Accountability in the 2015 Global Strategy for Women’s, Children’s and Adolescents’ Health

Julian Schweitzer describes the steps taken to ensure accountability in the 2015 Global Strategy and why it is important to succeed.

As the era of the millennium development goals (MDGs) draws to a close, each year some 6.3 million children under the age of 5, 289,000 women, 2.8 million newborns, and 1.3 million adolescents still die from preventable causes. Others experience illness and disability, generating enormous loss and costs. An additional 2.6 million babies are stillborn. Building on the 2010 Global Strategy for Women and Children, the forthcoming 2015 Global Strategy for Women’s, Children’s and Adolescents’ Health aims by 2030 to end these preventable deaths and to achieve a “grand convergence” in health, giving every women, child, and adolescent an equal chance to survive and thrive. As every preventable death is an affront to human rights, the 2015 strategy has human rights at its core. It will be coun-

ments of Tanzania and Canada (see appen-
dix) prepared proposals for the

accountability framework in the 2015 strat-
ey. In the absence of a comprehensive review of the accountability processes proposed by CoIA, the group reviewed relevant country and global reports, including on the implementation of the 2010 strategy. Other accountability processes, such as nutrition and education, were also reviewed and are cited below. Consultations were held with stakeholders during 2015, including two review meetings with government, academic, civil society, private sector, youth, and international agency representation.

The right to health

The right to the enjoyment of the highest attainable standard of physical and mental health was first articulated in the 1946 Constitution of WHO. Since then, nine international human rights treaties have recognised or referred to the right to health or to elements of it. Every state has ratified at least one such treaty and has committed to protecting this right through international declarations and domestic legislation and policies. In recent years, there has been increasing attention paid to the right to the highest attainable standard of health—for example, by bodies that monitor human rights treaties, by WHO, and by the Commission on Human Rights (now the Human Rights Council), which in 2002 created the mandate of “Special Rapporteur” on the right of everyone to the highest attainable standard of physical and mental health. These initiatives have clarified the nature of the right to health and its achievement. States have the primary obligation to respect, protect, and promote the human rights of the people living in their territory and in turn must guarantee the right to health to the maximum of their available resources, even if these are tight. While steps might depend on the specific context, all states must move towards meeting their obligations to respect, protect, and fulfil.

Mechanisms of accountability, crucial to ensure that state obligations concerning the right to health are respected, take place at national, regional, and international levels. They involve various contributors, such as the state itself, NGOs and civil society, national human rights institutions, and international treaty bodies. Accountability compels a state to explain what it is doing, why, and how. Without prescription of exact domestic formulas for accountability and redress, the right to health can be realised and monitored through various mechanisms. At a minimum, however, all accountability mechanisms must be accessible, transparent, and effective.

Administrative and political mechanisms are complementary or parallel to judicial accountability mechanisms. For instance, the development of a national health policy or strategy, linked to work plans and participatory budgets, plays an important role in ensuring government accountability. Indicators based on human rights support the effective monitoring of key health outcomes and some of the processes to achieve them. Many groups, including health professionals, play key roles. Policy, budget, or public expenditure reviews and governmental monitoring mechanisms hold the government to account in relation to its obligations towards health rights. Some health services have independent or internal systems to receive complaints or suggestions and offer redress. Furthermore, impact assessments and other studies allow policymakers to anticipate the likely and actual impact of policies on the enjoyment of the right to health.

Political mechanisms, together with monitoring and advocacy by NGOs and civil society, also contribute to accountability. Civil society organisations use indicators, benchmarks, impact assessments, and budgetary analysis to hold governments and other service providers accountable. Judicial mechanisms can also provide remedies. Incorporation into domestic laws of international instruments recognising the right to health can considerably strengthen the scope and effectiveness of remedial measures, by enabling courts to adjudicate violations by direct reference to the International Covenant on Economic, Social, and Cultural Rights.

Accountability in the 2015 strategy

Accountability builds on experience gained over the past decades, particularly since the advent of the MDGs in 2000. In addition to the measures described above, the 2005 Paris Declaration on Aid Effectiveness called for mutual accountability, with donors and
Women’s, Children’s, and Adolescents’ health

The commission recommended improvements in vital registration, health indicators, information and communications technology, resource tracking, reaching women and children, national oversight, transparency, and aid reporting. An independent Expert Review Group (iERG) has been established to address the accountability of partners in the Every Woman, Every Child (EWEC) movement.

What have we learnt?
The experience of implementing accountability frameworks arising from the human rights treaties, the efforts to achieve the MDGs, and the EWEC movement since 2010 provide some key messages and principles for a rights-based accountability framework. This is not a comprehensive list—others will emerge as the 2015 strategy is implemented and more evidence emerges on the impact of such frameworks on outcomes.

