I. GLOBAL INITIATIVES

Global Strategy for Women’s and Children’s Health/Every Woman Every Child

The Global Strategy for Women’s and Children’s Health was developed by the Office of the United Nations (UN) Secretary-General, Ban Ki-moon, with support and facilitation by the Partnership for Maternal, Newborn & Child Health (PMNCH) and the participation of stakeholders from a range of constituency groups. The Global Strategy sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery for women’s and children’s health.

Launched by UN Secretary-General Ban Ki-moon during the UN Millennium Development Goals (MDGs) Summit in September 2010, Every Woman Every Child aims to save the lives of 16 million women and children by 2015. Every Woman Every Child raises awareness of the Global Strategy and its aims, mobilizes partners, and generates specific commitments, with more than 250 organizations having made pledges to date, with a total estimated value of more than US$50 billion. Key constituency groups include governments and policymakers, donor countries and philanthropic institutions, the UN and other multilateral organizations, civil society, the business community, health workers and their professional associations, and academic and research institutions. A linked process (see next entry) is tracking progress to hold stakeholders accountable for delivery on policy, outcome and financing commitments that have been made.

Coordinators: UN Secretary-General’s Office, with support from PMNCH and the United Nations Foundation
Website: http://www.everywomaneverychild.org/about

Commission on Information and Accountability for Women’s and Children’s Health (COIA)

A high-level commission to improve global reporting, oversight and accountability for women’s and children’s health was established in January 2011, following the launch of the Global Strategy for Women’s and Children’s Health in September 2010. COIA met over a 6-month period in 2011, then issued a report, called Keeping Promises, Measuring Results, which included ten recommendations on how the global health community can track whether financial commitments for women’s and children’s health are made on time, whether resources are spent wisely and transparently, and whether the desired results are achieved. A workplan to implement the recommendations was also prepared, in consultation with the global community. The World Health Organization (WHO) serves as the secretariat for this initiative. One of COIA’s recommendations was to establish an independent group to monitor and report annually on progress (see next entry).

Coordinators: WHO as secretariat

April 2013
Independent Expert Review Group (iERG)

One of COIA's ten recommendations called for the establishment of an independent Expert Review Group (iERG). Starting in 2012 and ending in 2015, the iERG reports annually to the UN Secretary-General on the results and resources related to the Global Strategy and on progress in implementing COIA’s recommendations. The UN Secretary-General appoints the members of the iERG; there are currently 9 members. The iERG assesses the extent to which all stakeholders honor their commitments to the Global Strategy; identifies obstacles to implementing both the Global Strategy and COIA’s recommendations, and makes recommendations to improve the effectiveness of the accountability framework developed by COIA.

**Coordinators:** WHO, on behalf of the Office of the UN Secretary-General
**Website:** http://www.who.int/woman_child_accountability/about/ierg/en/index.html

UN Commission on Life-Saving Commodities for Women and Children

Established in early 2012, the **UN Commission on Life-Saving Commodities for Women and Children** aims to increase access to life-saving medicines and health supplies across the RMNCH continuum of care, with three critical but underutilized commodities selected for focus from each component of the continuum (four were selected for newborn health). As part of the *Every Woman Every Child* movement, the Commission focuses on the needs of countries where the most women, newborns, and children under five die from preventable causes. In September 2012, the Commission released a report and implementation plan that recommended ways to increase access to the prioritized commodities; there are 23 working groups, led by different stakeholders, overseeing implementation of the plan (13 working groups for the prioritized commodities, 10 working groups for the cross-cutting recommendations).

**Coordinators:** UNICEF & UNFPA, on behalf of the Office of the UN Secretary General
**Website:** http://www.everywomaneverychild.org/resources/un-commission-on-life-saving-commodities

A Promise Renewed/Child Survival Call to Action

The *Call to Action* was convened in Washington, DC in June 2012 to examine ways to accelerate progress on child survival. It defined a global target of reducing child mortality to 20 child deaths per 1,000 live births in every country by 2035. Since then, more than 100 governments and many civil society and private sector organizations have signed a pledge to redouble their efforts to end preventable child deaths under the banner of *A Promise Renewed*.

