



EVERY WOMAN EVERY CHILD

Frequently Asked Questions

What is Every Woman Every Child?

Launched by UN Secretary-General Ban Ki-moon during the United Nations 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. It is an unprecedented global effort that mobilizes and intensifies international and national action by governments, multilaterals, the private sector, research and academia, and civil society to address the major health challenges facing women and children around the world. The effort puts into action the Global Strategy for Women's and Children's Health, a roadmap on how to enhance financing, strengthen policy and improve service on the ground for the most vulnerable women and children.

What are the intended outcomes of Every Woman Every Child?

Increasing investment in the health of women and children makes good sense. For too long, women's and children's health has been neglected and the majority of women are dying from conditions we know how to treat and prevent. The Every Woman Every Child effort strives to improve the health, and chances of survival, for the world's most vulnerable during their most vulnerable periods. Specifically, key outcomes of the Every Woman Every Child effort will include preventing 33 million unwanted pregnancies, protecting 120 million children from pneumonia and 88 million children from stunting, advancing the control of deadly diseases such as malaria and HIV/AIDS (including the prevention of mother-to-child transmission of HIV/AIDS), and ensuring access to quality facilities and skilled health workers.

What is the Global Strategy for Women's and Children's Health?

The Global Strategy for Women's and Children's Health, launched by UN Secretary-General Ban Ki-moon in April 2010, presents a concrete plan to improve women's and children's health and achieve MDGs 4 and 5. It sets out the key areas where action is urgently required to enhance financing, strengthen policy and improve service delivery. These include:

- Increased and sustainable investment for country-led plans
- Integrated delivery of health services and life-saving interventions
- Innovations in financing, and efficient delivery of health services
- Improved monitoring and evaluation to ensure all actors are held accountable and best practices are shared

Who is in charge?

This is a global effort being rolled out by visionary leaders – from CEO's and Advocates to Presidents and Prime Ministers – around the world. The Office of the Secretary-General spearheads work to advance Every Woman Every Child and to ensure continued support for the Global Strategy at the highest levels. This work is supported through the active involvement of many partners.

Who are the partners? / Who else is involved?

The Every Woman Every Child effort brings together governments, philanthropic institutions and other funders, the United Nations and other multilateral organizations, civil society and non-governmental organizations, the business community, health-care workers and professionals, and academic and research institutions from around the world. Partners such as the H4+ working group (WHO, UNFPA UNICEF, UNAIDS and the World Bank), the Secretary-General's MDG Advocates, the "H8" health related agencies (WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, the Bill & Melinda Gates Foundation and the World Bank), the Partnership for Maternal, Newborn and Child Health (PMNCH), the United Nations Foundation, and several governments, private sector groups and civil society organizations have led efforts to galvanize actions, and both enhance and build commitments.

By September 20th, it is projected that 200 organizations, including more than 50 governments, will have made commitments to advance the Global Strategy for Women's and Children's Health. The full list of organizations which have made commitments to Every Woman Every Child can be found [here](#) on September 20, 2011.

What are the reasons behind setting up Every Woman Every Child?

Women's and children's health is fundamental to our hopes for a more prosperous, peaceful and better future. Yet despite incredible advances in medical knowledge, millions of women and young children continue to die from diseases and conditions we know how to prevent and treat. Globally, over 21,000 children under five die every day and, every year, more than 350,000 women die from preventable complications related to pregnancy and birth.

The good news is that thanks to the efforts of our many partners, we already have effective solutions and models – what was needed was the commitment and leadership to expand these successful models to every country. This coordination is what Every Woman Every Child provides.

Who is ensuring accountability for the resources committed and results promised?

One of the immediate outputs of the Every Woman Every Child effort, at the request of the Secretary-General, was the establishment of the Commission on Information and Accountability for Women's and Children's Health. The Commission was co-chaired by H.E. Jakaya Kikwete, President of Tanzania, and the Rt. Hon. Stephen Harper, Prime Minister of Canada, and vice-chaired by the Director-General of the World Health Organization and the Secretary-General of the International Telecommunication Union. During the World Health Assembly in May 2011, the Commission presented their findings in a report entitled 'Keeping Promises, Measuring Results', which outlined a one-of-a-kind framework to monitor resources and results for women's and children's health, and ensure that as many lives as possible are saved. The report also identifies 11 indicators to be tracked in all 74 countries with the highest burden of maternal and child mortality, and outlines 10 practical recommendations to strengthen existing accountability mechanisms and the national and global levels.

