Every Woman, Every Child: from commitments to action

EXECUTIVE SUMMARY

The First Report of the independent Expert Review Group (iERG) on Information and Accountability for Women’s and Children’s Health
independent Expert Review Group (iERG)

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**FUNCTIONS**

- To assess the extent to which all stakeholders honour their commitments to the Global Strategy and the Commission; including the US$ 40 billion of commitments made in September 2010

- To review progress in implementation of the recommendations of the Commission

- To assess progress towards greater transparency in the flow of resources and achieving results

- To identify obstacles to implementing both the Global Strategy and the Commission’s recommendations

- To identify good practice, including in policy and service delivery, accountability arrangements and value-for-money approaches relating to the health of women and children

- To make recommendations to improve the effectiveness of the accountability framework developed by the Commission
Preface

Welcome to the first report of the independent Expert Review Group (iERG) on Information and Accountability for Women’s and Children’s Health. This is the first of four annual reviews we will complete up to and including the Millennium Development Goal target date of 2015. Here, we summarise progress on the UN Secretary-General’s Global Strategy on Women’s and Children’s Health and the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health. As the first report of the iERG, we provide the foundation for our subsequent reviews.

Our shared view is that independent accountability is, and will increasingly become, a powerful force to accelerate progress towards both national and international health and development targets. The now rather cliched phrase “More money for health and more health for the money” implies a mechanism to measure the effectiveness of aid commitments. As a result, accountability has become a compelling idea in global health. But accountability needs to be based on certain core principles—clarity as to stakeholder responsibility for action; accurate measurement; independent verification; impartial, transparent, and participatory review; and clear recommendations for future action.

Women and children have enjoyed spectacular gains in their health status in recent years. These successes have been supplemented by unprecedented opportunities to go further—to end, once and for all, preventable maternal, newborn, and child mortality. But the iERG is also conscious of the urgent actions needed now to assist countries that have so far been unable to implement known effective interventions to save the lives of women and children. We hope that our report, and the renewed debate and advocacy we believe it can generate, will accelerate these urgent actions. We want to see independent accountability not only become a new norm in global health, but also demonstrably improve the lives of women and children worldwide. Ultimately, that is the goal we are accountable for supporting—through monitoring, reviewing, and proposing remedies—and which the global community is responsible for delivering.

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on Information and Accountability
for Women’s and Children’s Health
Executive summary

The UN Secretary-General’s Global Strategy for Women’s and Children’s Health, Every Woman, Every Child, was launched in September, 2010. Its goal is “scaling up and prioritising a package of high-impact interventions, strengthening health systems, and integrating efforts across diseases and sectors such as health, education, water, sanitation, and nutrition. It also means promoting human rights, gender equality, and poverty reduction.” With the target date of the Millennium Development Goals (MDGs) now in sight, Every Woman, Every Child represents the global community’s commitment to accelerate progress towards MDGs 4 (child survival) and 5 (maternal and reproductive health).

A critical part of this strategy was the creation of a global oversight mechanism to ensure that commitments to women’s and children’s health were being delivered on time and with impact. The Commission on Information and Accountability for Women’s and Children’s Health reported in 2011. One of the Commission's 10 recommendations was the creation of an independent Expert Review Group (iERG) to report regularly to the UN Secretary-General on the results and resources related to the Global Strategy, and on progress in implementing the Commission’s recommendations. This is the first of 4 annual reports up to and including 2015.

The focus of the iERG is on 75 countries where 98% of maternal, newborn, and child deaths take place. The accountability framework we use has its origins in human rights bodies—namely, monitoring (based on a small number of health status and coverage indicators), transparent and participatory review, and remedy and action.

EVERY WOMAN, EVERY CHILD: AN EARLY PROGRESS REPORT

• Headline maternal and child mortality reductions during the past decade have been impressive. In 1990, there were an estimated 11.6 million under-5 child deaths. That figure had fallen to 7.2 million deaths by 2011. Estimated maternal deaths in 1990 were 409,053. That number had fallen to 273,465 by 2011.

• According to one set of estimates, 13 of our 75 priority countries are “on-track” to reach MDG-4: Bangladesh, Brazil, China, Egypt, Guatemala, Liberia, Madagascar, Morocco, Nepal, Peru, Tajikistan, Turkmenistan, and Viet Nam. Only 4 countries are “on-track” to reach MDG-5: China, Egypt, Morocco, and Peru.

• Despite these successes, headline mortality reductions mask areas of major concern. The annual rates of decline in maternal and child mortality mean that most countries identified by the Global Strategy will not reach their MDG targets by 2015.

