Background and overview of meeting objectives

The World Health Organization (WHO) and the Government of Canada co-chaired the fourth meeting of accountability stakeholders where about 80 key multi-sectoral partners came together to provide strategic direction on progress towards the Global Strategy for Women’s and Children’s Health, launched by the UN Secretary-General in 2010. The meeting provided the opportunity to review progress towards the Commission on Information and Accountability (CoIA) recommendations and review the iERG 2013 recommendations. Representatives included implementing countries, donors, civil society and the UN and other international organizations. The meeting was organized around four key objectives:

1. To review progress, gaps and lessons in the implementation of the accountability framework for Women’s and Children’s Health and identify concrete steps to address the gaps and adapt to the lessons learned.
2. To review and prioritize iERG recommendations for integration into the 2014-2015 workplans and discuss how to close the funding gap in the accountability multi-stakeholder workplan to implement recommendations.
3. To discuss implications of global monitoring demands for countries and what is being done to streamline and strengthen country systems. Joint session with IHP+ and Accountability.
4. To clarify how the RMNCH mechanism brings together the various initiatives under the Global Strategy for Women’s and Children’s Health and Every Woman Every Child, including the country accountability frameworks.

Opening session main messages

The meeting opened with a video message from Robert Orr, Assistant Secretary-General in the Executive Office of the Secretary-General (video included in link) who highlighted the successes of the Every Woman Every Child movement, which in three years has galvanized commitments from over 290 partners totaling USD 45 billion. He stressed the importance of accountability and described it as a “pathfinder” for other sectors, encouraging stakeholders to highlight how accountability can play a role
in the post-215 discussion. Partners were also encouraged to showcase results and impact of EWEC on the ground.

Dr Margaret Chan, Director General, World Health Organization (link to opening remarks) encouraged participants to ask critical questions as we are currently midpoint in a time bound process for improving accountability. She noted that the work is addressing longstanding problems, highlighting quality of care and Civil Registration and Vital Statistics. She posed the question “Can an accountability framework expedite progress?” and “If ways can be found to get better information will this improve progress.” She urged stakeholders to do better at coordination of global efforts and ensure that we are helping countries, not undermining their capabilities.

Diane Jacovella, Assistant Deputy Minister, Global Issues and Development, Government of Canada reconfirmed Canada’s commitment to women’s and children’s health and accountability as championed by the Every Woman Every Child movement. She reminded participants that more needs to be done to strengthen accountability at national and global level, stating the importance of monitoring progress in a transparent manner to better understand where and how resources have been allocated. She acknowledged that “with commitments come responsibility and we owe it to Every Woman Every Child to make sure our work translates into action”. She reminded the participants of the need to remain focused on equity and find way for the program to reach the hardest to reach and most vulnerable.

Review of progress, gaps and lessons in the implementation of the accountability framework

Dr Ties Boerma, World Health Organization provided a review of progress across the 10 recommendations, highlighting the contributions of various partners, including PMNCH, Inter-Parliamentary Union, International Telecommunication Union, CDC Foundation, Evidence for Action among others (presentation included in link). In response to the Commission on Information and Accountability recommendations, countries have adopted strong accountability approaches, with measurement and transparency as a means to achieving the Global Strategy goals. There is greater inclusion of civil society, media and parliamentarians in monitoring progress toward women’s and children’s health. There are also new methodologies and approaches for tracking resources, maternal death surveillance and response and creating platforms for e- and m-Health projects that benefit women’s and children’s health. This level of accountability has not been witnessed in other sectors.

The presentation also highlighted achievements in the implementation of iERG 2012 recommendations that were prioritized in the previous stakeholder meeting. These include the launch of the global investment framework (link to investment framework) for women’s and children’s health and progress in human rights, which included a resolution adopted at the Human Rights Council in 2013 related to women’s and children’s health.

The presentation on global progress was complemented by examples of country progress on better information; better tracking of resources and better oversight of results (presentations included in link). Dr Rathavy Tung, Ministry of Health, Cambodia presented his country’s progress on adopting the new approach to maternal death surveillance and response and implementing regular maternal death audits through provincial committee meetings, an example of community based accountability. Dr Mishra,
Ministry of Health, Nepal presented the national achievements in strengthening joint annual health sector reviews that are inclusive, transparent and document remedial action to improve progress. Dr Mariam Ally, Ministry of Health of Tanzania demonstrated Tanzania’s success in applying the new system of health accounts (SHA2011) in the country. Tonte Ibraye from Nigeria shared the experience of White Ribbon Alliance in setting up “Accountability for maternal newborn and child health” which aims to work within the national health accounts processes and involve civil society in budget allocation, tracking and transparency.

