

**Every Woman Every Child Stakeholder Consultation**  
**Accountability for Women's and children's health: Setting the foundation for post-2015**  
**6-7 November, 2014 - Geneva**

**Summary of Main Outcomes**

The Stakeholder Consultation, co-convened by the World Health Organization (WHO), the Governments of Canada and Norway, and the United Nations Secretary-General's office brought together approximately 100 senior representatives from governments, civil society and international organizations to set the foundations for women's and children's health post-2015, including the accountability framework and financing. The meeting was the last of a number of high-level meetings convened by various key partners in 2014, all part of a larger strategic process aimed at bringing together stakeholders in women's and children's health to keep the momentum going and set the agenda as we approach the deadline of the MDGs.

**The meeting had four objectives:**

1. Initiate the discussion on a shared vision for women's and children's health beyond 2015, including the key pillars for a renewed Global Strategy for women's and children's health.
2. Review existing accountability mechanisms, including iERG recommendations, identify the priorities on accountability beyond 2015, and agree to a plan for creating a revised framework.
3. Explore the role and alignment of the Global Financing Facility in support of *Every Woman Every Child* to a renewed Global Strategy.
4. Agree to next steps for building a renewed Global Strategy for women's and children's health, including an accountability framework and the Global Financing Facility.

**1. Envisioning an updated Global Strategy for Women's, Children's and Adolescents' Health**

The meeting opened with a brief overview of progress to date and the current status of women's and children's health, which set the scene for a vibrant discussion around a shared vision for women's and children's health beyond 2015, including the key pillars for a renewed Global Strategy for the post-MDG period (2016-2030). There was consensus that the renewed Global Strategy should build on the success of the existing one, ensuring alignment and complementarity with the emerging Sustainable Development Goals (SDGs). It was agreed that the revised Global Strategy should include adolescents and the proposal was made for a "Global Strategy for Women's, Children's and Adolescents' Health" that represents one overarching framework and common vision up until 2030.

There was unanimous agreement that the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030 should reduce and prevent fragmentation and improve harmonization of initiatives within a structure that ensures country ownership. The Global Strategy 2016-2030 should aim to achieve convergence within a generation, where women, children and adolescents in low-income countries are not at a higher risk of dying from preventable causes than those in high income countries. Special attention should be paid to addressing inequities and the situation in fragile states.

During discussions in plenary and working groups, a vision emerged for a Global Strategy which would build on the unfinished MDG agenda and go beyond, aligning with the global targets for 2030 to end preventable maternal, newborn, child, and adolescent mortality and promoting health and wellbeing. Amongst other elements, the strategy would emphasize investments in universal access

to integrated sexual and reproductive health and human rights. The Global Strategy 2016-2030 will establish shared goals with health-enhancing sectors, including (but not limited to) education, nutrition, and water and sanitation. There was discussion on ensuring that key populations were targeted and addressed, including newborns, adolescents, marginalized and underserved groups. (See summary slides for additional details).

Participants agreed on the ambitious aim of launching the Global Strategy 2016-2030 at the United Nations General Assembly in September 2015 with the first 5-year operational plan. Stakeholders will use key events and moments to communicate progress and ensure accessibility and relevance of the Global Strategy with different audiences and constituencies. (See timeline in summary slides).

## **2. Key Lessons from accountability work to take forward post-2015**

The second part of the meeting discussed **lessons on accountability**, including the Commission on Information and Accountability (CoIA) recommendations, the independent Expert Review Group (iERG) recommendations and lessons stemming from the Secretary-General's *Every Woman Every Child* review of accountability mechanisms. Participants concluded that accountability continues to be crucial to ensuring progress and should be an integral part of the Global Strategy 2016-2030. Participants, particularly from governments, felt that the existing accountability framework was useful and that countries had progressed in the implementation of Country Accountability Frameworks, but highlighted the need to ensure that there is more alignment and communication between global and country accountability processes. The renewed Global Strategy should build upon the existing accountability framework, focusing on better use of data (including disaggregated data), strengthening systems, and with a stronger focus on equity and rights.