• Although some countries do seem to be accelerating their progress—for example, for MDG-4: Afghanistan, Angola, Burundi, Cambodia, Congo, Iraq, DPR Korea, Liberia, Madagascar, Swaziland, and Zambia—others have fallen back (also for MDG-4): Azerbaijan, Botswana, Burkina Faso, Haiti, Lesotho, and Turkmenistan.

• Priorities for action are coming into ever sharper focus. Among children, 3.07 million deaths annually take place in the newborn period, 1.08 million from pre-term birth complications and 0.72 million from intra-partum complications. The major preventable causes of post-neonatal deaths among children are pneumonia (1.07 million deaths annually), diarrhoea (0.75 million deaths), and malaria (0.56 million deaths).

• Among women, to achieve MDG-5, the annual rate of maternal mortality decline must be 5.5%. But worldwide, the decline has been only 1.9% since 1990. The predicament for adolescent girls is especially acute: one in 8 births in low-income settings is in girls aged 15-19 years old; in sub-Saharan Africa, girls aged 15-19 years account for a quarter of unsafe abortions.
The region that suffers the highest rates of maternal, newborn, and child deaths, as well as the least progress, is sub-Saharan Africa. By any standard, Africa must be a greater global policy priority for all partners concerned with achieving the highest levels of health for women and children. A key reason for lack of progress in Africa remains persistent health-system weaknesses.

We have noted differences in judgement between different groups about which countries are on-track to reach the MDGs for reproductive, maternal, newborn, and child health. While differences in estimates are to be expected, differences in judgements about country progress are confusing and unhelpful. We urge those responsible for these different estimates to agree on the broad progress countries are making towards internationally agreed goals.

Every Woman, Every Child has brought enormous energy to advocacy for women and children. High-level political support for, and financial commitments to, MDGs 4 and 5 have increased. The Partnership for Maternal, Newborn, and Child Health estimates that the Global Strategy has delivered US$ 18.2–20.6 billion of new and additional funding to women’s and children’s health. But there are signs that donor and country financial commitments are declining because of the global financial crisis.

The distribution of commitments made to the Global Strategy is disturbingly uneven. 15 countries have received 3 or fewer commitments from donors, while 20 countries have received 15 or more commitments.

One disappointment is that it has not proven possible to document precisely the progress made on each of the 220 commitments to the Global Strategy. This absence of evidence is a major gap in the Global Strategy, one that may undermine the credibility of Every Woman, Every Child. Although it may be true that implementation of the Global Strategy has advanced the health of women and children, the exact nature of those advances—the tangible results that have been achieved for women and children—is, as yet, impossible to determine.

The health of women and children does not exist on a static landscape. Non-communicable diseases are now a growing concern. And the policy environment has moved considerably during the past 2 years. New initiatives on vaccines, child survival, and family planning have been launched. Universal health coverage is now a central concern of global health policymakers. Meanwhile, the post-2015 development agenda is in the early stages of planning. A mechanism is needed to continuously update the Global Strategy—to take account of the shifting burden of disease and disability facing women and children, as well as to integrate new policies shaping the global and country responses to those burdens.

IMPLEMENTING ACCOUNTABILITY: DELIVERING THE CoIA’s RECOMMENDATIONS

The Commission on Information and Accountability made 10 recommendations: on better information for better results, on better tracking of resources, and on better oversight of results and resources, nationally and globally. Five of these recommendations were to have been fulfilled in 2012.

On health indicators (recommendation 2), the goal has not been met. Only 11 out of 75 countries have data on all 8 coverage indicators selected by the Commission. In many countries, no data are available for key indicators, such as met need for contraception, post-natal care, antiretroviral prophylaxis for PMTCT, and antibiotic treatment of pneumonia. The Commission also asked that indicator data should be disaggregated for equity consideration. By wealth quintile, the available evidence shows that the poorest groups are largely excluded from any benefits being brought by efforts to deliver the Global Strategy. On age, the available evidence shows that young women have much lower met need for contraception.
• On country compacts (recommendation 5), the goal has not been met. A “compact” is a written commitment between a government and its development partners, which describes how they will work together to improve outcomes. Only 36 of 75 countries have signed compacts to date. Even when compacts have been agreed, there are no data as to how those compacts have led to different actions on behalf of women and children.

• On national oversight (recommendation 7), this goal has not, as far as we can tell, been met. The Commission asked that all countries establish national accountability mechanisms that are transparent, inclusive of all stakeholders, and that recommend remedial action to address gaps and obstacles to achieving better health for women and children. But for the majority of our 75 priority countries, there is no reliable information about the presence or nature of annual health sector review.

