



UNICEF'S STRATEGY FOR HEALTH (2016-2030)

UNICEF Programme Division

2015



I. Executive summary

UNICEF operates in more than 130 countries, where it works to advocate for the protection of children's rights, to help meet children's basic needs and to expand their opportunities to reach their full potential. UNICEF works across sectors and across the life-cycle to protect these rights, focusing in particular on protecting the rights of the most disadvantaged and vulnerable children, including promotion of gender equality. To fulfil its mandate, UNICEF supports governments and works through partners including civil society to deliver the majority of its programming.

Tremendous progress in maternal and child health has been achieved over the past two decades. The global under-five mortality rate has dropped 53% since 1990.¹ In addition, global maternal mortality has fallen by 44% over the same time period.² Despite these achievements, unacceptable inequities remain both among and within countries. In addition to a continuing communicable disease burden, incidence and prevalence of non-communicable causes of death and disability are unacceptably high in low and middle income countries. Further, the contexts in which children live are changing.³ Children in 2030 will live in a world that is older, more urban and more interconnected. With fertility rates dropping and life expectancies rising, children's share of the world's population will decline and dependency ratios will increase. At the same time, income growth will shift children into wealthier but not necessarily healthier environments. State fragility is also expected to persist in countries that struggle with extreme poverty and weak governance. In addition, emergencies, including public health emergencies and those stemming from environmental causes, are expected to increase in frequency.⁴

In recognising these trends and defining a vision for the future, the [Sustainable Development Goals \(SDGs\)](#) include a call to "ensure healthy lives and promote well-being for all at all ages" through moving towards ending mortality in the conditions covered by the MDGs, addressing emerging issues such as NCDs, and achieving universal health coverage. To support achievement of these goals, the UN Secretary General launched the [Every Woman Every Child \(EWEC\) Global Strategy for Women's, Children's and Adolescents' Health](#), expanding the focus from the MDG era on ending preventable deaths ("Survive") to also ensuring health and well-being ("Thrive") and expanded enabling environments ("Transform").

¹ UN Interagency Group for Child Mortality Estimation. (2015). *Levels and Trends in Child Mortality. Report 2015*.

² Maternal Mortality Estimation Inter-Agency Group (2015). *Trends in Maternal Mortality: 1990 to 2015*. Geneva: WHO.

³ Data review conducted for strategy development, including review of key UNICEF documents (e.g., State of the World's Children, Generation 2030 Africa, UNICEF 4.0).

⁴ Watts N, Campbell-Lendrum D, Maiero M, Fernandez Montoya L & Lao K (2015) *Strengthening Health Resilience to Climate Change. Technical Briefing for the World Health Organization Conference on Health and Climate*. Geneva: WHO.

Guided by the SDGs and the Global Strategy, as well as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW),⁵ UNICEF envisions a world where no child dies from a preventable disease and all children reach their full potential in health and well-being. For the initial five year period 2016-2020, UNICEF's Strategy for Health (hereafter called "the Strategy") sets two overarching goals:

- 1. End preventable maternal, newborn and child deaths**
- 2. Promote the health and development of all children.**

To achieve these goals, **the Strategy considers the health needs of the child at all life stages.** It highlights the need for intensified efforts to address growing inequities in health outcomes, including a particular focus on addressing gender-specific needs and barriers that may determine whether boys and girls are able to reach their full potential in health and well-being.

Recognising the diversity of contexts in which UNICEF operates, the Strategy provides flexibility for country offices to tailor their approaches. That said, in all contexts, it emphasises the importance of multi-sector approaches to enhance child development and address underlying causes and determinants of poor health outcomes. It aims to shift UNICEF from vertical disease programmes to strengthening health systems and building resilience, including calling for better integration of humanitarian and development efforts and encouraging risk-informed programming in all contexts. This means development programs should anticipate risks and deliberately build systems that can flexibly respond to changing circumstances. In addition, emergency programs, including for public health emergencies and outbreaks, should be designed to "build back better," or enact reforms that make the health system more effective even after the disaster has passed.

In order to increase focus and coherence across health programmes, the Strategy identifies three approaches (addressing inequities in health outcomes, strengthening health systems including emergency preparedness, response and resilience⁶, and promoting integrated, multi-sectoral policies and programmes) that should underpin all of UNICEF's programming and engagement in the health sector. It calls on country offices to choose from a bounded set of actions in order to concentrate resources, improve the consistency and quality of its health programmes and achieve greater impact for children.

To reinforce UNICEF's recognised leadership role in equity as well as the organisation's potential to design and implement integrated, multi-sector policies and programmes, the actions seek to reinforce UNICEF's mandate to advocate for the child's right to health by bringing deep field experience to the policy table at global, regional and national levels. The Strategy also identifies areas where UNICEF should only engage on an exceptional basis, focusing on its comparative advantage and leaving the space for other actors to lead may bring better results.

⁵ The [Convention on the Rights of Persons with Disabilities](#) was also used as a reference in the development of this Strategy.

⁶ Throughout the Strategy, reference to emergency preparedness and response is intended to include public health emergencies and outbreaks as well.

Finally, the Strategy aims to build on UNICEF's significant experience and history of action for child survival, while evolving to meet the changing needs of children. This means retaining the emphasis on maternal, newborn and child survival, particularly in lower capacity contexts while adapting to a shifting disease burden and complex health architecture.

II. Rationale and methodology for developing the Strategy

With the conclusion of UNICEF's 2006-2015 Health and Nutrition Strategy and the MDGs, UNICEF Programme Division led a process to develop a new long term Strategy for Health to support achievement of the SDGs.

A core group at UNICEF headquarters in New York, supported by the Boston Consulting Group, facilitated the process. A team comprised of Health Section Unit Chiefs from headquarters and all seven Regional Health Advisors advised on content and scope while an internal reference group, comprised of senior leaders with a diverse range of expertise within UNICEF, provided strategic oversight. An external reference group was also convened to provide additional high level input.

Three sets of inputs informed the Strategy development: data and analytics, internal and external stakeholder consultations, and a survey. The data and analytics provided a baseline understanding of the evolving contexts in which children live, global health trends, the global health stakeholder landscape and UNICEF's current resourcing for health (financial and human). The consultations provided internal and external views on UNICEF's comparative advantage; current performance and criticality of involvement across different contexts; operational challenges; and priorities among health challenges and target populations. The survey covered similar content to the consultations, but allowed UNICEF to reach more stakeholders and complement the consultation findings.

Initial drafts of the Strategy were shared for feedback with UNICEF staff in headquarters, country, and regional offices, and with donors and partners. The draft was refined based on feedback, and posted online for consultation with all internal and external stakeholders engaged throughout.⁷

III. Context

A. Global trends

Children in 2030 will live in a world that is older, more urban and more interconnected. With fertility rates dropping and life expectancies rising, children's share of the world's population will decline and dependency ratios will increase. By 2030, an estimated two thirds of children will live in urban areas. While most of the world's current urban dwellers live in relatively small settlements of less than 500,000 inhabitants, over time they will be found increasingly in mega-cities, so termed because they are home to more than 10 million inhabitants. Recent analysis

⁷ As part of the Strategy development process, UNICEF reached out to more than 1300 individuals (internal and external) at headquarters, regional and country levels through the survey, interviews, focus group discussions, and by posting the draft document online for comment.

suggests that the urban-rural divide will remain very wide, and that the disparities among and within urban areas will only grow, further challenging the impact and uptake of necessary health services and interventions.⁸ These demographic shifts will be accompanied by significant technological advances.⁹ Mobile penetration and access to the internet are expected to increase rapidly, changing not only traditional modes of communication and connectivity but also means of accessing and delivering health care. The growth of social media will have significant implications in particular with regard to engagement with older children and adolescents.

At the same time, climate change is expected to increase weather related disasters and spur changes in disease patterns, available health services, water supply, and traditional patterns of food production and distribution. While these changes will affect everyone, they will disproportionately affect women and children. Worldwide, women and children are up to 14 times more likely than men to die in a disaster and roughly 60% of preventable maternal deaths and 53% of preventable under-5 deaths take place in settings of conflict, displacement, and natural disasters.¹⁰ Vulnerable communities living in fragile contexts and conflicts are often subjected to simultaneous and repeated shocks whether due to political crises, disease epidemics, destruction of shelter or other impacts.¹¹

While tremendous progress has been made in the reduction of under-5 mortality, significant unmet needs remain. Approximately 2.6 million stillbirths occur each year; 98% of these take place in low- and middle-income countries.¹² Neonatal mortality rates have declined less rapidly than under-5 mortality rates, with neonatal mortality now accounting for 45% of all under-5 deaths, highlighting the need for intensified focus on care in the first day of life.¹³ Between 28 days and 5 years, communicable diseases like pneumonia, diarrhoea, malaria, and malnutrition remain the main drivers of disease burden.¹⁴ The poorest and most marginalised mothers, newborns, and children under 5 are disproportionately affected.¹⁵ In addition, the inextricable link between the health and survival of young children and their mothers remains paramount.

For children who survive beyond age five, non-communicable diseases and their underlying risk factors (e.g. diet, physical activity, tobacco, alcohol) as well as injuries are more likely to be the primary health concerns.¹⁶

⁸ Save the Children (2015) *The Urban Disadvantage: State of the World's Mothers 2015*. Fairfield, CT: Save the Children.

⁹ UNICEF (June 2014) *Child Outlook: A Policy Briefing on Global Trends and their Implications for Children*. New York, NY: UNICEF.

¹⁰ Every Woman Every Child (2015) *The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Survive, Thrive, Transform*. New York, NY: EWEC.

