical, economic, gender-based, etc.
- Highlighting quality care coverage and access strategies for adolescents, with emphasis on sexual health and reproductive health.



It is necessary **to rethink the design of health systems to achieve results with equity**, since the current systems do not facilitate a wide-ranging view of health and multisector action. This requires addressing the health system beyond caring for individuals, with an emphasis on public health interventions and territorial improvements to create culturally acceptable, enabling environments for children and women. Specific proposals for health services include the following:

- Analyze and adjust the operations of health networks to reach populations, ensuring access even to the most isolated, and linking the levels of care (new service delivery mechanisms and platforms).
- Organize health systems to help reduce inequity: implementing decentralized health models, defining coverage benefits, strengthening the social insurance mechanisms and coverage of high-cost diseases, reducing or eliminating out-of-pocket payments, establishing or strengthening referral and cross-referral networks and systems.

- Establish mechanisms or schemes for external assessment of cost-effective technologies and interventions available to countries for decisions on investments and innovation.
- *Adopt equitable funding mechanisms*, which is central to pro-equity policies. The proposed options include:
 - Prioritizing primary health care financing.
 - Eliminating direct payment at the point of care.
 - Modifying budgetary structures so that they are per-capita and results-based, rather than based on budget lines.
 - Financing through pooling of solidarity-based funds.
 - Establishing mechanisms to guarantee access to medicines and funds in catastrophic situations to increase financial protection, especially of the poorest.

PILLAR 4

Strengthen multisector action at the regional level and in countries to achieve the Strategy's objectives

It is essential to implement mechanisms for dialogue, exchange, and joint action that are effective, real, sustainable, and inclusive, accompanied by a coordinated effort among LAC countries. This will make it possible to implement intersectoral action plans that improve the exchange of knowledge, visions, and plans among governments of the LAC and within each country. From this regional perspective, several specific recommendations have been made, regarding four dimensions of this multisectoral effort:

Recommendations for Multisectoral Effort

- Recommendations for the area of **governance**: Ensure that shareholders achieve consensus and ownership, increasing transparency through social pacts, obtaining legal support to guarantee questions of protection and rights, developing leadership and coordination through new mechanisms to improve multisectoral operations, provide guidelines and models for multisectoral actions, and strengthen multisectoral cooperation mechanisms among countries (borders, corridors). Greater involvement from subregional agencies is necessary (ISAGS-UNASUR, ORAS-CONHU, COMISCA, and CARICOM), sharing experiences and methodologies between countries, seeking support through South-South cooperation, and defining the support of international organizations in a more coordinated manner to strengthen implementation.
- Recommendations for the area of **financing**: Establish permanent and sustainable budgets for multisectoral action and the creation of common funds and results-based financing; adjust investment budgets to planning budgets and objectives to promote ownership of the process.
- Recommendations for the area of **monitoring and accountability**: Promote training in public management, improve the availability of data, appoint managers and officials with clear obligations, strengthen communications programs, and promote a culture of monitoring as well as democratic values in public institutions and society (equity, dignity, representativeness), and the participation of the region's society in all its diversity.
- Recommendations for the area of **evaluation**: Create and encourage a culture of evaluation, ownership of the program results at every level in every sector, systematic evaluation of strategies at different levels, responsibility for the results at every level and with every actor, and dissemination of results, and provide material, financial, and social incentives to the actors highlighted in the evaluation.

PILLAR 5

Strengthen accountability and citizen participation mechanisms

Accountability is a key action area to advance towards the goals of thriving and transforming. It constitutes a policy space for promoting and evaluating the strategy.

- Accountability should be a cornerstone of new public policies and new agreements associated with the Global Strategy.
- It is necessary to harmonize methodologies to achieve regional and national accountability, making it possible to show progress on critical decision-making; for example, having an independent accountability commission in the Region.
- At the same time, these mechanisms become processes for the public, through civil society organizations, to have control in the monitoring of public policies, as well as tools for harmonizing reports and making information available to the different actors involved.
- It is necessary to establish effective citizen participation mechanisms when setting priorities. The evaluation stressed the importance of dialogue with adolescents, which represents a major challenge. It is a duty of this Strategy, of the State, and of society itself to open up these venues for dialogue with adolescents.

PILLAR 6

Strengthen the monitoring and evaluation of health inequities with robust frameworks and indicators

- Strengthening monitoring through standardized regional indicators for the health of women, children, and adolescents.
- Assigning at least one indicator to each target of the goals of surviving, thriving, and transforming. These indicators should contribute explicitly to equity issues, either lending visibility to inequities, providing guidance on the mechanisms that generate

them, and/or promoting an evaluation process with other sectors, selecting a set of metrics and indicators for surveillance and monitoring that cover consequences, vulnerability factors, and underlying causes.

