Developing a draft TB multisectoral accountability framework

Background Document

Stakeholder consultation convened by
Global TB Programme, World Health Organization

Chateau de Penthes, Geneva
1- 2 March 2018
This background document was prepared by Katherine Floyd, Marzia Calvi, Kristijan Marinkovic and Diana Weil, WHO Global TB Programme. It is based primarily on written documentation available from the sources referenced in the main part of the document and in the annexes. The summaries that are included from fields beyond TB are those of the authors of this document; any errors or omissions are theirs alone.
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BACKGROUND

The first WHO Global Ministerial Conference on TB, called “Ending TB in the Sustainable Development Era: a multisectoral response”, was held in Moscow, Russian Federation in November 2017.¹ The aim was to accelerate implementation of the WHO End TB Strategy and inform the United Nations (UN) General Assembly High-Level Meeting (UN HLM) on TB in 2018, recognizing that investments and actions have to date fallen short of those needed to reach TB targets and milestones set as part of the Sustainable Development Goals (SDGs) and End TB Strategy.

In both the SDGs and End TB Strategy, the aim is to end the global TB epidemic. This is expressed as the goal of the End TB Strategy, and in the SDGs it is part of Target 3.3, which also includes ending the epidemics of HIV, malaria and neglected tropical diseases. The TB indicator for Target 3.3 is incidence per 100 000 population per year. TB is also part of an indicator that will be used to assess progress towards the SDG target of achieving universal health coverage (Target 3.8).² The targets and milestones set for the three high-level indicators of the End TB Strategy are shown in Table 1.

Table 1. Targets and milestones set in WHO’s End TB Strategy

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Milestones</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2025</td>
</tr>
<tr>
<td>Percentage reduction in the absolute number of tuberculosis deaths (compared with 2015 baseline)</td>
<td>35</td>
<td>75</td>
</tr>
<tr>
<td>Percentage reduction in the tuberculosis incidence rate (new cases per 100 000 population per year) (compared with 2015 baseline)</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Percentage of tuberculosis-affected households experiencing catastrophic costs due to tuberculosis disease</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The Ministerial Conference addressed four broad areas in which accelerated action is needed. These were: universal coverage for TB care and prevention; sufficient and sustainable financing; science, research and innovation; and multisectoral accountability. The Moscow Declaration to End TB,³ with both commitments by Member States and calls to global agencies and other partners to accelerate efforts towards targets set in WHO’s End TB Strategy and the SDGs, was adopted by 118 national delegations. In the section on multisectoral accountability, Member States committed to “supporting the development of a multisectoral accountability framework” in advance of the UN HLM on TB in 2018, and called upon WHO to develop such a framework for the consideration of WHO governing bodies, working in close cooperation with partners.⁴

The WHO Secretariat prepared a report (EB142/16) on preparations for the UN HLM on TB for the 142nd WHO Executive Board (EB) meeting in January 2018. Based on this report and the Moscow Declaration, the EB requested WHO to work with key stakeholders to develop a draft TB multisectoral accountability framework for consideration by the World Health Assembly (WHA) in

¹ The conference was held 16–17 November and was co-hosted by WHO and the government of the Russian Federation. See http://www.who.int/conferences/tb-global-ministerial-conference/en/
² The WHO/World Bank definition of universal health coverage is that all people receive the health services they need, while at the same time ensuring that the use of these services does not expose the user to financial hardship. An indicator for SDG 3.8 is the coverage of 16 essential prevention, treatment and care interventions, one of which is TB treatment.
³ http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/
⁴ The following (in the order they were listed) were specifically mentioned: the UN Special Envoy on TB; Member States, including, where applicable, regional economic integration organizations; civil society representatives; UN Organizations; the World Bank and other multilateral development banks; UNITAID; the Stop TB Partnership; the Global Fund to Fight AIDS, TB and Malaria; research institutes.
May 2018 and presentation during the UN HLM on TB in 2018. The EB resolution also put forward a related draft resolution for consideration by the WHA.