¹¹ UNICEF (2011) *Humanitarian Action for Children. Building Resilience*. New York: UNICEF.

¹² The Lancet Ending Preventable Stillbirths Study Group (2016) *Ending Preventable Stillbirths. An Executive Summary for the Lancet's Series*. <http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/stillbirths2016-exec-summ.pdf>.

¹³ UNICEF (2015) *Levels and Trends in Child Mortality. Report 2015*. New York: UNICEF.

¹⁴ WHO (Sept 2014) *Children: Reducing mortality. Fact Sheet No. 178*. Geneva: WHO.

¹⁵ UNICEF analyses based on Multiple Indicator Cluster Surveys (MICS) and Demographic and Health (DHS) Surveys.

¹⁶ Global Burden of Disease Collaborators. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet* 2015 (386): 2287-2323.

B. Country classifications

With regard to gross national income, between 2016 and 2030, many countries will transition from low income to middle and high income status. However, gains in government effectiveness will likely lag behind economic growth.¹⁷ In the coming years, most countries classified as "fragile" today are likely to remain so, more countries will be classified as "emergency" and the frequency of natural disasters is expected to increase.¹⁸

Given that UNICEF works with and through governments, classifying countries according to income without considering government effectiveness will likely be inadequate. To this end, the Strategy encourages consideration of *capacity*, defined as a product of country income and government effectiveness (see table 1, below). The intent of this way of examining country context is for UNICEF to better tailor efforts to country needs, periodically assess the context(s), and prioritise actions accordingly.

Table 1: Definition of country contexts according to "capacity"

Emergency	Fragile	Low Capacity	Medium Capacity	High Capacity
A situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection	Areas with post-conflict or prolonged crisis. Inability to meet the population's expectations or manage changes in expectations and capacity through the political process	Insufficient fiscal resources; low functioning government and infrastructure	Limited fiscal resources; medium functioning government and infrastructure. May struggle with persistent equity challenges among sub-populations.	Adequate fiscal resources; high functioning government and infrastructure. May struggle with persistent equity challenges among sub-populations.

Under 5 mortality is most concentrated in fragile, emergency, and low capacity contexts. However, within all countries, there may be gross disparities, including within medium and high capacity contexts.

¹⁷ Income data from the World Bank; Government effectiveness data from the World Governance Indicators 2013; Note: GDP per capita PPP 2013 (constant 2011 US\$) used; Government effectiveness captures perceptions of the quality of public services, the quality of the civil service and the degree of its independence from political pressures, the quality of policy formulation and implementation, and the credibility of the government's commitment to such policies.

¹⁸ For income projections, GDP growth estimates taken from Oxford and applied to growth GNI; 2015 World Bank income categories used to determine capacity; Fragility projections based on Fragile States from Fund for Peace / *Foreign Policy* Fragile States Index; Frequency of armed conflicts and natural disasters based on Uppsala University Department of Peace and Conflict Research.

C. Global health stakeholder landscape and role of UNICEF

The global health stakeholder landscape is crowded and complex, fueled by a tripling since 2000 of development assistance for health. Funding flows through often overlapping channels to a large and fragmented set of actors, and multiple coordinating partnerships add further complexity. This growth is now plateauing, increasing competition for scarce international resources and highlighting the critical importance of domestic resources, which account for an estimated 95% of health spending in low and middle income countries.¹⁹

To remain effective in this environment, development partners will need to demonstrate “value for money” and better leverage domestic resources for programmes in the countries where they operate, particularly for new issue areas and in higher capacity contexts.

UNICEF will need to clearly articulate the focus of its work and where it aims to lead or to complement the programming of its partners, avoiding duplication of effort. Areas of focus should be selected based on UNICEF's comparative advantages: a clear mandate and strong advocacy voice; ability to leverage multi-sectoral action; and ability to bring deep field experience and evidence to the policy table at global, regional and national levels.

UNICEF recognizes that public private partnerships offer opportunities to maximize resources to achieve the goals and targets set through the SDGs. As such, UNICEF will also continue to play an active role in key global health partnerships, such as GAVI, the Vaccine Alliance, the Global Fund for AIDS, TB and Malaria, the Partnership for Maternal Child Health, by leadership engagement in their governance structures and by investing staff and resources to support their success.

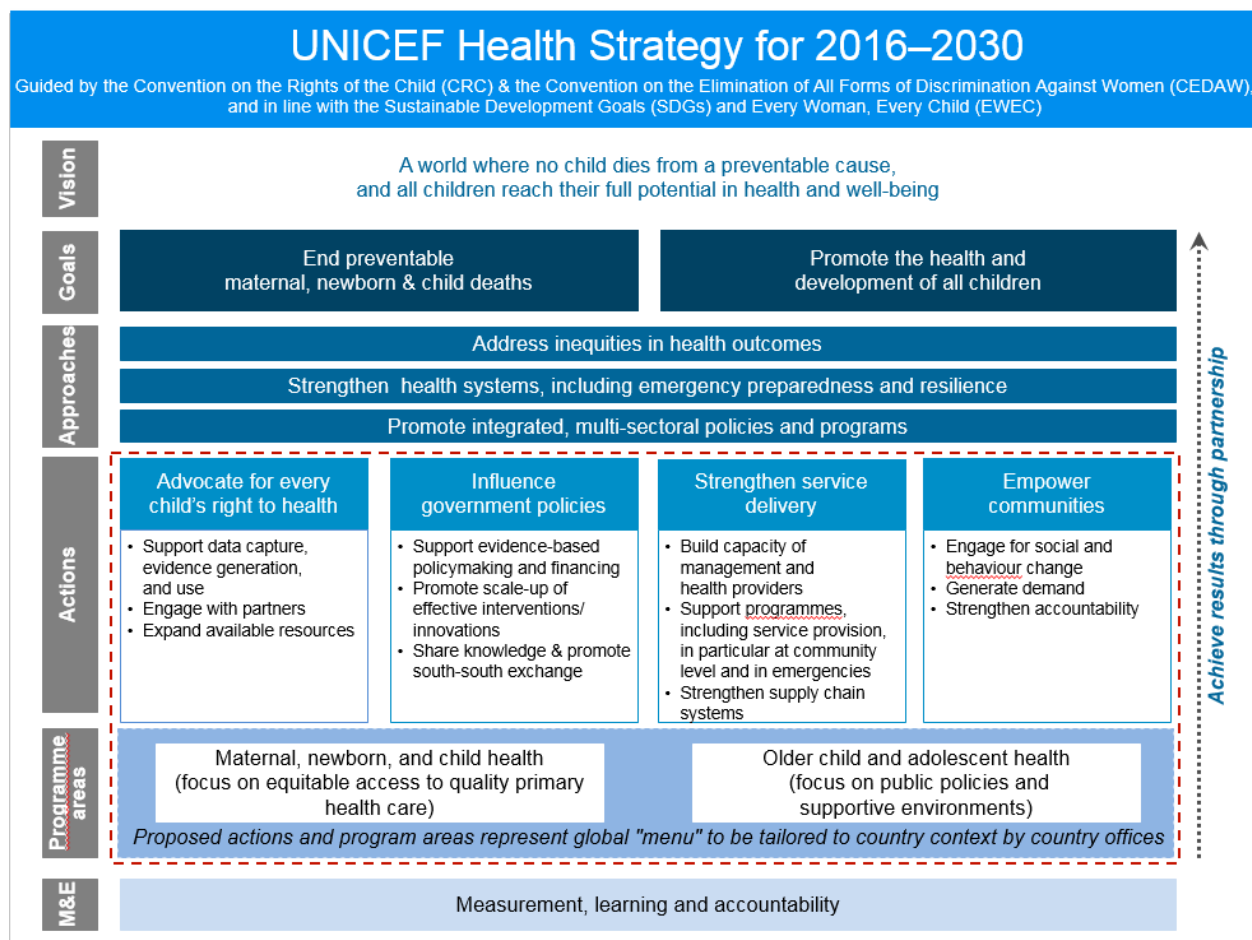
In emergency, fragile and low capacity contexts, UNICEF's depth of field presence is a crucial asset that will enable it to respond effectively to both programmatic and policy needs in these contexts. In higher capacity contexts, UNICEF should focus its role on acting as advocate and policy advisor to governments on health challenges facing children.

IV. Strategic focus

Figure 1 summarises the key elements of the Strategy, which are described in turn below.

¹⁹ Institute for Health Metrics and Evaluation (2015) *Financing Global Health 2014: Shifts in Funding as the MDG Era Closes*. Seattle, WA: IHME.

Figure 1: Overview of UNICEF Strategy for Health (2016-2030)²⁰



A. Vision and goals

UNICEF's vision for Health is *a world where no child dies from a preventable cause, and all children reach their full potential in health and well-being.*

Following from this vision are two goals:

(1) End preventable maternal, newborn, and child deaths;

²⁰ Under the maternal, newborn and child health programme area, primary health care is defined by the [Declaration of Alma Ata](#) (written at the International Conference on Primary Health Care, Alma-Ata September 1978) as follows: Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

(2) Promote the health and development of all children

The Strategy's vision and goals are drawn from the [SDGs](#) and the Every Woman Every Child Strategy, focusing on the "Survive" and "Thrive" components. With the first goal, UNICEF commits to maintaining focus on the critical unmet needs and remaining inequities related to maternal, newborn and under-5 survival. With the second, UNICEF recognises the importance of also looking beyond survival and addressing the health and development needs of older children and adolescents.

