

## PRESS RELEASE

### THE INDEPENDENT EXPERT REVIEW GROUP (iERG) ON INFORMATION AND ACCOUNTABILITY FOR WOMEN'S AND CHILDREN'S HEALTH

#### Launch of the iERG's second report:

#### ***EVERY WOMAN, EVERY CHILD: STRENGTHENING EQUITY AND DIGNITY THROUGH HEALTH***

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The iERG today calls for "a revolution in accountability" to accelerate progress towards MDGs 4 and 5. In their second report to the UN Secretary-General, the iERG recommends that "Ministers of Health, together with partners, must demonstrably prioritise and evaluate country-led, inclusive, transparent, and participatory national oversight mechanisms to advance women's and children's health."

In their latest report, the iERG reviews progress towards MDGs 4 and 5, as well as tracking the delivery of commitments made to the Secretary-General's signature initiative, *Every Woman, Every Child*. At current rates of progress, only 17 of 75 countries, where over 95% of maternal and child deaths take place, will reach MDG-4. Only 9 countries will reach MDG-5. In 38 countries, there has been either a rise or no reduction in absolute numbers of child or newborn deaths. The iERG concludes that "the international community has failed women, and failed them badly...development partners have simply not been sufficiently interested in strengthening the systems of health care that women need during pregnancy and childbirth."

The iERG also draws on evidence from the Partnership for Maternal, Newborn, and Child Health to show that the rate of growth of commitments to *Every Woman, Every Child* is slowing. Moreover, a huge funding gap exists—almost US\$68 billion—to meet the goals of this strategy. The multiple initiatives (A Promise Renewed, Family Planning 2020, the Commission on Life-Saving Commodities, and Nutrition for Growth, among others) that have been launched to support progress towards MDGs 4 and 5 are welcome, but are also a cause of concern, according to the iERG. The danger of creating additional complex vertical bureaucracies for countries to grapple with is real.

Work towards the goals set by the Commission on Information and Accountability is making only mixed progress. Five of the ten goals have targets—on monitoring vital events, innovation, developing country compacts, reaching women and children, and transparency—that will be difficult or hard to reach based on current trajectories.

The iERG also emphasises two neglected dimensions of women's and children's health: strengthening accountability in countries and adolescent health. The health of young people (aged 10-24 years) has been especially neglected by the global community, the iERG concludes. There are 1.2 billion adolescents in the world today, and almost 90% live in low or middle income countries. Adolescent health has failed to make the gains seen elsewhere for women's and children's health. Despite two decades of advocacy for adolescent health, little progress has been made either in terms of global initiatives or programmes in countries.

The iERG makes six new recommendations in addition to those it made in its 2012 report.

First, there is an urgent need to strengthen country accountability. Ministers of Health must do more to prioritise and evaluate national oversight mechanisms to drive improvements in women's and children's health.

Second, the iERG urges the creation of an independent accountability mechanism to monitor, review, and continuously improve actions towards delivering the post-2015 sustainable development agenda. They call on WHO to lead the drafting of an accountability framework for health post-2015 to be presented to the agency's governing bodies for agreement in 2014.

Third, adolescents must be taken more seriously in efforts to improve health worldwide. The iERG recommends measuring adolescent pregnancy as the most sensitive measure of adolescent health.

Fourth, the global community must make the quality of care the route to equity and dignity for women and children. The iERG proposes the creation of a Task Force on Quality of Care to propose measures of quality. That Task Force should report its findings by May, 2014.

Fifth, countries and development partners should work to deliver an expanded and skilled health workforce, especially in sub-Saharan Africa, which serves women and children with measurable impact.

And finally, the iERG urges the launch of a new movement for better data, making universal and effective CRVS systems an explicit post-2015 development target. The iERG proposes that the UN Secretary-General and President of the World Bank establish a High-Level Working Group to do so.

The iERG concludes its report optimistically: "The message we wish to convey...is one of opportunity...the main limitation to progress today is not lack of knowledge. What will transform the lives of adolescents', women's, and children's health is our imagination and our conviction. Our imagination, because we have to envision a different future for the most vulnerable women and children in the world today. Our conviction, because once we have that image of their future, we must have the belief and will to deliver it."

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**NOTES:**

*The iERG was established in 2011 after publication of the Commission on Information and Accountability's final report. This Commission was created by WHO at the request of the UNSG to accelerate progress on his Global Strategy for Women's and Children's Health. The purpose of the iERG is to assess the extent to which stakeholders honour their commitments to the Global Strategy; review progress in implementation of the Commission's recommendations; assess progress towards greater transparency in the flow of resources and achieving results; identify obstacles to implementing both the Global Strategy and the Commission's recommendations; identify good practices; and make recommendations to improve the effectiveness of the accountability framework developed by the Commission.*