CRVS Developments and the Global Financing Facility for Women and Children’s Health
**CRVS Assessment and Planning - Where are we now?**

<table>
<thead>
<tr>
<th>More than 50 countries globally with rapid assessments</th>
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<tbody>
<tr>
<td><strong>Category 1 Countries:</strong> Countries which have a comprehensive assessment completed, strategic plan advanced, high level political commitment and coordination established and active: 27 countries</td>
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<tr>
<td><strong>Category 2 countries:</strong> Countries with comprehensive assessments underway, or which have committed to comprehensive assessments in the immediate future: Around 16 countries</td>
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<td><strong>Category 3 countries:</strong> Those remaining countries which have not yet sought a comprehensive assessment: 10 countries</td>
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**NOTE:** these are only the 75 ‘CoIA’ countries. There are more countries with assessments and plans.
Strong support through regional structures

Eastern Mediterranean Region: Health Ministers 2013


Latin America: Health Ministers; other regional resolutions and agreements

African Ministers Responsible for Civil Registration: 2009

Pacific: Health Ministers 2011 and 2013; Finance and Economic Ministers
Where did the GFF concept come from?

2010

Commission on Accountability for Women and Children’s Health

First Recommendation: Functioning CRVs systems

2011-2014

Through Commission on Accountability for Women and Children’s Health

Catalytic funding for 75 countries – many prioritize funding for CRVS assessments

2013

Global Call for Action

• April: ‘Bangkok ‘Global Call for Partner Action’
• September: Canadian Prime Minister’s call for CRVS in context of Women and Children’s Health
• December: WHO Global Meeting – Role of Health in Strengthening CRVS.

2014

Global response

• February: Canada - WHO project on CRVS Investment
• April: ‘Addis meeting’ – WB Investment consultation
• May: Canadian Prime Minister announces CRVS funding possibilities in context of Women and Children’s Health
• September: UNGA…. GFF concept Announcement
CRVS is a Data Platform

Data Driven Priorities
Women, Children's and Adolescent Health

Data for Women's Health: births, death (hospital and community), causes of death (communicable, non-communicable, external), maternal mortality, fertility, marriage / divorce. Ending preventable maternal and child deaths, understanding burden of disease: population-level data for health needs, gaps, inequities. Service planning, policy, programmes, delivery, coverage, evaluation, monitoring.

Legal Identity: births, deaths, identity, rights, access

Newborn & Children's Health: births, deaths – perinatal, newborn, child; causes of death including communicable and external causes; population level data for health gaps, inequalities, needs, ending preventable deaths - service planning, policy, programmes, delivery coverage, evaluation, monitoring.

Universal Health Coverage

Births
Deaths
Causes of Death
Marriage and Divorce