While the Strategy does not set its own targets, it aims to contribute to the fulfilment of existing global commitments, including through the SDGs,²¹ by UNICEF as part of its strategic planning process, and through other initiatives where UNICEF is a partner (e.g. the Global Vaccine Action Plan,²² Global Polio Eradication Initiative, and UN interagency task force on NCDs).

B. Approaches

Working together with global and local partners, UNICEF will promote three approaches to contribute to these goals: addressing inequities in health outcomes; strengthening health systems including emergency preparedness, response and resilience; and promoting integrated, multi-sectoral policies and programmes. These three approaches should be integral to all of UNICEF's work in health, regardless of context (see Annex A for "checklist" for programming).

(1) Address inequities in health outcomes

UNICEF is recognised for its global leadership in implementing an [equity approach](#) for children. The equity focus drives UNICEF to prioritise the most disadvantaged children in population groups with the highest burden of morbidity and mortality. As such, UNICEF should prioritise policies, programmes, services and resources that benefit the most marginalised.

UNICEF's approach to achieving Universal Health Coverage focuses on the children and families who are persistently excluded from progress toward global health goals.

Addressing inequities in health outcomes requires strengthening information systems and promoting the use of disaggregated qualitative and quantitative data (e.g. by gender, age, education, wealth quintile, migrant status, ethnicity, geographic area, disability status) to identify marginalised groups and adjust programmes to their needs. This requires robust civil registration

²¹ For example, SDG target 3.1 is "By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births." SDG target 3.2 is "By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births."

²² For example, GVAP's target on coverage is, by 2020 to "[r]each 90% national coverage and 80% in every district or equivalent administrative unit for all vaccines in national programmes, unless otherwise recommended."

and vital statistics systems, as children who are not registered at birth often lack rights and access to services.

Programmes must also support government to identify and address bottlenecks to the availability, accessibility, acceptability and affordability of quality maternal, newborn, child and adolescent health interventions that prevent equitable outcomes, including systematically addressing gender related barriers to care.²³

(2) Strengthen health systems, including emergency preparedness, response and resilience
Strengthening health systems is essential to reach the most marginalised children and women, to sustain progress and to increase the resilience of both delivery systems and communities to absorb and recover from external shocks, including public health emergencies and outbreaks.²⁴ Strong community health systems provide the critical foundation for resilience. Moreover, risk-informed programming must be the basis for action in both development and humanitarian contexts, and emergency action (informed by the [Core Commitments for Children in Humanitarian Action](#)) should take into account long-term development needs.

UNICEF defines health systems strengthening (HSS) as actions that establish sustained improvements in the provision, utilisation, quality and efficiency of health services, broadly defined to include family care, preventive services and curative care, and that produce equitable health, nutrition and development outcomes for children, adolescents and women. As well as improving services, these actions may influence key performance drivers such as policies, governance, financing, management, implementation capacity, behaviour and social norms, and nations' participation in initiatives designed to maintain national and global health security.

UNICEF's [approach to HSS](#) connects community, sub-national and national levels, especially acknowledging the importance of sub-national management capacity and community engagement to the overall performance of national health systems.²⁵

(3) Promote integrated, multi-sectoral policies and programmes

Improving health outcomes requires integrated service delivery and interventions beyond the health sector. To this end, following a multi-sectoral approach means all country programmes should: promote health systems as a platform for the delivery of multi-sector packages of interventions and services; and work jointly among sectors and partners to address the social determinants and underlying causes of health challenges.

²³ UNICEF has developed a systematic approach to address inequities in health outcomes, based on a modified Tanahashi model that facilitates identification of supply, demand, quality and enabling environment bottlenecks to lifesaving interventions (services and behaviours) and the identification of evidence based solutions to address them. This approach has been adopted throughout the organisation through the MoRES programme guidance and is at the core of UNICEF's HSS approach.

²⁴ As of the writing of this strategy, UNICEF was heavily engaged in the global discussions on the role of the UN system in public health emergencies and outbreaks. UNICEF is also developing guidance on this issue, including on how it will strengthen its own capacity in this area, recognizing that response requires efforts across the organization.

²⁵ For additional detail, please refer to UNICEF HSS programme guidance on this approach on UNICEF's intranet pages (<https://intranet.unicef.org/PD/Health.nsf/Site%20Pages/Page0304>).

Given the diversity of the organisation's programmatic scope with programmes spanning nutrition, education, early childhood education, HIV, child protection, and water and sanitation, UNICEF has unique potential to leverage its multi-sectoral capabilities to address not only the proximate causes of leading health challenges to pregnant women, children, and adolescents but also the root causes and social determinants of these challenges. In so doing, UNICEF will also contribute to the "transform" agenda required to achieve the SDGs.

C. Actions

The three approaches described underpin a "menu of actions" from which country offices can select, based on their situation analysis, country programme focus, and context.²⁶ These actions are described below (and with illustrative examples provided in Annex B).

(1) Advocate for every child's right to health

Under this action area, UNICEF will: support data capture, evidence generation, and use; engage with partners; and expand available resources.

UNICEF has a distinct mandate to advocate for the rights of children everywhere to health. Advocacy is applicable across all contexts in which UNICEF operates and must be data driven and evidence based. In contexts where UNICEF has a sub-national field presence, and actively engages on strengthening service delivery and empowering communities, country offices can use this field experience to generate evidence, and use this evidence to better engage partners and influence local, national, and global agendas. This may include strengthening partnerships between research and decision making institutions in countries where UNICEF operates and through south-south exchange.

In contexts where UNICEF has a limited field presence, it can still play a critical role in capturing existing data and using it to raise government and community awareness of key health issues, and to advocate for concrete action to realise children's rights with a focus on equity.

Action: Support data capture, evidence generation, and use

In line with its new Data Strategy,²⁷ and together with other partners, UNICEF will aim to capture disaggregated data and review or generate evidence on the following: maternal, newborn, child and adolescent health, including morbidity, mortality, and their causes; coverage with a focus on effective coverage of evidence-based, high impact health interventions; bottlenecks impeding effective coverage; the provision and utilisation of services, especially amongst marginalised communities; and the quality of care.

²⁶ These actions align with the *EWEC* framework and have been prioritised based on an assessment of UNICEF's current and potential comparative advantages.

²⁷ Scheduled for completion in 2016.

Data should cover mothers and children by life stage to the age of 18,²⁸ addressing the critical gap that now exists in data for older children and adolescents, as well as for stillbirths. Data should also help to explain differences in access to quality health care and health outcomes by key measures such as gender. Evidence may be based on quantitative (e.g., censuses, household surveys, facility surveys, civil registration and vital statistics) and/or qualitative data sources (e.g., focus groups, interviews, participatory inquiries), and generated through programmatic efforts or implementation research. UNICEF's work in this area will need to take advantage of new technologies and the data revolution.²⁹

In all contexts, UNICEF will use data as part of the country situation analysis used to determine priorities, influence government policies and improve programme implementation.

Action: Engage with partners

At global, regional and local levels, and in all areas of work, UNICEF will aim to engage with the full range of partners including governments, UN agencies (in particular UNAIDS, UNFPA, UN Women, WHO and the World Bank), civil society, academia, private sector and public private partnerships. UNICEF may act as a convener of relevant groups to encourage a collective response and/or align activities among different partners to avoid the unnecessary duplication of efforts.

Additionally, UNICEF leadership will participate in governance structures and advocacy efforts of key global health partnerships including (but not limited to) GAVI, the Vaccine Alliance, the Global Fund to Fight AIDS, TB and Malaria, the Global Health Financing Facility (GFF), the Global Polio Eradication Initiative, the Partnership for Maternal, Newborn, and Child Health, and Roll Back Malaria.

The Inter-Agency Standing Committee cluster approach assigns lead roles in coordination efforts in certain sectors or areas of responsibility during emergencies. The cluster approach aims to address gaps in emergency response and to improve the quality of humanitarian assistance through greater predictability and accountability, and stronger partnership among humanitarian actors. To this end UNICEF is the global lead agency for Nutrition and WASH, and for the Child Protection. Together with Save the Children, UNICEF also serves as the co-lead agency for Education, and with UNFPA, UNICEF co-leads in the areas of Gender-Based Violence. With regard to health, UNICEF supports WHO in its role as lead.

Action: Expand available resources for children

UNICEF will use the existing evidence base to advocate for investment in solutions meant to solve the health challenges facing pregnant and lactating women, children, and adolescents.

²⁸ The Convention on the Rights of the Child defines the upper limit of childhood as up to 18 years. Adolescence is defined by WHO as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. Source: WHO (2001) *The second decade: improving adolescent health and development*. Geneva: WHO.

²⁹ Independent Expert Advisory Group on a Data Revolution for Sustainable Development (November 2014) *A World that Counts: Mobilising the Data Revolution for Sustainable Development*. New York: United Nations.

UNICEF will also seek to mobilise domestic governments, international donors and private sector resources in an effort to support sustainable, cost effective, prioritised interventions.

(2) Influence government policy

To influence government policy, UNICEF will support evidence based policy-making and financing; promote the scale-up of effective interventions and innovations; and share knowledge and promote south-south exchange.

UNICEF's influence at the policy table derives from the combination of its field presence and status as a trusted advisor to country governments. This action area is applicable across all contexts in which UNICEF operates. Evidence generated by UNICEF's work in advocacy, empowering communities, and/or strengthening service delivery will form the basis of the policies it recommends to governments and at the regional and global level, including through its engagement with global partnerships. Similarly, the work UNICEF does at global and regional level will also inform its advice to countries.

Action: Support evidence-based policymaking and financing

Drawing on data and evidence, UNICEF will work with Ministries of Health and other relevant actors (local non-governmental organisations (NGOs), other UN agencies, universities and research centres, etc.) to better leverage domestic resources and to translate global agendas and frameworks (e.g., the Every Newborn Action Plan, the Sendai Framework for Disaster Risk Reduction) into financed and sustainable national-level plans.

