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# USING GLOBAL FRAMEWORKS FOR NATIONAL IMPACT

**Guidelines for in-country advocates on  
maternal, newborn and child health**



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## Disclaimer

This guidance document is based on an internal WorldVision document used by the Child Health Now campaign and has been prepared following interest from external partners. It therefore reflects the priorities and strategic focus of one particular organisation and should not be construed as official advice for engaging with the respective global frameworks contained herewith. In each instance, we recommend that you conduct your own research and/or directly contact the responsible national or global bodies for further information. Our sincere hope is that this document whets the appetite of your organisation for working with others on advocacy related to maternal, newborn and child health. It is our hope that this guidance proves beneficial in developing your advocacy strategies for engaging with the respective frameworks in your national context. WorldVision through our Child Health Now campaign would also welcome the opportunity to work with your organisation at global and national levels to further the respective frameworks. Should you wish to explore this opportunity further please contact [Emma Edwards](#), Campaign Advisor, Child Health Now, WorldVision International.

# Introduction: Making Change Happen

## Why should civil society engage with global frameworks?

The Partnership for Maternal, Newborn and Child Health (Partnership) plays a critical role in coordinating MNCH advocacy efforts. The Partnership joins the reproductive, maternal, newborn and child health (RMNCH) communities into an alliance of more than 500 members<sup>1</sup> across seven constituencies: academic, research and teaching institutions; donors and foundations; health-care professionals; multilateral agencies; non-governmental organisations; partner countries; and the private sector. The Partnership enables partners to share strategies, align objectives and resources, and agree on interventions to achieve more together than they would be able to achieve individually. For more background information on the Partnership please click [here](#).

More than ever, national health policies and health systems are linked to a broader global framework. At the global level, various initiatives and resolutions endorsed by multilateral decision-making forums (referred to in this document as ‘global frameworks’) have identified solutions to improve maternal, newborn and child health (MNCH) through various thematic areas including nutrition, essential commodities, accountability and the major killers of children, which include pneumonia, diarrhoea and neonatal infections.

This presents a clear opportunity for civil society to work collaboratively to ensure that the potential for improving the lives of women and children through global frameworks, such as Every Woman Every Child or Scaling Up Nutrition (SUN), can be turned into reality. Through consistent advocacy in collaboration with others, these agreements could deliver significant outcomes relating to the health of women and children, particularly in developing countries. The onus is on civil society, multilateral organisations, academia and other partners to collectively hold national governments to account for promises they have made to these global initiatives and to support their implementation. This in turn has the ability to benefit the lives of thousands of women and children and, in turn, make an impact on households and communities at the local level.

Opportunities to advocate for change arise when there is a clear gap between stated political commitments (in the context of these global frameworks) and the resultant policy planning, implementation and associated outcomes. Non-governmental organisations (NGOs) and civil society collectively can leverage these gaps in commitment and implementation to put pressure on national governments to remain accountable to the promises they have made to improve MNCH in their countries.

**The advocacy initiatives outlined throughout this document for each framework can and should be undertaken in coalitions wherever possible.**

## Which global frameworks should my organisation work on?

Although this guidance document references many important global frameworks, it is recommended that you prioritise the framework(s) that are most relevant to your organisational focus and your national context.

Under-nutrition	Neo-natal mortality	Preventable diseases	Health funding
SUN, Every Woman Every Child, World Health Assembly	SUN, Every Woman Every Child (including UN Commission on Life-Saving Commodities), World Health Assembly, Inter-Parliamentary Union, Every Newborn Action Plan	Every Woman Every Child (including UN Commission on Life-Saving Commodities), World Health Assembly, Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea, Inter-Parliamentary Union	Abuja Declaration (relevant to African nations only)

<sup>1</sup> Consider becoming a Partnership member, if your organisation isn't already. You can find out more here: <http://www.who.int/pmnch/getinvolved/join/en/index.html>.

# Global Frameworks

## I Global initiatives

There is a range of global initiatives aimed at improving maternal, newborn and child health and reducing preventable deaths through focusing on specific health issues, such as pneumonia and diarrhoea, or on cross-cutting issues, such as accountability or access to health commodities. Most of these initiatives have resulted from United Nations-led efforts to accelerate coordinated action from governments and other stakeholders to reach Millennium Development Goals (MDGs) 4 and 5, related to maternal and child health, by addressing remaining barriers, bottlenecks and gaps.

### I.1 Every Woman Every Child

#### Background

Launched by United Nations (UN) Secretary-General Ban Ki-moon in September 2010, Every Woman Every Child aims to save the lives of 16 million women and children by 2015, in line with MDGs 4 and 5. It is a global effort to address the major health challenges facing women and children around the world. It presents a road map on how to enhance financing, strengthen policy and improve service delivery on the ground for the most-vulnerable women and children. Every Woman Every Child is also known as the Global Strategy for Women's and Children's Health.

For the countries that committed to the initiative, this is the most tangible promise they have made to achieving MDGs 4 and 5. This framework provides a great opportunity for advocates to monitor those commitments, and to hold governments to account.

#### Progress to date

More than US\$40 billion in commitments was pledged at the 2010 launch, and numerous partners have made additional financial, policy and service delivery commitments since then. The [Every Woman Every Child](#) website lists the most recent compilation of partner and country commitments made to the initiative. The implementation of these commitments is important because they are focused on addressing some of the most crucial issues relating to MNCH, consistent with MDGs 4 and 5.

#### Activity by in-country advocates to promote the implementation of the Every Woman Every Child commitments at the national level

At the national level, advocates can monitor the progress of the implementation and advocate when the process is delayed or blocked. It is important to remember that these commitments were made public by governments, so they should be held accountable, and you can target the areas of greatest need in your national context.

It is important to understand the current situation by working through the suggested steps outlined below:

- Contact other NGOs and civil society organisations (CSOs) in your country to find out who else is monitoring commitments to Every Woman Every Child (or which organisations have an interest in ensuring that those commitments are fulfilled).
- Organise a meeting with the civil servants responsible for MNCH within the national health ministry to find out how the government is progressing on its commitments.



During the meeting consider the following:

- If it is evident that the government is not on track to meet its stated commitments, what is preventing it from doing more? For example, could it be due to a lack of health-sector funding from domestic or donor budgets? Or a lack of political will to actually deliver on those commitments given competing priorities?
- Based on information gleaned from the meeting, you develop a 'road map' to improve the implementation of Every Woman Every Child commitments in partnership with other civil society stakeholders. This road map should be used to further engage with national governments.

Out of the Every Woman Every Child initiative, two specific commissions have arisen which provide further opportunity for your organisation/coalition to pursue advocacy objectives as outlined in the following sections.

## **1.2 UN Commission on Information and Accountability for Women's and Children's Health**

### **Background**

To monitor progress on Every Woman Every Child, the Commission on Information and Accountability for Women's and Children's Health proposes a framework for global reporting, oversight and accountability on women's and children's health. Through 10 recommendations presented in its report Keeping Promises, Measuring Results, the Commission has created a system to track whether donations 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. This is an effective way to track national progress on Every Woman Every Child commitments. The recommendations focus on ambitious but practical actions that can be taken by all countries and partners.

### **Progress to date**

#### **Promoting the adoption, review and updating of a country framework and road map**

The World Health Organization (WHO) has been working with each of the 75 countries targeted by the Commission to promote the Commission's report, present the recommendations and encourage the national governments to implement them. Therefore, it is important to gather all the information available on this process and the current state of implementation. In addition, Country Accountability Frameworks have been drafted that reflect the recommendations of the Commission. These were supported by WHO and other UN agencies through a series of regional workshops and then further developed, and in most cases finalised, during a workshop or meeting at the national level. The inclusion of CSO representatives in these regional workshops and national processes for finalising the country accountability frameworks has varied greatly.

It is critical now for CSOs to become familiar with the content of the Country Accountability Framework for their countries and use it to hold their governments to account. Do you and your coalition partners agree with the ratings that the government has provided in areas such as CSO engagement? And does the information about annual health-sector review processes match the reality?

## Activity by in-country advocates to promote the implementation of the Commission's recommendations

The highest level of political engagement is required to ensure enhanced accountability at the national level, but it is important to consider the policy calls that are appropriate to your national context and your campaign strategy.

