For Every Woman Every Child Everywhere

Upholding health and wellbeing for women, newborns, children and adolescents in humanitarian and fragile settings

The Abu Dhabi Declaration

Development and humanitarian experts in reproductive, maternal, newborn, child and adolescent health (RMNC&A health), who, in February 2015, met in Abu Dhabi UAE, urge the global community to join them in upholding this declaration for the dignity, health and wellbeing of every woman and every child – in humanitarian and fragile settings.

A Context of Responsibility and Opportunity

On the eve of an ambitious post-2015 development agenda, the world is witness to devastating, and yet very often preventable, loss of life in humanitarian and fragile settings, even as life is birthed, and specifically among those who have the least and whose circumstances undermine their human dignity most gravely.

Humanitarian crises inflict untold suffering upon people and communities. Increasingly, characterized also by long term displacements[1] (i.e. internally displaced persons, refugees, migrants, stateless people) - crises' impacts are for a life-time; disrupting and derailing – when not destroying – individual development, including, inter alia, education, health, nutrition and bringing distinct impacts for human dignity in sexual and reproductive health across the life course.

80 million people were in need of humanitarian assistance in 2014, but over 75 per cent were women and children, the majority being deeply impoverished.[2,3]

Humanitarian challenges are largely about the very young: today, 40 per cent of the 1.4 billion people living in countries impacted by crises are under the age of 15.[4] Over the course of the post-2015 sustainable development agenda those very young populations – the largest number in human history – will make their way from childhood to adulthood. Among their many needs along that journey, and for girls in particular, their survival into adulthood will depend significantly on what happens to them as they emerge into the sexual and reproductive dimensions of adulthood.

The data confirm the life threatening implications of this convergence between humanitarian crises, poverty, youthfulness and sexual and reproductive health and dignity: 60 per cent of preventable maternal deaths and 53 per cent of under-five deaths take place in settings of conflict, displacement and natural disasters[5]. Of the high-mortality countries, unlikely to achieve the MDGs for women's and children's survival, more than 80 per cent have suffered a recent

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[1] The duration of refugee situations has doubled in average length from nine years in 1993 to 17 years in 2003. (UNHCR. "Population, Refugees and the Millennium Development Goals: A UNHCR A Perspective." Available online: http://www.un.org/esa/population/publications/PopAspectsMDG/15_UNHCR.pdf)

[2] 95 per cent of disaster fatalities occurring in developing countries (UNDP, Fast Facts: Disaster Risk Reduction and Recovery. New York: 2012)

[3] UNDP, Fast Facts: Disaster Risk Reduction and Recovery. (New York: 2012); OCHA, Overview of Global Humanitarian Response 2014 (Geneva: December 2013); UNICEF, Humanitarian Action for Children 2014 (New York February 2014

[4] OECD report on States of Fragility, 2015 – see below

[5] These data are calculated for 50 fragile states based on the 2015 OECD report on States of Fragility. Data are not available for 3 countries (Kosovo, Marshall Islands and Tuvalu). The maternal mortality data are based on: Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division, 2014. The proportions of under-five and neonatal deaths that occurred in 2013 in the fragile states listed in the OECD Report were 53% and 45% respectively. The calculation was done using the UN IGMe Report 2014 data, which can be found at: www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/ and at www.childmortality.org

conflict or recurring natural disasters or both.[6] In fact, worldwide, women and children are up to 14 times more likely than men to die in a disaster.[7]

In humanitarian settings, every woman and every child – every newborn and every adolescent - is at grave risk. Humanitarian emergencies deepen gender inequalities, marginalization, and exclusion. Women's various (gendered) roles and responsibilities intensify in crisis situations – impacting on their own and their children's health. Chaos and breakdown in social order (particularly in conflict contexts) expose women and girls to an escalation in the threats of sexual and gender-based violence, which while now more widely acknowledged, remain grossly under-reported.[8] Among the consequences of the failure to support effective and acceptable sexual and reproductive health services for adolescents is the 50% increase in reported AIDS-related deaths in this group compared with the 30% decline seen in the general population from 2005 to 2012.[9]

And yet, typically these populations – women and young people – are both the first responders to crises and the leading innovators of sustainable solutions in crises. The resourcefulness and energy of women, often very young women, are the backbones of their communities' resilience, sustaining their households during difficult times and bringing – often unseen - life wisdom, problem solving and hard work to their communities' recovery processes.

