



*Every Woman,
Every Child: from
commitments to
action*

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

The iERG 2012 report:

**Findings
Recommendations
Conclusions**

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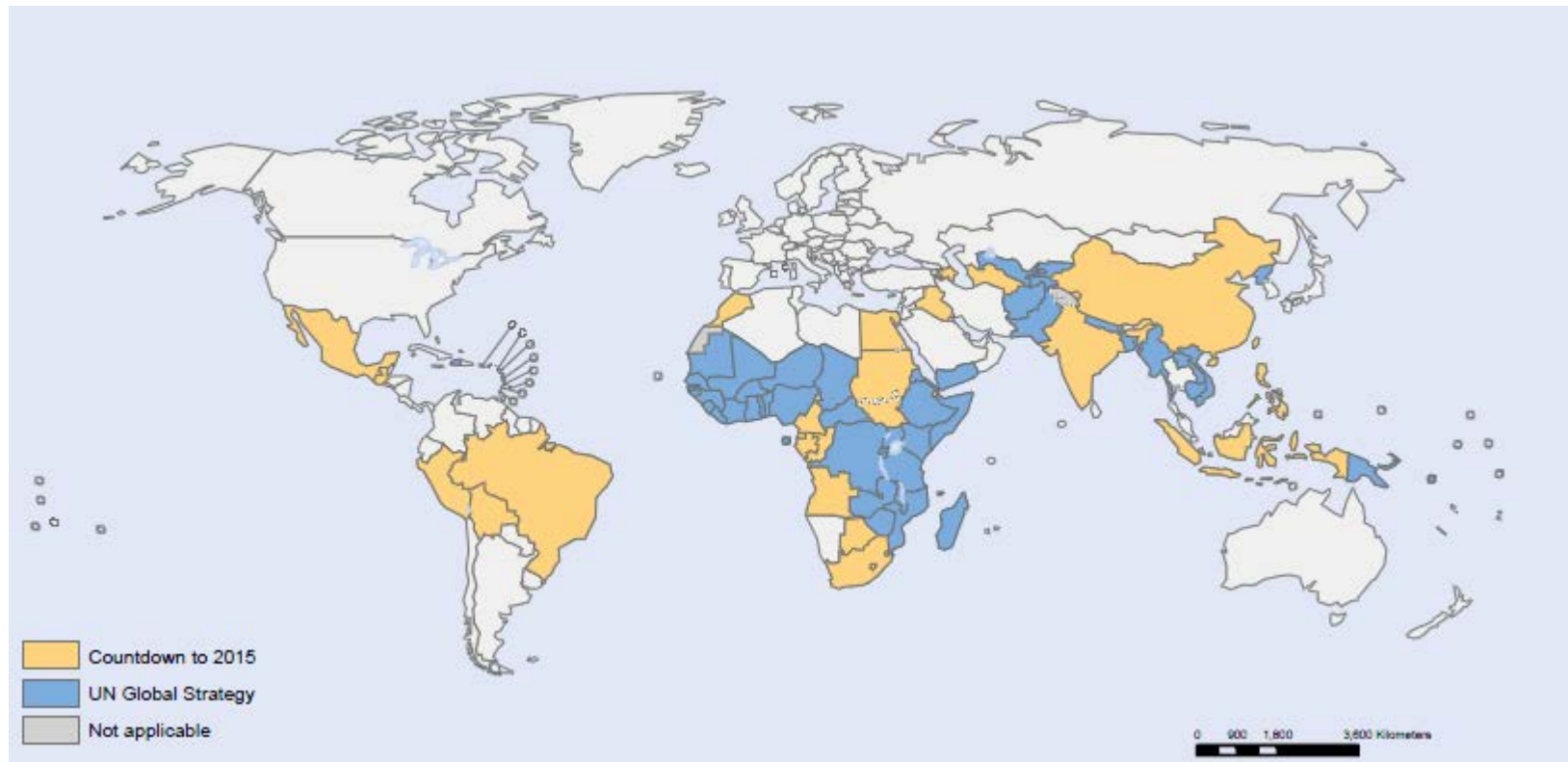
Context

