

2.3 Implementing commitments: government leadership

As stated in the EWEC *Global Strategy*, governments drive the process of achieving national targets by developing investment and implementation plans, establishing a coherent system for monitoring and evaluation and ensuring accountability, and harnessing existing country-level multistakeholder engagement platforms. This requires collaboration with stakeholders across societies and across sectors to create an enabling environment for health and well-being, taking a cue from the holistic spirit and scope of the SDGs (see Box 5).

We must work together in partnership to move the needle—standing as one for those who need us most. I am committed to Every Woman Every Child.

H.E. Mr Jagat Prakash Nadda

Union Minister of Health and Family Welfare of the Republic of India
Member of the High-Level Steering Group for *Every Woman Every Child*

**Box 5.****Cross-sectoral approaches to addressing inequalities and social determinants of health**

Chile's Crece Contigo (ChCC) is a human rights- and evidence-based social protection system which aims to improve early childhood development by eliminating socioeconomic and health inequalities between children from gestation through pre-kindergarten. A presidential council sought regional, national and international input from experts, civil society and community actors across sectors. In 2007, new initiatives provided benefits and programmes for: people living in poverty and vulnerability, nursery and pre-school facilities, improved prenatal care, birth with paternal participation, and improved care for child health and well-being, with additional support for vulnerable families. This ambitious agenda was realized through multisectoral collaboration across nine government ministries, municipalities, public services and intersectoral networks. By the end of 2016, more than 920 000 pregnant women had engaged with the ChCC, and more than 312 000 home visits were made to families of children with psychomotor development issues. Since 2009, more than one million child care aids, which include materials and information, for example on issues related to parenting and stimulation from birth to two years, have been provided, one for every child born in Chile.^{145,146}

As well as making progress in the "survive" agenda, Peru has also achieved significant progress in the "thrive" and "transform" objectives. Peru's focus moved towards implementing social policy and programmes aimed at reducing poverty and extreme poverty, and more recently to inclusion as an indispensable requirement for development. Nutrition and early childhood development targets improved throughout the country. Peru saw unprecedented reductions in poverty, decreased gender disparities between boys' and girls' school attendance, improved civil registration, increased numbers of children completing primary school, better security overall, and improvements in the quality of education. However, ongoing attention is still needed to reduce gender inequality and inequities in high-quality care.¹⁴⁷



As part of the effort to monitor countries' progress towards implementing the EWEC *Global Strategy*, the Ministers of Health of Bangladesh, India, Malawi and Nigeria were interviewed by PMNCH (see Box 6 for highlights).

Other government leaders are also working together across regions and sectors, and with partners, to implement their EWEC *Global Strategy* commitments and address shared challenges, of which ending child marriage is one example (see Box 7).

**Box 6.****Country leadership: highlights of interviews with the Ministers of Health of Bangladesh, India, Malawi and Nigeria**

Bangladesh has consistently and substantially increased its health budget over the past few years, and is scaling up programmes in health and health-enhancing sectors, such as education, gender equality and empowerment, water, sanitation, hygiene and nutrition. For instance, it plans to: increase access to its 18 000 primary health-care clinics; increase antenatal and postnatal care coverage; increase the number of "family planning mobile workers"; provide free education, meals and stipends to encourage girls to remain in secondary school; empower women and attain gender parity in the workspace and in politics; increase efforts to lower the current stunting prevalence rate of 38% in children by reaching over 25 million children per year; and ensure no one is left behind by implementing legal reforms, including on child marriage.

India is focusing on improving universal health coverage, with an emphasis on maternal, newborn, child and adolescent health. It has therefore increased its annual health budget by 26%. The Prime Minister of India recently announced the Pradhan Mantri Surakshit Matritva Abhiyan initiative, popularly referred to as "I pledge for 9". This invites the private sector to provide free antenatal services on the ninth day of every month to pregnant women, especially those living in underserved, semi-urban, poor and rural areas. In three months this initiative reached 3.2 million women.

Malawi has made progress in improving the health and well-being of its women, children and adolescents by combining targeted interventions with a more holistic health system approach. Malawi sees country ownership as a critical driver of sustainable progress. The Ministry of Health is working on a number of initiatives to ensure high-quality outputs and deliverables, and is strengthening government structures to better monitor indicators, including the number of women who give birth, the number of women using contraceptives and survival rates of children.