Taken together, this evidence demands of the global community a more comprehensive commitment to human-centered development whose purpose is the resilience of individuals and their communities and whose means includes the protection of the reproductive and sexual health and dignity of people in crises – whether immediate in onset or protracted in duration.

Such a sustained and sustainable development agenda must be focused on the life course and be inclusive of, not separate, from humanitarian efforts. This in turn obliges investment in reproductive, maternal, newborn, child and adolescent and thus, also sexual, health. Such investments will better support and uphold the rights of individuals but, very pragmatically, will also enable countries to strengthen resilience at local and national levels and in the least developed countries where most youth reside, help drive and sustain a demographic dividend of accelerated economic growth.[10]

Therefore, the United Nations Secretary General's next global strategy for Every Women Every Child (EWEC) must also address the challenge of "everywhere". It must underpin and focus a global movement that protects, promotes and helps to fulfill human rights within RMNC&A health and wellbeing, throughout the life course and across the development- humanitarian contiguum.[11]

Strengthened support for, focused investment in and consistent application of the following key elements is essential and, given their extreme pertinence to the world of today and tomorrow, are both a responsibility and an opportunity.

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[6] This analysis was limited to the set of 25 and 44 "Countdown" countries classified as making "no progress" or "insufficient progress" towards MDG 5 and MDG 4, respectively. 84 percent of each set of countries has a recent history of conflict and/or was characterized by a pattern of persistent natural disasters over the period 1999-2013. For details, see Methodology and Research Notes.

[7] Peterson, Kristina. "From the Field: Gender Issues in Disaster Response and Recovery." Natural Hazards Observer, Special Issue on Women and Disasters. Volume 21, Number 5 (1997) cited in: Plan International. Because I am a Girl: The State of the World's Girls 2013: In Double Jeopardy: Adolescent Girls and Disasters. (Surrey, UK: 2013)

[8] United Nations, Security Council S/2014/181, 13 March 2014

[9] WHO, UNICEF Joint Press Release World AIDS Day 2013 at http://www.who.int/mediacentre/news/releases/2013/hiv-adolescents-20131125/en/

[10] The Power of 1.8 Billion, State of the World Population, UNFPA, 2014.

[11] "Contiguum means … development and change, all hazards and their impacts, all "disasters" of whatever magnitude, and all stages of post-disaster response, are operating at the same time in overlapping juxtaposition." J. Lewis, Continuum Or Contiguum? Development For Survival And Vulnerability Reduction, at www.dcscrn.org/cms/uploads/esa2001/lewies%20%20continuum%20or%20contiguum.pdf

A Declaration to Advance Health and Wellbeing for Every Women and Every Child in Humanitarian and Fragile Settings

Address RMNC&A health and wellbeing for the life course and across the development and humanitarian contiguum.

- **Maximize access:** Provide RMNC&A health and wellbeing interventions for the life course across the development and humanitarian contiguum, upholding to the greatest extent possible, the principles of accessibility (including affordability), acceptability and quality of service and care.
- **Respect and protect human rights:** In all settings, across the development and humanitarian contiguum, ensure that interventions, including services, uphold human rights i.e. are provided without coercion, or violence, avoiding all grounds of discrimination prohibited by international human rights law. Ensure that those using such services and receiving such support are provided quality information, choices between options wherever possible and appropriate complaint mechanisms.
- **Uphold international humanitarian law,** and specifically its core principles of humanity, impartiality, principle and independence and neutrality, wherever applicable, so that the RMNC&A health interventions address all relevant needs, give priority to the most urgent cases of distress, without adverse distinction, and specifically for those who are disproportionately harmed such as pregnant women, newborns, children and adolescents, particularly adolescent girls.
- **Address demographic specificities:** In design and delivery of RMNC&A health interventions - across the development and humanitarian contiguum - take into account the human development needs of the different sex and age groups. Address also the specific sexual and reproductive health and well being needs of groups who otherwise, frequently, are neglected or excluded or are met with stigma, including adolescents, young people, those facing sexual and gender based violence, older women, migrants, internally displaced persons (IDPs), refugees and people living with disabilities.
- **Protect and prevent:** Anticipate, prevent and respond to the major threats to RMNC&A health and wellbeing that worsen in humanitarian settings – such as gender-based and sexual violence - by incorporating RMNC&A health and wellbeing protection and prevention into all aspects of humanitarian assistance including food, fuel, non- food items, water and sanitation, and shelter.