- MDGs **4** and **5**
- UN Global Strategy & *Every Woman Every Child*
- **Commission on Information and Accountability for Women's and Children's Health**
- 10 recommendations of the Commission
- **Recommendation 10:**
independent Expert Review Group (**iERG**)

iERG 2012 report

- The first of **4 annual reports** up to and including 2015
- **Structure:**
 - ✓ Assessing commitments to the Global Strategy
 - ✓ Implementation of the Commission's recommendations
 - ✓ Identifying successes, overcoming obstacles
 - ✓ Six recommendations for strengthening accountability
 - ✓ Conclusion

Countries



75 countries where 98% of maternal, newborn, and child deaths occur

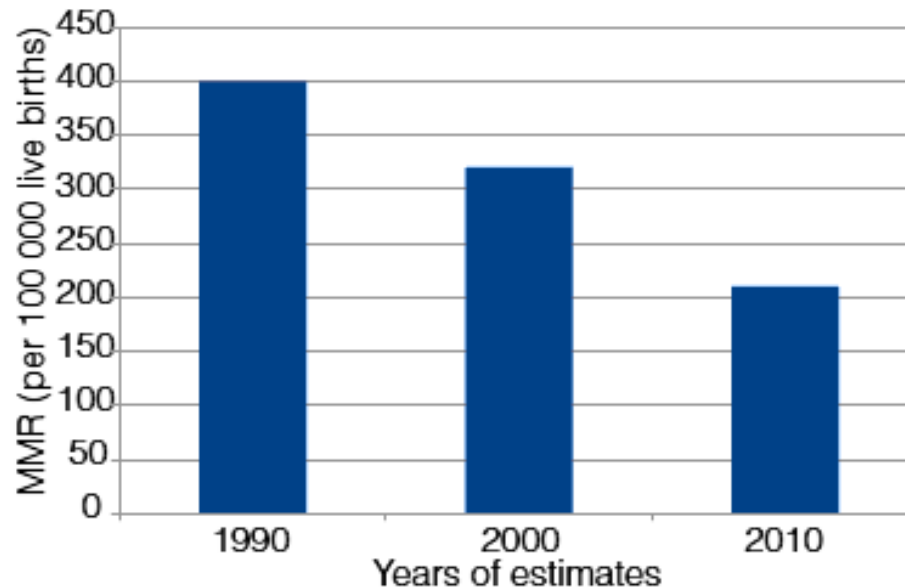
Global Strategy: early progress

*Reductions in maternal and child mortality
during the past decade*

BUT most countries identified by the Global Strategy **will not reach** their MDG targets by **2015**

Global Strategy: maternal mortality

**Figure 3: Estimates of maternal mortality ratio
(maternal mortality ratio per 100 000 live births)**



Source: World Health Statistics, 2012



Annual rate of MM decline:

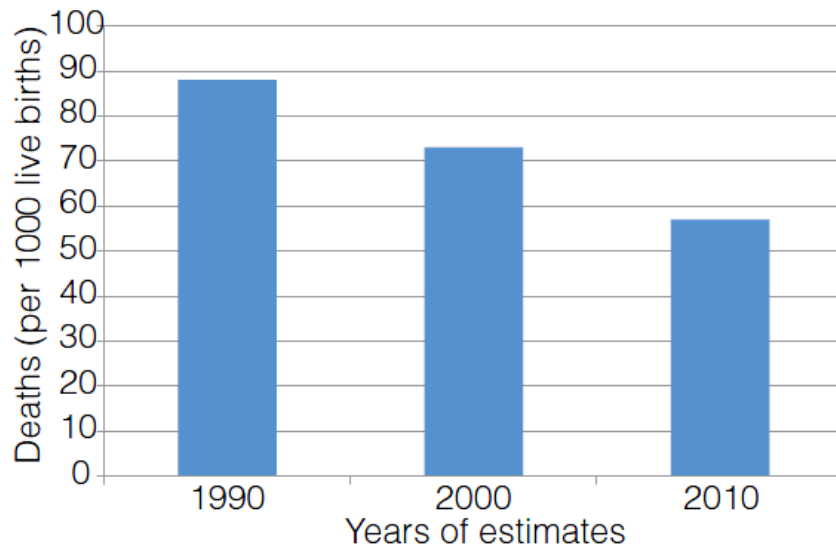
- only **1.9%** (since 1990)
- must be **5.5%** to achieve MDG-5

