

CAUGHT IN THE COVID-19 STORM:

women's, children's, and
adolescents' health in the
context of UHC and the SDGs

WHO/FWC/NMC/IAP

© World Health Organization (acting as the host organization for the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent) 2020. Some rights reserved.

Photo credit © Designed by Peoplecreations / Freepik

EXECUTIVE SUMMARY

STATUS OF WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH AND RIGHTS IN THE CONTEXT OF UHC AND SDGs

In 2016, the United Nations Secretary-General mandated the Independent Accountability Panel (IAP) for Every Woman Every Child to review accountability and progress in women's, children's and adolescents' health towards the 2030 Sustainable Development Goals (SDGs).^{1,1a} Work for this report began before COVID-19, however, impacts of the pandemic (in both real time and in the projected implications) have been considered throughout this report. In this report, the IAP highlights what is working and what is not. It recommends how countries, development partners and stakeholders can strengthen accountability to accelerate progress.

COVID-19 is making a bad situation worse

Even before COVID-19, global progress towards 2030 targets to save the lives of women and children was already lagging by around 20% (see Annex). On universal health coverage (UHC), only between one-third and one-half of the world's population were covered by the essential health services they needed, including interventions for women, children and adolescents, and over 900 million people experienced catastrophic health expenditure.² Mistrust (in governments, private sector, media and non-governmental organizations) was rising globally, driven by the "growing sense of inequity and unfairness".³

Now, the global pandemic is making a bad situation even worse, as countries that were unprepared try to cope by diverting resources away from essential services or by pushing through retrogressive legislation.

Many countries did not have the required International Health Regulations (IHR)⁴ core capacities or health service coverage to respond fully to COVID-19.⁵ Others are pushing through retrogressive backdoor legislation. This includes pulling back on abortion laws,⁶ restricting sexual and reproductive health and rights education,⁷ using border closings and lockdowns to allow legally dubious, hardline migration policies⁸ and legislation to censor the media and public protests.^{9,10}

While older people are most likely to be directly affected by COVID-19, the indirect effects on pregnant women, newborns, young children and adolescents are huge. Health services and social and financial support for them are simply crumbling, including as a result of closures and constraints. Reports from reproductive health stakeholders, including IPPF, indicate there have been mass, worldwide closures of both static and mobile reproductive health clinics, scale-down of sexual and reproductive health services (including HIV testing and post-abortion care) and widespread reproductive supply shortfalls as factories reduced capacity, ports closed and transport networks were shut.^{11,12} A survey of 30 countries found that 73% of health workers cited shortages of sanitary products,¹³ while another 58% cited price hikes, and 50% reported reduced access to clean water to help manage menstrual hygiene.¹⁴ Lockdowns and movement restrictions, and health workers being diverted from maternity to COVID-19 units, limits availability of life-saving services for pregnant women and newborns, as occurred in previous pandemics and outbreaks too.^{15,16} Immunization campaigns were halted, leaving at least 13.5 million children unprotected against life-threatening diseases.¹⁷ The closure of schools meant 370 million children missed out on meals,¹⁸ and adolescents suffered from greater physical threats, isolation and mental health issues.¹⁹ With more children and adolescents relying on technology for learning and social interaction, there is an increased risk of online abuse and exploitation.²⁰ And domestic violence increased – in Argentina, emergency calls increased by 25%; and calls to helplines in Singapore, France and Cyprus rose by more than 30%.^{21,22}

Since complete and validated data for 2020 are not yet available, several studies are using a variety of assumptions, scenarios and study designs to estimate the effects of COVID-19 on the health of women and children. Tragically, the predicted scenarios paint an even grimmer future for women, newborns, young children and adolescents. We could see a big rise in deaths among pregnant women and young children (8% to 45% higher than would have occurred in the absence of the pandemic).²³ Disruption to contraceptive supplies could lead to 15 million more unintended pregnancies in low- and middle-income countries (LMICs).²⁴ Even a 10% shift in abortions from safe to unsafe in a 12 month period in LMICs could lead to 3.3 million additional unsafe abortions.²⁴ For every 3 months of lockdown, 15 million more cases of gender-based violence are anticipated.^{25,26} Two million additional cases of female genital mutilation (FGM) could take place over the next decade due to delays in the implementation of programmes to end these harmful practices.²⁶ As a result of wide-reaching economic impacts and disrupted programmes, 13 million more child marriages are estimated over the coming 10 years.²⁶ Prevalence of wasting due to malnutrition in children could increase by 10–50%, in hypothetical scenarios used to model COVID-19 impacts.²³ And an estimated 40–60 million people could be pushed into extreme poverty,²⁷ with women and children disproportionately affected, particularly in accessing financial and social support.^{28,29}