Strengthen the resilience of RMNC&A health systems and services to deliver across the development and humanitarian contiguum

- **Use a single planning, monitoring and accountability framework**: Fully integrate RMNC&A health-related humanitarian interventions with country development plans, based on population data (e.g. census data), community inputs (including from women and young people) and multi-hazard health sector risk assessment, including gender and conflict sensitivity analysis.
- **Put risk squarely in focus**: Ensure that all country and development plans inclusive of health, and integrated with humanitarian planning, have a strong focus on risks, for

example, by including risk assessments, risk mitigation, disaster planning and contingency funding.

- **Mainstream RMNC&A health and wellbeing:** In all health policies and strategies commit to: revitalizing health systems and services during the crisis recovery period and/or in a protracted crisis; integrating RMNC&A health and wellbeing; investing in enabling informed choices; providing access and ensuring protection.
- **Adopt a broad multi-stakeholder approach:** Engage actors from other than the health sector, for example, ministries of education, the private sector, the media and local community organizations, in the promotion of RMNC&A health and wellbeing including through provision of related education and public information.
- **Clearly specify and align responsibilities:** Specify roles and responsibilities for national and community leadership and for implementing partners, domestically and internationally, including for international donors. Align these with costed, integrated country plans for RMNC&A health and wellbeing that include agreed upon deliverables and targets. Recognize the primary responsibility of the state, and other relevant national authorities, to protect and assist those affected by disasters and conflicts within their own territories and align this with the wider responsibility of all members states - as the international community - for protection of people during times of crisis.
- **Address current gaps:** Secure the commitment of the key stakeholders (as identified above) to work together to bridge the current gaps in RMNC&A health service delivery and funding across the development and humanitarian contiguum, both for the life course and in the fullest range of settings at the subnational levels (e.g. urban and rural settings, refugee camps, isolated areas etc.).
- **Invest in "shock absorbing" capacity:** Enhance the capacity and capability of RMNC&A health systems to respond during times of crisis: to prepare for and absorb shocks, adapt to changed circumstances and return to optimal levels of functionality rapidly.

Be accountable to women and young people, recognizing their innate resilience and their distinctive value as partners across the development and humanitarian contiguum.

- **Design and deliver demand-driven interventions:** Across the development and humanitarian contiguum – ensure interventions are demand-driven, informed, led and owned by local communities – inclusive of women and young people - and aimed at building and reinforcing health and wellbeing-enhancing social networks at the household and community levels.
- **Establish active partnerships with women and young people**: Seek, value, protect and harness the active engagement of women and young people in interventions, across the development and humanitarian contiguum. Regard them as key partners in preparedness, response and recovery and ensure that they are part of a continuous monitoring and feedback loop on all the RMNC&A health interventions that affect them.
- **Root accountability in affected communities:** Ensure ultimate accountability for the results of RMNC&A health efforts across the development and humanitarian contiguum is located with affected communities and specifically with affected women and young people.

Background

Under the patronage of ***Her Highness Sheikha Fatima bint Mubarak****, Supreme Chairwoman of the Family Development Foundation (FDF) and President of the Supreme Council for Motherhood and Childhood, and with the sponsorship of* ***Her Royal Highness Princess Sarah Zeid of Jordan****, the United Nations Population Fund (UNFPA) convened an experts meeting 10th-11th February 2015 in Abu Dhabi, United Arab Emirates. The meeting, hosted by the Supreme Council's* ***Secretary General Her Excellency Reem Abdullah Eisa Al Falasi****, focused on reproductive, maternal, newborn and adolescent health in humanitarian crises with the purpose of formulating policy recommendations for incorporation in the next global strategy for the United Nations Secretary General's "Every Woman Every Child" initiative.*

The Abu Dhabi Declaration *was drafted by the meeting of experts and it is recommended as offering the basis for RMNC&A health and wellbeing across the development and humanitarian contiguum, over the life course and for every woman and every child wherever they may be.*

The experts *attending the Abu Dhabi meeting were drawn from the organizations whose logos are set out below:*