Strategy for Health
2016-2030

unicef ❁ | for every child

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unicef

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 life-cycles to protect these rights, focusing in particular on protecting the rights of the most disadvantaged and vulnerable children, and also on the 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 per cent since 1990[1] and global maternal mortality has fallen by 44 per cent over the same time period.[2] Despite these achievements, 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. Furthermore, 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 recognizing 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 ending mortality from conditions covered by the Millennium Development Goals (MDGs), addressing emerging issues such as non-communicable diseases (NCDs) and achieving universal health coverage. To support achievement of these goals, the United Nations 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").

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 from 2016-2020, UNICEF's Strategy for

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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 and Lao K (2015) *Strengthening Health Resilience to Climate Change. Technical Briefing for the World Health Organization Conference on Health and Climate*. Geneva: WHO.

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

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.

Recognizing the diversity of contexts in which UNICEF operates, the Strategy provides flexibility for UNICEF country offices to tailor their approaches. That said, in all contexts, it emphasizes 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 programmes should anticipate risks and deliberately build systems that can flexibly respond to changing circumstances. In addition, emergency programmes, 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 resilience;[6] and

- promoting integrated, multi-sectoral policies and programmes.

These three approaches 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 recognized leadership role in equity, as well as the organization'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 space for other actors to lead, which may bring better results.

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.

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

Contents

Acronyms

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
C4D	communication for development
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CPDs	Country Planning Documents
CRC	Convention on the Rights of the Child
CRVS	Civil registration and vital statistics
CSOs	civil society organizations
DHS	Demographic and Health Survey
ECD	early childhood development
EVM	Effective Vaccine Management
EWEC	Every Woman Every Child
GAVI	Global Alliance for Vaccines and Immunization
GDP	gross domestic product
GFF	Global Health Financing Facility
GPEI	Global Polio Eradication Initiative
HIV	human immunodeficiency virus
HSS	health systems strengthening
ICC	immunization coordinating committees
JANS	joint appraisals of national strategies
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Surveys
MoRES	Monitoring Results for Equity System
NCDs	non-communicable diseases
NGOs	non-governmental organizations
SDGs	Sustainable Development Goals
TB	tuberculosis
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nation Children's Fund
WHO	World Health Organization

1 Rationale and methodology for developing the Strategy

With the conclusion of UNICEF's 2006-2015 Health and Nutrition Strategy and the MDGs, UNICEF's 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]

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[7] As part of the Strategy development process, UNICEF reached out to more than 1,300 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.

2 | Context

2.1 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 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 the 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 per cent of preventable maternal deaths, and 53 per cent of preventable under-five deaths, take place in settings of conflict, displacement and natural disaster.[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-five mortality, significant unmet needs remain. Approximately 2.6 million stillbirths occur each year, 98 per cent of which take place in low- and middle-income countries.[12] Neonatal mortality rates have declined less rapidly than under-five mortality rates, with neonatal mortality now accounting for 45 per cent of all under-five deaths, highlighting the need for intensified focus on care in the first days of life.[13] Between the ages of 28 days and five years, communicable diseases such as pneumonia, diarrhoea, malaria and malnutrition remain the main drivers of disease burden.[14] The poorest and most marginalized mothers, newborns and children under five are disproportionately affected.[15] In addition, the inextricable link between the health and survival of young children and their mothers remains paramount.

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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.

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

2.2 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)*. The intent of this way of examining country contexts is for UNICEF to better tailor efforts to country needs, periodically assess the context(s) and to prioritize 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.

[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.

[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.

2.3 Global health stakeholder landscape and role of UNICEF

The global health stakeholder landscape is crowded and complex, fuelled 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 per cent 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 domestic resources for programmes in 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;

- an ability to leverage multi-sectoral action; and

- an 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 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, Newborn and Child Health, etc., through 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 an advocate and policy advisor to governments on health challenges facing children.

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

3 | Strategic focus

3.1 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:

- **End preventable maternal, newborn and child deaths**
- **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-five survival. With the second, UNICEF recognizes 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,[20] 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,[21] Global Polio Eradication Initiative, and UN Interagency Task Force on NCDs).

3.2 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 a checklist for programming).

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[20] 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 five 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-five mortality to at least as low as 25 per 1,000 live births."

