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

The iERG signals the conclusion of the MDG 4 & 5 era and proposes its vision of independent accountability for women’s, children’s and adolescent’s health in post-2015

In its fourth and final 2015 Report, *Every Woman, Every Child, Every Adolescent: Achievement and Prospects*, the UN’s independent Expert Review Group (iERG) on Information and Accountability for Women’s and Children’s Health signals the end of an unusual experiment in global health and reflects on the idea of independent accountability for Sustainable Development Goals (SDGs), including the health goal.

The iERG reports historic achievements in the area of reproductive, maternal, child, and adolescent health (RMNCAH) in 49 countries targeted by the Secretary-General’s Global Strategy for Women’s and Children’s Health *Every Woman, Every Child*: 870 new health workers; a 49% increase in oral rehydration therapy for treating diarrhoeal disease; a 25% increase in skilled birth attendance.

The iERG documents increase in commitments to women’s and children’s health: the number of committing stakeholders has increased from 111 in 2010 to 334 in 2015; financial commitments have reached US$45 billion; domestic public sector spending on RMNCAH and annual disbursements by donors have increased since the launch of the Global Strategy, in particular in previously underfunded areas, such as family planning. Still, there are persistent geographic inequities in RMNCAH funding.

However, with the headline promise to “save 16 million lives by 2015”, the actual figure of 2.4 million deaths averted since 2010 published in the Progress Report on the Global Strategy leaves substantial room for improvement of performance and reflection on how baseline and target calculations should be done.

On MDG-4: According to the latest data available to the iERG, 6.3 million children under 5 died in 2013. Although the 2013 estimate represents a 64% reduction in child mortality since 1970, most countries won’t achieve the MDG-4 target—which requires a 4.4% rate of mortality decline annually. Robust progress is reported, however, in Cambodia, Lao PDR, Viet Nam, Ethiopia, Rwanda as a result of strong political commitment and judicious investments in health and maternal education in these countries.

On MDG-5A: Although not universally consistent, the iERG witnesses many examples of acceleration in reductions in maternal mortality.

On MDG-5B: The iERG concludes that this is the most off-track MDG of all. If all women who sought to avoid pregnancy used modern contraception, the number of unintended pregnancies would fall by 70% and unsafe abortions would drop by 74%. Yet unsafe abortion remains common in many low-income settings, especially among adolescents.
The iERG signals concerns with regard to meeting goals set by the 2011 Commission on Information and Accountability (CoIA): the establishment of the iERG is the only one CoIA recommendation fully delivered; progress is being made in 6 CoIA areas, one area demonstrates considerable resistance to progress, and in 5 areas, lack of data is stopping a fuller evaluation. For the first time, the iERG’s assessment of CoIA performances is supported by 75 Country Profiles and 15 Donor Profiles annexed to the 2015 report.

Issues of equity received insufficient attention during the era of the MDGs. This is shown in distressing findings reported by the iERG based on the analysis of socio-economic, gender, and urban/rural inequalities for RMNCAH performed by the University of Pelotas, Brazil:

- Pro-rich inequalities are observed for all indicators, except for breastfeeding.
- The widest gaps are seen for skilled birth attendance.
- Postnatal care coverage is especially low across all quintiles.
- Pro-urban inequalities are seen for all indicators, except for exclusive breastfeeding.
- Boys and girls show similar coverage levels for postnatal care, exclusive breastfeeding, DPT3 vaccine, and pneumonia care seeking.
- For family planning, there are consistent pro-rich coverage patterns.
- Inequalities are largest in Africa.
- Adolescents have a much greater unmet need for contraception.
- For antenatal care, in every region there are pro-rich coverage patterns.
- At the global level, there are important inequalities in total fertility: ranging from 2.8 children/woman in the richest quintile to 5.4 in the poorest quintile.
- At the global level, the average number of children per urban woman is 3.1, compared with 4.6 among rural women.
- In all regions, fertility and stunting are inversely related to wealth.

The iERG calls for equity to be made a supreme priority post-2015, whatever mechanism for accountability is chosen for women, children, and adolescents.

The era of sustainable development represents a sea change in perspective. The triple helix of sustainable development has economic, social, and environmental strands—health is a part of this framework, but it is not the major part. The universality of the health goal—"Ensure healthy lives and promote wellbeing for all at all ages"—gives a new Global Strategy the best possible opportunity to craft a vision that encompasses a broad range of health and non-health determinants. It makes equity its guiding principle. And it makes health political.

Based on the final four-year review, the iERG outlines new important dimensions for the new agenda for women’s and children’s health post-2015: stillbirths, early child development, and adolescent health.

Despite the fact that there is no single perfect model of global accountability, the iERG dwells on 11 key elements that any independent accountability mechanism should include:

- A framework definition of independent accountability: Monitoring, Review, Act
- Legitimacy established through a UN agency governing body or related political process
- Full administrative and technical resourcing
- Clear roles and responsibilities for reporting among, and working with, partners
- Indicators that measure impact and that are sensitive to change, disaggregated for equity considerations and aligned with related global processes (eg, SDGs)
Better information for better results
Better tracking of resources for women’s and children’s health
Better oversight of results and resources: nationally and globally

- Emphasis on donor as well as country accountability
- Attention to implementation of the findings and recommendations from the independent accountability mechanism
- Host the administration of the independent accountability mechanism within an existing entity engaged in delivering the Global Strategy, but ensure the independence of the accountability research and writing process
- Establish a reporting line between the independent accountability mechanism and the UN Secretary General, through the Director-General of WHO
- Ensure that accountability reports and recommendations are presented in high-level fora with sufficient time and engagement to allow debate and discussion
- Link global and national accountability mechanisms

To set important preconditions for success in global health during the SDG era, in particular in RMNCH area, the iERG makes 3 concluding recommendations:

1. Global accountability: By 2016, establish and implement a global independent accountability mechanism to monitor, review, and act on results and resources for women’s, children’s, and adolescents’ health, working across all 17 SDGs, reporting annually to the UN Secretary-General.
2. National accountability: By 2016, in all countries establish and implement transparent, participatory, democratic, and independent national accountability mechanisms to monitor, review, and act on results and resources for women’s, children’s, and adolescents’ health, with special attention to the translation of recommendations into action and reporting to Heads of State.
3. Accountability for sustainability: In 2017, convene a global ministerial summit to report on progress towards the goals both of the new Global Strategy for Women’s, Children’s, and Adolescents’ Health and the SDGs relevant to women, children, and adolescents; and to report on how national accountability informs and strengthens global accountability.

Commenting on the final iERG Report, Richard Horton, Co-Chair of the iERG said, “Our successors will judge whether this experiment has helped to advance the growing movement to protect and strengthen the health of women, children, and adolescents. Our tentative view is that while the imperfections of this first foray into independent accountability have been all too visible—most obviously of all, the profound difficulty of triggering sustainable accountability mechanisms in countries—independent accountability can be said to have passed the “proof of concept” stage. If independent accountability was a new medicine, it has passed its phase 1 trial.”

Reflecting on the future agenda, Joy Phumaphi, Co-Chair of the iERG said, “As we complete this final iERG report, it is becoming clearer that post-2015, the idea of an independent group to monitor, review, and stimulate action to accelerate advances in the health of women, children, and adolescents will continue. All stakeholders seem to agree that independent accountability has value for improving the oversight of results and resources globally and in countries.”

The 2015 report and related materials can be found at: