



Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health

Report by the Secretariat

1. The attached document EB132/13 was considered by the Executive Board at its 132nd session.¹ The Board also adopted resolution EB132.R4.²

ACTION BY THE HEALTH ASSEMBLY

2. The Health Assembly is invited to adopt the draft resolution recommended by the Executive Board in resolution EB132.R4.

¹ See the summary record of the sixth meeting of the Executive Board at its 132nd session, section 2.

² See document EB132/2013/REC/1 for the resolution, and for the financial and administrative implications for the Secretariat of the adoption of the resolution.

Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health

Report by the Secretariat

1. This report has been prepared in response to resolution WHA65.7, which requested an annual report to the Health Assembly, through the Executive Board, on progress made in the follow-up of the recommendations of the Commission on Information and Accountability for Women's and Children's Health. At the request of a Member State, the report also provides details of the Secretariat's work on the recommendations and implementation plan of the United Nations Commission on Life-Saving Commodities for Women and Children.

COMMISSION ON INFORMATION AND ACCOUNTABILITY FOR WOMEN'S AND CHILDREN'S HEALTH

2. The United Nations Secretary-General's Global Strategy for Women's and Children's Health was launched in September 2010 in order to accelerate progress on Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health). In response, on 20 September 2011, during the United Nations General Assembly, the Commission on Information and Accountability for Women's and Children's Health published its report containing 10 recommendations.¹ The Commission's report and recommendations focus on monitoring, review and action both nationally and globally; they also cover accountability for results and resources.

3. Implementation of the Global Strategy for Women's and Children's Health gained further momentum in 2012. WHO and its partners in the H4+ interagency mechanism – UNICEF, UNFPA, UNAIDS and the World Bank – have facilitated the building of national commitments to advance the Global Strategy. More than 220 such commitments have now been made by countries and global partners. Several global initiatives are tackling different aspects of the Global Strategy, including the Child Survival Call to Action high-level forum (Washington, DC, 14 and 15 June 2012) and the London Summit on Family Planning (London, 11 July 2012).

¹ *Keeping promises, measuring results: Commission on Information and Accountability for Women's and Children's Health*. Geneva, Commission on Information and Accountability for Women's and Children's Health, 2011. Available at http://www.who.int/woman_child_accountability/en/ (accessed 2 November 2012).

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 implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health is based on a multistakeholder workplan coordinated by WHO. The focus is on the 75 countries that account for more than 95% of all maternal and child deaths in the world. In order to support countries in implementing the recommendations of the Commission, Country Accountability Frameworks have been developed through a series of 11 multicountry workshops, involving over 500 stakeholders, which were conducted to enhance results and accountability for women's and children's health. The Frameworks help to guide, prioritize, validate and cost areas for action on women's and children's health. As part of this effort, teams from all countries were invited to participate in subregional multicountry meetings, followed by in-country multistakeholder workshops. During 2012 almost all countries carried out a systematic self-assessment of their current situation concerning accountability for health, including: result monitoring; resource tracking; civil registration and vital statistics systems; eHealth and innovation; maternal death surveillance and response; review mechanisms; and advocacy for accountability.

6. The results of the assessment are being used to prepare country roadmaps for strengthening accountability; by late 2012, about 25 countries had completed this process. The roadmaps include a budget that takes account of current domestic and external funding for the priority activities, and that identifies areas in need of funding from the funds available in order to catalyse the follow-up work on the Commission's recommendations. By 2012, donor countries had pledged US\$ 40 million to the US\$ 88 million budget for the multistakeholder workplan.

7. The Commission's recommendations also indicate that global partners should support efforts by OECD to improve its creditor reporting system in order better to capture aid flows and financial data on maternal, newborn and child health. In 2012, members of the OECD/Development Assistance Committee's Working Party on Statistics agreed to use a scoring system of five values to track investments for reproductive, maternal, newborn, child, and adolescent health in the Creditor Reporting System.

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 independent Expert Review Group published its first report in September 2012,¹ for submission to the Secretary-General during the United Nations General Assembly. The report contained the following six recommendations for improving the effectiveness of the Commission's accountability framework: (1) strengthen the global governance framework for women's and children's health to maximize impact and ensure coordination; (2) devise a global investment framework for women's and children's health; (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; and (6) expand the commitment and capacity to evaluate initiatives for women's and children's health.

¹ *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*. Geneva, World Health Organization, 2012.

THE UNITED NATIONS COMMISSION ON LIFE-SAVING COMMODITIES FOR WOMEN AND CHILDREN

9. A further contribution to the Global Strategy for Women's and Children's Health has come from the United Nations Commission on Life-Saving Commodities for Women and Children, which issued its first report in September 2012.¹ WHO has been active in supporting the Commission, whose work has been underwritten by the international commitment made in the Abuja Ministerial Communiqué on the Implementation of the Recommendations of the Commission.

10. The Commission's report contains 10 recommendations relating to 13 commodities that are deemed essential for saving women's and children's lives, but which are often overlooked or not readily available. WHO is the lead partner for implementing recommendations to strengthen the quality of products, for ensuring regulatory efficiency and for scaling up access to emergency contraception. The Organization is also a co-convenor in work on other recommendations and products.

11. WHO is facilitating the quality assurance of relevant commodities, products and devices through expedited prequalification and is collaborating with countries to define a regulatory pathway, strengthen technical capacity and encourage pooling of dossiers.

12. The Organization contributes to saving women's and children's lives by providing support in selected countries to complement efforts by partners in the H4+ mechanism to eliminate the barriers and bottlenecks that hinder the expansion of coverage and access to recommended commodities. A technical meeting has been convened with countries in the African Region to develop workplans for facilitating integration of actions on commodities into wider health systems and to support ongoing activities.

13. The H4+ interagency mechanism builds on the collective strengths and comparative advantages of its partner agencies in order to provide coordinated and harmonized support for accelerating progress towards the achievement of Millennium Development Goals 4 and 5. In line with the United Nations Secretary-General's Global Strategy for Women's and Children's Health and the Every Woman Every Child movement, the H4+ partners are working in countries with the highest rates of maternal, newborn and child mortality in order to save lives and improve the health of women and children. Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children is aligned with, and complements, the objectives of the H4+ mechanism.

14. WHO will work with its H4+ partners, especially with UNICEF and UNFPA in the secretariat of the Commission, and with other stakeholders, in order to support the development, implementation and scaling-up of country plans to operationalize the recommendations of the Commission. In this effort, the Organization's activities will have a particular focus on assuring the quality of life-saving commodities for women and children, and providing technical support for their effective provision.

ACTION BY THE EXECUTIVE BOARD

15. The Board is invited to note this report.

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¹ Available at http://www.unicef.org/media/media_65942.html (accessed 2 November 2012).