COUNTRY SCORECARDS: SOME COUNTRIES SPEND THE SAME ON HEALTH BUT GET BETTER RESULTS THAN OTHERS

The IAP developed and analysed country ‘scorecards’, by income category³⁰ and key indicators for EWEC³¹ and related SDGs, which show that all countries can achieve big improvements by using their resources more effectively. Pre-COVID-19, some countries in the same income category were performing better than others on women’s, children’s and adolescents’ health and rights and ensuring UHC. For example, the United States (US) spends more than twice as much on health than either Japan or France,³² yet children in the US are more likely to die before

their fifth birthday³³ and women are more than twice as likely to die in childbirth.³⁴ Nigeria spends around double per capita on health than Tanzania and has similar service coverage (around 40 on the UHC service coverage index).^{2,32} But Nigeria has over double the under-five mortality rate as Tanzania (120 and 53 deaths per 1000 live births respectively)³³ due in part to sub-national inequalities, and critical gaps in health and multisectoral service delivery and financial protection.

CRITICAL CHALLENGES

Fragility and conflict situations

Women, children and adolescents are far more likely to die in countries affected by fragility and conflict situations (FCS)³⁵ than in other countries. For example, the median under-five mortality rate is 58 per 1000 live births in FCS countries versus 14 per 1000 in other countries. However, mortality rates in some FCS may be underestimated, as reliable data are not available for recent years particularly during crises.³³

Data gaps are a national and global security risk

The health of women, children and adolescents is put at risk when countries have limited capacity to gather and analyse health and population data,³⁶ such as for births and deaths. The births of one in four children under age of 5 are not registered;³⁷ 93 of 193 countries are currently able to register more than 80% of adult deaths.³⁸ Lack of disaggregated data and over reliance on global estimates and modelling limit the ability to identify who is in greatest need.^{39,40} Emerging COVID-19 data have also generally been incomplete, unreliable and are rarely gender- and age-disaggregated.⁴¹ Political leadership, multisectoral investments and a whole-of-government, whole-of-society approach is needed to fill country data gaps and ensure data are used strategically to improve health and rights.

Gaping inequities are commonplace

Women, children and adolescents are disproportionately affected by gaping inequities between and within countries, such as low coverage of essential health services, catastrophic health expenditures and a projected shortfall of 18 million

health workers worldwide.⁴² Women are up to 500 times more likely to die as a result of pregnancy and child birth complications in some countries than in others.³⁴ There are significant equity gaps within countries too, for example, in some countries there is around a 50-percentage point difference between the richest and poorest in service coverage for women, children and adolescents.⁴³ Black and other racial and ethnic groups in North America and Europe have experienced disproportionately high rates of morbidity and mortality from COVID-19.^{44,45} The protests in the US and other countries against racial injustice in response to the death of George Floyd in Minneapolis on 25 May 2020 by the police, highlights the need to address the root causes for such inequalities and injustice at all levels.

Inefficiencies and corruption divert scarce resources

An estimated 20–40% of health expenditure is wasted globally due to inefficiencies and corruption; this has been a repeated finding over the past 10 years,⁴⁶⁻⁴⁸ and currently amounts to around 2 trillion USD a year. During the pandemic, this has been seen in procurement of personal protective equipment (PPE) that is not fit for purpose and COVID-19 test kits that are substandard. Development assistance for women's, children's and adolescents' health is not necessarily invested in areas of greatest need. Wasted health expenditure severely constrains the resources available for women's, children's and adolescents' health, and undermines trust globally.³ It highlights the need for accountability to ensure budget transparency across the work of government, development partners, the private sector, media and civil society.

FACTORS FOR SUCCESS

Countries that perform better on reducing maternal and child mortality are also performing better on a range of evidence-based factors for success, such as data and information, and laws and policies. They invest in a justifiable way, based on evidence, rights and rule of law, and use innovation to catalyze progress. This suggests that how health spending is used is as important as how much is spent.