The suggestions below each require significant commitment on the part of the government to implement; it is therefore realistic to choose the key commitments you will advocate for as they relate to your strategy:

- Make explicit high-level commitments to the goals of the Global Strategy and the goals' intent to improve accountability.
- Complete a brief situation analysis and develop a country plan for augmenting accountability, including monitoring, review and action.
- Develop a national plan and take concrete steps towards the improvement of civil registration and vital statistics.
- Develop comprehensive plans and monitor progress (including making effective use of information and communication technologies) against the II core indicators that, taken together, enable stakeholders to track progress in improving coverage of interventions needed to ensure the health of women and children across the continuum of care.
- Introduce maternal, perinatal and child death audits (such as verbal autopsy) in health facilities and at the community level, and establish a mechanism to review findings and take appropriate action, supported by a national policy on maternal death notification and surveillance.
- Establish a system of monitoring, review and remedy/action that meets the International Health Partnership (IHP+) criteria as formulated in the IHP+ guidance for monitoring, evaluation and review of national health strategies document.
- Organise events to keep MNCH high on the political agenda from 2012–2015, such as a Country Countdown.
- Prepare a plan to assess, collect and analyse health expenditures in general and MNCH expenditures in particular.
- Develop a compact with bilateral and other development partners operating in the country for them to report on their health aid expenditures in the country, particularly those that are off budget.
- Review and analyse the annual reports of the independent Expert Review Group (iERG), which was formed to assess the extent to which all stakeholders honour their commitments to Every Woman Every Child (including the US\$40 billion of commitments made in September 2010) and to review progress in implementation of the recommendations of the Commission. The iERG is a time-bound accountability mechanism, ending in 2015. The latest (2013) report of the iERG summarises progress towards MDGs 4 and 5, the delivery of commitments made to the UN Secretary-General's Global Strategy and the Commission's recommendations. It also reviews status in two new subjects – country accountability and adolescents.



## 1.3 UN Commission on Life-Saving Commodities for Women and Children

### Background

In 2012 the UN Secretary-General's Global Strategy for Women's and Children's Health highlighted the suffering of women and children around the world caused by lack of access to life-saving medicines and other health commodities. The Strategy called on the global community to work together to save 6 million lives by 2015 through increasing access to and appropriate use of essential medicines, medical devices and health supplies that effectively address leading avoidable causes of death during pregnancy, childbirth and childhood. The UN Commission on Life-Saving Commodities for Women and Children (the Commission) was established to provide recommendations for increasing access to and appropriate use of essential and overlooked health commodities.

Experiences from countries suggest that three main types of barriers prevent women and children from accessing and using appropriate commodities: (1) the insufficient supply of high-quality health commodities where they are most needed, (2) the inability to effectively regulate the quality of these commodities and (3) the lack of access and awareness of how, why and when to use them. Addressing these challenges is the overall goal of the Commission. In its [Commissioners' Report](#), the Commission identified and endorsed an initial list of 13 overlooked life-saving commodities that if more widely accessed and properly used, could save the lives of more than 6 million women and children in 50 of the world's poorest countries.

### **Alignment with Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea**

The Commission's list of 13 commodities includes three interventions to treat pneumonia and diarrhoea; this represents a critical opportunity to advocate for the Commission's recommendations for the treatment of pneumonia and diarrhoea, which have been included in the [Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea](#), launched by the WHO in April 2013.

### **Alignment with Every Newborn Action Plan**

With four specific newborn health commodities included in the Commission's list, the Every Newborn Action Plan (ENAP) builds on the Recommendations of the UN Commission on Life-Saving Commodities for Women and Children. ENAP will provide a road map and joint action platform for the reduction of preventable newborn deaths. It will enable policy makers and others to take action to accelerate national plans to achieve clear results for newborn survival, enhancing the achievements of wider goals for women's and children's health. It will define the role and responsibilities of stakeholders, setting out a vision, targets and objectives, with recommended key actions to implement based on proven strategies for change and the latest evidence on effectiveness, costs and expected impact of interventions.

### Progress to date

A detailed [Implementation Plan](#) has been developed with cross-cutting and commodity-specific actions and clearly stated national, regional and global activities and associated costs. At the country level, implementation plans will be developed and shaped during stakeholder meetings in each of the Every Woman Every Child countries and will build on existing and ongoing national planning exercises. The Commission is working at the global level with the UN Secretary-General to promote the adoption of these plans.



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Coordinated by UNICEF'S Strategy and Coordination Team, Global Technical Reference Teams (TRTs) have been established for each of the Commission's 13 commodities and 10 cross-cutting recommendations. The groups carry out their work through a variety of mechanisms, including guidance documents and tools to support countries in their efforts to implement recommendations and address global and regional bottlenecks. In addition, an advocacy working group is dedicated to advancing cross-cutting goals. Specifically, the Advocacy TRT works to raise visibility and build support at the global, national and sub-national levels for the implementation of the eight path-finding countries' Commission-related plans.

The 2013 World Health Assembly produced important outcomes in relation to the achievement of child health-related MDG targets, specifically the landmark resolution of the Implementation of the Recommendations of the UN Commission on Life-Saving Commodities for Women and Children.

### Activity by in-country advocates to advance the implementation of these recommendations

The Commission recommended the development of national plans that can help achieve implementation. These plans should be developed and shaped during in-country stakeholder meetings, building on and linking to existing health-planning and costing processes and timelines. This will require working with the main stakeholders involved in this process (UN agencies, donors, other CSOs and coalitions, the Ministry of Health). The first action is to gather information on the state of this process and the ongoing discussions by connecting with the main stakeholders and assessing the situation. Civil society can contribute to the adoption of these plans by advocating at the national level – urging that the Commission's recommendations be included in the existing planning processes and/or that a specific path to change be adopted.

Depending on the state of the discussions in your country, you may need to engage in the following actions:

- Raise awareness of the importance of this process among key stakeholders and/or find out who is already working on this. The following agencies are active in this area, but involvement will vary from one country to the next: World Vision, WaterAid, Results, PATH International, USAID, Clinton Health Access Initiative, Abbott Associates, Save the Children, the Aga Khan University and Management Sciences for Health.
- Link up with the UN leading agency (e.g. WHO or UNICEF).
- Propose a stakeholder meeting and advocate for the participation of CSOs in that meeting.
- Support governments to make national-level plans on implementing the Commission's recommendations, such as some donors (e.g. USAID) are doing.
- Use the Advocacy Working Group convened by PATH as another way of sourcing information as to the implementation of the Commission's recommendations.
- Join your national coalition working on child health to coordinate efforts to tackle childhood diseases. For example, a group of stakeholders involving civil society, donors, multilaterals and the private sector has set up country coalitions on essential medicines to tackle childhood pneumonia and diarrhoea in a selection of 10 high-burden countries.
- Focus on the technical aspects of drug registration and systems, as many of the stakeholders engaging in the commodities discussion are doing. These are important



aspects of increasing the coverage of life-saving commodities, but they do not reflect the whole picture. It is important for in-country advocates to highlight the need to create demand for and ensure greater access to commodities, including through addressing financial barriers.

## Resources

A comprehensive [advocacy toolkit](#) supporting advocacy for the national implementation of the UN Commission on Life-Saving Commodities for Women and Children Implementation Plan was produced under the auspices of the UN Commission on Life-Saving Commodities' Advocacy Working Group (which includes World Vision) and the Maternal Health Technical Reference Team. It provides information about the Commission and the 13 priority commodities, and gives examples of how the Commission's 10 recommendations to improve access and availability to these commodities are being applied globally and within countries. It also provides comprehensive advocacy resources for using the Commodities Commission platform to raise awareness and engage stakeholders in addressing commodity-related gaps in global and national plans, policies and initiatives. In addition, it provides strategic input to advance implementation of the recommendations.

In-country advocates can contribute to the successful implementation of the Commission's recommendations through a list of activities relevant for countries that have made commitments to Every Woman Every Child (EWEC), as well as activities specific to the eight designated pathfinder<sup>2</sup> countries – these countries are where initial efforts will be focused. As outlined in the toolkit, 'In both pathfinder and broader EWEC countries alike, it is important to ensure that information on the Commodities Commission, the 13 priority commodities and the 10 recommendations is featured at national and sub-national levels', and this can be achieved through the following:

- Work with the Ministry of Health (MoH) and other partners to identify key opportunities to highlight and promote the Commission's recommendations and linkages with other MNCH initiatives.
- Increase focus on the access to and availability of commodities.
- Build political will for implementation of the recommendations.

## 1.4 Countdown to 2015

### Background

[Countdown to 2015](#) is committed to supporting the accountability agenda by providing evidence on progress for each of the 75 countries where more than 95 per cent of all maternal and child deaths occur. Established in 2005 as a multi-disciplinary, multi-institutional collaboration, Countdown to 2015 is a global movement of academics, governments, international agencies, health-care professional associations, donors and non-governmental organisations, with *The Lancet* as a key partner. Countdown uses country-specific data to stimulate and support country progress towards achieving the health-related MDGs.