In addition, UNICEF will leverage its voice as the global advocate for children to work with other relevant government actors like the ministries of finance, treasury, education, the judicial and law enforcement systems, national disaster management authorities, etc. to mobilise the commitment of all government stakeholders to improve the health of children, eliminate gender and other barriers to quality primary healthcare and achievement of equitable health outcomes, and mitigate adverse effects from crises and global health emergencies.

Action: Promote scale-up of effective interventions and innovations

Drawing upon field experience in strengthening service delivery and empowering communities, UNICEF will recommend effective and scalable interventions and innovations to country governments. This may include developing prioritised investment cases to secure funding in support of recommendations.

Action: Share knowledge and promote south-south exchange

UNICEF will gather and disseminate lessons learned and serve as a “connector” between country governments to promote direct exchange of information and experiences between countries regarding programmes. Noting the universal scope of the SDGs, this could extend to knowledge also received from and lent to non-programme countries.

(3) Strengthen service delivery

Under this action area, UNICEF will build the capacity of management and health providers; support programmes; provide services in emergencies and challenging contexts; and strengthen supply chain systems.

This action area captures UNICEF's work at field level to ensure equitable access to high quality interventions and services. In low and medium capacity contexts, the primary focus of this work should be on building managerial and delivery capacity, in particular at district level and below. Direct engagement in the provision of services should be restricted to emergency contexts or exceptional circumstances.

Given the growing urbanization of the population, and that UNICEF has primarily supported service delivery in rural settings, UNICEF will need to increase its efforts to support countries in their work in urban settings.

Action: Build capacity of management and health providers

UNICEF will aim to build district and health facility management teams' capacity for evidence-based planning, implementation and frequent monitoring (e.g. annual analysis and planning including risk assessments, budgeting, monitoring of progress, course correction, reporting). This will also include building capacity of health providers through programme guidance, support for training, and influencing government policies at national and sub-national levels to ensure proper training systems are in place and are continuously updated.

Action: Support programmes, in particular at community level and in emergencies

Some population groups face particularly harsh conditions because they live in remote areas not served by health facilities, or because of a crisis or emergency that disrupts the provision of services. In these instances, in order to fulfil its core commitments to children's rights and to promote equity, UNICEF will support direct implementation of priority programmes and services, often through implementation partners such as NGOs. UNICEF support to delivery of services through community health workers is an example of a strategy adopted when weak health systems struggle to reach the most marginalised. UNICEF support during emergencies, post-emergencies and in fragile states will aim to include efforts to re-build improved health systems with a focus on resilience.

Action: Strengthen supply chain systems

UNICEF will support national programmes at each stage of the supply chain to enhance equitable access to quality care and life-saving interventions and commodities for pregnant and lactating women, newborns, children, and adolescents, particularly the most marginalised. UNICEF will also work to strengthen the resilience of supply chain systems in preparation for emergency situations when supply needs may surge. Work in this area includes definition of

need; budgeting and planning; procurement; delivery and clearance; inspection; warehousing, distribution, and reordering; provision to end-user; and monitoring and evaluation. In addition, UNICEF will work to keep prices affordable, markets competitive, and quality at international and WHO standards.

(4) Empower communities

Under this action area, UNICEF will work to build the capacity of local community actors to ensure the applicability and sustainability of health programming. In particular, UNICEF will use its communication for development (C4D) capabilities to promote social and behaviour change, generate demand, and strengthen accountability.

This action area emphasises UNICEF's sub-national presence and leverages its long-standing history and trusted relationships in the majority of countries in which it works. This action area will be primarily applicable in emergency, fragile, low, and medium capacity contexts. UNICEF's work to empower communities will also complement its more direct efforts to influence government policy by generating organised community demand for accessible, affordable and acceptable health services as well as for mechanisms that ensure public accountability from service providers and local and national governments. In all of the actions described and across most contexts where UNICEF is engaging in this work area, technology will play a significant role.

Action: Engage for social and behaviour change

UNICEF will work with local civil society organisations, governments, and other local influencers to change social norms that have implications for health (e.g., newborn care, household and community hygiene practices, prevention and management of epidemic prone diseases). UNICEF may also engage with health care providers to reduce the stigma around certain health conditions (e.g. mental health, HIV/AIDS, epidemics/pandemics); promote community dialogue and education, including regarding the rights to health of all pregnant and lactating women, children, and adolescents and equip them with clear action steps and/or guidance to fulfil these rights; and deploy C4D capabilities to better understand local contexts, to apply social and behavioural insights to quickly dispel rumours and misinformation, and to develop compelling and contextually-appropriate messaging to promote prevention and care-seeking behaviours.

Action: Generate demand

UNICEF will support the design and implementation of demand generation approaches, including the development of tools and resources that educate local citizens about their right to quality health care services, and address the social and structural barriers that prevent access to and uptake of services. UNICEF works to ensure acceptability and availability of health services primarily by strengthening links between service providers and the communities they serve (e.g., through participatory planning and structured dialogue) to address barriers and to leverage local enabling factors to improve community ownership of programmes. This approach contributes to the responsiveness of health services in meeting community needs, the social protection of

marginalised groups (e.g., people with disabilities, ethnic minorities, migrant or displaced populations), and continuity of care across the continuum of health interventions. UNICEF may also support social protection schemes (e.g., cash transfers) to mitigate cost barriers that inhibit access to quality health care.

Action: Strengthen accountability

UNICEF will facilitate community participation in the monitoring of programme implementation, service delivery, and the formulation of health-related policies. This will be achieved by strengthening the capacity and amplifying the voices of community leaders, civil society organisations (CSOs), and marginalised groups (e.g., refugees, migrants, urban poor, the disabled) through the development of tools (e.g. public scorecards, participation in performance reviews, reporting systems open to the public) that allow for community feedback regarding accessibility, quality, acceptability, availability, and management of services, coupled with mechanisms to enforce accountability for performance, mismanagement, or even abuses of power. Where possible, UNICEF will enhance and expand the use of technologies (e.g., mobile phones, internet platforms) to allow for community members to directly monitor, provide feedback, and hold service providers accountable for the provision and quality of healthcare services.

(5) In scope by exception only

Focusing on specific and bounded actions means not working in other action areas. Specifically, the following are areas where other global health actors are better positioned than UNICEF to contribute and should therefore be "in scope" for UNICEF on an exception basis only:

- Supporting pilots, projects or programmes that do not have a direct and articulated policy pathway to change at scale
- Leading development of clinical norms and standards (where appropriate, UNICEF will work closely with WHO, which takes the lead in the UN system on this area of work)
- Building health facilities
- Delivering services, providing clinical care or treatment, or managing secondary/tertiary health facilities
- Supporting product development
- Disease surveillance
- Sexual and reproductive health activities (where appropriate, UNICEF will work closely with UNFPA, which takes the lead in the UN system on this area of work.

The purpose of identifying these areas is to recognise where UNICEF is not comparatively advantaged and should resist the temptation to fill gaps left by others. Instead, UNICEF should work to draw attention to these gaps and advocate for others to fill them. In the rare instances where exceptions apply, country offices should follow relevant UNICEF guidance documents.³⁰

³⁰ Examples of relevant guidance documents include: Section 11 of the Supply Division's Supply Manual for the building of health facilities and Chapter 13 for supporting product development.

D. Programme areas

During this Strategy period, UNICEF will focus on two programme areas, recognising that they are deeply interlinked. The first focuses on pregnant and lactating women, newborns, and children under 5 years. The second focuses on children aged 5 to 18 years, with differentiated attention to children aged 5-9 and on adolescents (ages 10-18) (see **Figure 2**).

This shifts UNICEF away from programme areas focused on individual childhood diseases, and towards a more holistic consideration of all the health rights of a child at a given life stage. Each country office situation analysis (contributing to the country programme document) should determine the extent to which a programme area is relevant to its context and which of the “actions” described above should be applied to effect change. Given the global trend of urbanization, UNICEF programs will also need to consider the different needs of children in rural and urban settings, and program accordingly.

Where UNICEF assumes a leading role, senior management will invest time as well as resources to develop programme capacity and expertise. Where UNICEF has a comparative advantage and there is broad relevance across country contexts, engagement would require less investment, however programme guidance and dedicated technical expertise would support engagement in the issue area.

Of note, achieving global polio eradication by 2019 remains a top corporate priority. As such, UNICEF will retain its steadfast commitment to the Global Polio Eradication Initiative (GPEI).³¹ In order to benefit from the investments made by the polio programme beyond eradication, UNICEF aims to integrate existing polio programme assets and lessons learnt into other programmes, in particular in the area of work focused on children 0 to 5 years in line with legacy transition guidelines.³²

(1) Maternal, newborn, and child health (focus on equitable access to community-based health care)

This programme area emphasises UNICEF's continued commitment to maternal, newborn and under five survival as well as health and development between ages 0 and 5, where the intent is to build on existing strengths and delivery on equity. What is new is an increased focus on care around the time of birth for mothers and newborns, and a shift from vertical focus on disease- and intervention-specific programmes (immunisations, polio, pneumonia, diarrhoea, malaria, tuberculosis) to an HSS approach (i.e. strengthening integrated, community-based health care within district health systems). This programme area offers an opportunity for improving civil registration and documentation of vital statistics, as well as an increased focus on the mother as the primary caregiver of the child, recognising that a child's ability to survive and thrive is higher if the mother is living and healthy.³³ It is also an area that will emphasise access to

³¹ Until eradication, polio will be treated with the same sense of urgency and importance as a ‘Level 3’ emergency within UNICEF.