UHC and PHC – pre-pandemic priorities are more valid than ever

Improvements in UHC and primary health care (PHC) were already a priority pre-COVID-19.² They are strongly linked to improvements in women's, children's and adolescents' health – particularly when targeting known issues such as quality of care, financial protection for individuals, families and communities, protection of health workers, multisectoral action and public engagement. All countries need to take care that when planning to increase service coverage, financial protection measures are in place, too. Otherwise efforts to increase service coverage will exacerbate catastrophic expenditure, which will be counterproductive for health and SDG outcomes. An especially important consideration for women, children and adolescents as they lack the financial resources and decision-making power to mitigate the risks.

Use domestic expenditure to invest in UHC and multisector factors

Most countries, except low-income and those in FCS, should be able to use their domestic resources to fund required investments in UHC and PHC.² Critical investment should include essential interventions for women's, children's and adolescents' health, financial protection provisions, and strategic investments across multisectoral areas such as education, water, sanitation and hygiene (WASH), and clean energy. Evidence from the Millennium Development Goals (MDGs) shows that health and multisectoral factors contribute about 50:50 to improving the health of women, children, and adolescents, and SDG analyses highlight emerging evidence from countries on what works in multisectoral collaboration.^{49,50}

Use progressive realization to advance health and rights

Progressive realization is a fundamental principle of human rights and an essential feature of accountability.^{51,52} Governments should apply it alongside good governance and accountability to ensure proper administration and targeting of investments. Accountability is not a one-time action. Once elected, governments need to continually demonstrate accountability for their actions, and

citizens should be able to participate and voice their concerns.

Chronic challenges persist because weak accountability arrangements leave critical aspects of service delivery and decision-making unchallenged and unremedied.

COUNTRY CASE STUDIES: UNIQUE CONTEXTS AND ACCOUNTABILITY EXPERIENCES

The IAP commissioned case studies to examine health and accountability experiences for women, children and adolescents in five countries (Ethiopia, Georgia, Guatemala, Kenya, Papua New Guinea) to inform its 2020 report and recommendations. The use of direct quotes in the case studies places the voices of women, children and adolescents and key stakeholders where they belong – at the center of the accountability process. Some participants directly challenge the effectiveness of government:

“We tend to re-engineer policies instead of implementing the ones we already have.”

Kenya

Others call for more meaningful and respectful dialogues on health, and more publicity for health and rights:

“It is very important to have spaces for dialogue to help review the health system in a cultural context. It must also focus on rights, respect, and collaboration.”

Guatemala

“[Expand] partnerships with the media to ensure more regular coverage of UHC topics and to raise awareness about the health and rights of women, children and adolescents.”

Georgia

An overarching conclusion is that:

“Voice does not equate to accountability if there is no one to listen, act and respond.”⁵³

