

2.1 Overview of commitments

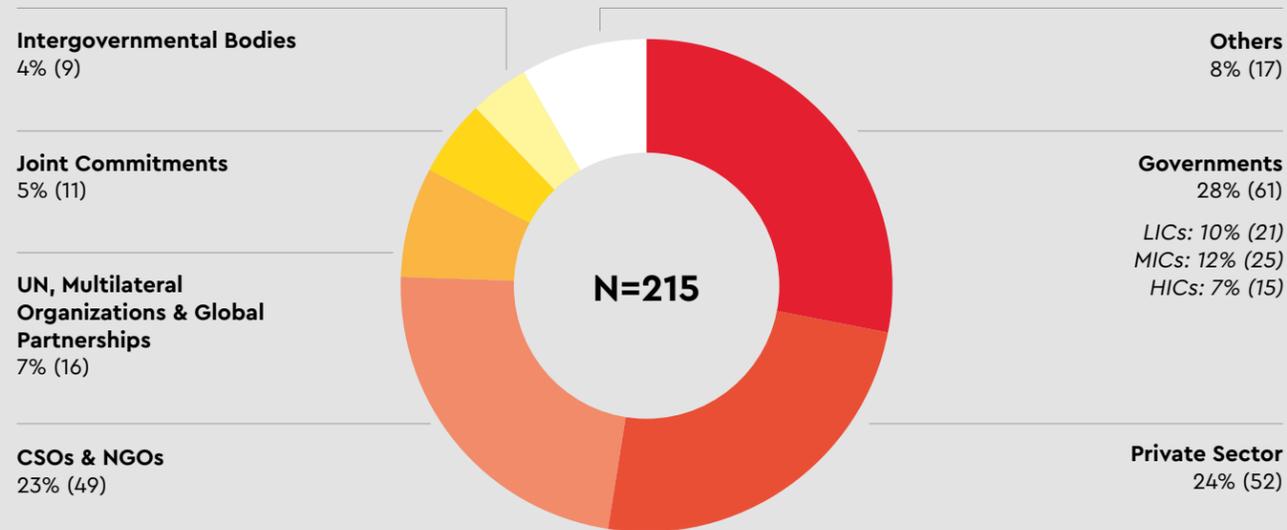
WHO IS SUPPORTING THE EWEC GLOBAL STRATEGY?

The updated EWEC *Global Strategy* has catalysed ground-breaking support for women's, children's and adolescents' health. A total of 215 commitments were made by 212 commitment-makers between its launch in September 2015 and December 2016.¹²⁵ The number of commitments increased from 173 in 2015 to 215 in 2016, demonstrating the EWEC movement's ability to mobilize continuing support from both governments and a diverse group of nongovernmental stakeholders, and reflecting the country-led, cross-sectoral and multistakeholder nature of the EWEC *Global Strategy*. Commitments are listed on the EWEC website having been approved through a formal process.¹²⁶

Making 61 commitments by December 2016, governments form the largest category of supporters, accounting for 28% of all commitments (Figure 17). Nearly 22% of all pledges were made by low-income and middle-income countries. The private sector makes up the second-largest supporter group, with nearly one quarter (24%) of commitments, followed closely by civil society organizations (CSOs) and nongovernmental organizations (NGOs), with 23%.

Of the remaining quarter of commitments, 16 were made by the UN, multilateral and global partnerships, 11 were made jointly by multiple actors, nine by intergovernmental bodies, eight by academic, research and training institutes, seven by philanthropists and foundations, and two by health-care professional associations.

Figure 17. Commitments to the EWEC *Global Strategy* by supporter group, September 2015-December 2016

