The Every Woman Every Child health-model of accountability in the post 2015 era: A multi-constituency platform to track accountability

Preliminary Findings from the External Review of the Accountability Work

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‘RMNCH community’

- Greater partnership and coordination between the various multi-laterals and donors - H4+, A Promise Renewed, IHP+.

- Civil society: implementers, professional bodies and associations, and academic and research institutions

- The emergence of very substantial non-state donors: financial weight, but also independent

- The private sector: neglected, but contributors

- EWEC is the reflection of all of these partners at both global and country level: although the PMNCH itself does not have ‘country presence’, its member do
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<th>Purpose</th>
<th>Mechanism</th>
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<td><strong>1. Identify commitments</strong>&lt;br&gt;Identify a commitment made to the Global Strategy</td>
<td><strong>Global</strong>: UNSG’s Office, UNF, SG’s Special Envoy, PMMCH  &lt;br&gt; <strong>At country level</strong>: Emerging CoIA-based mechanisms, National Health Sector Policies and Strategies, Country Compacts (IHP+)</td>
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<td><strong>2. Track Progress</strong>&lt;br&gt;Track progress against commitment and identify extent to which commitment is being honoured</td>
<td><strong>Global</strong>: Countdown, PMNCH Tracking Reports, FP2020 Reports? Other reports? &lt;br&gt; <strong>At country level</strong>: National Health Sector Reviews, Score cards, National Health Accounts, Donor Coordination</td>
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<td><strong>3. Hold accountable</strong>&lt;br&gt;Indicate accountability – whether promises are being kept</td>
<td><strong>Global</strong>: iERG  &lt;br&gt; <strong>At country level</strong>: CoIA Country Accountability Frameworks – especially recommendations 7 &amp; 8</td>
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<td><strong>4. Use accountability</strong>&lt;br&gt;Use the accountability identified in the previous row to suggest what action is required to ensure that promises are kept</td>
<td><strong>Global</strong>: UN Secretary General, Civil Society, Media  &lt;br&gt; <strong>At country level</strong>: Parliament, or an Ombudsperson, or whatever entity is mandated by the work done under CoIA, IHP+ etc, Citizens, Civil Society, Media</td>
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Issues at country level

• Evolving architecture for accountability globally; but established architecture at country level – but momentum
• CoIA/iERG demand for full independence and transparency in accountability mechanisms; but sovereign and constitutional accountability to elected bodies
• Short-term urgency of the official RMNCH MDGs goal date of 2015; but the longer-term goals of RMNCH within evolving health systems for Universal Coverage post-2015
• Domestic resources far outweigh external resources for health
• Country ownership - global strategy.
• A human rights-based vision and the practical realities of developing country health care systems.
Dimensions of accountability

• **Measurement and data**: central to accountability, but many problems; results, commitments, other factors

• **Inclusion and participation**: good, but complex ‘ecology’ so risks duplication, fragmentation, confusion

• **Transparency and independence**: emphasized, iERG, but challenged

• **Governance - holding actors to account**: weak in many places
Accountability in practice

• **Incentives** for accountability: mixed, internal, context-specific?

• **Kinds** of accountability: strategic, institutional and programme accountability

• The **future costs** of accountability: tracking, multi-sectorality, independence, focal point, country level