In 2011, Countdown agreed to take responsibility for major parts of the follow-up [agenda](#) of the [UN Commission for Information and Accountability for Women's and Children's Health](#), including annual reporting and analysis of country-specific information on key indicators of coverage and its determinants, and to work closely with country-

<sup>2</sup> DRC, Ethiopia, Malawi, Nigeria, Senegal, Sierra Leone, Tanzania, and Uganda

level partners to deepen the programmatic and policy impact of Countdown's data and analysis in high-burden countries.

Countdown's key role in fostering accountability includes:

- preparing country profiles focused on the core indicators as identified by the UN Commission on Information and Accountability; these country profiles are updated annually with new data and results
- conducting research that is used to inform the work of the independent Expert Review Group appointed by the UN Secretary-General to report annually on progress in implementing the Commission's recommendations regarding reporting, oversight and accountability
- supporting country-level Countdown processes that include national consultations, workshops or publications, using Countdown data to promote coverage with evidence-based interventions.

### Activity by in-country advocates to promote the implementation of the Commission's recommendations

The Country Countdown processes include the following:

- A Country Countdown is a practical way for countries to follow through on national government commitments to Every Woman Every Child in addition to pledges to end preventable child deaths through A Promise Renewed. It enables countries to take stock, review recent progress, identify remaining challenges and actions required to accelerate progress, and ensure accountability, and it can make a unique, catalytic contribution to national efforts to improve MNCH.
- Countdown has published a Country Countdown Toolkit to assist countries in implementing their own Countdown processes. The toolkit provides detailed advice for planning and implementing a Country Countdown, including a step-by-step guide to the process and an implementation checklist. These toolkits include definitions of key indicators, detailed case studies of Country Countdown experiences, and PowerPoint presentations customised for each Countdown country, containing data from that country's Countdown profile.
- In-country advocates can lobby for and support a national Countdown event, as well as using Countdown data in policy briefs and in engagement with national governments.

## 1.5 Every Newborn Action Plan

### Background

Every Newborn: An Action Plan to End Preventable Deaths (Every Newborn Action Plan) is being developed to focus attention on newborn health and to urgently increase progress on newborn survival. Newborns now account for more than 40 per cent of all child deaths – nearly 3 million newborns die each year, and 2.6 million babies are stillborn. The knowledge and tools exist to reduce this number by at least two-thirds, and the Every Newborn Action Plan aims to provide governments, policy makers and others working in maternal, newborn and child health with a road map for accelerating efforts to reduce preventable newborn mortality. The Action Plan will define the roles and responsibilities of stakeholders and provide costed recommendations for action, based on proven strategies. Key features of the plan include the specification of time-bound targets and indicators through 2035, which anticipate goals in the post-2015 development framework. The Every Newborn Action Plan will assist with advancing the goals of

the Every Woman Every Child movement and will build on and support other global platforms and initiatives, such as the UN Commission on Life-Saving Commodities for Women and Children, the Commission on Information and Accountability for Women's and Children's Health, A Promise Renewed, and Family Planning 2020.

### Progress to date

The development of the Every Newborn Action Plan involves a multi-stakeholder and consultative process. The process serves to mobilise and intensify global action for newborns' healthy survival and promotes coordinated efforts among key partners to successfully identify and develop a plan to address the main barriers to progress.

A core group of partners, led by WHO and UNICEF, are leading the development of the Action Plan. Representatives of the Partnership for Maternal Newborn and Child Health, the Bill and Melinda Gates Foundation, USAID, the London School of Hygiene and Tropical Medicine and Save the Children/Saving Newborn Lives, among others, are also involved in the process, with oversight by an advisory group.

The Action Plan has been developed through a series of regional and national consultations that took place throughout 2013, and stakeholders will have the opportunity to give feedback on the draft plan throughout the first half of 2014. The draft Action Plan was reviewed by the WHO Executive Board in January 2014, and will be put forward for consideration and hopefully will be endorsed by WHO member states at the World Health Assembly (WHA) in May 2014. At that time, endorsement by member states will be critical for progress and accountability on newborn health since such endorsement gives WHO the mandate to lead the monitoring and review of countries' progress on ENAP targets with regular intervals at forthcoming assemblies. It is anticipated that the ENAP will be officially launched in June 2014, following consideration of the draft plan at the 2014 World Health Assembly and incorporation of feedback from all stakeholders. It is critical that, once the plan is launched, advocacy at the national level takes place to ensure the recommendations are implemented by national governments.

### Activity by in-country advocates to become involved in the development of the Every Newborn Action Plan

The involvement of civil society will be crucial to help ensure that the ENAP recommendations are implemented at the national level and that governments are held accountable for progress made to improve newborn health. In-country advocates can engage in support of the ENAP in several ways:

#### Before World Health Assembly 2014

At the World Health Assembly, ministers of health will consider and comment on the draft as part of the WHO's monitoring of the achievement of the health-related Millennium Development Goals. In-country advocates have the opportunity to engage their government's delegation to WHA to ensure that this draft Action Plan is officially endorsed by member states at the WHA and that governments' national plans and budgets translate and implement the recommendations to scale up efforts to tackle preventable newborn deaths.

- Identify who your MoH will send as national representative(s) to the World Health Assembly. This can be done by contacting the WHO Resident Representative in your country or by directly contacting your MoH primary contact. It may include both political staff who advise the Minister as well as civil servants, including diplomats from your country's Mission in Geneva.

- Contact your MoH representative and engage with him or her by means of a meeting/phone call/email/letter, etc. Please use whatever works best in your own context, but bear in mind that a face-to-face meeting will have more impact and will help strengthen your relationship. Similarly, if you are able to send representatives from your Senior Leadership Team, especially your national director, this will increase the likelihood of securing a meeting.
- Present your national representative with the following key messages:
  - Highlight the importance of Every Newborn, an action plan to end preventable deaths that is going to be considered at the Assembly; and point out its links with A Promise Renewed, the United Nations Commission on Life-Saving Commodities for Women’s and Children’s Health, Family Planning 2020 Initiative and the United Nations Commission on Information and Accountability for Women’s and Children’s Health.
  - Further highlight that it is important that the representative endorse the Action Plan and commit your country to implementing and supporting the ENAP recommendations.
  - Share the Action Plan information material, which is available at the [Every Newborn homepage](#).
  - Put your delegates in touch with civil society representatives who will attend WHA in Geneva, who can liaise with them during the Assembly itself.
- Join your national coalition working on newborn health in order to help coordinate efforts to tackle newborn mortality. Suggest a follow-up meeting after the WHA to offer your support in planning for implementation of the Action Plan’s recommendations. You may wish to convene a coalition meeting with the government to discuss implementation plans with a larger group of stakeholders.

### After World Health Assembly 2014

In-country advocates will have an important role to play in ensuring that national governments take action to implement the recommendations of the ENAP to improve newborn health, and that governments are held accountable on the progress they make. Advocates can work with national coalitions working on newborn health to lobby for governments to take the actions below.

National governments should do the following to improve newborn health:

1. Commit to develop a costed national plan to implement the recommendations of the Every Newborn Action Plan.
2. Scale up investment in health services and supplies to reach the most-vulnerable women and children and communities where the greatest gaps exist.
3. Enhance accountability mechanisms by involving communities in planning, monitoring and review of progress of the recommendations of the Every Newborn Action Plan.

Advocates can also help lobby for the inclusion of newborn health targets in the Post-2015 agenda.



## 1.6 Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea

### Background

The Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) was launched in April 2013. Together, pneumonia and diarrhoea account for 29 per cent of all child deaths each year.<sup>3</sup> As no single intervention can address the entirety of either problem, the GAPPD seeks to address these problems in a coordinated manner to ensure that every child has access to appropriate treatment but is also protected against pneumonia and diarrhoea through preventive measures ensuring a clean and healthy home environment,<sup>4</sup> including safe water, hygiene, sanitation practices and clean household energy.

The GAPPD sets clear goals for the world to achieve by 2025: a 75 per cent reduction in incidence of severe pneumonia and diarrhoea from 2010 levels among children under 5 and the virtual elimination of deaths from both diseases in the same age group. It also aims for a 40 per cent reduction in the global number of children under 5 who are stunted. The Action Plan calls on governments and other stakeholders to prioritise investment in the population groups with the poorest health-service access to prevent and treat pneumonia and diarrhoea. Nearly 90 per cent of pneumonia and diarrhoea deaths in children currently occur in sub-Saharan Africa and South Asia.

In scaling up and refining existing efforts to protect children from diarrhoea and pneumonia and to treat them appropriately when affected, improved coordination among existing programmes and a wide range of actors, including the community and the private sector, will be key.