³² Global Polio Eradication Initiative (1 June 2015) *Guidelines for Preparing a Transition Plan*; Global Polio Eradication Initiative (2013) *Polio Eradication and Endgame Strategic Plan 2013-2018*. www.polioeradication.org.

³³ Save the Children (2013) *Behind Every Healthy Child is a Healthy Mother*. Westport, CT: Save the Children.

vaccines and life-saving commodities, including strengthening supply chains and developing “healthy markets”.³⁴

While this programme area remains most relevant in emergency, fragile, and low capacity contexts with high rates of maternal, neonatal and under 5 mortality, certain elements are relevant to all settings, especially to the extent that some groups have not yet benefited from overall improvements in higher capacity contexts. Moreover, improved rates of child survival should enable nations to focus more on supporting children to thrive, as reflected in the broader range of interventions to be prioritised.

Under this programme area, UNICEF will address the health of pregnant and lactating women, newborns, and children, ages 28 days to under 5 years (see Annex C).

Pregnant women and newborns

For pregnant and lactating women and newborns, UNICEF's primary focus will be on improving the quality of facility- and community-based antenatal and newborn care, for all communities. Efforts to improve antenatal care (ANC) will include a stronger focus on provision of services that are appropriate for pregnant adolescents as a complement to efforts to reduce adolescent pregnancy (see Section D.2 below). UNICEF will continue work to improve the quality of ANC, including management of HIV infection, prevention of mother-to-child transmission of HIV, prevention of stillbirths, and maternal and newborn tetanus elimination. UNICEF will support an enhanced focus on maternal nutrition, and on providers' and clients' awareness of the influence of good maternal health and nutrition before and during pregnancy on health outcomes across the life cycle, and related action. UNICEF will particularly enhance its engagement on the quality of maternity and perinatal care for women and newborns (including emergency obstetric care and speciality care for newborns), and participation in the development of technical input and standards in these areas, working with organisations (e.g. WHO) that have deeper technical expertise and capacity in this area.

Children, ages 28 days to under 5 years

For children ages 28 days to 5 years, UNICEF's primary focus in low-capacity settings will be on equitable access to community-based health care services and life-saving vaccines and commodities. UNICEF will play a leadership role in identifying and addressing bottlenecks to the delivery of high-impact, cost effective interventions and services to marginalised communities. UNICEF will also lead in supporting governments and district-level health systems to shift from disease and intervention-specific policies and programmes (e.g. for diarrhoea, pneumonia, malaria, immunisation, tuberculosis, etc.) to a focus on universal coverage of integrated, community-based health care, referral networks, appropriate information-gathering and disease surveillance. Where appropriate, UNICEF will also support the identification, training and deployment of community health workers.

³⁴ Information on UNICEF's approach to healthy markets is available online at: http://www.unicef.org/supply/index_70578.html.

As a key part of its work in this area, UNICEF will aim to influence global partnerships to increase their support for health systems strengthening and their support for the use of routine programmes to enhance other health services. It will also work at the country level to increase domestic general health and programme-specific resources and in higher capacity countries, working with financing institutions such as insurance funds to promote equity focused policies.

UNICEF will also promote an integrated approach to early child health care, nutrition screening and intervention (focusing on both under- and over-nutrition and vitamin and mineral deficiency), improving community-level health literacy, supporting implementation of community-level interventions related to early child development, and ensuring appropriate support for community-level and health facility water supplies, sanitation facilities and hygiene practices.

Cross-sectoral linkages

In most settings, the health system will serve as a platform to deliver other interventions, including WASH, HIV and nutrition. Strong linkages between UNICEF's and to other agencies' programmes are critical. For example, close collaboration with nutrition programmes is essential since maternal nutrition, exclusive breastfeeding and the promotion of appropriate infant and young child nutrition are critical components of quality antenatal, newborn and young child care. Good nutrition positively impacts health outcomes during the antenatal and newborn periods as well as later in life (e.g. to maximise brain development and prevent non-communicable diseases). Likewise, close collaboration with programmes focusing on child protection is needed on birth registration and documenting of vital statistics (CRVS). Education initiatives should also be included to maximise early childhood development (ECD) and child thriving. Health programming will also rely heavily on other sectors including to strengthen health supply chain systems across all contexts, to support innovations and market shaping of health products and delivery of supplies in emergencies; for water supply and sanitation; for budgeting and financing; and for communication for development (C4D) for community engagement, demand generation, social accountability, and social and behaviour change.

Refer to **Figure 2** for a list of linkages to other UNICEF programmes.

(2) Older child and adolescent health (focus on public policies and supportive environments)

This programme area extends UNICEF's work in health to newly address the growing needs of older children and adolescents. UNICEF will selectively build new capabilities in this programme area, recognising that this is an emerging area where significant research and capacity building is required to fully define the programme. Leadership activities will focus on addressing the health challenges of over-nutrition and obesity through knowledge management, advocacy and policy-related efforts. Additional potential areas for engagement include engaging for social and behaviour change, supporting data gathering and research and addressing other key issue areas for these age groups (e.g. adolescent pregnancy, tobacco, mental health, intentional and unintentional injuries/accidents) as these areas all build on UNICEF's multi-sectoral approach and in-house capacity. While the antecedents for these issues will be incorporated into

regular programming in all settings, this programme area is most likely to be directly supported in medium and high capacity contexts where child survival goals have largely been met and where older child and adolescent health issues are, consequently, becoming increasingly important.

Under this programme area, UNICEF will support the establishment of public policies and supporting environments to promote the health of older children, ages 5-9, and adolescents, ages 10-18 (see annex C).

Older children, ages 5-9

Children ages 5-9 have traditionally been neglected by global health efforts that have focused primarily on children under 5 and secondarily on adolescents. The Strategy aims to increase UNICEF's focus on the health challenges faced by this age group, which include non-communicable diseases (NCDs), defined here to include mental health and injuries in addition to those included in the WHO Global Action Plan (cardiovascular and chronic lung diseases, metabolic illness such as diabetes, and cancer), and their underlying risk factors. As mentioned above, UNICEF's primary focus will be on addressing the challenges of over-nutrition and obesity by working to raise awareness and change social norms and policies. Obesity and over-nutrition were chosen given their high disease burden and evidence indicating a significant correlation between obesity and a wide range of health complications³⁵ as well as the strong linkages of this work to UNICEF's current efforts around undernutrition.³⁶ A focus on social norms and policies is supported by the evidence base and the potential for UNICEF to leverage its voice for children and contribute to multi-sectorial response.³⁷

It is important to note that the strong focus within this programme area on physical inactivity, over-nutrition and obesity and supportive social norms and policies does not prevent UNICEF from engaging in these areas for pregnant and lactating women, newborns and children under 5. Prevention of over-nutrition and obesity and work on supportive social norms and policies are critical areas for UNICEF action across the child's life cycle.

Adolescents, ages 10 to 18

UNICEF's focus for this age group is similar to its focus for children ages 5-9, given that the health challenges faced by the two age groups are similar. What is different for adolescents is the need to also address sexually transmitted diseases (especially HIV) and the health risks associated with adolescent pregnancy. In addition to the abovementioned work on NCD prevention which applies equally to adolescents, UNICEF Health programmes will collaborate with HIV programmes to prevent HIV in adolescents and with Child Protection and Education to reduce adolescent pregnancy. Efforts to prevent adolescent pregnancy will focus on preventing child marriages and increasing school retention of young women, both of which have been

³⁵ World Health Organisation (2015) *Draft Final Report of the Commission on Ending Childhood Obesity*. Geneva: WHO.

³⁶ See UNICEF's Nutrition Strategy.

³⁷ UNICEF (August 2015) *Background paper: Increasing UNICEF's Participation in Global Efforts to Prevent and Control Non-Communicable Diseases*. New York: UNICEF.

proven to reduce the incidence of adolescent pregnancy. UNICEF will also increase its focus on adolescence in maternal and newborn programming, to improve health outcomes for adolescent mothers and their newborns. It will also continue its efforts to leverage the introduction of vaccines in this older age group (e.g., human papilloma virus) to deliver an integrated package of services.

Additional areas of potential engagement include work on community level engagement for social and behaviour change, and strengthening health systems (e.g. by building the capacity of health workers and facilities) to better serve older children and adolescents, including in preventing the uptake of tobacco use, risk-taking leading to accidents and injuries and mental health issues. This is an area where technology and social media will likely play a key role, given their growing reach and penetration among this age group.