**Sponsors/Coordinators:** Governments of the United States, India and Ethiopia, in collaboration with UNICEF. UNICEF is hosting the secretariat.
**Websites:** http://www.apromiserenewed.org/

MDG Acceleration Framework

The UN Development Programme (UNDP) has developed the **MDG Acceleration Framework** (MAF), with technical inputs and collaboration from other UN agencies, to help accelerate progress at the country level on those MDGs currently seen as unlikely to be reached by 2015. The goals of the MAF are to respond to national/local political determination to tackle identified off-track MDGs, draw upon country experiences and ongoing processes to identify and prioritize bottlenecks interfering with the implementation of key MDG interventions, use lessons learned to determine objective and feasible solutions for accelerating MDG progress, and create a partnership with identified roles for all relevant stakeholders to jointly achieve MDG progress.

The MAF can be applied to any MDG target at the national or subnational level. UNDP, in collaboration with the UN System organizations, has been supporting the development of MDG accelerated Action Plans in about 37 countries, including Kenya.

**Coordinator:** UNDP
**Website:** http://www.undp.org/content/undp/en/home/mdgoverview/mdg_goals/acceleration_framework/
Family Planning 2020

Family Planning 2020 (FP2020) builds on the partnerships launched at the 2012 London Summit on Family Planning. FP2020’s goal is to deliver contraceptives, information, and services to a total of 120 million women and girls in developing countries by 2020. A Reference Group has been established to oversee the initiative, supported by a Task Team hosted at the UN Foundation, with four working groups: country engagement, rights and empowerment, performance monitoring and accountability, and market dynamics. FP2020 will:

- Track progress and report on financial and policy commitments made at the Summit, linking with established accountability processes for the UN Secretary-General’s Every Woman Every Child strategy;
- Monitor and report on global and country progress toward the FP2020 Summit goals;
- Identify obstacles and barriers to achieving Summit goals and recommend solutions;
- Ensure promotion of voluntary family planning and concrete measures to prevent coercion and discrimination, and ensure respect for human rights;
- Ensure data availability to support all of the above, consistent with country processes and sharing data, such as through a global scorecard; and
- Publish an annual report to update the global community on progress and challenges.

**Co-sponsors:** Bill and Melinda Gates Foundation and DFID/UK Government; secretariat is hosted by UN Foundation.

II. GLOBAL STRUCTURES

The Partnership for Maternal, Newborn and Child Health (PMNCH)

PMNCH was launched in September 2005 when three global maternal, newborn and child health alliances (the Partnership for Safe Motherhood and Newborn Health, the Healthy Newborn Partnership, and the Child Survival Partnership) joined forces. PMNCH now has a membership of more than 500 members from a range of constituencies, including governments, donors, UN agencies, NGOs, health care professional associations, and academic, research and training institutions. PMNCH supports partners in achieving universal access to comprehensive, high-quality reproductive, maternal, newborn and child health care, enabling partners to share strategies, align objectives and resources, and agree on interventions to achieve more together than they would have been able to achieve individually. It works closely with Every Woman Every Child and related initiatives and efforts (see above).

The 2013 workplan is structured around 4 outcomes:

1: Highest possible political commitment to women’s and children’s health achieved and maintained in the years to 2015 and beyond.
2: Increased and improved coverage and implementation of essential interventions for women’s and children’s health (in priority countries).
3: Information to guide/track investments and promote accountability on progress, commitments and processes towards improving women’s and children’s health synthesized and disseminated.
4: Strengthened partner engagement and alignment nationally, regionally and globally.