As a first step in the process of developing a draft multisectoral accountability framework for TB, WHO is organizing a stakeholder consultation on 1–2 March, in Geneva. The objectives of the consultation are:

1. To present and discuss what is meant by an “accountability framework” and common core elements of such a framework.
2. To share perspectives on why an accountability framework is needed for TB and to learn about experiences with the development and use of accountability frameworks in other areas of global health.
3. To discuss what elements of a multisectoral accountability framework already exist for TB and what might be missing.
4. To propose major elements of a multisectoral TB accountability framework at global and country levels.

This is the background document for the consultation. It covers four topics:

1. **What is an accountability framework?**
2. **Examples of accountability in global health and beyond, summarized using a common framework.** To provide a basis for considering the content of an accountability framework for TB, examples for other top global health priorities (HIV/AIDS, polio, women’s, children’s and adolescents’ health, immunization, malaria, tobacco control) as well as fields beyond health are described using a common framework of five building blocks (who is accountable, commitments, actions, monitoring and reporting, and review).
3. **What elements of a multisectoral accountability framework for TB already exist and what might be missing?** What already exists for TB is mapped to the building blocks defined and illustrated in the previous two sections. Elements that are not currently in place (for example, compared with those being used in other fields) are identified and discussed.
4. **Next steps after the consultation.** The main next steps and associated timelines between the consultation and the UN HLM on TB are outlined.

Annex 1 provides a listing of definitions of accountability. Annexes 2–4 provide more detailed descriptions (5–8 pages in a standard format) for three of the examples featured in section 2.

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5 See EB Resolution EB142.R3. The relevant text reads “The Executive Board…requests the Director-General to develop, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB (2017), a draft multisectoral accountability framework that enables the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis both globally and nationally, leaving no one behind, through an independent and constructive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries, to be considered by the Seventy-first World Health Assembly in May 2018, and presented at the high-level meeting of the United Nations General Assembly on ending tuberculosis in 2018 in order to secure strong political support.”

6 See EB Resolution EB142.R3. The draft resolution for WHA consideration urges Member States to support preparations for the UN HLM on TB and to pursue the implementation of all commitments made in the Moscow Declaration, and calls upon international, regional and national partners to pursue the actions called for in the Moscow Declaration. It also requests action by WHO, including to support the UN HLM on TB, to support implementation of the Moscow Declaration, to continue to provide strategic and technical leadership, assistance, advice and support to Member States, and to develop a global strategy for tuberculosis research and innovation.
1. WHAT IS AN ACCOUNTABILITY FRAMEWORK?

1.1 Definition of accountability

Various definitions of accountability exist (see Annex 1), but essentially, accountability means being responsible (or answerable) for commitments made or actions taken.

When the question “who is accountable?” is asked, it means who is responsible, or who needs to answer, for something that was promised or done.

1.2 Definition of an accountability framework and what it means for TB

An accountability framework defines how a specific entity (or entities) will be held accountable for commitments made or actions taken. This includes making it clear who is accountable, what commitments and actions they are accountable for, to whom they are accountable, and how they will be held to account.

Very broadly, across many units of interest (e.g. individuals, firms, organizations, governments) and topics, mechanisms for how specific entities are held accountable fall into two major categories: a) monitoring and reporting; and b) review. The review mechanisms also make it clear who a given entity is answerable (accountable) to. These points are illustrated in section 2, using a range of examples from global health and beyond.

An accountability framework for TB needs to define who is to be held accountable, what commitments they are accountable for, what actions are to be taken in the context of those commitments (e.g. to reinforce or sustain existing gains, accelerate progress, resolve key impediments to progress that have been identified) and how they will be held accountable through a) monitoring and reporting; and b) review mechanisms.

The accountability mechanisms of a) monitoring and reporting and b) review can range from non-existent to strong, depending on factors such as: the quality and quantity of data from monitoring processes; the quality of reports; who is involved in the review process and the quality of their recommendations; and the extent to which recommendations from review processes have clear and meaningful consequences (including for future actions) for those being held accountable, and can be enforced.7

Examples of how accountability could be strengthened include clearer identification of who is responsible/answerable, better definition of commitments and actions (for example, to allow better implementation, monitoring and review), improving monitoring and reporting, elevating review mechanisms to a higher level or widening them to include more stakeholders, and finding ways to ensure that the outcomes (e.g. recommendations, decisions) of review mechanisms have real consequences (e.g. for actions taken).