WHO, UNICEF and USAID have released a communiqué detailing the importance of the GAPPD to all their country offices (July 2013). World Vision and PATH, as well as other CSO partners, and the organisations above, are keen to support national-level roll-outs of the GAPPD, especially in conjunction with the launch. In-country advocates who would like to take part are encouraged to contact Marta Seoane Aguilo at WHO.

### Activity by in-country advocates to promote the implementation of the GAPPD

PATH and World Vision have developed an advocacy toolkit for advocates seeking to engage in-country in the implementation of the GAPPD. This advocacy toolkit is designed to assist CSOs, NGOs and other advocacy groups or individuals to advocate for the successful implementation of the recommendations of the GAPPD at the national, sub-national and community levels. It also provides information to enable groups to assess opportunities to align GAPPD advocacy with related initiatives in the context of maternal, newborn and child health, including the United Nations Global Strategy for Women's and Children's Health, *Committing to Child Survival: A Promise Renewed*, and the United Nations Commission on Life-Saving Commodities for Women and Children. Resources in the toolkit include advocacy tactics and a calendar of GAPPD advocacy opportunities.

<sup>3</sup> World Health Organization, 'Global Health Observatory for undernutrition': Black et al. *The Lancet* (2008), <[http://www.who.int/gho/child\\_health/en/index.html](http://www.who.int/gho/child_health/en/index.html)>.

<sup>4</sup> World Health Organization, *Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea*.

## 1.7 A Promise Renewed/Child Survival Call to Action

### Background

In June 2012, the governments of Ethiopia, India and the United States, together with UNICEF, brought together representatives from the public, private and civil society sectors for the Child Survival Call to Action summit in support of the Every Woman Every Child strategy. The objective was to mobilise action for ending preventable child deaths, to agree on a global road map with practical solutions on how to save children's lives, and to drive accountability and collective action. The Call to Action urged all countries to accelerate progress towards the MDGs and to increase efforts to achieve a national rate of child mortality of 20 or fewer deaths per 1,000 live births by 2035. By achieving this goal, the global child mortality average will be reduced to 15 deaths per 1,000 live births by 2035, a milestone towards the ultimate goal of ending preventable child deaths.

Partners make A Promise Renewed (APR) pledge to take action to accelerate progress on maternal and child survival. Governments are required to identify and track five-year benchmarks for maternal, newborn and child survival in order to reach fewer than 20 deaths per 1,000 by 2035 or, if their nations are already below that level, to sustain that progress, with a focus on reducing sub-national level inequalities.

A secretariat hosted by UNICEF in close partnership with USAID is responsible for facilitating collective action on three fronts:

#### 1. Evidence-based country plans

At the national level, participating governments are to lead the effort to sharpen country action plans for child survival. Five-year milestones for maternal, newborn and child survival will be identified to track and hasten declines in child mortality.

#### 2. Transparency and mutual accountability

Governments and partners from civil society, the UN and the private sector will track and report the global and national progress of child survival strategies. To enhance the use of child survival data, to facilitate cross-country comparisons and to stimulate national dialogue on MNCH monitoring, UNICEF and partners have developed a standardised template for monitoring progress on maternal and child survival. This template builds on, and is to be used in conjunction with, existing monitoring initiatives, including Countdown to 2015, to track the coverage of key health interventions for maternal, newborn and child mortality. National governments and local partners can adapt and apply this template to national monitoring efforts. The list of MNCH survival indicators on the template provides a menu of options which can be simplified or augmented, based on national priorities and planning processes.

#### 3. Global communication and social mobilisation

Social media, publications and other communication channels are to be used to sustain the focus on, and generate momentum for, the goal to end preventable child deaths. UNICEF and partners will release global child survival progress reports each September.

### Progress to date

Since the Call to Action summit, 176 governments have renewed their promises to children by reconfirming their commitment to Every Woman Every Child and pledging



to redouble efforts on child survival. In addition, hundreds of civil society organisations and faith-based organisations have signed pledges in support of the APR movement.

Participating governments are currently taking the lead in developing national and regional strategies for maternal, newborn and child survival to fulfil their pledges. USAID and UNICEF country offices are good sources of information to find out the latest about your country.

**Regional summits:** In 2013 regional meetings began, gathering high-level regional stakeholders who are raising the APR issues specific for their region and facilitating regional cross-sectoral action. An African and an Eastern Mediterranean regional summit was held in January and a Latin American summit was held in September. In addition, UNICEF, WHO and partners are developing a regional partnership to support APR and other health-related initiatives in Europe and the Commonwealth of Independent States.

**National launches:** Many countries are taking action nationally to advance implementation of their APR pledges. In February 2013, the Government of India convened a national forum involving government, civil society and the private sector to identify and commit to high-impact strategies for accelerating declines in preventable child deaths. In April 2013 the first lady of Zambia hosted a national launch of APR, which presented a four-year road map that will save an average of 27,000 lives every year.

### Activity by in-country advocates to promote the implementation of the APR recommendations

National advocates can take action to advance regional and national APR implementation:

- Monitor when regional summits and national APR launches are coming up in your region/country. Each national launch of APR presents an important opportunity to mobilise broad-based support for ending preventable deaths among mothers and children and to focus on practical approaches to saving lives in the country over the next few years.
- Advocate for strong involvement of civil society in national APR road map processes and, if possible, offer support to the development of national implementation road maps.
- In countries that have not planned for an APR launch, engage with your government to encourage the arrangement of an APR launch, and offer to facilitate the development of a road map.
- Follow up and monitor national road map implementation.
- In support of APR, UNICEF publishes [annual reports](#) on child survival to track progress and promote accountability for global commitments made to children, including the child mortality estimates of the United Nations Inter-Agency Group on Mortality Estimation. This is a critical advocacy tool to enable organisations to track government progress in reducing child mortality rates.

For further information please refer to the [APR website](#) containing reports and resources.



## 1.8 Scaling Up Nutrition

### Background

Scaling Up Nutrition (SUN) is a global movement of governments, donors, civil society, multilaterals, private sector and other actors that aim to catalyse and scale up current efforts to improve nutrition, particularly for pregnant women and children under 2, who are the most vulnerable to undernutrition. This movement is an unprecedented opportunity for concerted action on nutrition.

SUN began in 2009, with the initial goal of putting nutrition higher on the agenda of both high-burden and donor countries and developing basic principles to guide country-level nutrition action. Since then a Global Framework for Action, a Roadmap for Implementation, and several taskforces have been created. Their aim is to effectively spur a scaling up of investment, advocacy and programming in nutrition. A revised Roadmap was developed in September 2012. Countries that join the SUN movement should demonstrate a commitment to ensuring that all multi-sectoral government programmes are sensitive to nutrition and that proven interventions to improve nutrition during the critical 1,000-day period from pregnancy to a child's second birthday can be scaled up.

When joining SUN, governments and their partners agree to take forward the following four key processes that contribute to nutritional outcomes:

1. **Bring people together:** Work together, effectively, through functioning multi-sector, multi-stakeholder platform(s).
2. **Put policies in place:** Establish (and seek legislative endorsement for) a coherent policy and legal framework.
3. **Implement and align programmes:** Identify common objectives and agree on a framework of results around which to align and intensify actions (Common Results Framework).
4. **Mobilise resources:** Mobilise sufficient domestic resources, supplemented with external assistance, to realise the agreed goals as quickly as possible.

SUN countries are responsible for tracking their progress against those four processes. The SUN Government Focal Point is responsible for coordinating tracking efforts supported by the multi-stakeholder platform. It also works to analyse the outcomes, identify constraints and make adjustments where necessary. The SUN Movement Secretariat releases an annual SUN Movement Progress Report on progress towards achieving SUN's goals and strategic objectives.

### Progress to date

As of February 2014 the SUN movement consists of 46 countries. SUN is working to mobilise resources behind increasingly empowered national movements in order to achieve measurable impact. It is also a country-led movement: in effect, each of the 46 SUN countries contains its own national movement; these movements are joining forces with others on a global scale for joint advocacy and mutual support. The list of countries that have committed to SUN is constantly being updated. Please refer to the SUN website for the latest list of countries that have joined the SUN movement.

### Minimum level of engagement required by prospective SUN countries

Once a government signs up to the movement, it commits to:

- identifying a high-level governmental focal point that can work across ministries
- appointing a donor convener who can coordinate other donors behind national plans
- conducting a nutrition stock-taking exercise
- developing or revising national nutrition plans that explicitly aim to reduce undernutrition
- strengthening existing nutrition multi-stakeholder platforms.