ACCOUNTABILITY FRAMEWORK AND RECOMMENDATIONS

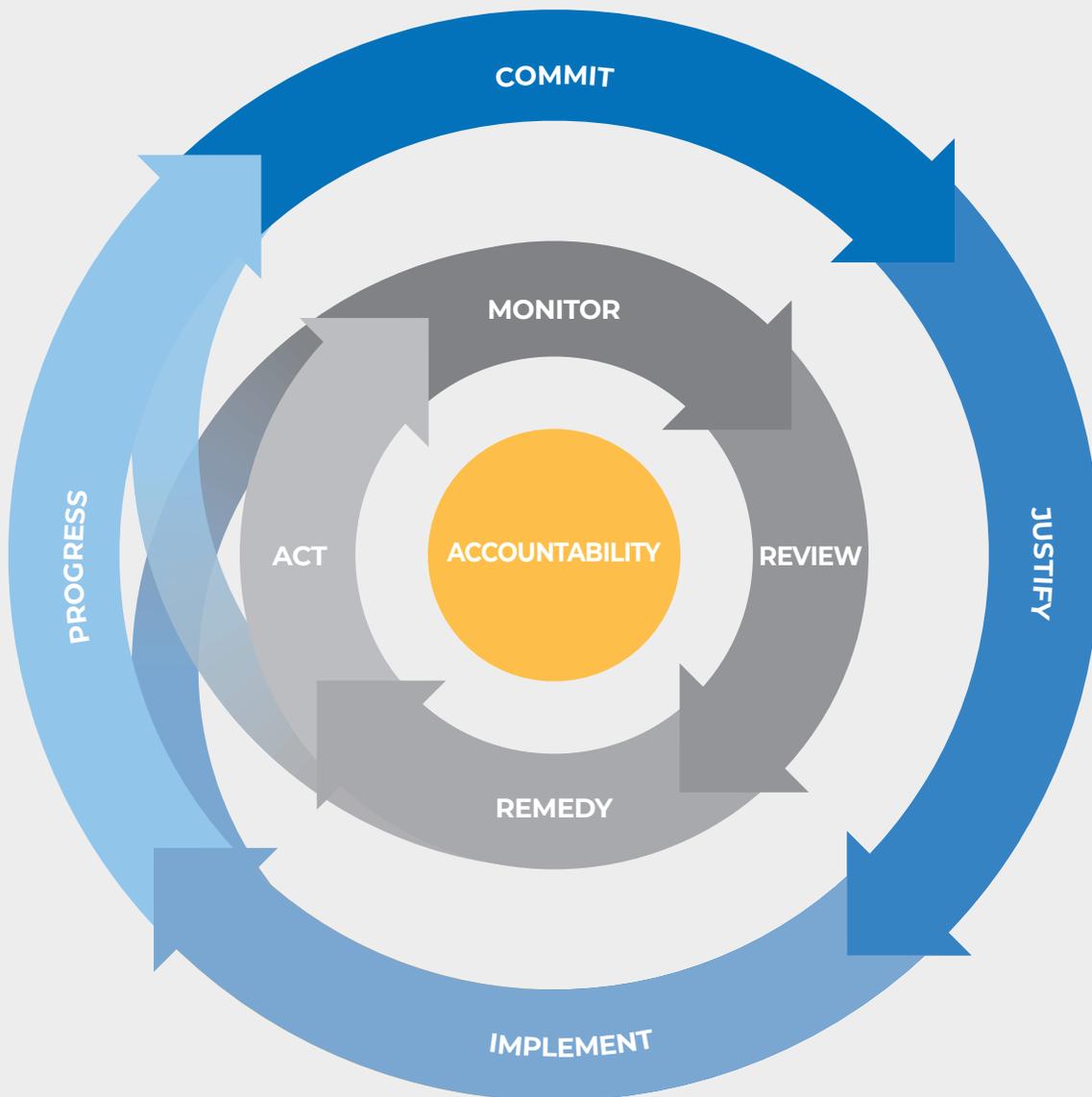
In order to reverse the downward turn and accelerate progress towards the 2030 targets, the IAP sets out an accountability framework (based on the evolution of the EWEC accountability framework, see Annex) and three overarching recommendations.

Accountability is connecting commitments to progress in a justifiable and constructive way. It has four pillars – Commit, Justify, Implement and Progress. Every single one of these pillars must be present – if just one of them is missing, the whole structure falls.

- **Commit:**
all those who have commitments and a responsibility to act should be clear on their roles and obligations towards achieving agreed goals and realizing rights.
- **Justify:**
decisions and actions related to commitments must be supported and explained on the basis of evidence, rights and the rule of law.
- **Implement:**
core accountability functions of Monitor-Review-Remedy-Act⁵⁴ should be institutionalized and implemented in a constructive way to facilitate learning and progress.
- **Progress:**
continuous progress towards agreed goals and rights should be ensured, justifying any reversals – this is the human rights principle of ‘progressive realization’.^{51,52}

The figure below shows the accountability framework.

Figure. Accountability: connecting commitments to progress in a justifiable and constructive way



Accountability in a socio-political context, applies to governments and non-state actors, to individuals and institutions, and can be used to track duty bearers' obligations and rights holders' claims.

The following recommendations indicate how countries and other stakeholders should seek to use the IAP framework to revitalize accountability and achieve targets.

RECOMMENDATION 1

Invest in country data systems for national and global security

The COVID-19 pandemic has again highlighted the importance of basing critical decisions and investments for women's, children's and adolescents' health and rights on reliable and complete data. As an urgent priority, countries should invest in data systems, such as birth and death registration, ensuring every woman, child and adolescent counts and is counted.

Countries, political leaders, governments and development partners should ensure the highest level of political commitment and sufficient investment to develop harmonized data systems. They should steadily improve data quality and communication to enable decision-making. Private sector and civil society organizations (CSOs) should drive innovation and create demand for information and evidence that reflects lived experiences.⁵⁵ Media and public-interest organizations should support data collection and evidence-gathering, translate it into information that is easily understood and encourage public debate based on the findings.

