Introduction

During the past decade, the movement for women and children's health - including reproductive health - has advanced rapidly through a more confident understanding about where and why women and children die, what evidence-based and cost-effective interventions are available to avert many of those deaths, what can be done to scale up interventions, how scale-up can be achieved equitably, and what finance will be needed to implement and sustain such programmes. A more reliable scientific understanding of what it will take to prevent over 8 million deaths among women and children annually worldwide, together with high-level political commitment, has created an unprecedented opportunity for progress. One important obstacle to further success is continuing uncertainty about the precise impact of investments into women and children's health. Given the commitment of US$40 billion to a new UNSG-led Global Strategy, the question of valid information to ensure proper reporting, oversight, and accountability around that investment is a priority.

We are conscious that accountability can be an ambiguous term - for what, to whom, at what level? Our approach to accountability defines three separate, but interdependent, functions: monitoring (assessment), review (analysis), and remedy (action). The Terms of Reference for the Working Group on Accountability for Results are included in the Annex to this document.

Our work will also be informed by several cross-cutting issues - human rights, equity, opportunities for innovation and information technology, and sustainability. The purpose of this discussion paper is to set out the Working Group's early thinking, to suggest potential areas for recommendations, and to identify issues for substantive discussion between the Working Group and the Commission.

Institutional arrangements for global reporting, oversight, and accountability

The expanding diversity of actors in global health has made the coordination of arrangements for global reporting and accountability a major challenge. There is a balance to be struck between encouraging pluralism among UN, donor, civil society, academic, private sector, and foundation partners, while avoiding an unsustainable reporting burden on countries. We also recognize that in the near absence of reliable country health information systems, there will be energetic debates about the progress countries are making towards internationally set targets. These debates are valuable. They sharpen understanding of what is known and what is uncertain, they give welcome
public attention to issues of critical importance to health, and they promote action to improve the quality of information available to decision makers. Strong, open, scientific debate must be part of any robust accountability process.

That said, there are severe problems with existing systems of accountability, systems that are currently weak and largely ineffective.

- There are no commonly agreed principles underpinning reporting arrangements (e.g., the transparency and sharing of data)
- There is often confusion about the roles and responsibilities of different actors for monitoring, review, and remedial actions
- The notion of “harmonization” of reporting can suggest the stifling of debate
- Debate and disagreement can sometimes impede clarity for decision-makers about what action they should take
- The diversity of actors in global health can create tensions that distract attention from larger questions (e.g., what countries should do to improve women and children’s health)
- There may be confusion about terminology. For example, although monitoring (assessment) is a key component of accountability, effective accountability also includes elements of review and remedy. Monitoring alone is not accountability
- Too much emphasis is often put on process, with too little attention to the final effects of investments
- There may be little connection between reporting performance and the judging of that performance as part of a review process for further investment decisions
- There is insufficient recognition that good data cost money: there is just too little investment in health information

There have been some positive developments in recent years. For example, MICS and DHS programmes have contributed to local country capacity strengthening. The Countdown to 2015 process has catalysed support for a standard set of indicators. And diverse technical groups have contributed to better methods of measurement and estimation, and greater transparency.

To address existing problems in accountability frameworks, one solution being considered by the Working Group is a mechanism to deliver effective accountability at the global level through a regular, independent, and transparent review process to ensure that the commitments and promises made by all parties have been kept. The notion of an independent external expert advisory panel, agreed by all parties, notably civil society, but separate from any single partner organization, would satisfy the urgent need for an objective, legitimate, and credible mechanism for global oversight of the SG’s Global Strategy - to ensure that pledges made by all partners are being kept and that commitments are being honoured; to recognize good practice; to identify early signals of concern; and to offer constructive proposals for further action. We envisage this independent expert advisory panel reporting to a multi-stakeholder steering body guiding implementation of the Global Strategy, a body fully independent of the UN system. The reason for independence from the UN is simply the necessary requirement that this group must assess the performance of the UN. An impossible entanglement or conflict of interest can thereby be avoided. There are many examples of independent expert review bodies for the Commission to consider. Such a mechanism would add genuine momentum towards improving women and children’s health (1).
Monitoring of progress

A core set of indicators for the purpose of monitoring progress at country level is obviously critical to the Global Strategy. We are conscious of the fear that an increased demand for accountability might increase the reporting burden for countries. We must address this concern.