### Stages of country preparedness in SUN

- The concept of a staged journey better enables stakeholders in the SUN movement to align, adjust and augment resources being invested in nutrition. The [2010 Road Map](#) indicated that SUN countries pass through three stages as they scale up nutrition and seek to sustain their achievements. At the time of committing to the SUN movement, a country might be at any of these stages.
- All countries, whatever their state of preparedness for scaling up nutrition, should expect to benefit from participation in the movement.
- The pattern of support on offer will be adjusted according to each country's stage of preparedness. A set of progress indicators focuses on a selection of the critical elements that a country needs to have in place to enable rapid scaling up of nutrition outcomes. Moving from one stage to the next requires a demonstrated evolution of progress. This will increase the likelihood that external assistance will be intensified and aligned. Stakeholders will prioritise the pattern and scale of their support commensurate to the commitment of the country.

### Tracking progress and impact

- Participating countries are developing national results frameworks that track progress across the stages of preparedness. They will be supported to do this by the in-country representatives of SUN stakeholder groups. The movement will strengthen institutional and technical capacities of SUN participating countries, where needed, and will triangulate the validation of data on in-country progress and nutritional impact.

### Monitoring and evaluation

- To assist in monitoring and evaluating and to enable investors to prioritise actions, governments will be supported to independently review progress at regular intervals. A process will be developed to ameliorate potential appeals from countries over the staging process.

### Activity by in-country advocates to work with stakeholders through the SUN movement to improve nutrition

Through SUN, CSOs can contribute to and shape efforts to scale up nutrition in high-burden countries and ensure that such efforts reach the poorest women and children. According to Dr David Nabarro, SUN movement coordinator and Special Representative of the UN Secretary-General for food security and nutrition, civil society should be involved in all aspects of SUN's work, with focus on the following [key areas](#):

- Ensure that all stakeholders are aware of the need for nutrition-sensitive development and know which basic interventions are needed.

- Be part of inclusive partnerships for planning and policymaking.
- Advocate on behalf of the most marginalised and disadvantaged.
- Clearly convey messages of the situation ‘on the ground’, including gaps and limitations.
- Hold government and donors accountable for commitments made by collecting and presenting relevant evidence.

### **If your country is not a SUN member**

In-country advocates can engage with civil society groups and government representatives to lobby for country membership. Please refer to the [SUN website](#) for more information on how a country can acquire membership.

### **If your country is a SUN member**

In SUN member countries there will usually be a national civil society alliance in place which you can join. Within the civil society alliance, you can engage in and contribute to multi-stakeholder platforms, which contribute to the development of government commitments. CSO involvement will help ensure that the voices of local communities are taken into account in national and global financial, legal, programmatic and political commitments to SUN. One way to achieve this is by taking part in public parliamentary hearings. Other country-level activities that civil society alliance networks can undertake are listed below:

- Map out and analyse existing nutrition-related policies, programmes and stakeholders.
- Mainstream nutrition in the policies and strategies of your own organisation and scale up your own commitments to nutrition and report on that.
- Coordinate and harmonise nutrition messaging and input by all CSO members in policy/legal framework development, including input of members to multi-stakeholder platforms and the national nutrition plan.
- Seek to influence policy/legal framework development through advocacy, press coverage and public awareness on nutrition issues and SUN progress.
- Produce and share evidence of best practices to improve nutrition outcomes and to improve monitoring of progress on nutrition-related outcomes for learning and increased accountability through:
  - policy research papers
  - documented best practices
  - sharing of analysis with wider public, government and SUN stakeholders
  - sharing of experiences with other civil society alliances as well as with universities, research institutes and professional associations for evidence-based advocacy.

### **SUN Movement Multi-Partner Trust Fund**

In March 2012 the SUN Movement Multi-Partner Trust Fund (SUN Movement MPTF) was established by participating UN organisations and contributors/partners. The SUN Movement MPTF is designed to ensure that catalytic grants reach governments, UN agencies, civil society groups, other SUN partners and support organisations to enable, initiate or develop SUN movement activity at the country or regional level, and to provide appropriate global-level support when other funding is not available. The SUN



MPTF will enable partners to contribute finances that will facilitate the development and implementation of government or stakeholder actions for scaling up nutrition.

To act as a catalyst, the SUN Movement MPTF will have three focus areas, and three avenues for funding:

- support for initial SUN actions at the country level to galvanise their commitments to the principles of the movement
- support for mobilising civil society to contribute to the goals of the SUN movement
- support for global SUN strategic efforts

A number of national SUN civil society networks have received significant funding for their efforts to scale up nutrition in their country. The SUN MPTF management committee regularly calls for proposals to give civil society coalitions the opportunity to apply for funding for their work.

SUN has recently produced two important resources which can be used in national advocacy activities:

The draft State of the SUN Movement Progress Report (September 2013)

- The report contains a high-level global overview on progress of SUN implementation as well as nutrition indicators. This report is helpful in providing a global snapshot of the state of the SUN movement. It contains a number of specific pieces of information which are likely to be useful to inform national advocacy:
  - The table on Average Annual Rates of Reduction (AARR) for stunting (pages 20–21) provides a global ranking on how fast countries are reducing stunting.
  - New commitments to nutrition by SUN countries, mainly those that were involved in the Nutrition for Growth (2013) event are listed (pages 45–46).
  - A table outlining country preparedness for joining SUN (pages 53–54) can be used to glean a basic overview of your country's performance on the key areas of SUN implementation and to see comparisons with other countries.

Draft Compendium of SUN Country Fiches (September 2013)

- The Compendium of SUN Country Fiches is helpful in informing national advocacy as it tracks progress on indicators by country to facilitate accountability. The extensive information relating to country progress and nutrition indicators, and the ranking which compares how countries are doing relative to each other will make this an important resource to inform advocacy initiatives, including the development of policy briefs and reports on nutrition in addition to ongoing engagement with the government and other key stakeholders in relation to SUN progress.
  - The compendium breaks down the four SUN processes into progress indicators, and it ranks countries on where they are in the process (starting, ongoing, good progress and in place).
  - The compendium tracking document contains comprehensive country nutrition profiles with key data to track how countries are performing on each of the four steps of SUN implementation, as well as on key nutrition indicators.

## Alignment with WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition

National nutrition goals have been or are being established by each of the countries participating in the SUN movement. The goals address direct and underlying causes of undernutrition and aim to collectively meet the global targets agreed at the 2012 World Health Assembly and similarly aim to improve good nutritional practices. The 2012 World Health Assembly adopted the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (Nutrition Plan). This makes the new Nutrition Plan part of WHO policy, and all member states have made a commitment to follow it. There is now a pressing need to support countries in following through on their commitments. According to the [SUN Monitoring and Evaluation \(M&E\) framework](#), the impact of the SUN movement will be measured by the extent to which SUN countries demonstrate reductions of undernutrition, referenced by the global WHA nutrition targets, and by specific national nutrition goals which address direct and underlying causes of undernutrition. The SUN secretariat collects data on these indicators and publishes progress on reaching global and national goals annually as part of their annual progress report.

### Nutrition for Growth – Renewed Momentum and New Commitments for Nutrition

On 8 June 2013, world leaders, including those from SUN countries, came together to sign a global compact that will prevent at least 20 million children from being stunted and will save at least 1.7 million lives by 2020. The Global Nutrition for Growth Compact was endorsed by 90 stakeholders, including development partners, businesses, scientific and civil society groups. An ambitious set of individual commitments to beat hunger and improve nutrition were made, including a US\$4.15 billion financial commitment.

The Global Nutrition for Growth Compact outlines bold targets to achieve by 2020, including the following:

- Improving the nutrition of 500 million pregnant women and young children
- Reducing the number of children under 5 who are stunted by an additional 20 million
- Saving the lives of at least 1.7 million children by preventing stunting, increasing breastfeeding, and improving treatment of severe and acute malnutrition

To meet these goals, donor governments, businesses, foundations and civil society organisations have secured new commitments of US\$4.15 billion to scale up nutrition-specific actions by 2020. Of this, US\$2.9 billion is core funding while the remainder will be secured through matched funding. An estimated US\$19 billion was committed for improved nutrition outcomes through nutrition-sensitive investments between 2013 and 2020. These commitments included approximately US\$1 billion from the UK government, US\$4.6 billion from the European Commission, US\$700 million from the Children's Investment Fund Foundation and US\$862.7 million from the Bill and Melinda Gates Foundation. The United States Government estimates average annual nutrition-specific funding of approximately US\$398 million and approximately US\$3 billion for nutrition-sensitive funding,



Nineteen SUN countries committed to increase their own investments in nutrition. Governments of 14 countries pledged to increase domestic resources to improve nutrition, and 13 countries set national stunting reduction targets that meet or exceed the WHA goals for 2025.