[21] 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."

Figure 1 Overview of UNICEF Strategy for Health (2016-2030)[22]

UNICEF Strategy for Health 2016-2030

Guided by the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and in line with the Sustainable Development Goals (SDGs) and Every Woman, Every Child (EWEC)

Vision

A world where no child dies from a preventable cause, and all children reach their full potential in health and well-being

Goals

End preventable maternal newborn and child deaths	Promote the health and development of all children

Approaches

Address inequities in health outcomes

Strengthen health systems, including emergency preparedness and resilience
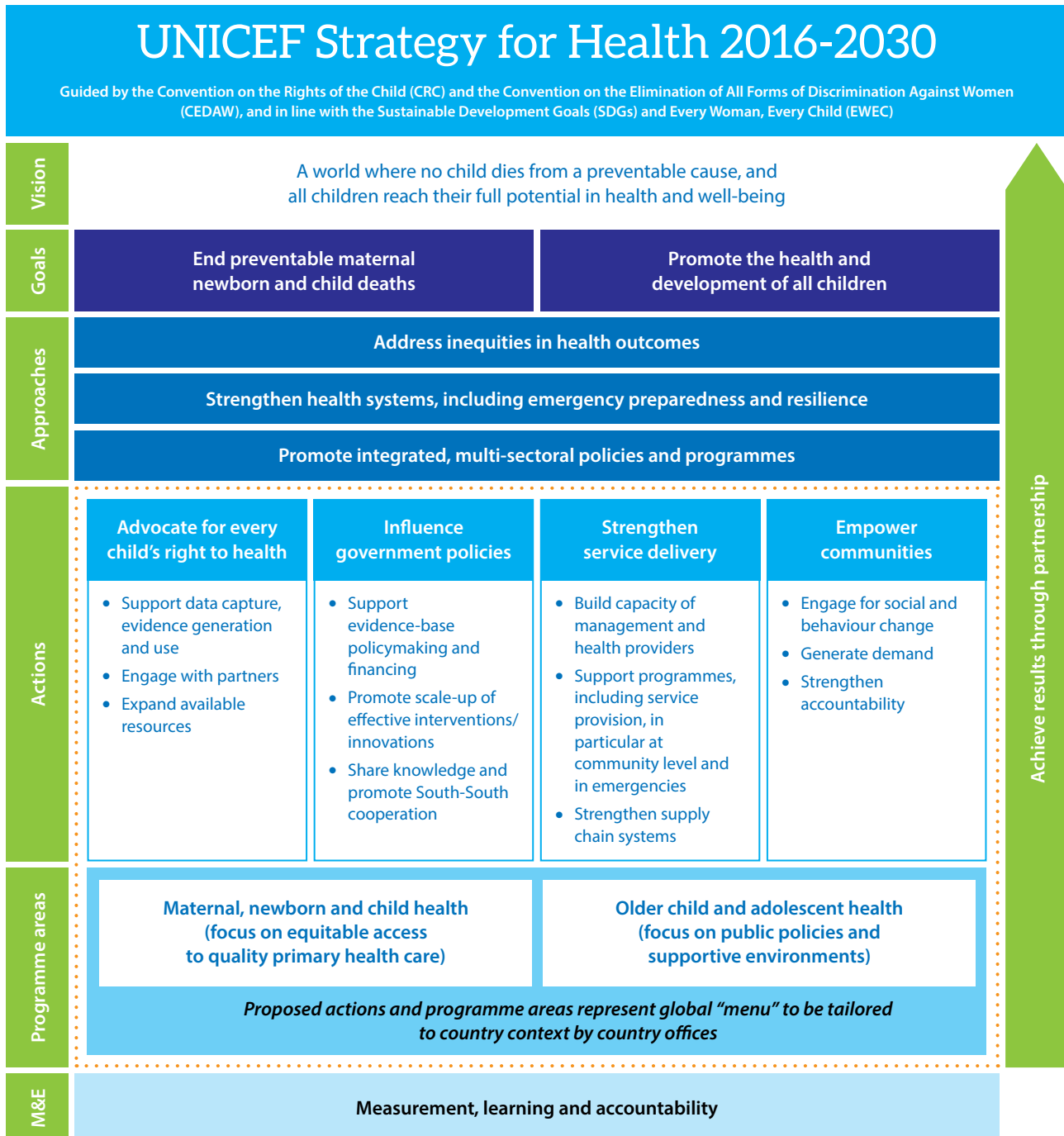
Promote integrated, multi-sectoral policies and programmes

