PRESS RELEASE: independent Expert Review Group on Information and Accountability for Women's and Children's Health (iERG)

The iERG proposes a radical new vision for accelerating progress towards advancing women's and children's health

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In its 2014 Annual Report, Every Woman, Every Child: A Post-2015 Vision, the UN's independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health proposes radical new arrangements for advancing women's and children's health now and in the future.

The iERG reports unprecedented scale-up of initiatives to meet Millennium Development Goals (MDGs) 4 and 5 on child survival and maternal and reproductive health, respectively.

But with only one full year to go before the MDG target date at the end of 2015, the iERG observes that there is little or no agreement between either of the two major monitors of MDG progress.

On MDG-4: According to data from the UN and the Institute for Health Metrics and Evaluation (IHME, based at the University of Washington in Seattle), only 7 out of 75 priority high-burden countries are agreed to be on target to reduce, by two-thirds, under-5 mortality between 1990 and 2015—Bangladesh, Brazil, China, Egypt, Liberia, Nepal, and Peru.

On MDG-5A: According to UN and IHME data, there is no consensus on any country meeting its MDG-5A target on maternal mortality (to reduce, by three-quarters, the maternal mortality ratio by 2015).

On MDG-5B: The iERG describes "substantial gaps" in progress towards achieving universal access to reproductive health.

The iERG reports continued programmatic neglect across many critical dimensions of women's and children's health—in particular, newborn mortality and stillbirths, sexual and reproductive health and rights, nutrition, the health workforce, quality of care, women and children's health and wellbeing in zones of conflict, child marriage, and female genital mutilation.

Despite these significant concerns, the iERG has gathered evidence of substantial advances in meeting goals set by the 2011 Commission on Information and Accountability. Compared with 2013, the iERG reports progress across vital events monitoring capacity, innovation, country compacts, reaching women and children, transparency, and reporting aid.

In the very first country visits made by iERG teams—to Malawi and Peru—their experts found many examples of remarkable progress in advancing women's and children's health. However, there was also a general lack of awareness about global initiatives to strengthen women's and children's health, as well as weak national accountability mechanisms, often poor transparency of data, and health systems under great pressure.
In 2013, the iERG was assigned responsibility for monitoring progress towards the goals set by the UN Commission on Life-Saving Commodities. The Commission's secretariat has taken an optimistic view of its progress to date. However, the iERG raises concerns about weak financing arrangements for key interventions, lack of product innovation, inadequate implementation plans, weak supply chains, and poor accountability. The Commission's secretariat and implementing partners are expected to deliver on its goals and targets by the end of 2015. The time window for success is extremely narrow.

With only one full year to go before the end of the MDG era, the iERG for the first time sets out its vision for women's and children's health beyond 2015. It focuses on two issues—the health of women and children, and accountability.

1. A Post-2015 Vision for Women and Children:

A common consensus is that high-quality health care for women and children should be a right and not a privilege. But to deliver that right requires a different approach to their health needs. The health-sector focused continuum-of-care—a model used widely by the international health community—has served women and children well by integrating reproductive, maternal, newborn, and child health. But the iERG calls, in addition, for a perspective that takes account of two additional, yet neglected, influences that shape health:

- A full life-course perspective to the health of women, children, and adolescent girls
- Attention to non-health-sector as well as health-sector determinants of health

The iERG integrates these influences into a cycle of wellbeing for women and children, one based on human dignity and with universal health coverage as a central goal—publicly financed, with full coverage of essential interventions for women's and children's health. We recommend that this approach complements the currently used continuum-of-care model by further integrating intersectoral determinants of health.

The iERG also calls for clear time-bound goals, targets, and indicators for reproductive, maternal, newborn, child, and adolescent health post-2015.

2. A Post-2015 Vision for Accountability:

Progress on establishing a robust global accountability mechanism for the Sustainable Development Goals has lagged behind efforts to agree the SDGs themselves. The iERG recognises that there is no single perfect accountability model. But it concludes that an officially legitimised (via the UN) independent accountability mechanism reporting directly to the UN Secretary-General and the UN General Assembly is an essential component of global accountability in the future. This globally configured entity would give accountability a powerful and necessary platform and convening point for advocacy and influence.

To accelerate progress towards MDGs 4 and 5, and to put the fight to protect women's and children's health on the best possible footing beyond 2015, the iERG makes 6 new recommendations:
1. Develop, secure wide political support for, and implement a new, broader, and more inclusive global plan to end all preventable reproductive, maternal, newborn, child, and adolescent mortality between 2016 and 2030

2. Create a results-based financing facility to support and sustain this new global strategy

3. Convene a Special Session of the UN General Assembly to accelerate international collective action for women's and children's health

4. Establish a Global Commission on the Health and Human Rights of Women and Children to propose ways to protect, augment, and sustain their health and wellbeing

5. From 2015, hold a civil-society-led World Health Forum adjacent to the World Health Assembly to strengthen political accountability for women's and children's health


In 2014, Canada's Prime Minister Stephen Harper said that, "we must ensure that the global spending [on women and children] is targeted, effective, and accountable." Acting on the iERG’s analyses and recommendations in its 2014 report would make an important contribution to delivering this vision.

Commenting on the latest iERG Report, Richard Horton, Co-Chair of the iERG said, "There is much to praise in the way all partners have mobilised to save and protect the lives of the most vulnerable women and children. But as a realisation dawns that many nations will fail to meet their Millennium Development Goal targets, the international community needs to examine, honestly and critically, why their rhetoric has too often fallen short of results. Only by holding ourselves fully accountable for our promises and commitments will we learn the lessons for a new and even more ambitious era of sustainable development."

Joy Phumaphi, Co-Chair of the iERG said, "Women, children and adolescents are at the at the centre of, and are the key to, sustainable development. For us to achieve MDGs 4 & 5 and the post-2015 goals, the solid foundation of strong quality health systems and service delivery, offering universal coverage and access to effective interventions throughout the life course within a continuum of care and service delivery, must be delivered urgently."

Note to editors:
The iERG was created in 2011 by the UN Commission on Information and Accountability for Women's and Children's Health. The final report of that Commission, chaired by the Prime Minister of Canada, Stephen Harper, and the President of Tanzania, Jakaya Kikwete, proposed an accountability framework for women's and children's health, together with 10 recommendations. On the issue of global reporting, the Commission called for a time-limited independent Expert Review Group to be established and to operate until 2015.

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