UNICEF programme linkages

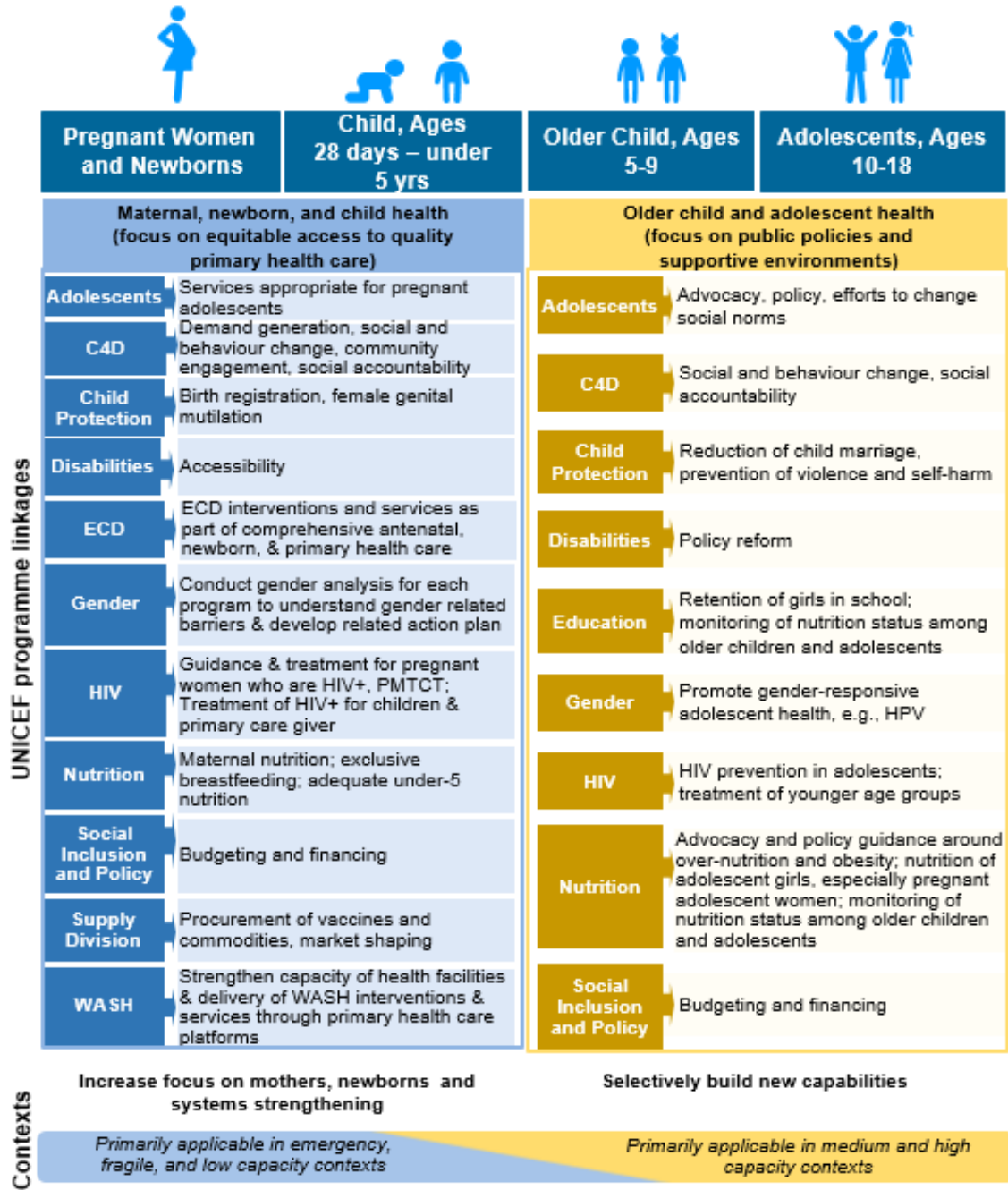
In addition to the abovementioned links to HIV, Education and Child Protection, close collaboration with Nutrition will be critical given the strong focus on over-nutrition and obesity. Close collaboration with other groups within UNICEF (e.g. adolescents, C4D, disabilities, gender, social inclusion and policy) will likewise be critical.

Please refer to **Table 2** for a list of linkages to other UNICEF programmes.

E. Measurement, learning, and accountability

Measurement of results and identification of lessons learned are critical activities to drive continuous improvement of programme design and improve accountability for delivering on commitments. UNICEF is not developing any new targets with the adoption of this Strategy. Rather, as stated above, UNICEF will align with already defined indicators and targets as set out in the SDGs, EWEC, other global commitments (e.g., the Global Vaccine Action Plan, the UN Interagency Task force on the Prevention and Control of NCDs), and the current UNICEF Strategic Plan. Moving forward, the Strategy for Health will inform new targets and indicators beginning with the development of the 2018-2021 UNICEF Strategic Plan in 2017. Refer to **Annex D** for additional information.

Figure 2: Programme areas span child's life stages and are multi-sectoral



V. Implications for UNICEF operations

Whereas the approaches, actions and programme areas represent an *evolution* from past strategies, a more *revolutionary* approach is required to match the way UNICEF operates to the ambitions of the Strategy for Health. Changes required to successfully implement the Strategy include:

A. Building capabilities across approaches, action areas and programme areas

A fundamental premise of the Strategy is that UNICEF is well positioned to enhance differentiated capabilities in the four action areas and two programme areas described above. For this premise to hold true, significant investments are required to build staff capabilities in order to bolster current UNICEF performance and/or support expansion into new areas.

Priority areas for capacity building to improve upon current UNICEF performance include community empowerment (including engagement for social and behaviour change, accountability, and demand generation) and health system strengthening (especially health care financing and emergency preparedness, response and resilience). Investments must be made to 1) build these areas into the core competencies of existing health staff and 2) selectively add specialised expertise or source it from other parts of UNICEF (e.g. C4D, social inclusion and policy, adolescents).

UNICEF has identified organisation-wide human resource challenges, which if tackled, would enhance the effectiveness of its investments. For example, improvements to human resources databases would improve visibility of Health staff capabilities. Improvements to the quality and relevance of performance assessments are required in order to mentor and develop high performing staff as is consideration of a technical track for career progression. Reform to policies for staff rotations and under-performing personnel could help provide high performing staff with career progression opportunities and address performance issues when they arise. While these challenges extend beyond the purview of Health, failure to address them constitutes a critical risk to the implementation of the Strategy.

B. New approaches to funding

The Strategy calls for a shift from vertical programmes towards systems-based, multi-sector approaches. It also calls for selective expansion into programmes targeting older children. Attracting donor resources to support these shifts will be challenging. The vast majority of UNICEF health funding is restricted by donors to specific activities and programme areas, which has inhibited cross-sectoral collaboration and the ability of the organisation to effectively respond to new challenges. Moreover, most donors remain focused on maternal, newborn and under 5 survival and emergency, fragile and low capacity contexts.

To overcome these challenges, UNICEF must simultaneously work to expand available resources (with an emphasis on those that can support health systems strengthening) and adjust to a less resource-intensive operating model. Adjusting to a less resource-intensive operating model means focusing more on advocacy and policy-related actions and seeking to affect change by influencing the allocation of domestic resources. Expanding available resources means providing funders with a clear narrative that makes a compelling case for increased funds. The

narrative will have to clearly articulate how UNICEF's work will complement rather than duplicate the work of other global health actors. UNICEF should focus on attracting donors to Health Thematic funds for the new strategic priorities, and incorporating multi-sector and cross-cutting deliverables into grant proposals wherever feasible.

In addition, UNICEF-wide opportunities to increase the flexibility and duration of funding should be explored, such as implementing a replenishment model for core health funding and adjusting the allocation formula for unrestricted funding. As with potential UNICEF-wide HR initiatives, these changes extend beyond the purview of Health, but failure to address them constitutes a critical risk to the implementation of the Strategy.

C. Effective collaboration within Health and across UNICEF programmes

Implementation of the shift from vertical programmes to a systems-based, multi-sector approach will require closer collaboration among teams within Health and between Health and other UNICEF sectors and cross-cutting areas.

Greater collaboration can be promoted through shared targets and joint planning. Within Health, staff should be held jointly responsible for developing shared work plan outputs and targets. For example, colleagues working on immunisation, polio, maternal, newborn, child health and HSS should work together to develop annual work plans. Between Health and other groups within UNICEF, areas where activities and targets overlap should be identified and made consistent across work plans.

Another mechanism to promote greater collaboration is the "sharing" of action-area expertise across programme teams (e.g., matrix management). Staff with specialised expertise in action areas may be embedded within programme area teams (e.g. supply chain experts within the immunisation team), form a separate team within Health (e.g. Health Systems Strengthening) or be sourced from another group within UNICEF (e.g. C4D). Regardless of the organisational structure, these individuals should play a dual role. They should contribute to individual programme areas and work across programme teams to develop tools and methodologies that are consistent across UNICEF and differentiated from the contributions of UNICEF's partners.

A third mechanism to promote greater collaboration is performance reviews. Collaboration between groups within Health and with other UNICEF programmes should be set as an expectation as part of internal performance evaluation and reviews to signal the importance of this role, measure performance and instil accountability.

D. Effective collaboration with partner organisations

UNICEF can only achieve the desired results of the Strategy for Health by working with and through governments and other development partners. Collaboration with partners and more effective engagement in health sector partnerships is therefore a critical area of focus as UNICEF works to implement the Strategy for Health.

The start of a new Strategy presents an opportunity to reset the dialogue with partners on how to most effectively coordinate and complement one another, especially at the country level. By initiating discussions at global, regional and country level with partners to share the Strategy,

UNICEF can hear and respond to partner feedback on its implications, and identify opportunities for more effective collaboration. Regular feedback from partner organisations should be sought as part of the Strategy Learning Plan (described in Section VI.C below). Additionally, as part of efforts to build capabilities across all twelve of the Strategy's actions, investments should be made in training and knowledge sharing to enhance the capabilities of all Health staff to better engage with partners. Clarity on accountabilities for partnership management, both within the Health Section and among UNICEF senior leadership where appropriate, is also essential.

VI. Implementation of Strategy and phasing

Implementation of the Strategy will be a gradual process, with some implementation activities occurring during the remainder of this strategic period (2014-2017) and others intentionally delayed until the beginning of the next strategic period (2018-2021) to align with existing UNICEF processes as much as possible. Three main sets of activities will support implementation:

- (A) Developing supporting technical and guidance materials including specific actions for each programme area
- (B) Linking the Strategy for Health to existing and upcoming UNICEF planning and reporting processes
- (C) Establishing a continuous learning process.