The Scaling Up Nutrition movement hailed the signing of the Global Nutrition for Growth Compact and the commitments as an indication of unprecedented determination to end the injustice of malnutrition. The full list of commitments made by governments and other stakeholders is available online<sup>5</sup> as is the Global Nutrition for Growth Compact, which is available in English, French, Spanish and Portuguese.<sup>6</sup>

## Resources

- For more information and general resources on the SUN movement, visit the [resources archive](#) section on the SUN website.
- For information on the 1,000 Days partnership, which supports the SUN movement, visit the [1,000 Days website](#).
- Contact [Dr Claire Blanchard](#), SUN Civil Society Network (CSN) coordinator, for more information on how to lobby for country membership or engage with SUN Civil Society Networks.

## 1.9 Abuja Declaration

### Background

In April 2001, the heads of state and government of the Organisation of African Union met in Abuja, Nigeria. They pledged to increase government funding for health to at least 15 per cent of their annual budgets and urged donor countries to scale up support to 0.7 per cent of their gross national product (GNP) as official development assistance (ODA) to developing countries.

### Progress to date

Since 2001 there has been some progress towards increasing the availability of financial resources for health. However, there has not been appreciable progress in the context of commitments to health made by African Union governments, or in terms of the proportion of GNP devoted to ODA by donor countries.<sup>7</sup> Twelve years after African governments pledged to allocate at least 15 per cent of their annual budgets to health care by 2015, only a few countries have met this goal, according to [data](#) compiled by the WHO.

In a report on the [state of health financing in the African region](#), in almost half of the 45 African Union countries assessed, total health expenditure has not yet reached the minimum US\$44 per capita as determined by the High-Level Task Force on Innovative International Financing.

5 Nutrition for Growth, *Nutrition for Growth Commitments: Executive Summary* (2013), <[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207271/nutrition-for-growth-commitments.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207271/nutrition-for-growth-commitments.pdf)>.

6 DFID, 'UK hosts high-level meeting on global nutrition and growth' (2013), <<https://www.gov.uk/government/news/uk-to-host-high-level-meeting-on-global-nutrition-and-growth>>.

7 World Health Organization, *The Abuja Declaration: Ten Years On* (2011), <[http://www.who.int/healthsystems/publications/abuja\\_report\\_aug\\_2011.pdf](http://www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf)>.

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The report also noted the following:

- 26 countries have increased the proportion of government expenditures on health.
- 11 countries have reduced health expenditure since 2001.
- Nine countries did not demonstrate any obvious trend up or down with regards to health expenditure.
- Current donor spending on health varies dramatically, from US\$115 per person in one country to less than US\$5 per person in 12 others.

### Activity by in-country advocates to progress commitments to the Abuja Declaration

Increasing health funding to 15 per cent of the national budget is a long-term objective that requires strong political will from the government. This objective will be achieved only if advocates develop a strong and coherent position and a strategic plan to influence the key decision-makers in the long term, using appropriate influencing activities to pressure them to adhere to their commitment.

Taking into account the current economic context in most of the African countries and the fact that progress has been limited over previous years regarding the implementation of this commitment, it is important to adopt a responsible and coherent position. The best scenario would be the attainment of a progressive and regular increase in health funding to reach 15 per cent of the gross national budget over a period of several years.

Recommendations and strategy should be based on a strong policy background, which requires several key questions to be addressed:

- **Where are we now?** Review government documents, including past and current budget papers, or contact the treasury department to identify which part of the budget is dedicated to health and how the budget has been spent. Identify evidence of a lack of funding, and link these gaps to the poor performance of the health system and ultimately to maternal and child mortality. Your understanding of the current situation should be strong, and the evidence presented should be clear.
- **Why?** What could be funded if 15 per cent of the budget were allocated to health? And how many lives could be saved? You should demonstrate that an increase in health spending will lead to an improvement of the national health system and a decrease of maternal and child mortality.
- **How?** In a context of limited economic growth, increased health spending requires an increase in tax income and/or a reduction in other expenditure. It is important to demonstrate that a regular and progressive increase in health financing is possible in the current economic climate and will not lead to, or be achieved by, a direct cut to crucial budgets in other areas, such as education.
- **Who?** Who is in charge of the budgeting process? And who are the ultimate decision-makers? Even if members of parliament (MPs) are often the ones who adopt the budget, they may have a limited role or decision-making authority in formulating the budget. Be clear about who is the most appropriate target(s) and identify the best ways to convince him/her/them in relation to an increased budget for health. Often the Ministry of Health is marginalised, and while that department might be in agreement with your arguments, it is ultimately the treasury or Ministry of Finance that has control over the health budget.
- **When?** Success in health-funding advocacy is often the result of long-term and systematic work. Once you have identified your targets and the best way to convince them of a need for an increased health budget, it is important to develop

an implementation plan around the budget-making process. Ideally you will need to frame or reframe the public debate and mobilise your supporters and allies prior to the budget-making process. Election campaigns provide a good opportunity to have political parties and candidates commit to your policy asks. On the other hand, elections also can lead to turnover of staff at the Ministry of Health as well as elected representatives, so it's important to ensure that you lobby the government and opposition parties during an election campaign.

Answering these questions and building credible and responsible positions/recommendations will require some strong economic capabilities that may not be available within your own office. Therefore partnerships with academic organisations, think tanks or coalitions are options that can help you to achieve this.

It's also important to undertake budget-tracking exercises; this is because, while government may have developed appropriate policies, the funding of these policies may not be in alignment with budget cycles. It is therefore important to keep pressure on politicians so that they make clear financial commitments to these policies. In addition, working in coalitions in relation to health financing and budget tracking is particularly important; while your organisation may not have the expertise needed for this, you can play a key role in the budget-tracking process and associated advocacy strategies, or take on a facilitation role for budget tracking at the local level. A best-practice example as undertaken by the [Budget Advocacy Network](#) in Sierra Leone (consisting of World Vision Sierra Leone, Save the Children and Oxfam) illustrates the effectiveness of health-budget advocacy and the importance of coalitions in achieving significant outcomes related to budget tracking and accountability.

## Resources

- Save the Children has developed *Health Budget Advocacy – a Guide for CSOs*, which is helpful in understanding health budget advocacy. The excerpt below is from the guide:

As a civil society organisation, you might want to lobby for more spending on health services generally, more funding for a specific programme or policy (prioritising primary health care for instance, or maternal, newborn and child health (MNCH) services for example), or for more equitable allocation of resources across programmes or regions in your country. Health budget advocacy can help you identify blockages or failures in the system, as well as inequities across different diseases, population groups, levels of care, or regions. In certain contexts, where information about government spending and budgets is difficult to get hold of, your first priority for budget advocacy might be to make the public budgeting system more transparent and participatory, at national and local levels. Experience suggests that involving a broad group of stakeholders (individuals or organisations with a particular interest) in decision-making, particularly the people who will be most directly affected, can lead to better outcomes.

*Health Budget Advocacy – a Guide for CSOs, p.2*



## 1.10 Inter-Parliamentary Union

### Background

The Inter-Parliamentary Union (IPU) is the international organisation of parliaments. It is the focal point for world-wide parliamentary dialogue with the following core objectives:

- Foster contacts, coordination and the exchange of experience among parliaments and parliamentarians of all countries.
- Consider questions of international interest and concern, and express its views on such issues in order to bring about action by parliaments and parliamentarians.
- Contribute to the defence and promotion of human rights.
- Contribute to better knowledge of the working of representative institutions and to the strengthening and development of their means of action.

The IPU has been working to help propel the MDGs forward by mobilising political support, making the case for more and better development financing, and highlighting factors that would hinder or enable parliamentary support for the MDGs at national levels.

### Progress to date

Aligning with its long-term commitment to the health of women and children, the IPU made a formal commitment to the Every Woman Every Child initiative. This includes the aim of enhancing access to and accountability for improved health services for women and children, as well as providing targeted assistance to strengthen parliaments' legislative and oversight functions in countries where women and children do not have equitable access to essential health services. The support of parliaments for Every Woman Every Child is crucial in realising the rights of women and children to the highest standard of health.

At the 126th IPU Assembly held in Uganda in 2012 the following resolution was unanimously adopted: Access to Health as a Basic Right: The Role of Parliamentarians in Addressing Key Challenges to Securing the Health of Women and Children. Specifically, the inclusion of the following clauses in the resolution could facilitate the scale-up of progress on maternal, newborn and child health in order to meet the related MDGs:

- Encourage parliamentarians to collaborate and build partnerships with relevant stakeholders to achieve the health-related MDGs
- Invite parliaments to see to it that national health policies and strategies incorporate a gender perspective, and that education of health-care workers and research take full account of the existing gender differences in health
- Urge parliaments to establish specialised parliamentary committees on women and children and to monitor progress on the implementation and ratification of resolutions and declarations on women and children
- Call upon parliamentarians in countries providing official development assistance (ODA) to work towards increasing their country's ODA for health and to hold their governments to account for honouring their commitments and for reporting – on the basis of common international indicators – on the proportion of ODA being channelled towards reproductive, women's, children's and adolescent health and the promotion of gender equality



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- Urge parliamentarians in African states to establish a broadly agreed timetable for their governments to honour their commitments under the 2001 Abuja Declaration.