Investments in health information systems are critical and there should be a focus on data use, interoperability, frequency and moving towards routine systems of capturing data in real time. Harmonization is an important principle and the ongoing measurement work (data revolution) as well as the reduction of the reporting burden on countries with a core set of indicators are examples that stem from the accountability work and will gain more traction post-2015. The question of investing in accountability was also raised, noting that there is an immediate need to fund the remaining accountability work in countries until 2015, and that we are responsible for securing funding for accountability post 2015 to guarantee its prominent place.

In addition to having better data, the issues of greater transparency and better communication were considered to be a necessary focus for accountability up to and post 2015. Further work with parliamentarians, civil society organizations and media must continue as these are important constituencies to ensure national accountability and strengthened links between global and national accountability.

There were discussions on the proposed global commission on health and human rights of women and children, and it was felt that there needs to be another forum – with engagement of both health and human rights partners – to further consider the feasibility of such a commission and who would champion its creation. This addresses the iERG's forth recommendation.<sup>1</sup>

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<sup>1</sup> In 2015, establish a Global Commission on the Health and Human Rights of Women and Children to propose ways to protect, augment, and sustain their health and wellbeing.

There was also consensus to hold a civil society event on accountability at the time of the 2015 World Health Assembly that aligns with and builds on the Global Strategy processes. This idea builds on the iERG's fifth recommendation<sup>2</sup>.

### 3. Investing in and financing the Global Strategy

Participants discussed investing in and financing for the Global Strategy through the newly created Global Financing Facility (GFF) and existing mechanisms such as GAVI and the Global Fund. Given a context where countries increasingly invest domestic resources for women's and children's health, the GFF provides the opportunity to leverage additional funding to fill gaps, better harmonization, and ensure country leadership in which financing is aligned with country priorities and plans. Feedback from participants underscored the importance of country ownership and buy-in.

There were positive reactions to the new Global Financing Facility, with several stakeholders expressing their desire to build and strengthen the facility. It was recognized that there are some questions that remain and will be addressed through the business planning process which is ongoing and will last for the next few months. First, there were questions about the sustainability of the GFF and ensuring that domestic financing is additional and not replaced with external financing. Second, participants raised the question of how to address challenge of focusing on results in fragile states and countries with weak health information systems. There were also questions on the scope of the GFF, but overall it was felt that it can be designed as a mechanism that will fit well within the new architecture of the renewed Global Strategy 2016-2030.

### 4. Timelines and next steps

Stakeholders all agreed that now is the time to develop the Global Strategy and the upcoming months will require continued commitment and collective efforts to keep to the timelines to which participants agreed. Below is the timeline between now and September 2015.

- **November 21, 2014:** Establish a small number of focused, time-bound and interlinked work streams to update the Global Strategy 2016-2030
  - **February 2015:** Review UNSG report on the current Global Strategy – results and lessons
  - **End-February 2015:** Reconvene stakeholders to review work streams' progress, and seek inputs and consensus on the Global Strategy 2016-2030
  - **March 2015:** High-level Greentree retreat convened by the UN SG with senior leaders to gain commitment and country champions, and to build consensus for the main directions of the Global Strategy 2016-2030 (building on February stakeholder meeting)
  - **April 2015:** UN Secretary-General report back to Member States on progress and impact of the 2010 Global Strategy
  - **May 2015:** draft Global Strategy presented to Member States at the World Health Assembly
  - **September 2015:** Launch of the Global Strategy 2016-2030 at the UN General Assembly, together with the first 5-year implementation plan
- May 2016:** Women Deliver: Review progress and implementation to date, and seek additional commitment and buy-in to the Global Strategy and implementation plan

**PMNCH has set up an online platform where we invite you to participate in the consultations and provide feedback on the Global Financing Facility and the Global Strategy for Women's, Children's and Adolescents' health: <http://www.womenchildrenpost2015.org/>**

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<sup>2</sup> From 2015 onwards, hold a civil-society-led World Health Forum adjacent to the World Health Assembly to strengthen political accountability for women's and children's health.