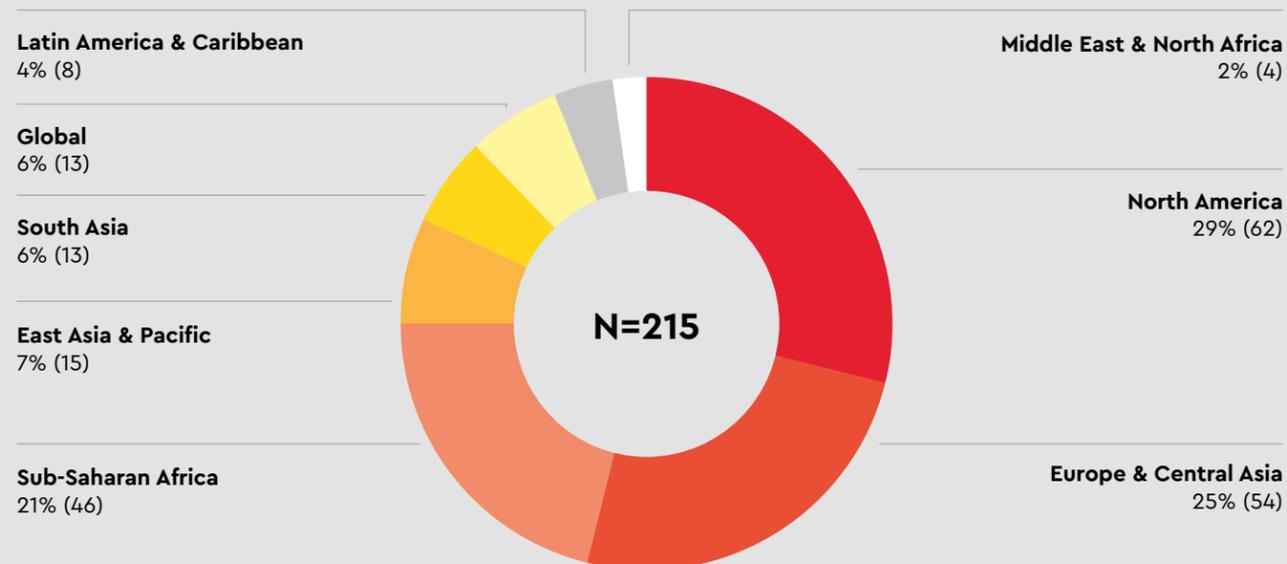


"Others" refers to Research & Academic Institutions(4%); Philanthropists & Foundations (3%); Health-care Professionals (1%). Percentages do not add up to 100% due to rounding.

HICs: high-income countries; **LICs:** low-income countries; **MICs:** middle-income countries.

Source: PMNCH commissioned analysis based on EWEC commitment data.

Figure 18. Commitments to the EWEC *Global Strategy* by geographic region, September 2015-December 2016



Source: PMNCH commissioned analysis based on EWEC commitment data.

Support for the EWEC *Global Strategy* is truly global, with supporters based all over the world (Figure 18). About half of all commitments come from North America (29%) and Europe (25%). Just over one fifth come from sub-Saharan Africa (21%). The remaining quarter of commitments come from four other geographic areas and from global-level stakeholders.

Commitments by the private sector, CSOs, NGOs, foundations and academic institutions are primarily from North America and Europe (78%), representing the need for more engagement by supporters in other regions of the world. Nongovernmental commitments are particularly low from sub-Saharan Africa: although half of commitments by governments come from sub-Saharan Africa, only 8% of private sector commitments, and 14% of CSOs' and NGOs' commitments, come from this region.

Commitments to the EWEC *Global Strategy* have resulted in more than

US\$45

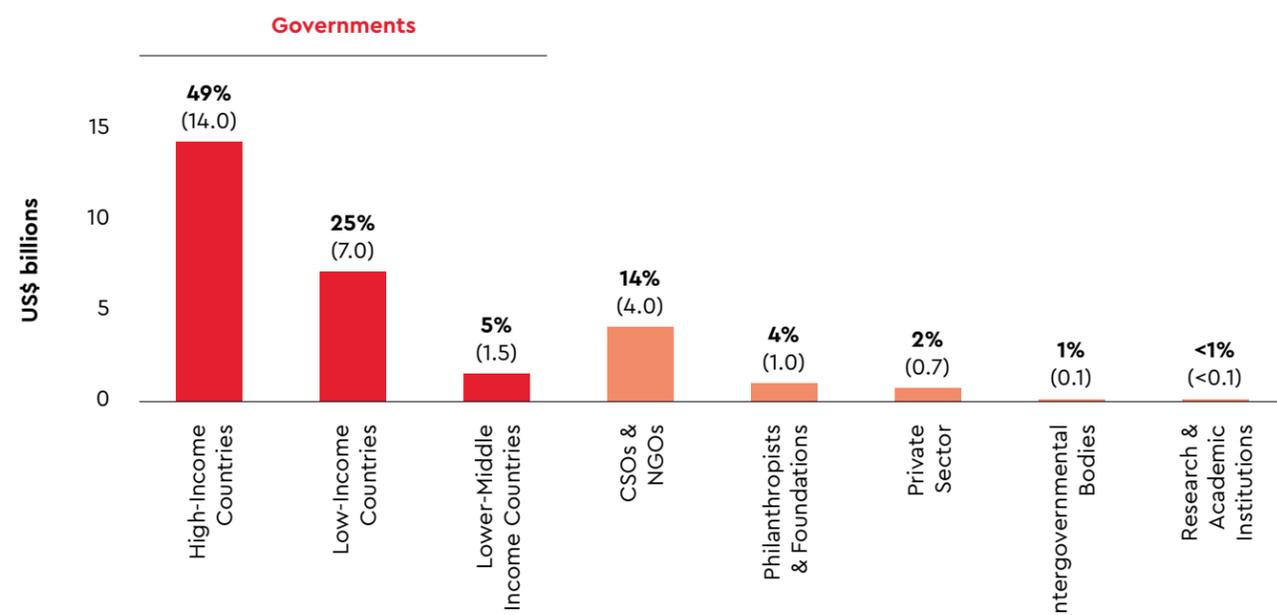
BILLION
 IN TOTAL DISBURSEMENTS
 SINCE SEPTEMBER 2010

