

**UNITED NATIONS, 23 December 2010 - This past September, world leaders meeting at the United Nations vowed to spend \$40 billion over the next five years to save the lives of more than 16 million women and children dying of deadly diseases or lack of medical care, particularly during and after pregnancy.**

Known as the Global Strategy for Women's and Children's Health, it involves commitments from 35 governments, 15 charitable institutions, seven U.N. agencies, 13 private corporations and more than 50 non-governmental organisations (NGOs).

So how to track who is giving, and whether the money is getting real results?

On Dec. 16, the U.N. launched a new Commission on Information and Accountability for Women's and Children's Health, tasked with ensuring transparency and effectiveness in aid programmes. Its work includes identifying new information technologies to promote awareness in low- and middle-income countries of the available resources.

The commission is co-chaired by Canadian Prime Minister Stephen Harper and Tanzanian President Jakaya Kikwete. As vice co-chairs, Margaret Chan, the director-general of the World Health Organisation (WHO), and Hamadoun I. Touré, secretary-general of the International Telecommunication Union (ITU), bring technical expertise to the commission.

Dr. Marie-Paule Kieny, a specialist in vaccines and the WHO's new assistant director-general for innovation, information, evidence and research, spoke with IPS about the commission's mandate and how it can support the Millennium Development Goals (MDGs), an ambitious set of anti-poverty objectives that include reducing by two-thirds the mortality rate of children under the age of five, and slashing maternal mortality rates by three-quarters.

**Q: Do you think a lack of accountability has impeded greater success for the MDGs, and is a reason why the international community may not achieve them by 2015, as was hoped for in 2000?**

A: While difficulties to reach the MDGs are multiple and multifaceted, we expect that the framework for global reporting, oversight and accountability on women's and children's health proposed by the commission will help countries to achieve the MDGs.

Every year, still around eight million young children die of preventable causes and more than 350,000 women die from preventable complications related to pregnancy and childbirth. The absence of birth and death registration systems in low- and middle-income countries, and the resulting weakness of vital statistics on births, deaths and causes of death, has hampered efforts to build a reliable evidence base for improving women's and children's health and measuring progress towards the health-related MDGs.

If it is known where and why women and children are dying, resources can be targeted to where they are needed most.

**Q: Will the new commission push donors to keep their promise of 40 billion dollars?**

A: The U.N. Secretary-General's Global Strategy for Women's and Children's Health, launched during the U.N. summit on the Millennium Development Goals in September 2010, sets out how we can work together to save women and children by making available cost-effective, evidence-based interventions and services for every woman and every child and by increasing the investment in women's and children's health.

Over \$40 billion has been committed to improving women's and children's health over the next five years. This commitment comes not only from governments, but also from the private sector and civil society. It will integrate service delivery and funding platforms, involve a wide range of stakeholders, and promote innovation and research. Countries and partners called for greater accountability to ensure newly pledged resources achieve the expected results.

The accountability framework to be developed by the commission will bring greater transparency to the flow of resources. This transparency will most certainly help in ensuring that promises are kept.

**Q: Would the commission, or any other U.N. body, take sanctions against countries if they do not keep their promises?**

A: The accountability framework to be developed by the commission will allow expenditures to be tracked and linked to the results of programmes. The Global Strategy asks that commitments made as part of the strategy be tracked every two years. The recommendations of the commission are not legally binding and not linked to a sanction scheme.

**Q: After the release of its first report in May 2011, what's next for the commission?**

A: The commission has a very focused agenda and will be time-limited. The commission will produce an accountability framework to ensure that available resources and results are identified, recognised and reported on and develop a plan of action for taking its recommendations forward.

A consultation on the accountability framework will be held during the World Health Assembly in May 2011. A report on the outcome of the commission and subsequent progress will be provided to the G8 Summit taking place in Deauville, France in June 2011 and the final report will be presented at the U.N. General Assembly in New York in September 2011.

**Q: What can the international community expect from the first meeting of the commission at the end of January?**

A: The first meeting and launch of the commission is scheduled for Jan. 26, 2011. The main objectives of this meeting include the agreement on the scope of the accountability framework

and the development of a work plan.

Source: [IPS](#)