• On reporting aid for women’s and children’s health (recommendation 9), this goal has been met. Agreement has been reached that a new marker for reproductive, maternal, newborn, and child health tracking will be introduced in 2014, reporting on 2013 financial flows. The recommendation also asked that, in the interim, development partners and the OECD implement a simple method for reporting such expenditure. This has not been done.

• On global oversight (recommendation 10), this goal has been met. The iERG has been established and is working according to its terms of reference.

• The Commission’s remaining recommendations—on vital events reporting (recommendation 1), innovation (recommendation 3), resource tracking (recommendation 4), reaching women and children (recommendation 6), and transparency (recommendation 8) will be reviewed more fully in subsequent reports. As of now, we have serious concerns that progress towards these goals is insufficient. There is very little evidence of progress towards reliable civil registration and vital statistics systems in countries where the greatest burdens of morbidity and mortality among women and children occur. Only 22 of 75 countries have national eHealth or telemedicine strategies in operation. Only 18 countries are reporting expenditure on reproductive, maternal, newborn, and child health. We have no reliable data to judge progress on including women’s and children’s health as part of health spending reviews, or whether those reviews are linking spending to commitments, human rights, gender, and other equity goals and results. Finally, only 16 countries have data available on public reporting of performance; only 4 have a publicly accessible performance report from the preceding year.

• At present, there is a severe shortfall in available resources to deliver the Commission’s recommendations for 75 priority countries where the greatest burdens of women’s and children’s ill-health are to be found. We estimate that funding gap to be at least US$ 64 million.

IDENTIFYING SUCCESSES, OVERCOMING OBSTACLES

• While many successes can be documented—some of which we highlight in a series of case studies—there are many gaps in our assessment. We hope to bring more precise and quantitative measures to our analysis in future years to understand better how countries are performing relative to themselves and to one another. What we can be sure of are the many threats that exist to the aspirations set out in Every Woman, Every Child, threats that are either receiving too little attention or being almost wholly ignored in countries and globally.

• There are pervasive and troubling weaknesses throughout the health systems of countries with the greatest burdens of mortality and disease among women and children. These weaknesses encompass inadequate high-level political leadership, insufficient financing, weak national governance and parliamentary oversight, lack of skilled health workers, unacceptable variations in coverage of specific interventions, and steep...
inequities in the availability, accessibility, and quality of healthcare.

- In addition to these systemic failures, we have also identified specific but neglected areas that are critical to future success—undernutrition, lack of attention to adolescent girls, gender discrimination, pervasive neglect of safe abortion services, inattention to conflict-affected and displaced populations, insufficient intersectorality, weak information technology platforms, overburdened national oversight capacity, and threats to sustained advocacy for women and children.

RECOMMENDATIONS FOR STRENGTHENING ACCOUNTABILITY

- We make 6 recommendations for improving the effectiveness of the accountability framework developed by the Commission.

- **Strengthen the global governance framework for women’s and children’s health.** To maximise the impact of multiple initiatives in women’s and children’s health, and to ensure coordination and coherence in their implementation, we recommend that a more formal global governance (or guidance) framework for women’s and children’s health be established. At present, there is a governance gap that must be filled by a mechanism inclusive of partner countries, multilateral agencies, donors, non-governmental organisations, health professionals, researchers, foundations, and the private sector. We advocate a renewed effort to promote effective interaction and cooperation between all partners dedicated to improving women’s and children’s health.

- **Devise a global investment framework for women’s and children’s health.** The case for stronger accountability mechanisms to track resources for women’s and children’s health was one of the main conclusions of the Commission on Information and Accountability. But how will the needs for priority countries be fully costed and met? The likelihood is that a financing facility for women’s and children’s health will be established in the near future. The creation of a financing facility without a clearer idea of country needs and priorities would be a mistake. We recommend the creation of a global investment framework, taking account of national investments and allocations, to guide a more targeted and strategic approach to supporting women’s and children’s health. The success of the investment framework that exists for AIDS provides one possible model for doing so.