WHAT ARE THE DIFFERENT TYPES OF COMMITMENTS?

Substantial financial commitments have been made to the updated EWEC *Global Strategy* and the funds are being disbursed. Between September 2015 and December 2016, commitment-makers pledged a total of US\$ 28.4 billion in financial commitments.¹²⁷ Of this amount, donor governments pledged 49%, and low- and lower-middle income countries 30%, with the remainder coming from NGOs, CSOs, foundations, the private sector and intergovernmental bodies (Figure 19).¹²⁸ Commitment-makers are on track with their disbursements, with an estimated US\$ 6.0 billion disbursed by December 2016.

The magnitude of the financial commitments to the EWEC *Global Strategy* becomes even more impressive when financial commitments to the *Global Strategy* 2010–2015 and related disbursements are taken into account. Disbursements for these commitments amounted to US\$ 40 billion, bringing the total disbursements since September 2010 to more than US\$ 45 billion.¹²⁹

Figure 19. Financial commitments to the EWEC *Global Strategy* by constituency group, September 2015-December 2016



Total = US\$ 28.4 billion.

Note: This graphic refers to the value of financial commitments. It does not include the value of other types of commitments (e.g. policy; in-kind services; products and other resources provided).

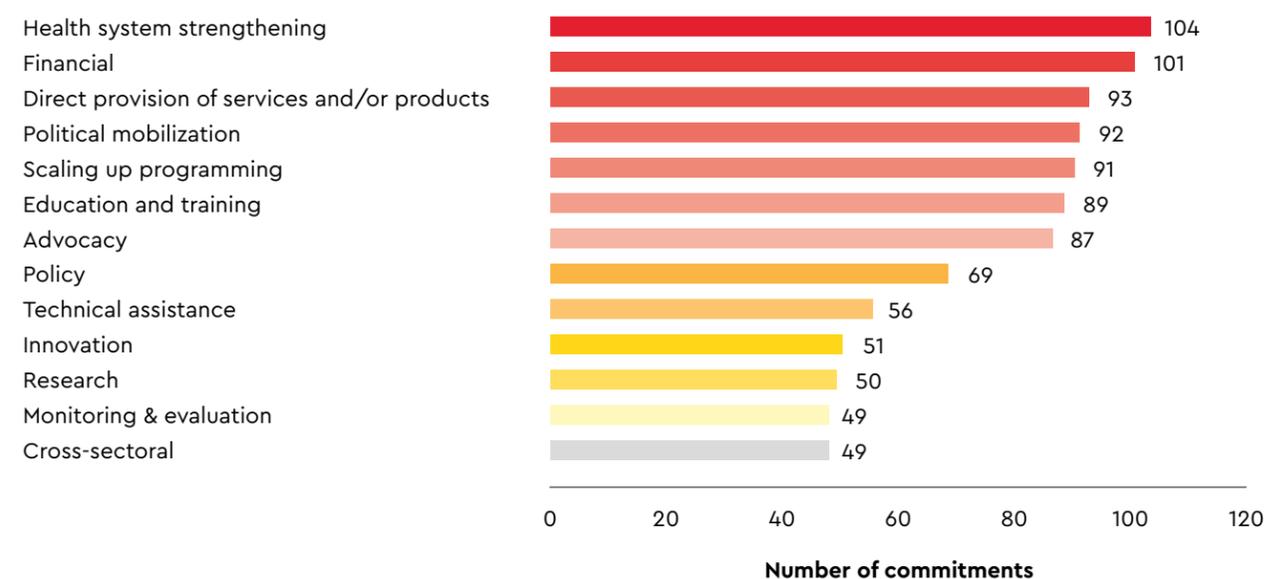
Source: PMNCH commissioned analysis based on EWEC commitment data.