The first issue for the Commission to consider, we suggest, is the scope of monitoring and review. There are at least three levels we might examine.

1. A restricted focus: MDG 1c (nutrition); MDG 4 (under-5 mortality); and MDG 5 (maternal mortality and universal access to reproductive health, including safe abortion services, unsafe abortion being a major cause of maternal mortality and morbidity).
2. A slightly broader focus: In addition to MDGs 1c, 4, and 5, MDG 1 (poverty); MDG 2 (education); MDG 3 (gender equality); MDG 6 (reversing the spread of HIV/AIDS; universal access to treatment for HIV/AIDS; and reversing the incidence of malaria and other major diseases); MDG 7 (access to safe water drinking water and sanitation; urban health); and MDG 8 (the special needs of least developed countries).
3. A much broader focus: Beyond the MDGs, to be inclusive of wider issues in women and children's health - e.g. non-communicable diseases, the social determinants of women and children's health (with a special emphasis on gender and socioeconomic inequalities), notwithstanding our existing commitment to an equity focus.

We plan to include measures of equity, together with coverage and quality of interventions and services (effective coverage), into our recommendations to the Commission. In the absence of robust health information systems, we envisage these indicators as components of a single country monitoring platform that forms the basis for national and global reporting.

Countdown to 2015 is one current monitoring mechanism that the Commission may wish to endorse and build upon. The independence of the Countdown is critical to its integrity and legitimacy. Although that independence has been somewhat weakened in recent years, the Commission could consider strengthening the independence of the Countdown (separate funding and a small secretariat) to fulfill the goal of more objective oversight.

At least two further challenges face our Working Group and the Commission. First, we wish to reduce, not increase, the reporting burden on countries. This objective invites all partners to agree a final common path for monitoring - that is, a shared commitment to use the indicators agreed by the Commission as a single mechanism for monitoring. Second, we wish to keep the number of indicators as small as possible. As we continue our work, we are trying to balance the need to meet these two challenges with our goal of achieving the most effective set of indicators to help deliver the SG’s Global Strategy. An additional dimension of these challenges is to ensure that reporting is not too frequently required.

Another issue concerning scope is the question of which countries to consider. Our starting point is the 49 poorest countries identified in the Global Strategy. But our Working Group is also aware of existing monitoring mechanisms for maternal, newborn, and child health. These mechanisms include additional countries. For example, Countdown to 2015 includes 68 priority countries accounting for more than 95% of maternal and child deaths worldwide. It seems important to us to include all countries that contribute most to the global burden of women and children's ill-health (2). Moreover, the Global Strategy emphasizes the importance of general commitments by all countries, including
donors and non-state actors, none of whom should be excluded from independent oversight and accountability.

Finally, given the desire to see a core set of indicators adopted by all global partners, the Commission might consider a recommendation to pool partner resources to support the coordination of data collection and reporting, country and regional level analyses, provision of feedback and recommendations to countries, and technical support to implement these recommendations. This approach to monitoring would also serve as the basis for a unified evaluation platform, allowing simultaneous assessment of multiple programmes.

Actions at country level

Countries face huge predicaments. Data gaps and weak data sources (weak civil registration and vital statistics systems); limited institutional capacity for data collection, analysis, and action; and duplicative monitoring efforts by donors, which may well be non-aligned with national health plans. Still, there have been positive developments in some countries - e.g. stronger monitoring commitments as part of national health strategies.