Acute problems:

- Adolescent girls
- Unsafe abortions

Global Strategy: child mortality

Figure 1: Estimates for under-5 mortality rate per 1000 live births



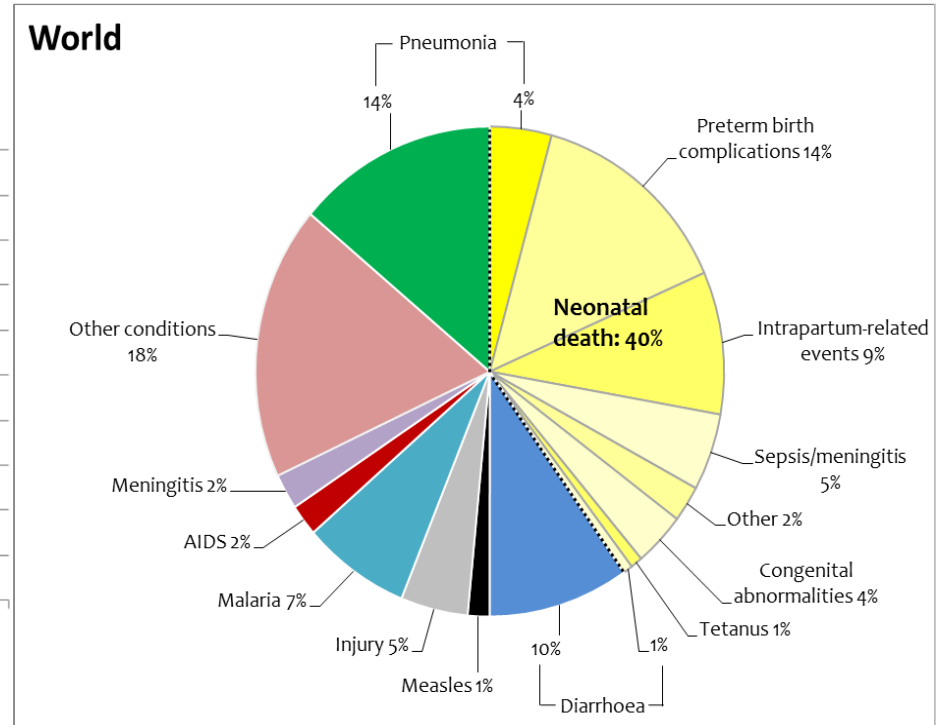
Source: World Health Statistics, 2012

Annual deaths:

3.07 million - in the newborn period

1.08 million - from pre-term birth complications

0.72 million - from intra-partum complications



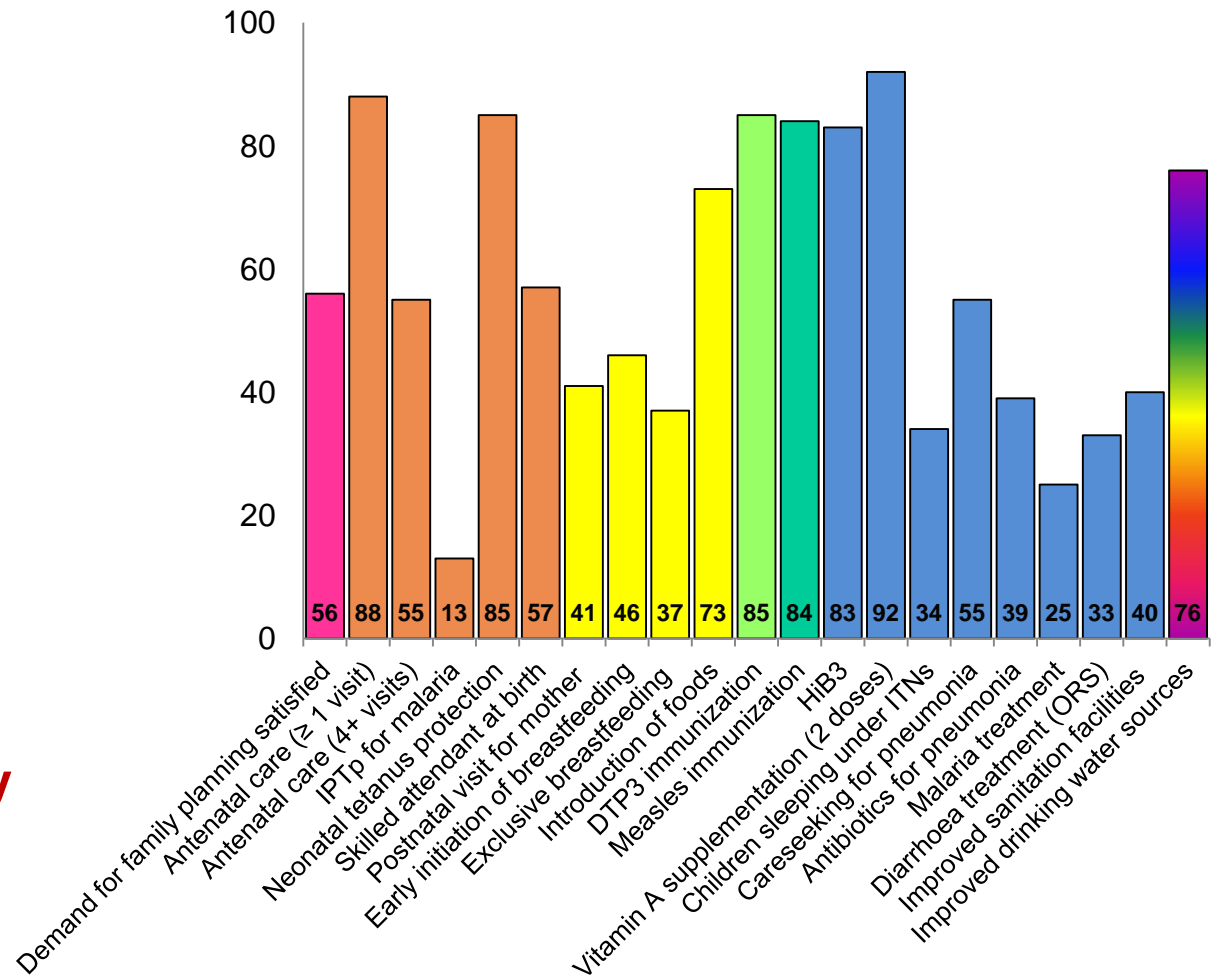
Major preventable causes of post-neonatal deaths:

pneumonia, diarrhea, and malaria.

Wide variations in coverage rates

Africa

- **the highest rates** of maternal, newborn, and child deaths
- **the least progress** because of persistent health system weaknesses
- **Africa must be a greater policy priority for all partners**



Findings

About different judgements in measuring progress :

- **differences in judgement** between different groups about which countries are on-track to reach the MDGs 4 and 5
- **iERG urges those responsible for these different estimates to agree on the broad progress countries are making towards internationally agreed goals.**

Findings

About commitments:

- **Declining financial commitment to the Global Strategy** because of the global financial crisis
- **Uneven distribution of commitments.** 15 countries have received 3 or fewer commitments from donors, while 20 countries have received 15 or more commitments.
- **Progress made on each of the 220 commitments has not been documented.**