Actions

Advocate for every child's right to health	Influence government policies	Strengthen service delivery	Empower communities
• Support data capture, evidence generation and use • Engage with partners • Expand available resources	• Support evidence-base policymaking and financing • Promote scale-up of effective interventions/innovations • Share knowledge and promote South-South cooperation	• Build capacity of management and health providers • Support programmes, including service provision, in particular at community level and in emergencies • Strengthen supply chain systems	• Engage for social and behaviour change • Generate demand • Strengthen accountability

Programme areas

Maternal, newborn and child health (focus on equitable access to quality primary health care)	Older child and adolescent health (focus on public policies and supportive environments)

Proposed actions and programme areas represent global "menu" to be tailored to country context by country offices

M&E

Measurement, learning and accountability

Achieve results through partnership

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22 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.

3.2.1 Address inequities in health outcomes

UNICEF is recognized for its global leadership in implementing an equity approach for children. This drives UNICEF to prioritize the most disadvantaged children in population groups with the highest burden of morbidity and mortality. As such, UNICEF should prioritize policies, programmes, services and resources that benefit the most marginalized.

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 marginalized groups and adjust programmes to their needs. This requires robust civil registration and vital statistics systems, as children who are not registered at birth often lack rights and access to services.

Programmes must also support governments in identifying and addressing 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]

3.2.2 Strengthen health systems, including emergency preparedness, response and resilience

Strengthening health systems is essential to reach the most marginalized 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, utilization, 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

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[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 organization through the Monitoring Results for Equity System (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.

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]

3.2.3 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.

Given the diversity of the organization'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 doing so, UNICEF will also contribute to the "transform" agenda required to achieve the SDGs.

3.3 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 *(see Annex B for illustrative examples)*.

3.3.1 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 cooperation.

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[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).

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

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 realize 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 effectiveness, and on evidence-based, high-impact health interventions;

- bottlenecks impeding effective coverage;

- provision and utilization of services, especially amongst marginalized communities; and

- quality of care.

Data should cover mothers and children by life stage, starting from birth until 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 help to explain differences in access to quality health care and health outcomes across key dimensions 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 analyses 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 a full range of partners including governments, UN agencies (in particular UNAIDS, UNFPA, UN Women, WHO and the World Bank), civil society, academia, the 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.

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[27] Scheduled for completion in 2016.

[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 10-19. 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.

The Inter-Agency Standing Committee cluster approach assigns lead roles in coordination efforts for certain sectors or areas of responsibility during emergencies. The cluster approach aims to address gaps in emergency responses and improve the quality of humanitarian assistance through greater predictability and accountability, as well as to strengthen partnership among humanitarian actors. To this end, UNICEF is the global lead agency for Nutrition and WASH, and for 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 area 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 investments in solutions meant to solve the health challenges facing pregnant and lactating women, children, and adolescents. UNICEF will also seek to mobilize domestic governments, international donors and private sector resources in an effort to support sustainable, cost effective, prioritized interventions.

3.3.2 Influence government policy

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

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 regional and global levels, including through its engagement with global partnerships. Similarly, the work UNICEF does at global and regional levels will inform its advice at the country level.

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 organizations (NGOs), other UN agencies, universities and research centres, etc.) to better leverage domestic resources and 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 (including Ministries of Finance, Treasury, Education, the judicial and law enforcement systems, national disaster management authorities, etc.) to mobilize the commitment of all government stakeholders to improve the health of children, eliminate gender and other barriers to quality primary healthcare, achieve 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 prioritized investment cases to secure funding in support of recommendations.

Action: Share knowledge and promote South-South cooperation
UNICEF will gather and disseminate lessons learned and serve as a "connector" between country governments to promote the direct exchange of information and experiences between countries with regard to programmes. Noting the universal scope of the SDGs, this could extend to knowledge also received from and lent to non-programme countries.