This resolution reinforces the need for action by all IPU member governments to fulfil their commitments to improve women's and children's health, including through Every Woman Every Child. It also incorporates an accountability mechanism to track implementation by national and other parliamentary bodies.

### Activity by civil in-country advocates to progress implementation of the IPU's resolution

It's important to determine whether MPs are specifically aware of this resolution and whether there is a working group or health committee in the parliament. Following these steps, CSOs should work with responsible parliamentarians in relation to implementation of the resolution in their national contexts, including through the following activities:

- Identify the key stakeholders in charge of the implementation of the resolution. In the national parliament, an MP or a committee will be in charge of the implementation. It may depend on the context as to whether it may be a chair of health/women's/children's/HIV and AIDS committees.
- Raise awareness. CSOs can present and impress the importance of the resolution to relevant MPs.
- Support parliament's advocacy and oversight role on MNCH. The resolution entails an advocacy and oversight role for the parliament to monitor and promote improved MNCH through the fulfilment of previous commitments by government (such as the Abuja Declaration, Every Woman Every Child, MDGs). CSOs can support MPs in this role by providing data, analysis and recommendations and supporting any other initiative that may come from the relevant MPs.

### Resources

The IPU has released a [handbook](#) on MNCH for parliamentarians. Although this document is aimed at parliamentarians, it may be a useful background resource for CSOs and particularly useful for engagement with parliamentarians on the IPU MNCH Resolution.

## 2 Global decision-making forums

World decision-makers meet regularly in a variety of global forums to discuss and make decisions on issues related to global health. When countries multilaterally endorse resolutions on various topics in these forums, governments commit to implementing these resolutions in their countries. Advocacy opportunities arise to hold governments accountable for implementing the resolutions they have endorsed. The main decision-making forum relevant to maternal and child health is the World Health Assembly where resolutions related to maternal, newborn and child health and nutrition have recently been endorsed.

### 2.1 World Health Assembly

#### Background

The World Health Assembly is the decision-making body of the World Health Organization. It is attended by delegations from all WHO member states<sup>8</sup> and focuses on a specific health agenda as prepared by the executive board. The WHA is held annually in Geneva, Switzerland. The WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends.

#### Progress to date

#### **WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition**

The 2012 WHA adopted the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (Nutrition Plan). This makes the new Nutrition Plan part of WHO policy, and all member states have made a commitment to follow it. There is now a pressing need to support countries in following through on their commitments. The Nutrition Plan includes six 'global targets' for nutrition to be achieved by 2025:

1. 40 per cent reduction of the global number of children under 5 who are stunted
2. 50 per cent reduction of anaemia in women of reproductive age
3. 30 per cent reduction of low birth weight
4. No increase in children who are overweight
5. Increase exclusive breastfeeding rates in the first six months up to at least 50 per cent
6. Reduction and maintenance of childhood wasting at less than 5 per cent.

The Nutrition Plan establishes these as priority issues for nutrition programming until 2025. The global targets are intended to inform the establishment of national targets, which can even be more ambitious.

<sup>8</sup> All countries that are part of the UN may join the World Health Organization by accepting its constitution and becoming a 'member state'. To see if your country is one of the 194 member states, go to <http://www.who.int/countries/en/>.



### **Alignment of the WHO Nutrition Plan with Scaling up Nutrition**

National nutrition goals have been or are being established by each of the countries participating in the [Scaling Up Nutrition](#) movement. These goals address direct and underlying causes of undernutrition and aim to collectively meet the global targets agreed to at the 2012 World Health Assembly and similarly aim to improve good nutritional practices. For further information please refer to the [SUN](#) section.

### **Resolution on the Implementation of Recommendations of the UN Commission on Life-Saving Commodities for Women and Children**

The 2013 WHA produced important outcomes in relation to the achievement of child-health-related MDG targets. Civil society played an important role in the adoption of the assembly's landmark [resolution](#): Implementation of Recommendations of the UN Commission on Life-Saving Commodities for Women and Children. If implemented, the recommendations have the potential to save the lives of 6 million women and children through better supply, quality and use of 13 life-saving medicines and supplies.

World Health Assembly delegates were asked to take the following actions:

- Commit to developing and/or supporting national plans to implement the Recommendations of the UN Commission on Life-Saving Commodities for Women and Children and the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
- Ensure that investment in health services and supplies reaches the most-vulnerable children, families and communities where the greatest gaps exist
- Enhance accountability mechanisms by involving communities in the planning, monitoring and review of progress of the Recommendations of the UN Commission on Life-Saving Commodities for Women and Children and the Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea.

### **Activity by civil society to realise these commitments at the national level**

The passing of these resolutions provides an important platform from which civil society can work in partnership to hold governments accountable to deliver on their respective commitments relating to the attainment of the global nutrition targets per the Nutrition Plan, and to ensure the implementation of the Recommendations of the UN Commission on Life-Saving Commodities for Women and Children.

**The WHA is a critical forum for influencing resolutions related to MNCH as well as following up on resolutions adopted during previous assemblies, such as the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition in 2012 and the resolution on the UN Commission on Life-Saving Commodities for Women and Children in 2013 as outlined above.**

## 3 Human rights mechanisms

### 3.1 UN Convention on the Rights of the Child (CRC)

#### Background

The Convention on the Rights of the Child (CRC), formulated in 1989, is the most widely ratified piece of international law. All countries except the US and Somalia have now ratified it, accepting that it forms part of their national law and committing to deliver to all children under age 18 the obligations contained in the treaty. [Article 24](#) of the CRC explicitly affirms the right of every child to the highest attainable standard of health, and several other articles contained within the CRC implicitly affirm this right – including Article 6 on the child’s right to life, survival and development.

Every five years all states that have ratified the CRC must report to the Committee on the Rights of the Child. This body, which is made up of independent child rights experts, is the UN body that monitors the implementation of the Convention. The Committee receives information from and meets with each government as well as NGOs and other members of civil society, including children. At the end of these meetings, the Committee publishes a set of Concluding Observations and Recommendations, outlining what more the state needs to do to be in compliance with its obligations under the CRC. Civil society can then use these recommendations in their advocacy with the government.

As with all international human rights monitoring and reporting mechanisms, recommendations about a particular country can be made at the international level only if the citizens of that country raise their voices and bring their concerns to the world’s attention. Similarly, recommendations subsequently issued by international mechanisms on the basis of information brought to them can have power to affect change only if they are then used by a nation’s citizens to hold the government to account. World Vision and other organisations historically have been involved in the creation of international law and monitoring mechanisms for children; it is then critical that we actually use what we have helped bring into existence for the benefit of the communities in which we work.

#### Activity by civil in-country advocates to progress implementation of the CRC’s recommendations

As the CRC reviews take place in an ongoing five-year cyclical process, every country will always be at some point in this process – either preparing reports ahead of a review or working to implement the recommendations that arose from the most recent review.

- A first step would be to find out when your country is next due to report to the Committee. Once the government has submitted its report to the Committee, it will be invited to meet the Committee for the formal review between 18 months and two years later. NGOs and children are invited to make their own submissions to the review and meet with the Committee between three and six months before the government review takes place.
- If your government is about to submit a report, or has made a submission but the review has not yet taken place, you should find out what plans other NGOs have made for alternative reporting. You might want to join an existing coalition and encourage it to include information about maternal and child health in its report, or you could form an ad hoc coalition for this purpose. If you have no partners who are working on child health, you should then consider drafting your own report, outlining main concerns and your recommendations for the government. Whether

you work in a coalition or alone, the participation of children should be prioritised in this process.

- If the country review has taken place recently, your starting point should be to analyse the Concluding Observations and Recommendations, which the Committee publishes after each review. The Committee relies on civil society in each country to keep the pressure upon governments to implement the recommendations it has made. If the Committee was given enough information about maternal and child health to make relevant recommendations, you should now examine how you can incorporate these into your strategies when advocating to the government.

## Resources

Several tools and resources are available to assist NGOs wishing to engage with the Committee in the monitoring of the Convention on the Rights of the Child. Child Rights Connect (formerly the NGO Group for the CRC) exists primarily for the purpose of providing support to NGOs at the national level as well as the international level. Various tools and resources are available on the Child Rights Connect website: <http://www.childrightsnet.org/NGOGroup/>.