- **Set clearer country-specific strategic priorities for implementing the Global Strategy and test innovative mechanisms for delivering those priorities.** Priorities across the continuum of care need to be sharpened during the 3 years remaining until the MDG target date of 2015. We make recommendations for reproductive health (contraceptive information and services, sexual health, and safe abortion services); maternal health (skilled birth attendants, facility-based delivery, emergency obstetric care, and postpartum care); stillbirths (addressing the complications of childbirth, maternal infections and diseases, and maternal undernutrition); newborn health (addressing the complications of preterm birth); child health (targeting pneumonia, diarrhoea, and malaria); and adolescent health (sexuality education and universal access to reproductive health services). We also recommend innovative approaches to scaling up coverage through equity-focused initiatives, community mobilisation, integration of services (especially with AIDS programmes), using the mass media, and poverty alleviation (such as conditional cash transfer schemes).

- **Accelerate the uptake and evaluation of eHealth and mHealth technologies.** The potential for digital technology to accelerate improvements in women’s and children’s health is great—notably, in supporting country civil registration and vital statistics systems. Although eHealth and mHealth have generated much attention, the evidence on which to base decisions about implementation and scale up are weak or non-existent. We urge partners to assist countries with the development and implementation of national eHealth plans,
to focus on sustainable long-term investments in eHealth, to encourage coordination between providers, and to support evaluation.

• **Strengthen human rights tools and frameworks to achieve better health and accountability for women and children.** Human-rights based approaches have a crucial, but neglected, part to play in the delivery of the Global Strategy. A human-rights based approach provides not only a goal but also a process to reach that goal. In 2011, the Committee on the Elimination of Discrimination against Women became the first UN human rights body to state that countries have an obligation to guarantee, and take responsibility for, women’s timely and non-discriminatory access to maternal health services. They wrote: “The right to health means the availability, accessibility, acceptability, and quality of health care, as well as tackling the underlying determinants of health. Women and children have the right to hold States accountable for the health care they provide”. This decision was an important turning point in strengthening accountability for women’s health. We recommend that human rights treaty bodies that interface with health routinely incorporate the health of women and children into their work.

• **Expand the commitment and capacity to evaluate initiatives for women’s and children’s health.** Evaluation is a key component of accountability. We recommend that partners accelerate their work to establish a global research network to support the Global Strategy. Without reliable evidence, openly and freely accessible, to inform what works for women and children (and what does not), results will fall short of expectations and resources will be wasted. We also urge research funders to invest more in women’s and children’s health. Research itself can be a powerful accountability tool. We see evaluation—the relentless pursuit of results—becoming one of the foundations of effective independent accountability.

**CONCLUSION**

• The Global Strategy has triggered remarkable energy and commitment. But the test of the Global Strategy’s impact lies not in promises, but in results. As yet, it is too early to say whether the Global Strategy has accelerated progress in improving women’s and children’s health in the 75 countries where most maternal and child deaths take place.

• An impartial review of existing commitments to the Global Strategy shows considerable weaknesses in the enabling environment needed to turn promises into results—in health systems, around more specific but still neglected issues, and in those MDGs that influence women’s and children’s health (such as poverty, education, gender inequality, water and sanitation, urban environments, and access to affordable, essential medicines). Unless these broader issues are addressed urgently, not only will the MDGs for women and children not be met, but also the gains that have been made so far will not be protected and secured for the future.

• The grounds for moving fast to implement our recommendations are strong. Evidence is gradually growing to show that investing in adolescent, women’s, and children’s health has important economic as well as health returns. This emerging evidence should give confidence to Ministries of Finance to invest in adolescents, women, and children for long-term economic prosperity.

• The past 12 months have seen many new and welcome initiatives launched to accelerate progress towards improving women’s and children’s health—for example, on child survival, family planning, and life-saving commodities. While welcome, these projects, and the accountability mechanisms that go with them, need an effective means of coordination to avoid unnecessary duplication and inefficiency.
• Financial donors need to be clearer about the extent to which their stated financial commitments are being met. We have not found this core element of donor accountability to be consistently in place. There are disturbing suggestions that at least some donors are falling behind in their financial commitments.

• We are also concerned about the future environment for women’s and children’s health. The resistance that some sectors of society have shown to women’s health and reproductive rights and justice has to be addressed. Although awareness of Every Woman, Every Child is strong in countries, there has been far less attention paid to the Commission on Information and Accountability. Yet the Commission’s recommendations are crucial to accelerate progress towards meeting the objectives of the Global Strategy. All partners need to do more to make policymakers, parliamentarians, and political leaders better aware of the Commission’s work. Accountability is only a practical means to a larger end: better health for adolescents, women, and children.