- Incorporating a set of indicators to account for inequalities between social groups regarding outcomes, relevant social determinants, and key implementation processes, covering all the targets. This could involve the inclusion of new indicators, and synergy should be achieved with the metrics and monitoring efforts under way.
- Emphasizing the need to stratify indicators as a substantive requirement of the indicators—not just as an option. The social groups and territories to be compared must be identified, according to areas of inequality relevant to the regional and national context.
- Specifying for each indicator the monitoring methods for relative and absolute gaps between groups on either extreme of the scale, as well as in the middle, to obtain a complete picture of advances in equity.
- Improving the health indicators associated with the Global Strategy, adding indicators with a gender perspective; i.e. improving the indicators included in national plans, such as reducing maternal and child mortality, increasing vaccination coverage and family planning, and the gradual and sustainable reduction of maternal mortality and pregnancy indicators.
- Incorporating evaluation into the design of the national plans, going beyond an indicators-based monitoring framework, in order to understand whether the interventions are working, and for whom, under what conditions, and whether there has indeed been improvement on inequities. Besides providing guidelines for necessary adjustments to the plan, this would enable effective evidence-based interventions furthering equity.
- Strengthening the national information systems to have disaggregated data that are representative at the subnational level (surveys and administrative data).

- Developing mechanisms to identify populations with greater inequities, including indicators of improvements in health and living conditions and in access to sexual and reproductive rights, and to address gender inequities, such as:
 - Improving access to sexual and reproductive health, including adolescents, persons with disabilities, and those in conditions of high vulnerability.
 - Improving opportunities for adolescents, with an enabling environment, prevention of adolescent pregnancy, and access to health and education.
 - Reducing preventable adolescent deaths, improving their mental and sexual and reproductive health.
 - Improving results at the regional level, narrowing the gaps between countries.

Participants emphasized the need to advance from a traditional mother-and-child approach to a life-course approach. This change in thinking involves redefining these indicators and, therefore, working on building new sources of information.

A framework of this kind highlights the public's role in the generation and use of information. It is important to strengthen citizen monitoring, since the most innovative sexual and reproductive health data come from this. Furthermore, the importance of having not only quantitative, but also qualitative indicators was underscored: they complement each other and enrich and harmonize analysis.

Together with the debate on better indicators, we face the major challenge of translating the data that we generate into action—the greatest task before us.

Required Technical Support

- **Evidence generation and documentation of best practices.** Improve coordination and exchange of positive experiences and/or successful strategies for women, children, and adolescent health in the regional and subregional operational area.
- **Identification of successful programs and lessons learned** for dissemination, adaptation, implementation, and scale-up.
- **Promotion of a research agenda** aimed at generating evidence and action recommendations at the regional and national levels. Stakeholders recommended promoting a research agenda aimed at seeking evidence and action recommendations, with complementarity among interventions associated with intersectoral efforts, as well as maximizing impact and social participation in these processes.
- **A platform for updating experiences, learning, and evidence** at the regional level. This would create opportunities for exchange and a reservoir of best practices taken from experiences in the Region, providing inputs for future updates of the Global Strategy and useful information for its evaluation.
- **Stronger technical assistance for LAC countries,** which involves sourcing and committing technical and financial support from UN agencies and other multilateral organizations to implement the Global Strategy in the Region, stepping up South-South cooperation and involving civil society.
- **Analysis and decision-making activities, platforms, and tools,** and other capacity-building mechanisms at the national level and subnational in various subjects.

- **A human resources development strategy** fostering the profiles necessary for advancement, according to the needs of each country or territory.
- **Capacity-building for strategic stakeholders** (including health professionals, academia, and civil society) associated with the Global Strategy in the areas of equity and social determinants of health.
- **A roadmap designed for the Region of the Americas.** This includes a communication and dissemination strategy for countries at the regional level. The Global Strategy and regional roadmap guidelines concerning attainable actions must be strongly advanced in the countries, providing motivation along with some degree of expectations and resources. It is also necessary to promote legislative frameworks that guarantee rights, inclusion, and nondiscrimination in public policies.

“Empowering women and girls is the only way to protect their rights and make sure they can realize their full potential.”

Message from UN Secretary-General António Guterres on International Women’s Day 2017

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Annex

Materials and Methods

The authors compiled and analyzed the available materials from the preparatory phase, in particular the three expert meetings and the three subregional consultations. These materials included the concept notes, delivered documents, presentations from conferences and working group sessions, as well as notes taken during the plenary sessions, reports and audio recordings, according to what was available, particularly:

- a. The report on the Global Strategy equity analysis;
- b. The concept note, conference presentations, and report from the Expert Meeting on Multisectoral Action;
- c. The concept note, conferences, debate summaries, and recommendations from the Expert Meeting on Equity-Based Policies and Strategies;
- d. The concept note, conferences, summary of the discussion, and recommendations from the Expert Meeting on Health Inequities Metrics;
- e. The concept notes, conferences, and working group presentations on the recommendations from the three multisectoral subregional consultations; and
- f. The High-level Regional Meeting.