A. Developing supporting technical and guidance materials, including specific actions for each programme area

Guidance documents will provide more detailed technical information to guide implementation of each of the Strategy's approaches, action areas and programme areas. Where guidance or other programming Strategy documents exist, they will be organised and linked to the Strategy in an intranet site accessible to all staff (e.g., Every Newborn Action Plan, Gender Action Plan). Any gaps in the documentation will be filled over time as new evidence becomes available. In addition, a monitoring and evaluation framework will be developed that defines the expected results for the Strategy as well as indicators and targets for each result (see **Annex E** for additional detail).

B. Linking the Strategy for Health to existing and upcoming UNICEF planning and reporting processes

The Strategy and the abovementioned supporting technical and guidance materials will guide the development of the Health inputs into the UNICEF Strategic Plan, beginning with the mid-term review of the [2014-2017 UNICEF Strategic Plan](#) (to occur in 2016) and the development of the 2018-2021 UNICEF Strategic Plan (to occur in 2017), including the related indicators. Subsequent annual results reports and mid-term reviews will measure UNICEF progress in health against these new strategic indicators. Prior to 2018, it is envisaged that annual results reports will utilise existing indicators but begin to reflect the Strategy where possible and appropriate. The Strategy will also guide the development of Health inputs into Country Planning Documents, which will be updated on a rolling basis, beginning in 2016, according to each country's 5-year planning cycle.

C. Establishing a continuous learning process

For the Strategy to have an impact, it must be used at headquarters, regional and country levels and periodically updated to reflect evolving contexts and lessons learned. The office of the Associate Director for Health, including the Chief of Health and planning officer, and a leadership team composed of Regional Health Advisors and Health Section Unit Leads, will be responsible for overseeing periodic updating and use.

A "Learning Plan" will facilitate the implementation of the Strategy. It will document key assumptions and questions pertaining to the implementation of the Strategy (e.g. are Health staff aware of the new Strategy, do they understand what it means for them, is the core Strategy content reflected in new CPDs, are there any early success stories, what are unanticipated challenges, are resources being reallocated to align with new strategic priorities, how are partners responding, etc.) and establish a process for answering these questions and documenting lessons learned. This information will be reviewed by the leadership team on a quarterly basis and used to make adjustments to the process for implementing the Strategy.

It is further envisaged that the content of the Strategy will be "refreshed" every five years, beginning in 2020 to coincide with the mid-term review of the 2018-2021 UNICEF Strategic Plan. This will be an opportunity to revisit the core content of the Strategy (i.e., approaches, actions, programme areas) and make adjustments based on lessons learned from the previous five years and changes in the global health landscape. Refer to **Annex E** for additional information on the phasing of Strategy implementation.

VII. Conclusion

The health needs of children are rapidly changing, as are the contexts within which children live. However, the right of every child to health remains universal and unfulfilled. Achieving a world where no child dies from a preventable cause, and all children reach their full potential in health and well-being requires an approach which addresses inequities in health outcomes, strengthens health systems, including emergency preparedness, response and resilience, and promotes integrated, multi-sectoral, policies and programs.

Together with partners and guided by the approaches and actions described in this Strategy, UNICEF will strengthen its capabilities to support the realisation of the right to health for every child, everywhere.

Annex A. Approach "checklist"

Approach	Definition
Address inequities in health outcomes	<ul style="list-style-type: none"> <li data-bbox="435 306 1396 447">❑ Use disaggregated qualitative and quantitative data (e.g. by gender, age, education, wealth quintile, migrant status, ethnicity, geographic area, disability status) to identify marginalised groups and better programme to their needs <li data-bbox="435 453 1396 594">❑ Identify and address bottlenecks to the availability, accessibility, acceptability and affordability of quality maternal, newborn and child interventions that prevent equitable outcomes (including systematically addressing gender related barriers to care) <li data-bbox="435 600 1396 667">❑ Prioritise policies, programmes, services and resources that benefit the most marginalised
Strengthen health systems, including emergency preparedness, response and resilience	<ul style="list-style-type: none"> <li data-bbox="435 674 1396 814">❑ Enhance the evidence base and equity focus of policies, financing, strategies, plans and budgets identifying effective strategies to optimise impact on health, nutrition, and development outcomes for mothers, children and adolescents <li data-bbox="435 821 1396 961">❑ Strengthen decentralised management capacity in health systems to improve evidence-based planning, budgeting, implementation, supervision and monitoring at sub-national levels and to leverage upstream policies and budgets across sectors <li data-bbox="435 968 1396 1108">❑ Engage communities and community-level health systems to generate demand for, improve access to, strengthen provision of and increase social accountability, and improve retention in care for quality services for mothers, children and adolescents <li data-bbox="435 1115 1396 1255">❑ Strengthen resilience of local and national health systems to respond in emergencies by supporting risk informed programming, based on a risk and vulnerability assessment of systems and communities
Promote integrated, multi-sectoral policies and programmes	<ul style="list-style-type: none"> <li data-bbox="435 1262 1396 1329">❑ Promote health systems as a platform for the delivery of multi-sector packages of interventions and services <li data-bbox="435 1335 1396 1436">❑ Work jointly among sectors and partners to address the social determinants and underlying causes of health challenges

Annex B. Illustrative examples for country level actions

	Advocate for every child's right to health
Support data capture, evidence generation and use	<ul style="list-style-type: none"> • Work with government to identify and address sub-national inequities • Support design of District Health Information Systems and scorecards • Document lessons from ICCM in emergencies
Engage with partners	<ul style="list-style-type: none"> • Participate in country coordination mechanisms (e.g., H4+, joint appraisals of national strategies (JANS), immunisation coordinating committees (ICC))
Expand available resources	<ul style="list-style-type: none"> • Advocate for increased domestic financing for health, including through the Global Financing Facility for Every Woman Every Child
	Influence government policy
Support evidence-based policymaking and financing	<ul style="list-style-type: none"> • Support government to review over-nutrition and obesity in older children (causes, effects, intervention effectiveness) and develop and implement policies • Support national governments on analysis and scenario planning using the EQUIST tool
Promote scale-up of effective interventions / innovations	<ul style="list-style-type: none"> • Advocate for inclusion of life-saving commodities in national essential medicines lists • Support development and implementation of action plans to improve antenatal, maternity, perinatal and newborn care (including for low birth weight and premature newborns) in line with the Every Newborn Action Plan and Ending Preventable Maternal Mortality guidance
Share knowledge & promote south-south exchange	<ul style="list-style-type: none"> • Organise a learning mission on health financing and budgeting • Disseminate best practices and lessons from polio C4D efforts
	Strengthen service delivery
Build capacity of management and health providers	<ul style="list-style-type: none"> • Support government led efforts to develop guidance and tools and to train district level managers to identify and address bottlenecks to the delivery of life saving interventions, vaccines and commodities for marginalised communities
Support programmes, in particular at community level and in emergencies	<ul style="list-style-type: none"> • Promote integration of child health services and development and implementation of quality improvement systems • Leverage financing for provision of integrated package of services through community health worker programmes in emergencies
Strengthen supply chain systems	<ul style="list-style-type: none"> • Support countries through the Effective Vaccine Management (EVM) process from assessment to development of a comprehensive EVM Improvement Plan that links to the national health plan and HSS Strategy • Strengthen national capacity to forecast, procure, store and distribute health commodities
	Empower communities
Engage for social and behaviour change	<ul style="list-style-type: none"> • Support an awareness campaign on health complications caused by obesity • Support campaigns to dispel myths and superstitions related to delivery care and newborn health
Generate demand	<ul style="list-style-type: none"> • Expand use of SMS based platforms to improve health literacy and increase seeking behaviour
Strengthen accountability	<ul style="list-style-type: none"> • Facilitate citizen hearings based on scorecards • Support use of mobile technology to enable citizens to report provision of health care service, quality of service, etc.

Annex C1. Programme area 1 (Maternal, newborn, and child health with a focus on equitable access to community-based health care)

	Advocate	Influence government policies	Empower communities	Strengthen service delivery
UNICEF Leading	<p>Support data capture, evidence generation, and use</p> <ul style="list-style-type: none"> In relation to equitable coverage and health outcomes at individual and household level <p>Engage with partners</p> <ul style="list-style-type: none"> By playing a leading role in implementation of Every Newborn Action Plan and Every Mother, Every Newborn Quality Initiative By maintaining a key role in Gavi, GPEI, MRI, RBM, GFF, GFATM By convening and collaborating with local NGOs, CSOs, government and private sector stakeholders <p>Expand available resources</p> <ul style="list-style-type: none"> By aggregating local evidence to influence funders (local, national, global) 	<p>Support evidence-based policymaking and financing by supporting governments to</p> <ul style="list-style-type: none"> Develop essential newborn plans Ensure equitable access to high quality primary health care and life-saving commodities/ vaccines <p>Promote scale-up of effective interventions and innovations</p> <ul style="list-style-type: none"> By building investment cases based on local evidence 	<p>Generate demand</p> <ul style="list-style-type: none"> For immunisation, life-saving commodities, and community-based health care For quality facility and community-based care of newborns <p>Strengthen accountability through participatory monitoring of</p> <ul style="list-style-type: none"> Quality facility and community-based care of newborns (through first 28 days of life) Delivery of community-based health care services <p>Engage for social and behaviour change to</p> <ul style="list-style-type: none"> Dispel newborn myths and superstitions Achieve universal coverage, particularly in marginalised communities 	<p>Build capacity</p> <ul style="list-style-type: none"> Of district-level management to identify & address bottlenecks in delivery to marginalised communities of a) high-impact, cost effective, and comprehensive maternal, newborn interventions and b) life-saving vaccines and commodities Of health providers and support programmes by providing programme guidance and supporting training to improve quality of a) facility and community based care for pregnant women and newborns b) integrated, community-based health care <p>Strengthen supply chain systems Provide services in emergencies</p>
Potential engagement		<p>Share knowledge & promote south-south exchange</p>	<p>Strengthen accountability through participatory monitoring of quality pregnancy, childbirth, and postnatal care</p>	<p>Build capacity</p> <ul style="list-style-type: none"> Of health providers to provide quality care to mothers during childbirth <p>Support programmes</p> <ul style="list-style-type: none"> By direct procurement of life-saving commodities/ vaccines

