4.3 Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): early childhood development

On behalf of Global Health Council, supported by its member organizations, the American Academy of Pediatrics and NCD Child, we applaud WHO’s prioritization of early childhood development. Environmental exposures affect the developing brain, providing foundations for future learning, behavior, and health. Children reach full potential under healthy, nurturing, and safe conditions that promote good growth and development.

Maternal and child survival interventions can contribute to child development. These include food and micronutrient supplementation for mothers, reduction of iron deficiency in infancy, and newborn care including resuscitation, delayed cord clamping, Kangaroo Mother Care, and optimal breastfeeding practices.

We commend WHO’s partnership with health professional associations to strengthen the health workforce including skilled birth attendants. Professional associations play a leading role for health systems strengthening, clinical training, quality improvement, and public-private partnerships.

- **Women’s health**: Equitable access to reproductive healthcare is critical to reducing the overall morbidity and mortality burdens of women in low-resource settings. Preventing violence against women and girls must be a global priority
- **Child health**: WHO’s collaboration with UNICEF to adapt child health strategies to contemporary conditions is timely and welcome. We support multi-sectoral collaboration to ensure integrated, comprehensive health care systems. Despite strong progress, some targets have not been met in humanitarian settings. We support proven, low-cost medicines and health technologies, including full implementation of tobacco control and secondhand smoke protection of non-smokers, to prevent over two thirds of newborn deaths and stillbirths.
- **Adolescent health**: The Global Accelerated Action for the Health of Adolescents and the Global Health Observatory data portal are positive steps, as improved data collection related to adolescents and youth systematically monitors morbidity and mortality data, including for NCDs. Data must be disaggregated by age and gender from birth to 24 years. Resources should address unmet needs, mental health services and prevention of road traffic deaths.