IAP Scope of Work

The intent of the IAP annual global report on the “State of Women’s, Children’s and Adolescents’ Health” is to harmonize global monitoring and review, reduce the burden of reporting on countries and facilitate effective follow up action under the auspices of the Global Strategy and Every Woman Every Child movement, while ensuring alignment and coordination with other related mechanisms including for the Sustainable Development Goals.

The annual report will provide the global community with the best evidence on progress on women’s, children’s and adolescents’ health towards achieving the Global Strategy objectives across the full suite of the Survive, Thrive and Transform targets in the Global Strategy, where data is available.

The annual report will comprehensively track progress in implementing the Global Strategy and will include, but not be limited to:

- Common aspects in every report:
  - Results reporting against the nine action areas and seventeen targets in the Global Strategy, with a core focus on the Survive and Thrive targets but also include some analysis on the Transform targets, where data is available
  - Tracking of RMNCAH resources (including domestic spending and financial commitments from donors and multi-stakeholders) both year-on-year and cumulatively and including those of related efforts such as the Global Financing Facility in Support of Every Woman Every Child;
  - A review and tracking of all commitments to the Global Strategy (including policy, financial and non-financial commitments) and their implementation by multi-stakeholder commitment makers;
  - A review of good practice and innovations, including on policy and service delivery, rights, gender equality, accountability arrangements and value-for-money approaches relating to the health of women, children and adolescents;
  - A review of any major bottlenecks to implementation
  - Tracking progress on CoIA recommendations;
  - Analysis, recommendations and guidance to all stakeholders on how to accelerate progress and overcome major bottlenecks.
• An annual theme to be decided by the IAP after consultation with the Partnership Board. Following the first report, there would be a focus on tracking follow up to the findings and recommendations in the previous year’s report and on implementation of the accountability framework.

Annex 1 provides a brief discussion on data issues. WHO is currently drafting, for consideration by the Accountability Work-stream, options for global indicators and a reporting framework, using as a starting point the relevant SDGs, while taking into account existing standards, the monitoring mechanisms of the different initiatives both directly and indirectly related to the Global Strategy and experience with the MDGs. WHO is also identifying the agencies and institutions that currently maintain data relevant to the Global Strategy. The IAP would review these indicators and evaluate the extent to which there is alignment between Global Strategy targets and action areas (including SDG indicators), availability of data and the need not to overburden countries with additional demands.

**IAP Report Submission.** After submitting the Report to the UN Secretary-General, the IAP will share the report with the Partnership Board so that the Board can prepare a supplemental commentary/response, representing a broad stakeholder perspective. This opportunity for commentary will not interfere with the independence of the report nor have any influence over the report itself.

Member States and other stakeholders will be encouraged to discuss the report and relevant action be agreed upon at the High-level Political Forum on Sustainable Development (which will review progress on the SDGs) followed by the WHO Executive Board and the World Health Assembly. The report could also be considered and relevant action proposed at meetings of Human Rights Treaty Bodies, regional bodies and other high-level political assemblies and events. It is also anticipated that the IAP reports and recommendations would feed into the deliberations of key global health financing institutions, partnerships, policy fora, and programs such as the Global Financing Facility (Investors’ Group), Global Fund, GAVI, FP2020, H4+ and World Bank and that the IAP will make use of relevant evaluations from these institutions. The IAP report is also envisaged as a key advocacy tool for greater action and resources allocated to women’s, children’s and adolescent’s health at global, country and sub-national levels.

An independent evaluation of these reports after 3 annual reports will be undertaken to assess their usefulness, impact, draw lessons learned and propose recommendations for possible improvement.

**IAP composition and skills**

The IAP will be independent and impartial and both real and perceived conflicts of interest should be minimized. The IAP needs to command attention from the global community across the full range of the Global Strategy accountability framework – monitor, review and act - and across the diverse spectrum of issues that comprise
the Global Strategy’s “survive, thrive and transform” themes. The IAP members therefore needs to be diverse in terms of skills, gender, geographical distribution, experience, sectors, stakeholders etc. Panelists could, for example, be people with relevant experience in government, the private sector, civil society, parliament, research and academia, law and professional organizations, although will be acting in their personal capacity. With the strong focus on adolescents in the Global Strategy, priority should be given to the appointment of a young person who can meet the criteria described below.

In determining the number of members of the IAP, it will be necessary to balance the needs for diversity with the need to maintain a manageable size, with reasonable costs. This would suggest an optimum size of 9 members. A chair will be appointed by the Secretary-General from the appointed members.

The Chair and panel members will undertake their roles on a pro bono basis, however, with costs to participate in in-person IAP meetings and processes to develop the reports fully covered. The expected time commitment to fulfi l these duties will amount to approximately 20-30 days per year for members, and 30-40 days per year for the Chair. Members will normally be appointed for a two or three year term, with some extensions to allow staggered rotation in order to ensure continuity. Should a member be unable to commit sufficient time, they may be released from their duties before the end of the term, at the discretion of the Chair.

Panel members should be able to demonstrate a set of core experience, achievements and values:

- Proven commitment to the objectives and values of the Global Strategy;
- Extensive experience and accomplishments in one or more of the core areas of the Global Strategy;
- Extensive, hands-on experience in policy review and assessment and/or in implementing policy or legislative reform, particularly as related to improving accountability mechanisms;
- Strong and proven qualitative and quantitative research skills;
- A proven capacity to range across many elements of the Global Strategy – the continuum of care, health policy and finance, contribution of other sectors, human rights, gender equality etc.;
- Demonstrated leadership and capacity to work in a multi-sector global environment;
- Excellent communication skills and the capacity to interact at the highest policy and political levels;
- A demonstrated commitment to the work of the panel and willingness to provide time for the Panel;
- No disqualifying conflicts of interest such as current employment by agencies that may benefit from influencing the report findings and/or recommendations.
• In addition, the Chair should have extensive experience in a recognized leadership role at national, regional or global levels.

Annex 1. Data sources

The report will collate and analyze existing data-basis and information that are available to track progress on the 17 targets and nine action areas in the Global Strategy. It will use existing data sources and analyses (e.g. from global databases and information produced regularly by the UN agencies, international financial institutions and recognized independent monitoring groups such as Countdown 2.0 and IHME) to complement and triangulate information to produce a unified report that tracks progress.

A compendium of these data sources is currently under preparation by the WHO. WHO is also drafting, for consideration by the Accountability Work-stream, options for global indicators and a reporting framework, starting with the SDGs (ensuring alignment with the ultimately agreed indicators and ongoing SDG processes), taking into account existing standards and the monitoring mechanisms of the different initiatives both directly and indirectly related to the Global Strategy (in an effort to consolidate as much as possible) and experience with the MDGs. This will also include an analysis of existing data gaps against agreed/expected indicators. The IAP, with support from the PMNCH Secretariat, will work with the various development partners to encourage harmonization of indicators and reporting. This includes ensuring harmonization with related objectives of the Global Data Collaborative as outlined in the June 2015 Roadmap for Health Measurement and Accountability.

Providing technical support and building the capacity of countries for more effective measurement and accountability will be a key element of the accountability framework and should build on and be part of ongoing efforts by H4+, IHP+ and other stakeholders in this regard. This would include assisting countries to improve and streamline reporting on key targets/indicators, disaggregated where relevant by sex, geography and income, including:

• Implementation of the CoIA recommendations;
• Results against agreed targets/indicators – National Sector Performance Reports (HMIS, CRVS, household surveys);
• RMNCAH expenditures (National Health Accounts).