**Review, prioritize and operationalize the iERG recommendations**

The iERG presented its 2013 report recommendations. Participants joined one of six working groups to review the recommendations and prioritize them according to the following guiding principles:

- Accountability should be driven by countries
- Use tools that already exist rather than creating new ones e.g. results based financing, score cards
- Embed recommendations in existing global processes rather than creating new ones
- Availability of financing will set boundaries for prioritization

The working groups were given the task to also start thinking how to operationalize the next steps for implementing the recommendations, including selecting a lead Partner to take the recommendation forward. Working groups felt that all recommendations were equally important to achieve progress and therefore none of the actions should be postponed; however, it would be important to select the key lead partner to move the work forward so that it does not fall on one partner. (A summary presentation of the working group deliberations is included in the link).

**Harmonization: IHP+ and RMNCH**

The second day opened with the joint IHP+ and accountability session which discussed the implications of global monitoring demands for countries and trying to streamline action by global agencies. The discourse on the behaviours for improved coordination including the need for better alignment, harmonization, and one monitoring and accountability framework is well understood. However, progress has been slower than anticipated with partners. The session provided some concrete examples of how agencies have changed certain behaviours to better align. For example, The Global Fund has adopted a new funding mechanism to better support country planning processes and national health plans; and, GAVI is phasing out the independent monitoring review committee to shift to country level reviews). Pascal Bijleveld, manager of the Strategy and Coordination Team provided an update on the RMNCH Steering Committee and country engagement process, bringing together key stakeholders to better align and coordinate new initiatives under the Global Strategy to better serve countries. Dr Neema Rusibamayila, from the Ministry of Health explained how Tanzania has been able to select and prioritize actions from different global initiatives to take forward based on how they fit with their national priorities. Although this was considered a model for other countries to follow, it was also acknowledged that the continuity of key people in the government, who had been able to follow the

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1 Panel with Ties Boerma, WHO; Wade Warren, USAID; Peter Hansen, GAVI; Dr Than Aung, Deputy Minister Myanmar; Daniel Low-Beer, The Global Fund; Louise Holly, Save the Children UK.
developments and integrate them in the own national plans was crucial. The visibility and commitment that global initiatives can generate can be used by countries as they are able to use the international momentum to influence key national decision makers and prioritise the issues promoted within the domestic agendas. Some of the following actions were suggested to improve harmonization:

- Country ownership of “global” initiatives: Countries to coordinate and prioritize actions from global initiatives which match national objectives and priorities
- High level political commitment and concrete organizational action to change behaviours among partners
- Technically sound tools and approaches to support high quality plans and robust systems
- Harmonized financial management systems and procurement supply systems
- One accountability platform for joint monitoring of progress and results
- Opportunities for systematic learning (south-to-south cooperation)
- Move away from “pilotitis” and ensure quality as programs scale up

Conclusions and Outcomes

A consolidated summary of the group work was presented and agreed (see table below).

<table>
<thead>
<tr>
<th>Recommendations from iERG 2013 report and key actions to operationalize</th>
<th>Responsible entity</th>
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<tbody>
<tr>
<td><strong>Recommendation One</strong>: Strengthen country accountability: Country led, inclusive, transparent and participatory national oversight mechanism</td>
<td>World Health Organization</td>
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<tr>
<td>• Countries to establish or strengthen inter-ministerial coordination mechanism to oversee implementation of accountability roadmaps and CoIA recommendations, involving broad set of stakeholders, including CSOs and parliamentarians.</td>
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<td><strong>Recommendation Two</strong>: Demand accountability for women’s and children’s health: Independent accountability mechanism to monitor, review and deliver Post 2015 agenda</td>
<td>UN Secretary General’s office</td>
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<td>• <strong>Improved Coordination</strong>: UNSG to lead improved coordination of global RMNCH mechanisms</td>
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<td>• <strong>WHA Consultations</strong>: SG to convene consultation (e.g. at WHA) which will lead to recommendations setting out lessons learned from CoIA and broader accountability experience in RMNCH to feed into post-2015 framework</td>
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<tr>
<td>• iERG should be part of post-2015 agenda</td>
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<tr>
<td>• <strong>Improved reporting</strong>: IHP+ one country platform for information and accountability</td>
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</table>
- Enhance coordination between CoIA efforts and IHP+