3.3.3 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 the 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 the community level and in emergencies
Some population groups face harsh conditions because they live in remote areas not served by health facilities, or because of crises or emergencies that disrupt 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 for the delivery of services through community health workers is an example of a strategy adopted when weak health systems struggle to reach the most marginalized. 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 marginalized. 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.

3.3.4 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 emphasizes 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, and low- and medium-capacity contexts. UNICEF's work to empower communities will also complement its more direct efforts to influence government policy by generating organized 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 organizations, 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 those 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 communication for development (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 marginalized groups (e.g., people with disabilities, ethnic minorities, migrant or displaced populations), and the continuation 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 organizations (CSOs) and marginalized 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 the 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 on and hold accountable service providers for the provision and quality of healthcare services.

3.3.5 In scope by exception only

Focusing on specific and bounded actions means not working in other action areas. The following are specific 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 the 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

- Conducting 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 recognize where UNICEF is not comparatively advantaged and 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]

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[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.

3.4 Programme areas

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

This shifts UNICEF away from programme areas focused on specific childhood diseases and moves it 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 earlier should be applied to effect change. Given the global trend of urbanization, UNICEF programmes will also need to consider the different needs of children in rural and urban settings, and programme 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 learned into other programmes, in particular in the area of work focused on children 0-5 years in line with legacy transition guidelines.[32]

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

This programme area emphasizes UNICEF's continued commitment to maternal, newborn and under-five survival, as well as health and development between ages 0-5, 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 (immunizations, 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, recognizing 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 emphasize access to vaccines and life-saving commodities, including strengthening supply chains and developing "healthy markets".[34]

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

While this programme area remains most relevant in emergency, fragile and low-capacity contexts, with high rates of maternal, neonatal and under-five 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 prioritized.

Under this programme area, UNICEF will address the health of pregnant and lactating women, newborns (aged 0-28 days), and children aged 28 days to under five 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 the provision of services that are appropriate for pregnant adolescents, as a complement to efforts to reduce adolescent pregnancy *(see section 3.4.2)*. 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 actions. 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 participate in the development of technical input and standards in these areas, working with organizations (e.g., WHO) that have deeper technical expertise and capacity in this area.

Children, ages 28 days to under five years
For children ages 28 days to five 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 marginalized 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, immunization, 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.

As a key part of its work in this area, UNICEF will aim to influence global partnerships to increase their support for HSS and 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 towards 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 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 (through maximizing brain development and preventing non-communicable diseases, for example). 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 maximize 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; the delivery of supplies in emergencies; for water supply and sanitation; for budgeting and financing; and for C4D, which addresses community engagement, demand generation, social accountability, and social and behaviour change.

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

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

This programme area extends UNICEF's work in health to address anew the growing needs of older children and adolescents. UNICEF will selectively build new capabilities in this programme, recognizing 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 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 five and secondarily on adolescents. The Strategy aims to increase UNICEF's focus on the health challenges faced by this age group, which include non- 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 complications,[35] 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 responses.[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 five. 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 10-18
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 previously mentioned work on NCD prevention, which applies equally to adolescents, UNICEF Health programmes will collaborate with HIV programmes to prevent HIV in adolescents and also 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 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.

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[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.

UNICEF programme linkages

In addition to the previously mentioned 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.

3.5 Measurement, learning and accountability

Measurements of results and identification of lessons learned are critical activities to drive continuous improvement of programme design and to 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, etc.), 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 children's life stages and are multi-sectoral