• Finally, we are fully conscious that mechanisms are already underway to plan the post-MDG period. The Secretary-General’s High-Level Panel of Eminent Persons on the Post-2015 Development Agenda is beginning its work. The lives—and health—of women and children must be central to any future vision of sustainable development. The predicaments facing women and children are truly global problems requiring global solutions. Women have an indispensable role as agents of sustainable development. We will only make further progress for adolescents, women, and children if we understand a core truth: the interdependence of all human beings, one with another, the literal and correct meaning of Every Woman, Every Child.
UN Commission on Information and Accountability for Women’s and Children’s Health

WHO established the UN Commission on Information and Accountability for Women’s and Children’s Health at the request of the UN Secretary-General to accelerate progress on the Global Strategy for Women’s and Children’s Health. The Commission was co-chaired by the President of the United Republic of Tanzania, Jakaya Kikwete, and the Prime Minister of Canada, Stephen Harper. The Director-General of WHO, Margaret Chan, and the Secretary-General of ITU, Hamadoun Touré, served as vice-chairs. Thirty Commissioners joined the Commission and drive this important effort forward. According to its mandate, the Commission has proposed a framework for reporting, oversight and accountability on women’s and children’s health. The work of the Commission was informed by two Working Groups—on Results and Resources—and numerous technical inputs from a wide range of stakeholders as well as public consultations. Commissioners first met in January 2011 at WHO Headquarters in Geneva, Switzerland.

The final report of the Commission proposes an accountability framework supported by 10 recommendations. The accountability framework covers national and global levels and comprises three interconnected processes – monitor, review and act – aimed at learning and continuous improvement. It links accountability for resources to results, i.e. the outputs, outcomes and impacts they produce.

Monitor means providing critical and valid information on what is happening, where and to whom (results) and how much is spent, where, on what and on whom (resources).

Review means analysing data to determine whether reproductive, maternal, newborn and child health has improved, and whether pledges, promises and commitments have been kept by countries, donors and non-state actors. This is a learning process that involves recognizing success, drawing attention to good practice, identifying shortcomings and, as required, recommending remedial actions.

Act means using the information and evidence that emerge from the review process and doing what has been identified as necessary to accelerate progress towards improving health outcomes, meeting commitments, and reallocating resources for maximum health benefit.
The Commission’s 10 recommendations

BETTER INFORMATION FOR BETTER RESULTS

- **Recommendation 1 - Vital events:** By 2015, all countries have taken significant steps to establish a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys.

- **Recommendation 2 - Health indicators:** By 2012, the same 11 indicators on reproductive, maternal and child health, disaggregated for gender and other equity considerations, are being used for the purpose of monitoring progress towards the goals of the Global Strategy.

- **Recommendation 3 - Innovation:** By 2015, all countries have integrated the use of Information and Communication Technologies in their national health information systems and health infrastructure.

BETTER TRACKING OF RESOURCES FOR WOMEN’S AND CHILDREN’S HEALTH

- **Recommendation 4 - Resource tracking:** By 2015, all 75 countries where 98% of maternal and child deaths take place are tracking and reporting, at a minimum, two aggregate resource indicators: (i) total health expenditure by financing source, per capita; and (ii) total reproductive, maternal, newborn and child health expenditure by financing source, per capita.

- **Recommendation 5 - Country compacts:** By 2012, in order to facilitate resource tracking, “compacts” between country governments and all major development partners are in place that require reporting, based on a format to be agreed in each country, on externally funded expenditures and predictable commitments.

- **Recommendation 6 - Reaching women and children:** By 2015, all governments have the capacity to regularly review health spending (including spending on reproductive, maternal, newborn and child health) and to relate spending to commitments, human rights, gender and other equity goals and results.

BETTER OVERSIGHT OF RESULTS AND RESOURCES: NATIONALLY AND GLOBALLY

- **Recommendation 7 - National oversight:** By 2012, all countries have established national accountability mechanisms that are transparent, that are inclusive of all stakeholders, and that recommend remedial action, as required.

- **Recommendation 8 - Transparency:** By 2013, all stakeholders are publicly sharing information on commitments, resources provided and results achieved annually, at both national and international levels.

- **Recommendation 9 - Reporting aid for women’s and children’s health:** By 2012, development partners request the OECD-DAC to agree on how to improve the Creditor Reporting System so that it can capture, in a timely manner, all reproductive, maternal, newborn and child health spending by development partners. In the interim, development partners and the OECD implement a simple method for reporting such expenditure.

- **Recommendation 10 - Global oversight:** Starting in 2012 and ending in 2015, an independent “Expert Review Group” is reporting regularly to the United Nations Secretary-General on the results and resources related to the Global Strategy and on progress in implementing this Commission’s recommendations.