Findings

Emerging priorities and initiatives:

- **Non-communicable diseases, universal health coverage, the post-2015 development agenda, new initiatives on vaccines, child survival, and family planning** are part of a dynamic landscape.
- **A mechanism is needed to continuously update the Global Strategy as well as to integrate new policies shaping the global and country responses to those burdens.**

Implementation of the CoIA's recommendations

DUE 2012:

- Recommendation 2 - Health indicators
- Recommendation 5 - Country compacts
- Recommendation 7 - National oversight
- Recommendation 9 - Reporting aid for women's
and children's health
- Recommendation 10 - Global oversight

Recommendation 2 - Health indicators:

NOT MET

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.

STATUS:

- Only **11 out of 75 countries** have data on all 8 coverage indicators
- No data** for key indicators in many countries
- By wealth quintile:** the poorest groups are excluded from any benefits
- On age:** young women have much lower met need for contraception

Recommendation 5 - Country compacts:

NOT MET

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.

STATUS:

- Only **36 of 75 countries** have signed compacts to date
- No data** as to how those compacts have led to different actions on behalf of women and children

Recommendation 7 - National oversight:

NOT MET

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.

STATUS:

-No reliable information about the presence or nature of annual health sector review in the majority of 75 priority countries

Recommendation 9 – Reporting aid for women's and children's health:

MET

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.

STATUS:

-**A new RMNCH marker** will be introduced in 2014, reporting on 2013 financial flows

-**A simple method** for reporting expenditures in the interim **has not been implemented** by development partners and the OECD

Recommendation 10 - Global oversight:

MET

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.

STATUS:

-**the iERG** has been established and is working according to its terms of reference

Other recommendations:

Recommendation 1. **Vital events reporting**

Little evidence of progress towards reliable CRVS in 75 priority countries

Recommendation 3. **Innovation**

Only 22 of 75 countries have national eHealth or telemedicine strategies in operation.

Recommendation 4. **Resource tracking**

Only 18 countries are reporting expenditure on reproductive, maternal, newborn, and child health.

Recommendation 6. **Reaching W and Ch**

No reliable data on including women's and children's health as part of health spending reviews

Recommendation 8. **Transparency**

Only 16 countries have data available on public reporting of performance; only 4 have a publicly accessible performance report from the preceding year.

About resources:

Funding gap to deliver the Commission's recommendations:

US\$ 64 million

Obstacles:

Weaknesses:

- 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
- steep inequities in the availability, accessibility, and quality of healthcare

Neglected areas:

- 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 IT platforms
- overburdened national oversight capacity
- threats to sustained advocacy for women and children

Successes: case-studies

- **Malawi:** advancing newborn survival
- **Rwanda:** prioritising family planning
- **Bangladesh:** female education and child survival
- **Peru:** engaging citizens to promote the right to health
- **Brazil:** tackling child malnutrition to reduce health disparities
- **Mexico City:** a legal abortion programme
- **Nigeria:** scaling up sexuality education nationwide
- **Brazil, Peru:** upholding a woman's human right to health

iERG 2012 recommendations:

1.

Strengthen the global governance framework for women's and children's health.

iERG 2012 recommendations:

2.

Devise a global investment framework for women's and children's health.

iERG 2012 recommendations:

3.

Set clearer country-specific strategic priorities for implementing the Global Strategy and test innovative mechanisms for delivering those priorities.

4.

Accelerate the uptake and evaluation of eHealth and mHealth technologies.

5.

Strengthen human rights tools and frameworks to achieve better health and accountability for women and children.

iERG 2012 recommendations:

6.

Expand the commitment and capacity to evaluate initiatives for women's and children's health.

Conclusions:

- **More investment**
- **Building on existing frameworks and coordination**
- **Turning commitments into results**
- **More engagement**
- **Looking beyond 2015**