RECOMMENDATION 2

Institutionalize accountability functions and features — voluntary arrangements are insufficient

For the accountability cycle to work, an acknowledged, formal relationship is needed between the monitoring, review and recommendations, and the remedy and action that follow. All functions and features must be fully present and working, and should be embedded in all relevant political, administrative, operational, and oversight institutions.

By investing to institutionalize accountability processes, countries can increase their capacity to apply lessons rapidly and effectively during and after events such as the COVID-19 pandemic, and to

rectify and remedy violations. They should establish clear roles and responsibilities and agree timings for implementing accountability functions. All institutions, policies, programmes and processes related to women's, children's and adolescents' health should have explicit accountability arrangements in place that incorporate institutionalized monitoring and review, and lead to remedy and action based on concrete recommendations. Actions taken should be verified and processes themselves should be regularly audited. Investments in accountability can have high returns on investment by driving more effective, efficient and equitable governance, systems and services towards realizing health, SDGs and rights.

RECOMMENDATION 3

Democratize accountability to include the voices of people and communities

The direct voices of people are crucial to effective accountability. It is essential that all levels of political leadership, governments and other stakeholders listen to, and act upon, the expressed needs and priorities of people. For example, sustained criticism during the COVID-19 pandemic over the lack of PPE or testing services has compelled decision-makers to take action. A global debate on racism was initiated by protests over the brutal killing by the police of George Floyd. Experiences such as these should be embodied and amplified in future accountability arrangements for communities, including for women's, children's and adolescents' health. Key institutions and sectors should take the lead. Parliaments should hold governments to account for enabling voice and participation in accountability, and equally, the governments' responsiveness to it. The media, CSOs and social networks should convey the range of people's lived experiences in their work, creating meaningful spaces for the articulation of community, regional and national voices.

As the COVID-19 response progresses – and countries assess the impact and implications for women's, children's and adolescents' health – the IAP's recommendations and its model of independent review offer a template for accountability across health and the SDGs. Building a strong culture of accountability will give all countries a real chance to get through COVID-19, achieve the SDGs, and realize the rights of every woman, child and adolescent.

