

## **Monitoring the achievement of the health-related Millennium Development Goals**

### **Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health**

#### **Report by the Secretariat**

1. At its 130th session in January 2012 the Executive Board considered an earlier version of this report<sup>1</sup> and adopted resolution EB130.R3.<sup>2</sup>
2. The United Nations Secretary-General's Global Strategy for Women's and Children's Health, launched in September 2010, called for WHO to coordinate a process to determine the most effective international institutional arrangements for ensuring global reporting, oversight and accountability on women's and children's health. In response, the Director-General established the Commission on Information and Accountability for Women's and Children's Health. The report of the Commission, of which the advance copy was released during the Sixty-fourth World Health Assembly in May 2011, was officially published during the United Nations General Assembly on 20 September 2011.<sup>3</sup> The report presents 10 recommendations on monitoring, review and action for countries and globally, covering accountability for results and resources. This Secretariat report responds to the Health Assembly's request in resolution WHA64.12 to the Director-General to report on progress achieved in connection with the agenda item concerning the Millennium Development Goals.
3. Implementation of the Global Strategy for Women's and Children's Health gained further momentum in 2011. WHO and its partners UNICEF, UNFPA, World Bank and UNAIDS in the H4+ interagency mechanism have facilitated the building of national commitments to the Global Strategy. Several commitments were announced at a technical briefing during the Sixty-fourth World Health Assembly in May 2011 and at the "Every Woman, Every Child" special event during the sixty-sixth session of the United Nations General Assembly in September 2011. All 49 lowest-income countries, which are the focus of the Global Strategy, have now made specific commitments to accelerate action

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<sup>1</sup> See documents EB130/14 and EB130/2012/REC/2, summary records of the third meeting, section 3; and the fourth meeting.

<sup>2</sup> See document EB130/2012/REC/1 for the financial and administrative implications for the Secretariat of the adoption of the resolution.

<sup>3</sup> *Keeping promises, measuring results*. Report of the Commission on Information and Accountability for Women's and Children's Health. Geneva, United Nations, 2011.

towards the achievement of Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health).

4. WHO is working with its H4+ partners to support the realization of these national commitments. In practice, this implies support to the development of country plans or acceleration of the implementation of existing plans for maternal, newborn and child health interventions, and the linking of these efforts with activities to strengthen national health strategies and systems and with monitoring of maternal, newborn, child and adolescent health.

5. The Commission expanded the scope from the goal of 49 lowest-income countries set in the Global Strategy for Women's and Children's Health to 75 countries, by including an additional 26 countries that are part of the Countdown to 2015 initiative for tracking progress in maternal, newborn and child health. Together these 75 countries account for more than 95% of all maternal and child deaths in the world.

6. A consultation process organized by WHO with multiple stakeholders – United Nations bodies (notably those in the H4+ mechanism), global health partnerships (including the Partnership for Maternal, Newborn and Child Health, the Health Metrics Network and the GAVI Alliance), civil society organizations, country representatives, and academic and research institutions – has been conducted to translate the Commission's 10 recommendations into a common strategic workplan. In November 2011 a meeting, organized by the Government of Canada and WHO, was held to clarify further the roles and responsibilities of the various partners and to learn from country practices. The country actions build on continuing activities and focus on strengthening monitoring of results, tracking of resources, civil registration and vital statistics systems, and maternal death review systems, facilitated by innovation through information and communication technology and eHealth systems. In addition, the aim of the meeting is to support the strengthening of country mechanisms for review, remedy and action related to national health strategies, in line with the approaches of the International Health Partnership and related initiatives, as well as advocacy and action for maternal, newborn and child health issues.

7. The Commission's recommendations also indicate that global partners should support efforts by OECD to improve the latter's creditor reporting system in order better to capture aid flows and financial data on maternal, newborn and child health. In addition, more efforts are needed to harmonize global reporting requirements, including alignment with the 11 indicators for maternal, newborn and child health proposed by the Commission, improved access to expanded global databases and analyses, and better tracking of resources for health. Disaggregated data by gender and other equity considerations will receive special attention.

8. WHO facilitated a process that led to the establishment of an independent expert review group, as recommended by the Commission, and is providing the secretariat for that group. The names of the seven members, including two co-chairs, were announced in September 2011.<sup>1</sup> The first review will be conducted in 2012. The independent Expert Review Group will assess the extent to which all stakeholders honour their commitments to the Global Strategy and the Commission.

9. WHO and its partners have begun working with countries on a road map of priority activities to implement the Commission's accountability framework during 2012–2015. By the end of February 16 Member States in the African Region had systematically assessed the current situation, and those

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<sup>1</sup> See <http://www.everywomaneverychild.org/resources/independent-expert-review-group/expert-review-group-members> (accessed 23 February 2012).

assessments were being used to plan the priority actions for strengthening accountability for health in general and for women and children's health in particular. The aim is to cover all 75 targeted countries with this process in 2012. By January 2012, almost 30% of the US\$ 88 million budget to support the implementation of the Commission's recommendations had been pledged.

#### **ACTION BY THE HEALTH ASSEMBLY**

10. The Health Assembly is invited to note this report.

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