Annex C2. Programme area 2 (Older child and adolescent health with a focus on public policies and supportive environments)

	Advocate	Influence government policies	Empower communities	Strengthen service delivery
<i>UNICEF Leading</i>	<p>Support data capture, evidence generation, and use</p> <ul style="list-style-type: none"> • On over-nutrition and obesity in older children and adolescents (causes, effects, intervention effectiveness) 	<p>Support evidence-based policymaking and financing</p> <ul style="list-style-type: none"> • Related to diet and physical activity to prevent over-nutrition and obesity 		<p>Provide services in emergencies</p>
<i>Potential engagement</i>	<p>Support data capture, evidence generation, and use</p> <ul style="list-style-type: none"> • Related to tobacco use, mental health, and injuries • To show the effect of prevention of child marriage and school retention on adolescent pregnancy and maternal/newborn health <p>Engage with partners</p> <ul style="list-style-type: none"> • In particular NCD child and the UN Interagency Task Force on NCDs 	<p>Support evidenced-based policymaking and financing</p> <ul style="list-style-type: none"> • Related to tobacco use, mental health, and injuries 	<p>Engage for social and behaviour change</p> <ul style="list-style-type: none"> • Around major NCD risk factors (e.g. diet, exercise, tobacco use) and for mental health and injuries • Around HIV and reduction of early pregnancy 	<p>Build capacity</p> <ul style="list-style-type: none"> • Of health workers and facilities to better serve older children and adolescents

Annex D. Measurement, learning and accountability

The following principles will guide UNICEF's Monitoring and Evaluation Framework:

- Improve accountability for delivering on commitments
- Provide for regular internal and external communication on progress vis-a-vis Strategy implementation and lessons learned
- Provide for real time learning to drive continuous improvement to programme design
- Indicate clear milestones for revision and "refresh" of Strategy
- Avoid duplication of existing monitoring and evaluation processes
- Establish proper resourcing to support effective monitoring and evaluation

Three mechanisms will be used to monitor and evaluate implementation of the Strategy: a Learning Plan, Country and HQ Annual Results Reports, and the Mid-Term Review of the UNICEF Strategic Plan.

1. Learning Plan

The Learning Plan will facilitate the implementation of the Strategy. It will document key assumptions and questions pertaining to the implementation of the Strategy (e.g. are Health staff aware of the new Strategy, do they understand what it means for them, is the core Strategy content reflected in new CPDs, are there any early success stories, what are unanticipated challenges, are resources being reallocated to align with new strategic priorities, etc) and establish a process for answering these questions and documenting lessons learned. This information will be reviewed by the leadership team on a quarterly basis and used to make adjustments to the process for implementing the Strategy.

The Learning Plan is a new mechanism that will be developed and owned by the Health Section. Should other sections adopt similar approaches to facilitate implementation of their respective strategies, Health will coordinate with other sections to follow consistent and potentially joint approaches where appropriate.

2. Country and HQ Annual Results Report

These annually recurring internal evaluations are completed by countries and HQ to evaluate progress in outputs, outcomes, and impacts against the indicators in the UNICEF Strategic Plan. It is envisioned that the annual results report will start to measure UNICEF progress in health against new strategic indicators in 2018. These strategic indicators will be developed in 2017 (during the development of the 2018-2021 UNICEF Strategic Plan). The Strategy will be used to guide their development. Prior to 2018, these annual reports will utilise the [existing strategic indicators](#) for health but will begin to reflect the new Strategy where possible and appropriate.

3. Mid-Term Review

These internal evaluations are conducted by HQ every four years (at the mid-point of each UNICEF Strategic Plan) to evaluate progress. The first mid-term review after the finalisation of the new Strategy will occur in 2016 and will make updates, where possible and appropriate, to the existing results framework so that it better aligns with the Strategy. Starting in 2018, these mid-term reviews will measure UNICEF progress in health against the new strategic indicators,

which will be developed in 2017 during the development of the 2018-2021 UNICEF Strategic Plan.

To effectively implement these three mechanisms, the Strategy needs to be translated into a results framework with quantifiable input, process, output, outcome and impact indicators. Targets then need to be identified for each indicator. Indicators and targets should be aligned wherever possible with already established indicators and targets (e.g. those set by the SDGs and EWEC and other existing UNICEF commitments). This work should be completed in the first half of 2016. The draft results framework shown in **Table D1** on the next page, which was developed by the Strategy core team, can serve as the starting point for this work. To accompany the complete results framework, a plan needs to be established for collecting the data required by the results framework and resourcing data collection efforts.

Table D1. Draft Results Framework for 2016-2030 UNICEF Strategy for Health

Inputs	Processes	Outputs	Outcomes	Impact
<p>2016-2030 Strategy</p> <ul style="list-style-type: none"> • Outlines approaches fundamental to UNICEF's work in health • Provides menu of prioritised actions / programme areas for COs to customise to their context <p>UNICEF staff and organisation aligned with Strategy</p> <ul style="list-style-type: none"> • COs / ROs incorporate Strategy into work plans • Staffing right people in the right places with the right skills <p>Funding aligned with strategic priorities</p> <ul style="list-style-type: none"> • Resources mobilised to fund UNICEF-led processes 	<p>HQ and ROs support COs with guidance documents and trainings about new Strategy</p> <p>HQ revises Strategic Plan and accompanying monitoring and evaluation framework to align with new Strategy</p> <p>HQ establishes continuous learning process for adjustment of Strategy</p> <p>COs conduct situation analyses to identify barriers to equitable outcomes and to select subset of actions relevant to their context; work with HQ/RO technical experts to identify evidence-based, multi-sectoral solutions</p> <p>COs write revised CPDs and adjust annual results report to align with new monitoring and evaluation framework from HQ</p>	<p>Evidence-based articulation of bottlenecks, and proven multi-sectoral solutions for each programme area</p> <p>Strengthened capacity of gov't managers, communities, civil society, and private sector to deliver evidence-based solutions</p> <p>Communities demand evidence-based solutions and hold governments accountable</p> <p>Policies and budgets that incorporate evidence-based solutions</p> <p>Effective global partnerships expanding available resources for every child's right to health</p>	<p>Equitable coverage of high quality, high impact MNCH interventions and services</p> <p>Stronger, more resilient health systems</p> <p>Changes in behaviours related to risk factors for causes of child and adolescent morbidity and mortality</p> <p>Governments who are able and willing to:</p> <ul style="list-style-type: none"> • Prioritise every child's right to health • Analyse needs and implement evidence-based policies • Allocate resources to achieve equitable outcomes 	<p>End preventable deaths of</p> <ul style="list-style-type: none"> • Mothers • Newborns • Children under 5 <p>Children and adolescents reach their full potential in health and well-being</p> <ul style="list-style-type: none"> • Reduced rates of adolescent pregnancy • Reduced obesity among children and adolescents • Reduction of injuries, accidents, and suicide among children and adolescents <p>Improved equity / reduced disparities on all of the impact areas listed above</p>

Annex E. 2016 Implementation Roadmap

As described in Section VI, it is envisioned that three main sets of activities will support Strategy implementation:

1. Development of supporting technical and guidance documents including specific actions for each programme area
2. Linking of Strategy to existing and upcoming UNICEF planning and reporting processes
3. Establishment of a continuous learning process

Following the launch of the Strategy in Q4 2015, in 2016, the actions proposed to be taken for each of these activities are as follows:

Development of supporting technical and guidance documents

- Roll-out Strategy (Q1-Q2):
 - 1:1 donor and partner conversations explaining new Strategy
 - Webinars with country and regional staff explaining the Strategy
- Curate guidance documents for each approach, action area, and programme area (ie collect relevant documents and link to relevant element of Strategy); share with UNICEF staff on internal Strategy intranet site (Q1-Q2)
- Establish M&E working team comprised of Health Section and planning/evaluation staff to develop new monitoring and evaluation framework; finalise terms of reference for this team (Q1)
- M&E working team to define expected results of Strategy and establish the targets and indicators quantifying UNICEF's progress (Q1-Q2), including review of where UNICEF has committed to contributing to the achievement of specific global targets.

Linking of Strategy to existing and upcoming UNICEF planning and reporting processes

- M&E working team to also work on health inputs for the mid-term review of the UNICEF 2014-2017 Strategic Plan, informed by the Strategy for Health (Q1)
- Country staff to reflect new Strategy in country programme documents that are up for revision in 2016 (Q1-4)
- Program Division to use the Strategy as basis for informing health input to UNICEF's strategic plan (2018-2021) (Q3-4)

Establish a continuous learning process

- Finalise membership and terms of reference for Strategy leadership team (Q1)
- Team to establish framework for learning plan (Q1)
- Team to host kick-off meeting to review learning plan (Q1) and to hold subsequent meetings to discuss initial Strategy learnings (Q2-Q4)
- Team to share findings of learning plan with all UNICEF staff via Strategy intranet website (Q2-4)