**Coordinator:** WHO hosts the secretariat; there is a multi-constituency Board that oversees PMNCH’s governance and activities.
**Website:** [http://www.who.int/pmnch/about/history/en/index.html](http://www.who.int/pmnch/about/history/en/index.html)
**Countdown to 2015**

Established in 2005 as a multi-disciplinary, multi-institutional collaboration, Countdown to 2015 is a global movement of academics, governments, international agencies, healthcare professional associations, donors, and NGOs. Countdown gathers and synthesizes data on coverage of effective RMNCH health interventions and on key determinants of coverage (health systems and policies, financial flows, equity), and regularly disseminates ‘country profiles’ for use in tracking national and global progress towards MDGs 4 and 5 and strengthening programs at the country level. Countdown profiles and synthesis reports, along with regular publication of technical papers and commentaries in *The Lancet*, are intended to stimulate policy and program action at the national and global levels. In 2012, Countdown introduced a new area of work to support countries in conducting country-level Countdown processes, in-depth studies and analyses of sub-national data, and national events to share that data, in order to facilitate evidence-based policies.

**Coordinator:** PMNCH serves as the secretariat; a Coordinating Committee provides overall guidance.  
**Website:** [http://www.countdown2015mnch.org/about-countdown](http://www.countdown2015mnch.org/about-countdown)

**H4+**

The H4+ is a joint effort by UN and related agencies that are committed to improving maternal, newborn and child health. The original “H4” consisted of UNFPA, UNICEF, WHO, and the World Bank; they were joined (in 2012) by UNAIDS and UN Women. The H4+ works to harness the collective power of each partner’s strengths and capacities to accelerate progress towards achieving MDGs 4 and 5. The H4+ serve as lead technical partners for the UN Secretary-General’s *Global Strategy for Women’s and Children’s Health*.

The H4+ effort works to ensure the full involvement of countries targeted in the *Global Strategy* and to support them in fulfilling their commitments, in collaboration with governments, national partners, other multilateral agencies, and the private sector. The H4+ works to tackle the direct and root causes of maternal, newborn and child mortality in global strategy targeted countries, specifically by strengthening countries’ health systems to provide better RMNCH services and to address gender inequality, low access to education for girls, and child marriage. The H4+ partnership also ensures that linkages with HIV/AIDS programs are made by working towards the elimination of mother-to-child transmission.

**Coordinators:** UN member agencies.  
**Website:** [http://www.everywomaneverychild.org/resources/h4](http://www.everywomaneverychild.org/resources/h4)
III. REGIONAL INITIATIVES (Africa)

Maputo Plan of Action

In September 2006, ministers of health and delegates from 48 African countries met in Maputo, Mozambique and adopted a plan of action to reduce maternal mortality and ensure universal access to comprehensive sexual and reproductive health (SRH) services on the continent. The plan of action makes a number of recommendations, including:

- integrating HIV/AIDS services into sexual and reproductive health and rights;
- promoting family planning as a crucial factor in attaining the MDGs;
- supporting the sexual and reproductive health needs of adolescents and young people as a key SRH component;
- addressing unsafe abortions through family planning;
- delivering quality and affordable health services to promote safe motherhood, child survival, and maternal, newborn and child health;
- adopting strategies that would ensure reproductive health commodity security.

Coordinator: African Union
Website: http://pages.au.int/pages/carmma/maputo

The Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)

CARMMA is an African Union Commission (AUC) and UNFPA initiative to intensify the implementation of the Maputo Plan of Action for the reduction of maternal mortality in the Africa region. CARMMA works to reduce maternal mortality in most African countries by 75 per cent by 2015, as recommended in MDG 5. CARMMA uses policy discussions, advocacy, and community social mobilization to enlist political commitment and increase resources and societal change in support of maternal health. It is a country-driven undertaking. All African countries are expected to launch CARMMA and have a follow-up implementation plan, as well as to monitor progress.

Coordinators: African Union, UNFPA
Website: http://pages.au.int/pages/carmma/whatis

This document can be downloaded from the Family Care International website at: www.familycareintl.org/publications.