### 3.1.1 Optional Protocol to the UN Convention on the Rights of the Child on a Communications Procedure

#### Background

The Optional Protocol to the UN Convention on the Rights of the Child on a Communications Procedure (OP3 CRC) was adopted during the 66th session of the UN General Assembly on 19 December 2011, and opened for signature and ratification on 28 February 2012. OP3 CRC introduces a procedure that allows children, groups of children or their representatives to submit a complaint about violations of their rights by their State to the UN Committee on the Rights of the Child, if those violations cannot be resolved at the national level. The Optional Protocol is a treaty in its own right, and was open to signature, accession or ratification by countries that are party to the CRC.

The International Coalition for OP3 CRC was set up in 2012 to raise awareness about the protocol and share information and ideas to help interested partners work towards its ratification. The International Coalition succeeded the NGO Group for the CRC's Working Group for a Communications Procedure, which coordinated the campaign for the drafting and adoption of the Optional Protocol. The Coalition is guided by a Steering Committee composed of 13 regional and international child rights NGOs.

#### Progress to date

At the time of publication, OP3 CRC was ready to enter into force after 10 states had ratified it – on 14 January 2014 Costa Rica became the 10th state to ratify.

After this major achievement, progress is needed to ensure that ratification of the protocol by other states continues so that children continue to be recognised as full rights-holders entitled to seek remedies at the international level if violations of their rights cannot be resolved at the national level.

## Activity by in-country advocates to facilitate state ratification of the OP3 CRC

For OP3 CRC to apply in a state, it must be ratified by the state's national government. This process differs from state to state and often requires the parliament's approval. When it ratifies a treaty, a state agrees to be legally bound by its provisions. Check the status of OP3 CRC in your country at: [www.ratifyop3crc.org/RatificationStatus](http://www.ratifyop3crc.org/RatificationStatus). The [website](#) of The International Coalition contains helpful information about how a state can ratify OP3 CRC.

### Resources

- The Office of the High Commissioner for Human Rights has produced a short [YouTube video](#) that outlines the importance of OP3 CRC.
- A [child-friendly version of the guide](#) to OP3 CRC has been developed by the Office of the UN Special Representative of the Secretary-General on Violence against Children.



## 3.1.2 General Comment on Article 24

### Background

As outlined above, Article 24 of the CRC affirms the child's right to health. In February 2013, the Committee on the Rights of the Child adopted a '[General Comment](#)'<sup>9</sup> on Article 24, which sets out in extensive detail what this right actually means in practice. World Vision played a leading role in the process that culminated in the adoption of this specific General Comment.

The purpose of the General Comment is to give the states further guidance as to what the Committee expects of them in order to meet their obligations under this article. It contains a framework for implementation and accountability of the child's right to health, which civil society actors can rely on to advance child health at the country level. The framework contains proposed activities in various spheres, such as governance and coordination; engagement of national parliaments; and planning, implementing, monitoring and evaluating child health policies and programmes.

## 3.2 UN Convention on Economic, Social and Cultural Rights 1966 (CESCR)

### Background

Like the CRC, the CESCR affirms the right to health in several articles. The main difference is that CESCR extends this right to all citizens of a state, whereas the CRC focuses specifically on children under 18. The CESCR, with 160 states being signatories, is not as widely ratified as the CRC. Once a state ratifies this convention, the monitoring and reporting process is similar to the process described for the CRC, with a Geneva-based group of independent experts making up the Committee on Economic, Social and Cultural Rights to monitor the implementation of the Convention.

<sup>9</sup> Disclaimer: World Vision supports the majority of recommendations contained in the General Comment including the use of modern contraceptives. World Vision does not, however, provide, recommend or support abortion or family planning methods that are determined to be abortive, in contrast to paragraphs 54 and 56 of the General Comment.

### Activity by in-country advocates to progress implementation of the CESCR's recommendations

A starting point is to check whether your country is a state party to the CESCR. If it is, your government has committed to report to the CESCR once every five years. The Committee meets in Geneva twice a year and carries out reviews of seven to 10 countries during each session. The procedure for engagement is similar to that outlined above for the CRC.

The advantage of engaging in this process as well as the CRC is that CESCR covers the rights of adults as well as children – so information about maternal health as well as child health can be shared. In addition, the same country might be at two different stages of the reporting cycle – for example, it may have reported to the CRC three years ago, but is about to report to the CESCR. This reduces the length of time you need to wait for suitable opportunities to highlight maternal and child health-related concerns that could be covered by either process.

## 3.3 Universal Periodic Review

### Background

The Universal Periodic Review (UPR) is a unique mechanism of the United Nations that started in April 2008. It consists of the review of all the human rights practices of all states in the world, once every four and a half years, in the Human Rights Council. During the review of a given state, approximately 50 other governments can ask questions, make comments, and – most importantly – make recommendations to the state being reviewed. The state is then expected to formally accept or reject the recommendations which have been made – giving reasons if it decides to reject any. When the subsequent review takes place, progress with respect to these recommendations is assessed.

Although the UPR is not a specifically health-focused mechanism, it is critical that issues around the right to health are recognised as human rights and given as much prominence as the more traditional human rights concerns, such as torture and freedom of expression, for example. Governments are increasingly prepared to push for greater action to address child health in a rights-based framework.

### Activity by civil in-country advocates to progress implementation of the UPR's recommendations

Since the first cycle of UPR reviews was completed in 2012, all countries are now somewhere in the four-year cyclical process as outlined in the timetables on the UPR website.

- Review the most recent UPR report for your country. At the end of the report you will find a list of all the recommendations that were made. Identify the recommendations of most relevance to your advocacy work, and arrange to meet relevant government stakeholders that have responsibility for the implementation of those recommendations. Find out what the plans are for this, and suggest how you and partner organisations can be involved in supporting the government's implementation efforts.
- If it has been two years since the review took place, you can analyse the level of progress on the specific recommendations and submit a short report to UPR Info. This is a Geneva-based NGO set up by governments to facilitate state and CSO engagement and information exchange with the UPR mechanism. As



states can voluntarily provide a mid-term report on progress in implementing UPR recommendations directly with the UN, NGOs can also do this through [UPR Info](#).

- If your country is due to be reviewed again in the upcoming 18–24 months, it is time to start working towards the next review. Ask the government what the timetable is for consulting with civil society, and begin work on your submission. Find out whether partner organisations would be interested in working with you on a health-related submission, or a more general report that contains a section about health. If not, forge ahead on your own. As well as reporting on progress made on the previous recommendations, you should consider issues which were not given due attention in the previous review.

There are several entry points for civil society to engage with this process.

#### **Prior to the review**

- The government must compile one of the reports that makes up the basis for the review – outlining the human rights situation in their country. All governments are expected to consult civil society in this process.
- Another important component relevant to this review is the ‘Stakeholder’ report. The UN compiles this report from all the written submissions it receives directly from NGOs in each country. Ideally the information submitted comes from a range of NGOs, thus covering a range of topics.
- As NGOs cannot speak during the review, it is critical that they share their specific concerns with other governments prior to the review and encourage them to make their recommendations when the review takes place.

#### **Following the review**

- Once the review has taken place, NGOs should find ways to work with the government to assist in the implementation of the recommendations. As well as providing the government with support, this action puts the government on notice that it is being watched and that progress is expected.
- Even recommendations that the government has rejected have value as advocacy tools, as issues are brought into the spotlights and you can continue to work with the government to change its position in the intervening four years.

#### **Child participation**

World Vision has pioneered the involvement of children in the UPR process, as the first NGO to submit a child-led UPR report in 2009. During the review, the Children’s Council of Lebanon brought before the UPR issues of violence against children, the right to a nationality, and child labour. Since then other NGOs have submitted their own UPR reports, and World Vision offices increasingly consult with children or facilitate child-led reports to the process.

For child-focused NGOs and organisations, consider at all stages in the UPR cycle how children can be involved. If a review has just taken place, share the resulting child-focused recommendations with appropriate audiences so they can learn what has been promised to them. Involve children in your advocacy strategies to push for implementation of the recommendations, and empower them to be able to create their own recommendations. Explain the UPR process to children and support them to prepare their own submissions to upcoming reviews.

WORLD VISION IS A CHRISTIAN RELIEF, DEVELOPMENT AND ADVOCACY ORGANISATION DEDICATED TO WORKING WITH CHILDREN, FAMILIES AND COMMUNITIES WORLD-WIDE TO REACH THEIR FULL POTENTIAL BY TACKLING THE CAUSES OF POVERTY AND INJUSTICE. WORLD VISION IS DEDICATED TO WORKING WITH THE WORLD'S MOST VULNERABLE PEOPLE. WORLD VISION SERVES ALL PEOPLE REGARDLESS OF RELIGION, RACE, ETHNICITY OR GENDER.

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