

Every Woman Every Child: A Multi-Stakeholder Partnership Model

Every Woman Every Child is a multi-stakeholder movement launched in September 2010 by the UN Secretary-General with the goal of mobilizing and intensifying international and national action by governments, multilaterals, the private sector, and civil society to improve women's and children's health and save 16 million lives by 2015.¹ High-level political support and attention from the Secretary-General, heads of agencies, Heads of State and CEOs has elevated women's and children's health to a leaders-level issue. More than 300 organizations, including 70 governments, have made commitments to advance the *Global Strategy for Women's and Children's Health*, including at least \$22 billion in new money.² This does not reflect the policy, advocacy and health services and systems commitments that have also been made. As of September 2013, an estimated \$25 billion has been disbursed by all stakeholders who made commitments to the *Global Strategy*. This is double the disbursement total of \$11.6 billion reported in 2012 and proof of concrete resource mobilization as a result of the *Global Strategy*.³

The objective of this paper is to share the factors that have contributed to *Every Woman Every Child's* success, including its strong accountability mechanism, and offer a potential model for the implementation of the post-2015 development agenda.

Firm policy basis and cross-cutting approach rooted in country ownership

Every Woman Every Child aligns partners under a common framework and set of goals based on the *Global Strategy for Women's and Children's Health*, a roadmap on how to enhance financing, strengthen policy and improve service delivery on the ground for the most vulnerable women and children. One of the cornerstones of the *Global Strategy* is support for country-led health plans, including through increased and sustained investment by partners. The *Global Strategy* also calls for the integrated delivery of services and life-saving interventions, stronger health systems, innovations in financing, product development and service delivery, and improved monitoring and evaluation to ensure all actors are held accountable for results.

The *Global Strategy* clearly states that women's and children's health is inexplicably tied to the achievement of all Millennium Development Goals (MDGs). Likewise, achieving the MDGs will help improve health outcomes. The cross-cutting nature of women's and children's health has made it an attractive and worthwhile investment for long-term global development.

¹ United Nations Secretary-General Ban Ki-moon, *Global Strategy for Women's and Children's Health*, September 2010, pp. 4-5.

² The Partnership for Maternal, Newborn and Child Health, *The PMNCH 2013 Report – Analyzing Progress on Commitments to the Global Strategy for Women's and Children's Health*, Geneva, Switzerland, 2013, p.7.

³ The Partnership for Maternal, Newborn and Child Health, *The PMNCH 2013 Report – Analyzing Progress on Commitments to the Global Strategy for Women's and Children's Health*, Geneva, Switzerland, 2013, p.7.

Robust, independent accountability mechanisms

Another cornerstone of *Every Woman Every Child* is accountability, both for resources and results. An immediate output of the launch of the *Global Strategy* was the establishment of a time-limited Commission on Information and Accountability (COIA), which offered a framework for oversight and accountability on all commitments made, and was led by President Kikwete of Tanzania and Prime Minister Harper of Canada. One of the recommendations of the Commission was to establish an independent Expert Review Group (iERG) mandated to report regularly to the UN Secretary-General on progress on the implementation of the Commission's recommendations and the results and resources related to the *Global Strategy*. Established in 2011, the iERG has submitted two reports and will report again in 2014 and 2015, respectively. Coupled with the recommendations of the Commission, the iERG reports have been crucial in alerting to successes as well as shortcomings of the movement and have outlined concrete actions that should be taken by partners to continue to advance the health of women and children.

Further long-term sustainable results are being driven by the creation of Country Accountability Frameworks, which define priority actions for women's and children's health and align them with the COIA recommendations.

Up until now, reporting on commitments to *Every Woman Every Child* has been voluntary, but going forward, commitment makers will be required to report on progress yearly, including private sector commitments, through stand-alone and compilation reports such as the Partnership for Maternal, Newborn and Child Health (PMNCH) and the Global Campaign for the Health MDGs reports. Voluntary reporting to DESA's Sustainable Development Knowledge Platform is encouraged.

Accountability is perhaps the most notable aspect of *Every Woman Every Child* and has become a pathfinder for other sectors to consider. Both the Commission and the iERG have been powerful forces to provide independent oversight and accelerate progress towards national and international health and development targets.

In line with the movement's accountability efforts thus far, an independent evaluation of the accountability mechanism is being undertaken in 2014. The results of this review will help to strengthen accountability in the health sector as well as extract lessons learned for application in the new development framework.

Engagement of UN System to support country ownership:

Every Woman Every Child was convened by UN Secretary-General Ban Ki-moon and is supported by the work of UN Agencies, Funds and Programmes. UNFPA, WHO, UNAIDS, UNICEF, World Bank and UN Women, collectively the H4+, are the lead technical partners for *Every Woman Every Child* and collaborate to provide joint support to improve health outcomes in priority countries identified in the *Global Strategy*, mobilize political support in these countries, and ensure health investments are part of national strategies.

Additionally, through various trips, the Secretary-General and senior UN leadership have raised the visibility of the issue, generated targeted commitments and reinforced engagement at the country-level.

Genuine multi-stakeholder partnership:

The 300+ partners who have made commitments to the *Global Strategy* represent a multitude of sectors: civil society, government, private sector, foundations, the UN and multilateral organizations, academia and health care professionals. Commitments address a variety of areas, including service and product delivery, advocacy, monitoring and evaluation, policy, finance, innovation and research. Over 75% of government commitments have been made by low- and middle-income countries, representing the national ownership and buy-in that has led to the movement's early success.

Private sector partners have also been instrumental in applying, through sustainable public-private and business-to-business partnerships, their unique strengths, capacities and resources to tackle the most pressing challenges of women's and children's health, including but not limited to increasing demand and supply of quality essential medicines and medical equipment. Many of these unique partnerships and innovative solutions have been highlighted during the World Economic Forum and UN General Assembly. In addition, the movement has also facilitated the creation of country-level business networks and issue-oriented business coalitions in India and Nigeria that represent the evolving nature and potential for progress delivered by local partners and resources.

Under the umbrella of the *Every Woman Every Child* movement, several partners have also catalyzed attention to and investment in neglected causes of women's and children's mortality including life-saving medicines and health supplies, child survival, access to voluntary family planning and preterm birth. These important initiatives have contributed to sustaining the movement's momentum at the highest of political levels.

Reference

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