REFERENCES

1. United Nations. Transforming our world: the 2030 agenda for sustainable development. A/RES/70/1. New York: United Nations, 2015.
- 1.a United Nations Secretary-General's Independent Accountability Panel (IAP) for the Every Woman Every Child Every Adolescent. (<https://iapewec.org/>, accessed 30 June 2020).
2. World Health Organization. Primary Health Care on the Road to Universal Health Coverage. 2019 Global Monitoring Report. Geneva: World Health Organization, 2019.
3. Edelman. 2020 Edelman Trust Barometer. 19 January 2020. (https://cdn2.hubspot.net/hubfs/440941/Trust%20Barometer%202020%20Edelman%20Trust%20Barometer%20Global%20Report.pdf?utm_campaign=Global%20Trust%20Barometer%202020&utm_source=Website).
4. World Health Organization. International Health Regulations (2005). Geneva: World Health Organization, 2008.
5. Kandel N, Chungong S, Omaar A, Xing J. Health security capacities in the context of COVID-19 outbreak: an analysis of International Health Regulations annual report data from 182 countries. *Lancet*. 2020;395(10229):1047-1053. doi:10.1016/S0140-6736(20)30553-5.
6. Human Rights Watch. Poland: Reject New Curbs on Abortion, Sex Ed. 14 April 2020. (<https://www.hrw.org/news/2020/04/14/poland-reject-new-curbs-abortion-sex-ed>).
7. Skoric T, Friedrich Naumann Foundation For Freedom. Repressive Draft Laws in Times of COVID-19: Human Rights Violations on Parliamentary Agenda in Hungary and Poland. 30 April 2020. (<http://4liberty.eu/repressive-draft-laws-in-times-of-covid-19-human-rights-violations-on-parliamentary-agenda-in-hungary-and-poland/>).
8. The New Humanitarian. The COVID-19 excuse? How migration policies are hardening around the globe. 17 April 2020. (<https://www.thenewhumanitarian.org/analysis/2020/04/17/coronavirus-global-migration-policies-exploited>).
9. Human Rights Watch. How Authoritarians Are Exploiting the COVID-19 Crisis to Grab Power. 3 April 2020. (<https://www.hrw.org/news/2020/04/03/how-authoritarians-are-exploiting-covid-19-crisis-grab-power>).
10. International Press Institute. COVID-19: Abuse of emergency powers to stifle media grows. 2 April 2020. (<https://ipi.media/covid-19-abuse-of-emergency-powers-to-stifle-media-grows/>).
11. IPPF. COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world. 9 April 2020. (<https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>).
12. IPPF. Contraception and COVID-19: Disrupted supply and access. 15 April 2020. (<https://www.ippf.org/blogs/contraception-and-covid-19-disrupted-supply-and-access>).
13. Sara Young. Menstrual Hygiene Day: Period poverty is getting worse during lockdown, charity warns. 28 May 2020. (<https://www.independent.co.uk/life-style/health-and-families/lockdown-period-poverty-sanitary-products-shortage-plan-international-wateraid-a9535951.html>).
14. Poppy McPherson. Pandemic worsens pain of periods for women across the world: NGO. 28 May 2020. (<https://www.reuters.com/article/us-health-coronavirus-periods/pandemic-worsens-pain-of-periods-for-women-across-the-world-ngo-idUSKBN2340UH>).
15. UNICEF. Press release: Pregnant mothers and babies born during COVID-19 pandemic threatened by strained health systems and disruptions in services. 7 May 2020. (<https://www.unicef.org/press-releases/pregnant-mothers-and-babies-born-during-covid-19-pandemic-threatened-strained-health>).
16. Chattu VK, Yaya S. Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource-poor settings. *Reprod Health* 2020; **17**(1): 43.
17. Roberts L. Pandemic brings mass vaccinations to a halt. *Science*. 2020;368(6487):116-117. doi:10.1126/science.368.6487.116.
18. World Food Programme. WFP and UNICEF joint response to COVID-19. 2020. (<https://www.wfp.org/school-health-and-nutrition>).
19. UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. Adolescents and Young People & Coronavirus Disease (COVID-19) UPDATED. Interim Technical Brief. 24 March 2020. (https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Adolescents_and_Young_People_23_March_2020.pdf).
20. UN News. UN chief calls for greater protection for children caught up in COVID-19 crisis. 16 April 2020. (<https://news.un.org/en/story/2020/04/1061892>).
21. UN Women. COVID-19 and ending violence against women and girls. 2020. (<https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>).
22. UN Women. Press release: UN Women raises awareness of the shadow pandemic of violence against women during COVID-19. 27 May 2020. (<https://www.unwomen.org/en/news/stories/2020/5/press-release-the-shadow-pandemic-of-violence-against-women-during-covid-19>).
23. Robertson T, Carter ED, Chou VB, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *Lancet Glob Health*. 2020;8(7):e901-e908. doi:10.1016/S2214-109X(20)30229-1.
24. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries. 16 April 2020. (<https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>).
25. International Federation of Gynecology and Obstetrics (FIGO). COVID-19 lockdowns leading to a rise in violence against women and girls. 14 May 2020. (<https://www.figo.org/covid-19-lockdowns-leading-rise-violence-against-women-and-girls>).
26. UNFPA. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Interim Technical Note. 27 April 2020. (https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf).