Pregnant Women and Newborns	Child, Ages 28 days – under 5 years	Older Child, Ages 5-9	Adolescents, Ages 10-18
Maternal, newborn and child health (focus on equitable access to quality primary care)		**Older child and adolescent health** (focus on public policies and supportive environments)	
Adolescents — Services appropriate for pregnant adolescents		**Adolescents** — Advocacy, policy, efforts to change social norms	
C4D — Demand generation, social and behaviour change, community engagements, social accountability		**C4D** — Social and behaviour change, social accountability	
Child Protection — Birth registration, female genital mutilation		**Child Protection** — Reduction of child marriage, prevention of violence and self-harm	
Disabilities — Accessibility		**Disabilities** — Policy reform	
ECD — ECD interventions and services as part of comprehensive antenatal, newborn and primary health care		**Education** — Retention of girls in school; monitoring of nutrition status among older children and adolescents	
Gender — Conduct gender analysis for each programme to understand gender related barriers and develop related action plans		**Gender** — Promote gender-responsive adolescent health, e.g., HPV	
HIV — Guidance and treatment for pregnant women who are HIV+, PMTCT; Treatment of HIV+ for children and primary care giver		**HIV** — HIV prevention in adolescents; treatment of younger age groups	
Nutrition — Maternal nutrition; exclusive breastfeeding; adequate under-5 nutrition		**Nutrition** — Advocacy and policy guidance around over-nutrition and obesity; nutrition of adolescent girls, especially pregnant adolescent women; monitoring of nutrition status among older children and adolescents	
Social Inclusion and Policy — Budgeting and financing			
Supply Division — Procurement of vaccines and commodities, market shaping		**Social Inclusion and Policy** — Budgeting and financing	
WASH — Strengthen capacity of health facilities and delivery of WASH interventions and services through primary health care platforms			
Increase focus on mothers, newborns and systems strengthening		**Selectively build new capabilities**	
Primarily applicable in emergency, fragile and low capacity contexts		Primarily applicable in medium and high capacity contexts	

UNICEF programme linkages

Contexts

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

- **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 core competencies for existing health staff and

    2   selectively add specialized expertise, or source it from other parts of UNICEF (e.g., C4D, social inclusion and policy, adolescents).

    UNICEF has identified organization-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 considered in the technical track of 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.

- **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 organization to effectively respond to new challenges. Moreover, most donors remain focused on maternal, newborn and under five 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 effect 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 on 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 human resource initiatives, these changes extend beyond the purview of Health, but failure to address them constitutes a critical risk to the implementation of the Strategy.

- **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 immunization, 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 specialized expertise in action areas may be embedded within programme area teams (e.g., supply chain experts within the immunization 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 organizational 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 and as part of internal performance evaluations and reviews to signal the importance of this role, as well as measure performance and instil accountability.

- **Effective collaboration with partner organizations**

  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 the global, regional and country levels 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 organizations should be sought as part of the Strategy Learning Plan (described in section 5.C).

  Additionally, as part of efforts to build capabilities across all 12 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 sector and among UNICEF senior leadership, where appropriate, is also essential.

5 Implementation of the 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 being 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 organized 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 previously mentioned 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 utilize 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 (CPDs), which will be updated on a rolling basis, beginning in 2016, according to each country's five-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.

6 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 programmes.

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

Annex A Approach checklist

Approach	Definition
Address inequities in health outcomes	☐ Use disaggregated qualitative and quantitative data (e.g., by gender, age, education, wealth quintile, migrant status, ethnicity, geographic area, disability status) to identify marginalized groups and better programme to their needs
	☐ 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)
	☐ Prioritize policies, programmes, services and resources that benefit the most marginalized
Strengthen health systems, including emergency preparedness, response and resilience	☐ Enhance the evidence base and equity focus of policies, financing, strategies, plans and budgets identifying effective strategies to optimize impact on health, nutrition, and development outcomes for mothers, children and adolescents
	☐ Strengthen decentralized 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
	☐ Engage communities and community-level health systems to generate demand for, improve access to, strengthen provision of and generally increase social accountability, and improve retention in care for quality services for mothers, children and adolescents
	☐ 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	☐ Promote health systems as a platform for the delivery of multi-sector packages of interventions and services
	☐ Work jointly among sectors and partners to address the social determinants and underlying causes of health challenges

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Annex B Illustrative examples for country-level actions