The accountability framework for the 2015 strategy
The accountability framework builds on these lessons together with the experience in other sectors. The 2015 strategy will likely be launched at the same time as the SDGs, and relevant SDG and strategy indicators are being aligned to minimise overload and confusion between competing data needs. Through its support for the 2015 strategy, the newly created Global Financing Facility (GFF) will also play an important role in providing additional resources for accountability.

Accountability principles
As countries and contexts differ considerably, a single “accountability blueprint” would not work. Rather, based on experience over the past decades, the accountability working group enunciated a core set of accountability principles for the 2015 strategy:

- adherence to human rights including the rights of women, children, and adolescents to receive quality and respectful services
- the rights of communities and civil society to participate in monitoring, review, and action, and
- the key roles and responsibilities of the different stakeholders in the health sector, from governments and international agencies, to the private sector, civil society, and, above all, the women, children, and adolescents who have the right to survive and thrive.

In some cases, accountability can be assigned to a single stakeholder—for example, the accountability of a government to provide basic health services. In other cases we are talking of mutual accountability—for example, the accountability of partners in an international health partnership to

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**BOX 1: BANGLADESH CIVIL AND VITAL REGISTRATION—PROGRESS AND CHALLENGES**

- Public facilities in Bangladesh report deaths, and these data are available at the national level
- Deaths at most non-government facilities, however, go unreported: Hospital deaths are not reported to the relevant statistical agency
- Causes of death are not yet recorded/mentioned in the death register in a manner consistent with ICD-10 (international statistical classification of diseases, 10th revision)
- Accuracy, completeness, and quality of recording and reporting are not always at an acceptable standard
- Community births and deaths are now reported electronically and cover the whole country
- Maternal-perinatal death review based on verbal autopsy without medical certification is in the pilot phase in four districts and will be scaled up in another three districts, but resources are insufficient
- There is weak coordination between the agency responsible for statistics and the ministry of health and family welfare (MOHFW), with both collecting data independently
- Data on fertility and mortality under statistically valid random sampling are in place and published every year
- Other survey data on vital statistics are also generated by the MOHFW from time to time, but data quality is a concern
- A health and demographic surveillance system providing regular and timely health data does not yet exist

Partners both accountable for development results. Since 2010, a group of countries and donors known as IHP+ (International Health Partnership) have joined together to provide “an independent assessment of results at country level and of the performance of each signatory individually as well as collectively.”

The 2011 UN Commission on Information and Accountability for Women’s and Children’s Health (CoIA), recognising the crucial links between human rights and health in human rights treaties, included a framework for global reporting, oversight, and accountability for women’s and children’s health and the strengthening of links with mechanisms for human rights. The commission recommended improvements in vital registration, health indicators, information and communications technology, resource tracking, reaching women and children, national oversight, transparency, and aid reporting. An independent Expert Review Group (iERG) has been established to address the accountability of partners in the Every Woman, Every Child (EWEC) movement.

Some progress
The 2010 strategy had four accountability themes:

- national leadership
- country monitoring and evaluation
- reducing the reporting burdens on poor countries. These countries often find themselves at the receiving end of multiple demands for data from donors and partners
- tracking commitments.

There was no explicit reference to human rights. High level political leadership, public-private partnerships, increased resources, and civil society participation have contributed to progress, particularly on vital registration, information, tracking of resources, and oversight. Over 50 countries have prepared country accountability frameworks, with WHO participation.

Serious challenges remain
The previously cited CoIA and iERG reports note weak national accountability mechanisms, lack of transparent data, and health systems under pressure to deliver ambitious political goals, with limited worker and management capacity. “Multiple information-collection systems have emerged, each with its own process for tracking financial and non-financial commitments” (CoIA). “The success of the post-2015 agenda will be judged by the way the current rhetoric on accountability is translated into mechanisms for robust and independent monitoring, transparent and participatory review and effective and responsive action” (iERG).

A preliminary assessment in 2014 by the Every Woman, Every Child (EWEC) movement identified progress but also different dimensions of accountability that needed strengthening. Weak data, such as those on births and deaths, use of resources, or quality of services, make it more difficult to devise appropriate policies and solutions and to ensure that resources are prioritised in favour of poor women, children, and adolescents. Poor data can also result in misallocation of resources and inappropriate policies.
The goals of the 2015 strategy are to survive (end preventable deaths), thrive (ensure improved health), and transform (expand enabling environments). It will have broad coverage in six strategic areas:

- advancing country leadership
- maximising agency and potential
- strengthening health systems
- promoting community engagement
- enabling cross sector collaboration, and
- improving healthcare in humanitarian settings.

This is a comprehensive agenda, and it will be critical to avoid overloading already stressed country data and information systems with demands for additional data. Comprehensiveness, to ensure that policies, budgets, and services for women, children, and adolescents can be adequately monitored (including by the recipients of these services), has to be balanced against mutually deliver agreed services. These core principles will themselves need regular review to ensure their continuing applicability and relevance.