27. The World Bank Group. Data Blog. The impact of COVID-19 (Coronavirus) on global poverty: Why Sub-Saharan Africa might be the region hardest hit. 20 April 2020. (<https://blogs.worldbank.org/opendata/impactcovid-19-coronavirus-global-povertywhy-sub-saharan-africa-might-beregion-hardest>).
28. United Nations. Policy Brief: The Impact of COVID-19 on children. 15 April 2020. (https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf).
29. UN Women Data Hub. Surveys show that COVID-19 has gendered effects in Asia and the Pacific. 29 April 2020. (<https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>).
30. The World Bank Group. World Development Indicators. Classifying countries by income. (<https://datatopics.worldbank.org/world-development-indicators/stories/the-classification-of-countries-by-income.html>), accessed 30 June 2020.
31. Every Woman Every Child. Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Geneva: World Health Organization, 2016.
32. World Health Organization. Global Health Expenditure Database (GHED). (<https://apps.who.int/nha/database/>), accessed 30 June 2020.
33. UNICEF, World Health Organization, The World Bank, UN-DESA Population Division. Levels and trends in child mortality report 2019. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UN IGME) New York: UNICEF, 2019.
34. UNFPA, World Health Organization, UNICEF, The World Bank Group, the United Nations Population Division. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, The World Bank Group and the United Nations Population Division. Geneva: World Health Organization, 2019.
35. The World Bank Group. Classification of Fragile and Conflict-Affected Situations. 2020. (<https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>), accessed 16 April 2020.
36. Phillips DE, AbouZahr C, Lopez AD, et al. Are well functioning civil registration and vital statistics systems associated with better health outcomes? *Lancet*. 2015;386(10001):1386-1394. doi:10.1016/S0140-6736(15)60172-6.
37. United Nations Children's Fund. Birth Registration for Every Child by 2030: Are we on track. New York: UNICEF, 2019.
38. World Health Organization. World health statistics 2019: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization, 2019.
39. AbouZahr C, Boerma T, Hogan D. Global estimates of country health indicators: useful, unnecessary, inevitable? *Glob Health Action*. 2017;10(sup1):1290370. doi:10.1080/16549716.2017.1290370.
40. Every Woman Every Child, World Health Organization, PMNCH, et al. Country data, universal accountability. Monitoring priorities for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Geneva: World Health Organization, 2017.
41. Global Health 5050. Sex, gender and COVID-19: overview and resources. Tracking differences in COVID-19 illness and death among women and men. (<https://globalhealth5050.org/covid19/>).
42. World Health Organization. Global Strategy on Human Resources for Health: Workforce 2030. Geneva: World Health Organization, 2016.
43. Barros AJ, Wehrmeister FC, Ferreira LZ, Vidaletti LP, Hosseinpoor AR, Victora CG. Are the poorest poor being left behind? Estimating global inequalities in reproductive, maternal, newborn and child health. *BMJ Glob Health*. 2020;5(1):e002229. Published 2020 Jan 26. doi:10.1136/bmjgh-2019-002229.
44. Public Health England. Disparities in the risk and outcomes from COVID-19. London: Public Health England, June 2020.
45. Los Angeles County Department of Public Health. COVID-19. Racial, Ethnic & Socio-economic Data & Strategies Report. 28 April 2020. (<https://www.documentcloud.org/documents/6884202-LA-County-Racial-Ethnic-Socioeconomic-Data-COVID19.html#document/p9/a563078>).
46. The World Bank Group. High-Performance Health Financing for Universal Health Coverage (Vol. 2): Driving Sustainable, Inclusive Growth in the 21st Century (English). Washington, D.C.: The World Bank Group, 2019.
47. World Health Organization. The World Health Report 2010: Health Systems Financing: the Path to Universal Coverage. Geneva: World Health Organization, 2010.
48. Transparency International: Bruckner T. The ignored pandemic: how corruption in healthcare service delivery threatens Universal Health Coverage. 2019.
49. Kuruvilla S, Schweitzer J, Bishai D, et al. Success factors for reducing maternal and child mortality. *Bulletin of the World Health Organization* 2014; **92**: 533-44.
50. From the BMJ series on Making multistakeholder collaboration work. 2018. (<https://www.who.int/pmnch/knowledge/case-studies/en/index2.html>).
51. UN Committee on Economic, Social and Cultural Rights (CESCR). General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant) E/C.12/2000/4. 11 August 2000.
52. UN Committee on Economic, Social and Cultural Rights (CESCR). General Comment No. 3: The Nature of States Parties' Obligations (Art. 2, Para. 1, of the Covenant), E/1991/23. 14 December 1990.
53. Global Health Insights: Frost L, Pratt BA. Literature review on how accountability platforms, mechanisms, actions, or activities carried out by stakeholders (public, private, or partners) impact systems performance, health outcomes, and/or health relevant SDG outcomes in countries. 15 January 2020. (https://iapewec.org/wp-content/uploads/2020/01/Literature-Review-for-IAP_GLOHI_15-Jan-20.pdf).
54. Independent Accountability Panel for the Every Woman Every Child Every Adolescent (IAP). Old Challenges, New Hopes: Accountability for the Global Strategy for Women's, Children's and Adolescents' Health. Geneva: IAP, 2016.
55. Toledo C, Gruenberg C. Observatory of Maternal Mortality in Mexico: A Civil Society-Led Initiative. (<http://ella.practicalaction.org/knowledge-brief/observatory-of-maternal-mortality-in-mexico-a-civil-society-led-initiative/>).