Nigeria has developed a model for universal health coverage that aims to cater to the needs of everyone, leaving no one behind. The government has defined a package of basic health-care services, including tailored interventions addressing the unique needs of children, adolescents, women and men, regardless of location. These bold aspirations are not without their challenges owing to the sheer volume of need. For example, domestic resource mobilization, community ownership and accountability are needed to improve the health and well-being of women, children and adolescents. In line with this approach, the Ministry of Health is strengthening its engagement with civil society, monitoring and evaluation, quality of care, and data reporting lines, in order to initiate evidence-based programmes at the grassroots level and then implement them nationally.



Box 7.

Ending child marriage and reducing teenage pregnancy: signs of progress

Ending child marriage globally is central to improving the well-being of society, and is encouraged in the SDG agenda. Child marriage cuts across countries, cultures, religions and ethnicities, and occurs in every region of the world.

Improving opportunities for young women requires a multisectoral approach. Laudably, regional leadership is increasing: for example, both the African Union and the South Asian Association for Regional Cooperation have launched high-profile initiatives to end child marriage in their Member States. Fourteen countries have developed comprehensive national strategies to reduce this practice and so avoid its negative health and social consequences.¹⁴⁸

In Niger, while the legal age for marriage is still under 18, the government, with the support of UNFPA, has introduced a nationwide programme providing life skills training, literacy, and sexual and reproductive health information and services. The programme has reached more than 25 000 girls aged 10–19, both unmarried and married, and has resulted in a significant uptake of contraceptive services, particularly by married girls.¹⁴⁹

Zambia has also committed to strengthening access to sexual and reproductive services, reducing teenage pregnancy and eliminating child marriage. The government has sponsored and supported resolutions at the UN General Assembly and the Human Rights Council to end child, early and forced marriage. Its multisectoral country-level actions to address the vulnerabilities that contribute to early marriage include the National End Child Marriage Strategy, launched in April 2016 by the Minister of Gender, and the soon to be finalized National Plan of Action on ending Child Marriage. Together with UNFPA and partners, the government is also implementing evidence-based health and education programmes to help protect girls from child marriage and adolescent pregnancy.¹⁵⁰



Governments are also increasingly addressing gender inequality because it is a root cause of poor maternal, newborn, child and adolescent health outcomes. For example, in Sierra Leone, with support from Hó, the Ministry of Social Welfare, Gender and Children's Affairs worked on a community empowerment project that mobilized traditional birth attendants focusing on issues of gender-based violence and reproductive health. Community Advocacy Groups have engaged in

outreach in their respective communities: making referrals, promoting family planning awareness and addressing problems of gender-based violence. In the Democratic Republic of the Congo, with support from Hó, community leaders and members, both men and women, have engaged in interventions to improve gender equality. For example, in 2016, women's cooperatives were organized around income-generating activities to improve health insurance coverage, and 72 clubs promoted women's rights, including reproductive rights, reaching 3000 men and boys.¹⁵¹

THE ROLE OF PARLIAMENTS

Parliaments have the power to create an enabling legal environment for health and rights, and to ensure that high-quality health services are accessible and affordable, and provided without discrimination on grounds of age, gender, geographical area or socioeconomic status. They approve health budgets and control the purse strings and so can ensure that expenditure is effective and reaches the most needful.

Parliaments have a key role to play to unlock and leverage the full potential of women, children and adolescents. They are the bridge between citizens and their government, prioritize budgetary allocations and ensure accountability for results. Through Every Woman Every Child we can and will make a difference.

H.E. Mr Saber Chowdhury

President of the Inter-Parliamentary Union

Member of Parliament, Bangladesh

Member of the High-Level Steering Group for *Every Woman Every Child*

The Inter-Parliamentary Union (IPU) has collaborated with EWEC for some years in advocating to parliaments for increased action on SRMNCAH. Following the launch of the EWEC *Global Strategy*, the IPU committed to renew efforts in support of parliamentary action.

For example, with IPU's support, members of the Health and Budget Committees in the Parliament of Uganda received training on health financing and budgeting, budget analysis and expenditure tracking. As a result, in 2013, the Parliament was able to exercise its prerogative over the government, refusing to approve the budget for the next fiscal year until the President of Uganda increased funding to health workers, especially those in rural areas.

As representatives of the people, members of parliament can increase their constituents' knowledge of existing health legislation and of their health rights, voice constituents' needs and concerns, and facilitate access by citizens to decision-making.

For example, in March 2016, the Rwandan Parliament passed the Human Reproductive Health Law. This recognizes the right of citizens to access reproductive health and family planning services, and enacts provisions for more effective oversight of government action on sexual and reproductive health. Male and female parliamentarians across party lines engaged constituents from all 30 districts of the country, explaining people's health rights and encouraging access to reproductive health services and family planning.