Significant commitments have been made to provide advocacy, policy, service delivery and product development; these are harder to quantify but nonetheless contribute substantially to achieving the EWEC *Global Strategy's* objectives. For example, supporters were asked to identify which of 14 "types" of activities their commitment related to (Figure 20).¹³⁰ The majority referred to health system strengthening (n = 104, 48%), the provision of services and products (n = 93, 43%), political mobilization (n = 92, 43%), and/or advocacy (n = 87, 40%). These pledge in-kind delivery of services, products or innovation, rather than direct financial support.¹³¹

Some supporters unite around a specific area of activity. Commitments to meet the family planning needs of women and adolescent girls made through Family Planning 2020 (FP2020) are one example (Box 2).

The private sector accounts for one third of all commitments to innovation. It provides substantive in-kind and shared value interventions that leverage the unique functions of business to address social needs in diverse ways, including through market-based business models, rather than making direct financial contributions (Box 3). CSOs and NGOs made strong pledges on service delivery and education and training, while UN organizations, multilateral agencies and global partnerships provide essential policy support.

Figure 20. Commitment types referenced by commitment-makers



Source: PMNCH commissioned analysis based on EWEC commitment data.



Box 2.
FP2020 commitments

Commitment-makers and their formal pledges to expand access to voluntary, rights-based, high-quality family planning are the foundation of FP2020, which is aligned with the EWEC *Global Strategy*. Five of the EWEC *Global Strategy's* 215 commitments are also commitments to the FP2020 partnership, which has grown steadily since its launch in 2012. FP2020 hopes to further expand this partnership and secure new commitments at the Family Planning Summit in July 2017. Led by the UK government in cooperation with the Bill & Melinda Gates Foundation and UNFPA, the Summit is intended to highlight proven strategies, and to generate more political commitments and financial resources.



Box 3.
The Innovation Marketplace

The EWEC Innovation Marketplace is a strategic alliance established to scale up effective health-care innovations. The goal is to scale up 20 innovations by 2020, with at least 10 of these widely available and significantly affecting women's, children's and adolescents' health outcomes by 2030. As of April 2017, 100 innovations had been reviewed, agreements had been completed on two, and discussions with potential partners and investors had begun on others.

The alliance prioritizes innovations that are transformative, sustainable, equitable and backed by a strong team. One example is Every Second Matters for Mothers and Babies' Uterine Balloon Tamponade (ESM-UBT), a device to treat postpartum haemorrhage, a leading cause of maternal mortality and morbidity.¹³² It comprises a condom tied to a catheter and inflated with clean water through a syringe and one-way valve. The device and training package, costing less than US\$ 5, have been successfully evaluated in 11 countries¹³³ and the ESM-UBT team intends to scale up operations widely. The alliance includes the Bill & Melinda Gates Foundation, Grand Challenges Canada, the United States Agency for International Development (USAID), the Norwegian Agency for Development Cooperation and the UBS Optimus Foundation.

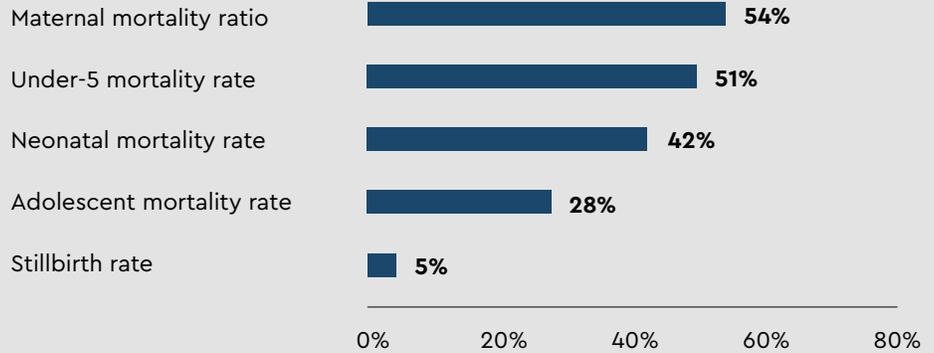
Commitments show strong support for the "survive" and "thrive" objectives of the EWEC *Global Strategy* but could be expanded to better address the social determinants of health reflected by the "transform" objective. While 80% and 70% of the 215 commitments refer to at least one of the 16 key indicators of the "thrive" and "survive" objectives respectively, only 27% reference any of the key indicators measured under the "transform" objective. This reflects the need to further develop connections between the objectives.