Balancing completeness and overload

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### Accountability—monitoring, review, and remedial action

| Monitoring-regular, timely, good quality, transparent, international standards | Review-inclusive, transparent, multiple inputs | Act-evidence based, transparent, timely |
| --- | --- | --- |
| **Country** |  |  |
| Data collection; annual performance reports and scorecards; special studies; CSO and academic reports; social accountability reports | Health sector, civil society, academic and other reviews; media reports; parliamentary committees, country level independent review bodies | Government budgets, plans and programmes; civil society and private sector budgets, plans and programmes, participatory budgeting and policy planning |
|  |  |  |
| **Regional** |  |  |
| Regional monitoring report and scorecards (such as Africa Health Stats, CARMMA, ALMA, Africa Health Budget Network, Arrow); social accountability reports | (Sub)regional country peer review mechanisms; regional UN reviews (such as WHO regional committee, UN regional commission); regional groups such as African Union | Country action; regional initiatives |
|  |  |  |
| **Global** |  |  |
| UN monitoring reports; CSO, academic reports (such as Countdown); commitment/expenditure reviews; social accountability reports, annual/biannual “state of RMNCAH” review | Such as UNGA, WHA, PPD, IPU; expert groups; stakeholder groups; “open” mechanisms | Country action; global initiatives and advocacy; funding decisions |

(CoIAs = Campaign on Accelerated Reduction of Maternal Mortality in Africa, Arrow = Asia-Pacific Research and Resource Center for Women, ALMA = Africa Leaders Malaria Alliance, UNGA = United Nations General Assembly, WHA = World Health Assembly, PPD = Partners for Population Development, IPU = Inter-Parliamentary Union, UNGA = UN General Assembly, WHA = World Health Assembly, CSO = Civil Society Organization, RMNCAH = Reproductive, Maternal, Newborn, Child, Adolescent Health)

Feasibility, reliability, affordability, functionality, and access to data systems and their links with the broader SDG system (table).

**Country accountability**

Country governance and accountability processes depend on factors including the degree of centralisation/decentralisation of health finance and delivery, the public-private interface, legal statutes, parliamentary oversight, the role of audit bodies, etc. The 2015 strategy accountability framework has to build on these processes while incorporating a complex range of data on health outcomes, service delivery, health finance and expenditures, social determinants, human rights, adolescence, and contributions from non-health sectors, disaggregated by income, sex, and location.

Despite progress, there are still countries with weak or non-existent civil registration and vital statistics systems, national health accounts, health management information, and other data systems crucial for determining progress. Processes for review and remedial action can also be weak, with limited engagement with civil society and community. The 2011 CoIAs recommendations on strengthening country capacity therefore need to be fully implemented, together with assistance to develop capacity for monitoring, evaluation, research, and advocacy, so that the outcomes of the accountability process can be translated into policy and action. Whatever the system of government, a baseline standard of reporting is planned so that progress can be compared across countries and regions. The global accountability system depends on accurate data from countries and is only as good as the sum of its country parts.

**Regional mechanisms**

Key regional country groupings and organisations play a major role with regional peer mechanisms to review progress and propose remedial action. Regional bodies will be essential to connect and reinforce linkages between global and national mechanisms – facilitating monitoring.

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![Country and global accountability processes in the 2015 strategy](image-url)
through regional web platforms (such as African HealthStats.org, CARMMA, ALMA, African Health Budget Network, ARROW) supporting peer learning and review through regional meetings such as African Health Ministers, UN regional commissions, etc, and enabling action with support for countries to act on recommendations and recognition of countries that have exhibited progress and success.

Global mechanisms
Since 2010, various agencies, including the iERG, CoIA, Countdown to 2015, and the Partnership for Maternal, Newborn, and Child Health (PMNCH), have reported on achievements of the global strategy and highlighted issues for global attention. Each accountability process, however, has had separate mechanisms, with inadequate linkages among them and weak follow-up actions. Global accountability for the implementation of the global strategy will therefore be brought together under a unified mechanism that will prepare an annual report on the “State of Women’s, Children’s, and Adolescents’ Health.” The Partnership for Maternal, Newborn, and Child Health (PMNCH) will play a key coordinating role, with an independent advisory panel appointed by the UN secretary general to ensure greater independence in accountability. An agreed set of data for expenditures, outputs, and outcomes will be used by countries and their development partners, with global and regional bodies providing reviews and facilitating remedial actions (figure).

Review, dissemination, and action
A key lesson from the 2010 strategy was the need to ensure that the accountability process is linked to key intergovernmental mechanisms such as the World Health Assembly and the high level political forum established for the SDGs. Multinational and/or regional representative bodies, such as the Inter-Parliamentary Union (IPU), the African Union, the Partnership for Population and Development, and UN regional economic offices also need to be engaged to ensure that the accountability reports are widely disseminated, discussed, and acted on by key decision makers at the national and international levels.

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