The analysis of the objectives and discussion questions made it possible to understand each activity's areas and materials (see table on the following page).

TABLE

Preparatory phase objectives and activities

Activity	Objectives
Report on the review of equity in the Global Strategy and equity checklists in national plans	<ul style="list-style-type: none"> Analyze how and to what extent equity is incorporated into the Global Strategy contents and guidelines, as well as its operational plan, and indicators and monitoring framework. Develop a concise equity analysis tool to support decision-makers in designing and/or adapting national plans according to the Global Strategy, ensuring an equity approach in each one.
Regional Expert Meeting on Multisectoral Action	<ul style="list-style-type: none"> Contribute to the existing regional initiatives and to the processes of regionalizing the Global Strategy and/or of the 2018-2020 Strategic Plan, by drafting a document to inform the regional multisectoral implementation approach. Facilitate debate, based on country experience and the need to support multisectoral action. Carry out joint discussions on multisectoral actions and strategies to improve regional and national collaboration on women, children, and adolescent health. Share the new or existing tools and manuals available in each of our institutions, as well as examples of multidisciplinary and multisectoral associations.
Regional Expert Meeting on Equity-Based Policies and Strategies	<ul style="list-style-type: none"> Present an overview of the Global Strategy for women, children, and adolescent health and the inter-organizational coordinating mechanisms for the Americas. Present an overview of the trends, challenges, and opportunities for implementing equity-based health policies and strategies in the LAC context. Review and discuss the challenges and opportunities to put the commitment to health equity into practice in LAC countries under the new Global Strategy and the SDGs. Review and discuss challenges and opportunities to advance commitment to health equity in line with practice in LAC countries under the new Global Strategy and the SDGs.

Note: LAC = Latin America and the Caribbean; SDGs = Sustainable Development Goals.

Activity	Objectives
Regional Expert Meeting on Inequity Metrics	<ul style="list-style-type: none"> • Define the criteria to be used in selecting a concise list of priority health indicators and social stratifiers for monitoring health inequities in the Americas. Preselect 10 priority indicators and from 3 to 5 priority stratifiers for monitoring inequalities in the Region of the Americas. • Generate consensus on a validated methodology for measuring and monitoring social inequalities in health, applicable in countries of the Region of the Americas. • Obtain a series of recommendations applicable at the national level for establishing targets to reduce social inequalities in health and, in parallel, recommendations on the same issue applicable at the regional level.
Subregional Consultation for Central America	<ul style="list-style-type: none"> • Present the Global Strategy and discuss its implementation in the context of Central America. • Formulate recommendations for adapting and implementing the Global Strategy at the subregional and national levels in Central America. • Present the Global Strategy indicators and monitoring framework and their specific adaptation to Central America as part of the SDG effort, and generate inputs to improve accountability.
Subregional Consultation for South America	<ul style="list-style-type: none"> • Present the Global Strategy and discuss its implementation in the context of South America. • Formulate recommendations for adapting and implementing the Global Strategy at the subregional and national levels in South America. • Present the Global Strategy indicators and monitoring framework and their specific adaptation to South America as part of the SDG effort, and generate inputs to improve accountability.
Subregional Consultation for the Caribbean	<ul style="list-style-type: none"> • Present the Global Strategy and discuss its implementation in the context of the Caribbean. • Formulate recommendations for adapting and implementing the Global Strategy at the subregional and national levels in the Caribbean. • Present the Global Strategy indicators and monitoring framework and their specific adaptation to the Caribbean as part of the SDG effort, and generate inputs to improve accountability.
High-level Regional Meeting	<ul style="list-style-type: none"> • Establish a high-level political agreement of representatives of organizations and countries to work to put an end to preventable mortality in women, children, and adolescents by 2030, and to carry out effective actions so that this population can thrive and transform the world.

In addition, it was important to include the mapping of the institutions and stakeholders participating in the activities. The main objective of the analysis was to produce a systematic and concise account of the information generated by the process so that it could be filed and consulted. The analysis focused on representing the direct expression of the participants' intentions. Nevertheless, it was necessary to infer or explain some of the messages communicated; these were formulated based on the systematic and objective identification of certain specific characteristics, placing them within the context in which they occurred, as well as the regional and subregional context.

The analysis focused on the following: interpretation of the contents, challenges, and action areas of the Global Strategy for their contextualization in LAC; specific proposals to advance the agenda; and the necessary support required for adapting and implementing the Global Strategy in the Region, considering the specific characteristics of each subregion.





Each year in the
Region of the Americas,

15%

of all pregnancies occur in adolescents
younger than 20 years old

2 million

children are born to mothers
between the ages of
15 and 19 years