The Commission also recommended establishing an independent Expert Review Group to submit regular reports to the UN Secretary-General from 2012 to 2015. The group will be set up in September 2011 and will review progress of the effort and implementation of the Commission's recommendations, identify potential roadblocks, and recommend how the accountability process can be made more effective.

More information about the Commission on Information and Accountability for Women's and Children's Health is available [here](#).

How does Every Woman Every Child relate to the Millennium Development Goals (MDGs)?

The health of women and children play a role in all MDGs, from reducing poverty and hunger to promoting gender equality and fostering global partnerships. Most directly, Every Woman Every Child is set to have a major impact on MDG 4 (a two-thirds reduction in under-five mortality), MDG 5 (a three-quarters reduction in maternal mortality and universal access to reproductive health) and MDG 6 (to halt and begin to reverse the spread of HIV/AIDS malaria and other diseases, and to achieve universal access to HIV/AIDS treatment). We have made less progress on MDG 5 than any other. Reaching the global targets for MDG 4 and MDG 5 would mean saving the lives of 4 million children and about 190,000 women in 2015 alone.

How does the Global Strategy relate to other key global issues?

Concerted investment of attention and resources in women's and children's health will have a particularly high return. Progress in this area will have a great multiplier effect on all development goals since, at the core of almost any issue, there is always a woman or a child. Investing in the health of women and children is not only the right thing to do; it also builds stable, peaceful and productive societies. It is cost effective, reduces poverty and stimulates economic growth. It helps women and children realize their fundamental human rights.

How does the Global Strategy relate to nutrition?

Nutrition and the struggle to eradicate extreme poverty and hunger (MDG 1) are very closely linked to the goals of the Global Strategy. Under-nutrition and other nutrition-related factors contribute to 35% of deaths of children under five each year, while also affecting women's health. Nutritional interventions (such as exclusive breastfeeding for six months, use of micronutrient supplements and deworming) must become a routine aspect of care worldwide. The Scaling Up Nutrition Movement (SUN) involves more than 20 countries and more than 100 stakeholders, in line with Every Woman Every Child efforts,

supports households - and women in particular - to reduce the stunting of young children and nutrient deficiencies in women and children by 2015.

How does the Global Strategy relate to non-communicable diseases?

Non-communicable diseases, such as diabetes, cancer, cardiovascular disease and respiratory disease affect women and children differently, and can thwart household income and national economic growth due to the high rates of illness, disability and death that these diseases cause. For example, in low income countries, 1 in 10 children die before the age of five, partly due to a diversion of household income away from children and towards NCD risk factors and treatments. Cervical cancer, the most common cancer affecting women in low and middle income countries, kills hundreds of thousands of women a year, yet is preventable by vaccination, screening and early treatment.

How does the Global Strategy relate to global economics?

Global economics are equally affected by the health of women and children. Maternal and newborn deaths slow growth and lead to global productivity losses of approximately US\$15 billion every year. Investing in women's and children's health, on the other hand, stimulates economic productivity and growth.

What role does the private sector play in the Every Woman Every Child effort?

Improving women's and children's health requires concerted multi-sectoral action from all stakeholders. A central focus in 2011 has been on how to tap the enormous potential of business sectors, including ICT/mobile, media and communications, consumer goods, pharmaceuticals, diagnostics, healthcare delivery and financial services. During 2011, the Every Woman Every Child effort has fostered innovative public-private partnerships that leverage both business and public sector capabilities. Private sector commitments to the Every Woman Every Child effort involve not just their charity arms but their core business, which signifies a new level of engagement on global health issues.

A call for proposals in March 2011, from the Innovation Working Group and the Grand Challenge Fund for Development, called Saving Lives at Birth, was supported by the US, Norway, the World Bank, the Bill & Melinda Gates Foundation and Grand Challenges Canada. The call resulted in hundreds of applicants seeking to catalyze innovative projects and scale up opportunities in this field.

In June, the UN Global Compact, and the Every Woman Every Child private sector engagement team based at the United Nations Foundation, launched a task force with founding company members Novo Nordisk and Johnson & Johnson. The task force is creating a guide for companies to identify barriers to private sector engagement and propose solutions that demonstrate the potential of effective multi-sector/cross-industry collaboration in support of women's and children's health.