Of the commitments under the "survive" objective, maternal mortality (54%) and under-five mortality (51%) are the two most frequently referenced key indicators; fewer commitments are targeted at adolescent mortality and stillbirths (Figure 21). Commitments covering the "thrive" objective show strong support for essential health services. Few commitments address sexual and reproductive health and rights (SRHR) laws or out-of-pocket health expenditure. Key indicators of the "transform" objective, with topics such as education and violence against women and children, receive less attention and need further engagement.

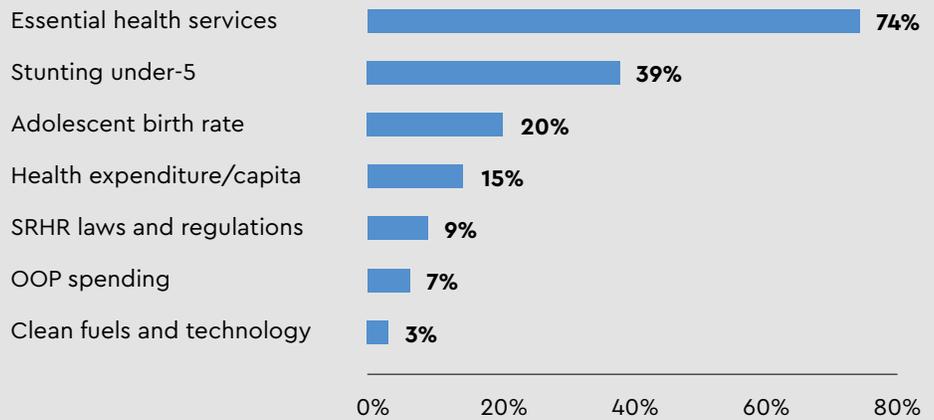
In addition to the 215 commitments made through EWEC's formal process, nine others were made at the World Humanitarian Summit in Istanbul on 23–24 May 2016, expressing support for the world's most vulnerable people. Four of these were made by governments, two each by UN organizations and CSOs, and one by the private sector.¹³⁴ All nine commitments were in support of the core responsibility to "leave no one behind". Six of them explicitly commit to ending all preventable deaths of women and adolescent girls in crisis settings. For example, UN Women will work towards this aim by supporting partners in removing structural barriers such as discriminatory policies and practices. Through the Agenda for Humanity Platform for Action, Commitments and Transformation, all stakeholders who made commitments will report on progress annually.¹³⁵

Figure 21. Commitments referencing the 16 EWEC *Global Strategy* key indicators

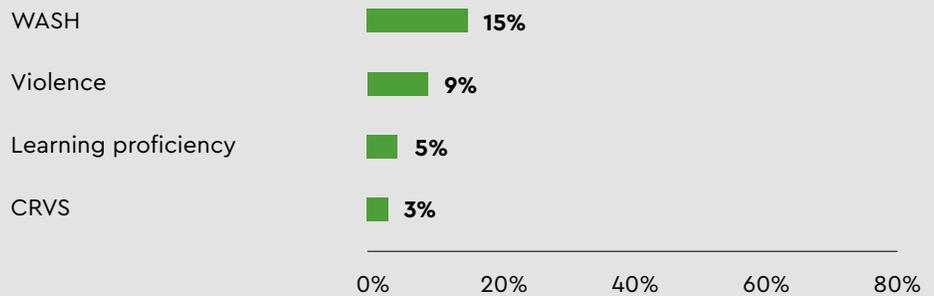
Survive



Thrive



Transform



SRHR: sexual and reproductive health and rights; **OOP:** out-of-pocket expenditures; **WASH:** water, sanitation and hygiene; **CRVS:** civil registration and vital statistics.

Source: PMNCH commissioned analysis based on EWEC commitment data.