**Recommendation Three**: Take adolescents seriously: (i) Adolescent indicator in monitoring (ii) Meaningfully involve young people

- Develop and apply adolescent indicators
- Involve adolescents in a meaningful way in country accountability mechanisms
- Hardwire adolescents in other iERG recommendations (e.g. human resource and quality and rights)
- Develop operational guidance on how to implement existing technical guidance on RMNCA health with a human rights perspective

**Recommendation Four**: Prioritize quality to reinforce value of a human rights approach to RMNCAH: (i) make and measure quality of care route to equity and dignity; (ii) create task force on quality of care

- H4+ to develop a set of principles for accountability for quality care and use it to implement/assess their national health plans
- Implement existing frameworks and tools for the measurement of quality of services for RMNCAH
- QoC should be part of all training and based on country plan

**Recommendation Five**: Make health professionals count: deliver expanded and skilled health workforce for RMNCAH

- iERG to report on progress made by countries in implementing human resources development and management plans based on these principles
- Galvanize high level political commitment for appropriate health work force: link training and securing of human resources with UHC (WHA resolution)
- H4+ to develop a set of principles for accountability for quality care and use it to implement/assess their national human resource plans/activities

**Recommendation Six**: Launch a new movement for better data: Make CRVS a post 2015 development target

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<tr>
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<td>Four</td>
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<td>Five</td>
<td>Make health professionals count: deliver expanded and skilled health workforce for RMNCAH</td>
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<td>Six</td>
<td>Launch a new movement for better data: Make CRVS a post 2015 development target</td>
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<tr>
<th>Authors</th>
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<td>Global Health Workers Alliance and World Health Organization</td>
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<td>Authors</td>
<td>United Nations Statistics</td>
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### Member States submit a resolution at UNGA, WHA ahead of Post 2015 final negotiations to make CRVS a post 2015 development target

- Use open working group as an opportunity to highlight the importance of CRVS
- Universal CR (Birth, Death and COD) by 2035 by all countries (sub-targets and country specific targets to be developed)
- Effective vital statistics generated from civil registration data and used for decision-making by 2035 (sub-targets and country specific targets to be developed)
- UNSD and WHO in collaboration with other partners develop a paper making the case for “making everyone count” providing an analysis of gaps, costs and global investment plan

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Diane Jacovella and Liz Mason made closing remarks. Canada encouraged keeping up the momentum on accountability and broad based partnerships, cautioning against the proliferation of coordination mechanisms and plans in countries.

There was overall consensus from the meeting on the following points:

- There was agreement to keep focus on the original 10 Commission recommendations, with the work on the iERG recommendations to support the implementation of the 10 original COIA recommendations.
- Partners agreed that work is immediately needed across all areas highlighted by the 6 iERG recommendations. There was consensus on which partner should take lead role.
- There is a sense of urgency to invest in better information systems and continuation of the work on civil registration and vital statistics
- Harmonization among global partners remains a critically important issue that needs to be addressed. IHP+ and the RMNCH mechanisms are important platforms for this.
- There remains an immediate funding gap of USD 4.8 million for the implementation of the accountability work for 2014, including for several countries which require funding to implement their accountability frameworks.
- The donors contributing to the accountability work (Canada, Norway, DFID and Germany) as well as the UN Secretary General’s office committed to fundraising for the accountability work.

More information on the meeting, including the list of participants, agenda and presentations and background documents listed below can be found at the following link: [http://www.who.int/woman_child_accountability/news/fourth_stakeholder_meeting_14_15_jan_2014/en/index.html](http://www.who.int/woman_child_accountability/news/fourth_stakeholder_meeting_14_15_jan_2014/en/index.html)

- Welcome video message from Robert Orr
- Opening remarks, Dr Margaret Chan, Director General, World Health Organization
- Presentation of global progress, Ties Boerma, World Health Organization
• Maternal death surveillance and response, Dr Rathavy Tung, Ministry of Health, Cambodia
• Joint annual health sector reviews, Dr. Mishra, Ministry of Health, Nepal
• Tracking resources through SHA2011, Dr Mariam Ally, Ministry of Health of Tanzania
• IHP+ joint session: Improving Accountability for Results, streamlining action by global agencies, Ties Boerma, World Health Organization
• Budget transparency and civil society role in national accountability, Tonte Ibraye White Ribbon Alliance, Nigeria
• Summary of working group discussion on iERG recommendations
• Background document on progress
• Investment Framework for Women’s and Children’s Health