What has been accomplished?

In its first year, we have already seen remarkable progress. Around the world, we have seen a reduction in under-5 mortality and infant mortality has been reduced, maternal mortality, and mother-to-child transmission of HIV/AIDS, and more people are sleeping under a bed net. But these achievements need to be sustained. Commitments have been implemented and enhanced, new partners have come on board, funding has been increased, policies improved and services strengthened on the ground.

Highlights include:

- Low income countries (including the 16 which made new commitments during the 2011 World Health Assembly), in partnership with H4+ agencies, are focusing on proven measures for preventing deaths. These include contraceptive use, attended childbirth, improved access to emergency obstetric care, prevention of mother-to-child transmission of HIV and childhood immunizations.
- 23 individual countries committed to make access to health-care free or provide some new form of income protection for vulnerable groups, especially women and children
- Mobile health initiatives such as Cell-Life and the D-Tree are using SMS and mobile technology to help patients and health workers
- By increasing access to life-saving vaccines for children, the GAVI Alliance is helping address key global health priorities, including leading child-killers such as pneumonia and diarrhea. A

matching fund of US\$100 million, created by the UK Government and the Bill & Melinda Gates Foundation, will add to contributions from the private sector, including Anglo American, La Caixa Foundation and the ARK Foundation, and JP Morgan.

- Innovative partnerships this year include Johnson & Johnson's grant to the H4+ (the first grant to a joint UN program), the Saving Lives at Birth Grand Challenge and the Countdown to Zero plan (led by UNAIDS, the US Government, the Bill & Melinda Gates Foundation, Johnson & Johnson and Chevron) to prevent mother-to-child transmission of HIV.

How much has been committed?

Last year, policy, service delivery and financial commitments amounting to an estimated \$40 billion were committed over the next five years, which will be utilized to enhance health financing, and ensure access and quality health care for the world's most vulnerable women and children. This does not take into account the immeasurable, but invaluable, work behind realising these commitments through campaigning, advocacy work, or the dedication of specialist knowledge to develop innovative solutions.

How much of this commitment is new funding?

Those making commitments have been requested to articulate funding that is additional to their current investment. However, commitments to advance the Every Woman Every Child effort cannot be counted simply in dollars and cents. Many other commitments, including those to improve policies and the delivery of health services for women and children, are not monetized. Therefore, the approximate \$40 billion total significantly underestimates the total amount pledged.

The Commission on Information and Accountability made a strong set of time-bound recommendations that, when implemented, will improve the tracking of resources and results for women's and children's health. It is anticipated that, by as early as 2012, all partners will have a clearer picture of resource flows related to commitments made in support of the Every Woman Every Child effort.

What kinds of commitments have been made?

Commitments made to date have included financial commitments (aimed at mobilizing domestic resources or supporting governments and other key actors), policy commitments, or service and product delivery commitments.

Low and middle income governments are investing in the health of their own people, while donor governments have stepped up their funding contributions. Major civil society organizations such as World Vision, BRAC, CARE, and Save the Children have committed money and resources, and pledged to significantly increase the reach of their global advocacy. Some of the world's largest companies, including Merck, Johnson & Johnson and GlaxoSmithKline, have made multi-year commitments of funding, resources and expertise, as have foundations such as the Bill & Melinda Gates Foundation, the Carlos Slim Foundation and the BBC World Trust. The UN agencies, led by the H4+, are providing strategic guidance, leadership and programmatic support. All commitments advancing goals outlined in the Global Strategy are encouraged, particularly those which are long term, sustainable, innovative, and have measurable impact.

What is the new PMNCH report?

The PMNCH 2011 report, *Analysing Commitments to Advance the Global Strategy for Women's and Children's Health*, is a first step towards unpacking the commitments made to advance the Global Strategy. The report details the full breadth of commitments made and focus areas of investments, and was produced as part of the PMNCH's commitments to the Every Woman Every Child effort. More information on the report can be found [here](#).

How are commitments made?

For specific guidance on how best to make a commitments, queries can be made to the United Nations Population Fund (for country commitments), the UN Foundation (for private sector commitments) and to PMNCH (for civil society, academic and research institutions, healthcare professional associations and bilateral donor governments).

Where can I find more information?

For more information, please visit www.everywomaneverychild.org