The areas our Working Group is considering for recommendation include:

1. The necessity for full country political commitment to the goals of the Global Strategy.
2. Strategies (and investments) to strengthen country capacity for primary data collection. National civil registration systems - births, deaths, and causes of death - that record vital events and generate regular vital statistics are essential for effective accountability. These systems require high-level political commitment for their initiation, development, and sustainability. There is a new and growing movement - especially in Africa - for statistical development to support rational political decision-making. The Commission has an opportunity to support this trend. Together with partners, such as the Health Metrics Network and using new technologies, the prospect of renewed commitment to health information systems is within our grasp.
3. Simplification of accountability frameworks at country level. Countries experience great demands from the UN, Global Health Initiatives, and World Bank, among others, to report data. This fragmentation and duplication hampers efforts to create fully integrated health information systems.
4. The need for effective alignment between national health strategies, core indicators for women and children’s health, and global reporting requirements.
5. The creation of strong institutions, with champions, for data collection, analysis, reporting, and dissemination - to generate evidence to foster accountability.
6. The need for larger and more regular surveys, which provide important information on coverage of interventions and their impact. These would produce estimates for smaller geographical areas than current surveys, serving both monitoring and evaluation purposes.
7. The desirability of national independent expert advisory panels as part of country accountability mechanisms. As at the global level, there is a need in countries to ensure transparency around data and statistics, to monitor and independently review progress on pledges and commitments, and to create the capacity for gathering the most reliable data to inform decision-making.
8. Support for governments and other actors to address the identified problems and obstacles to progress.
9. Encouragement of civil society organizations to engage with the issue of information and accountability, thereby strengthening national capacities for monitoring and review processes, and accelerating political commitment to women and children’s
health. A vigorous national dialogue on health outcomes for women and children is a critical part of fostering a culture of accountability.

10. The potential value of national conferences to bring together all stakeholders to report on country progress. For example, Countdown to 2015 conferences have been held in Senegal and Zambia with this objective in mind.

11. To ensure investments in professional education to produce a local technically proficient cadre of workers who can build the human capacity for health information and accountability.

Conclusion

We see three distinct operations in our accountability framework. First, a monitoring or assessment function, in which data are gathered and checked for quality and accuracy. All stakeholders have important parts to play here. Second, a review or analysis function, which should take place independently of any single organisation being held accountable. And third, a remedy or action function, which again needs the full engagement of all stakeholders.

There is an emerging set of priority recommendations for our Working Group and the Commission to consider:

- At the country level, strengthening of vital registration systems and human/institutional capacities for more reliable monitoring and independent review of women and children's health
- At the global level, strengthening and extending an existing mechanism (eg, Countdown to 2015) or creating a new independent, transparent means for reviewing: data, analyses and estimates, and delivery on pledges and commitments made by all partners
- At both country and global levels, agreement on a common set of core indicators

We are planning further work around the contribution of ICT to reporting, oversight, and accountability for results. And we are looking for success stories to illustrate the recommendations we may make to the Commission.

We draw a parallel with the recent history of HIV/AIDS. 10 years after the UNGASS Declaration of Commitment, in 2010 181 countries reported on their AIDS response using a standardized set of indicators and online reporting tools. The critical elements in this success were: recognition of AIDS as a global health and development issue; unprecedented national and global (G8) political commitment; clear responsibilities for monitoring progress globally, regionally, and nationally; a single set of 25 indicators; systems to support national programmes in data collection; the three ones (one national strategy, one national authority, one national monitoring system); and civil society mobilization. Examining what worked in HIV/AIDS may help us to identify what we need to recommend and implement for women and children's health.

Our Working Group believes that these areas for recommendations, while emerging from and most applicable to women and children's health, have broader applicability for accountability in other health sectors.
Notes

Annexes

1. Working Group on Accountability for Results Terms of Reference

The terms of reference for this Working Group, with special reference to accountability for results and the UNSG’s Global Strategy, are:

• To propose international institutional arrangements for global reporting, oversight, and accountability
• To identify ways to improve monitoring of progress by defining a set of core indicators
• To propose actions at country level to overcome major challenges to accountability

2. Working Group membership

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