Advocate for every child's right to health	
Support data capture, evidence generation and use	• 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	• Participate in country coordination mechanisms [e.g., H4+, joint appraisals of national strategies (JANS), immunization coordinating committees (ICC)]
Expand available resources	• 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	• 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	• 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 and promote South-South cooperation	• Organize 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	• 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 marginalized communities
Support programmes, in particular at community level and in emergencies	• Promote integration of child health services and the 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	• 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	• 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	• Expand use of SMS based platforms to improve health literacy and increase seeking behaviour
Strengthen accountability	• 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	**Support data capture, evidence generation and use** • In relation to equitable coverage and health outcomes at individual and household level **Engage with partners** • 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 **Expand available resources** • By aggregating local evidence to influence funders (local, national, global)	**Support evidence-based policymaking and financing** by supporting governments to • Develop essential newborn plans • Ensure equitable access to high quality primary health care and life-saving commodities/vaccines **Promote scale-up of effective interventions and innovations** • By building investment cases based on local evidence	**Generate demand** • For immunization, life-saving commodities, and community-based health care • For quality facility and community-based care of newborns **Strengthen accountability** through participatory monitoring of • Quality facility and community-based care of newborns (through first 28 days of life) • Delivery of community-based health care services **Engage for social and behaviour change to** • Dispel newborn myths and superstitions • Achieve universal coverage, particularly in marginalized communities	**Build capacity** • **Of district-level management** to identify and address bottlenecks in delivery to marginalized 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 **Strengthen supply chain systems** **Provide services in emergencies**
Potential engagement		**Share knowledge and promote South-South cooperation**	**Strengthen accountability** through participatory monitoring of quality pregnancy, childbirth and postnatal care	**Build capacity** • Of health providers to provide quality care to mothers during childbirth **Support programmes** • 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
UNICEF leading	**Support data capture, evidence generation and use** • On over-nutrition and obesity in older children and adolescents (causes, effects, intervention effectiveness)	**Support evidence-based policymaking and financing** • Related to diet and physical activity to prevent over-nutrition and obesity		**Provide services in emergencies**
Potential engagement	**Support data capture, evidence generation and use** • 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 **Engage with partners** • In particular NCD child and the UN Interagency Task Force on NCDs	**Support evidenced-based policymaking and financing** • Related to tobacco use, mental health and injuries	**Engage for social and behaviour change** • Around major NCD risk factors (e.g., diet, exercise, tobacco use) and for mental health and injuries • Around HIV and reduction of early pregnancy	**Build capacity** • 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 regular internal and external communication on progress vis-a-vis Strategy implementation and lessons learned
- Provide 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 will be 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 utilize 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 finalization 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 *(see Table D1)*, 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 D Draft results framework for 2016-2030 UNICEF Strategy for Health

Inputs	Processes	Outputs	Outcomes	Impact
2016-2030 Strategy • Outlines approaches fundamental to UNICEF's work in health • Provides menu of prioritized actions/ programme areas for COs to customize their context **UNICEF staff and organization aligned with Strategy** • COs/ROs incorporate Strategy into work plans • Staffing right people in the right places with the right skills **Funding aligned with strategic priorities** • Resources mobilized to fund UNICEF-led processes	HQ and ROs support COs with guidance documents and trainings about new Strategy HQ revises Strategic Plan and accompanying monitoring and evaluation framework to align with new Strategy HQ establishes continuous learning process for adjustment of Strategy COs conduct situation analyses to identify barriers to equitable outcomes and to select subsets of actions relevant to their context; work with HQ/RO technical experts to identify evidence-based, multi-sectoral solutions COs write revised CPDs and adjust annual results report to align with new monitoring and evaluation framework from HQ	Evidence-based articulation of bottlenecks, and proven multi-sectoral solutions for each programme area Strengthened capacity of government managers, communities, civil society and private sector to deliver evidence-based solutions Communities demand evidence-based solutions and hold governments accountable Policies and budgets that incorporate evidence-based solutions Effective global partnerships expanding available resources for every child's right to health	Equitable coverage of high quality, high impact MNCH interventions and services Stronger, more resilient health systems Changes in behaviours related to risk factors for causes of child and adolescent morbidity and mortality Governments who are able and willing to: • Prioritize every child's right to health • Analyse needs and implement evidence-based policies • Allocate resources to equitable outcomes	**End preventable deaths of** • Mothers • Newborns • Children under five **Children and adolescents reach their full potential in health and well-being** • Reduced rates of adolescent pregnancy • Reduced obesity among children and adolescents • Reduction of injuries, accidents, and suicide among children and adolescents **Improved equity/ reduced disparities** on all of the impact areas listed above

Annex E 2016 Implementation Roadmap

As described in Section 5, 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 (i.e., 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; finalize 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 a 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)

- Programme Division to use the Strategy as a basis for informing health input to UNICEF's strategic plan (2018-2021) (Q3-4)

Establish a continuous learning process

- Finalize 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)

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