2. EXAMPLES OF ACCOUNTABILITY IN GLOBAL HEALTH AND BEYOND, SUMMARIZED USING A COMMON FRAMEWORK

As in many other fields, accountability has been taken seriously in the field of global health. There are several examples of top global health priorities for which commitments made and related actions to be taken have been well defined, and the mechanisms of a) monitoring and reporting and b) review have been put in place. Although they are not all formally called “accountability frameworks”, it is possible to summarize all of them according to a common framework of the five key elements identified in section 1, i.e.:

- who is accountable;
- commitments;
- incentives may play a role in the implementation of recommended actions.

7
Summaries for six topics are shown in Table 2: polio; tobacco control; HIV/AIDS; women’s, children’s and adolescents’ health; immunization; and malaria. Of these examples, those for a) women’s, children’s and adolescents’ health and b) immunization are actually called “accountability frameworks”, and the framework for immunization was explicitly based on the one for women’s, children’s and adolescents’ health.

Accountability frameworks can also be visualized as a diagram, and a generic example is shown in Figure 1. Conceptually, commitments should be followed by actions; monitoring and reporting is used to track progress towards commitments and whether planned actions based on commitments were implemented; and review is used to assess the results from monitoring that are documented in reports, and to make recommendations for future actions. The cycle of action, monitoring and reporting, and review can repeat many times.

Figure 1: Generic version of an accountability framework

In global health, review of existing approaches to accountability shows that it can be helpful to distinguish accountability at global level from accountability at national level. Two examples are shown in Figure 2 (polio) and Figure 3 (HIV/AIDS), while Table 2 distinguishes the global and country levels for all six examples where this is appropriate.

Examples of “accountability frameworks” for a variety of topics beyond global health priorities are provided in Table 3.

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8 Of course, actions also occur in the absence of defining any formal “commitments”.
Table 2: Summary of accountability “frameworks” for global health priorities (main text in bold is for emphasis, related to section 3)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Who is accountable?</th>
<th>For what are they accountable?</th>
<th>Actions (examples)</th>
<th>How those accountable are held accountable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Commitments</td>
<td></td>
<td>Monitoring and reporting</td>
</tr>
<tr>
<td></td>
<td>UN Member States</td>
<td></td>
<td>Global Polio Eradication Initiative (established in 1988)</td>
<td>Report to WHO governing bodies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Technical assistance (e.g. WHO, US-CDC)</td>
<td>Biannual status report on progress in relation to GPEI Eradication and Endgame Strategic Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Resource mobilization and funding allocations (e.g. US government, Bill &amp; Melinda Gates Foundation, Rotary Club)</td>
<td>GPEI annual report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Global advocacy and communication (e.g. Every Missed Child campaign)</td>
<td>Country level Reporting of a polio case</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Country level Country response based on International Monitoring Board (IMB) recommendations</td>
<td>Monitoring of polio vaccination coverage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Global level Establishment and maintenance of a secretariat for the Conference of the Parties</td>
<td>Monitoring visits by IMB</td>
</tr>
<tr>
<td>Tobacco control</td>
<td>Member States who have signed the WHO Framework Convention on Tobacco Control (2003), including: <em>Demand-reduction strategies</em> o Price and tax measures o Protection from exposure to tobacco smoke o Regulation of tobacco product disclosures, packaging, labels o Education, communication, public awareness o Regulations related to advertising, promotion and sponsorship o Interventions related to reducing tobacco dependence and cessation of use <em>Supply-reduction strategies</em> o Curbing illicit trade in tobacco products o Curbing sales to and by minors o Economically-viable alternatives to tobacco production</td>
<td>WHO Framework Convention on Tobacco Control (2003), including:</td>
<td>Global level Establishment of a national coordinating mechanism or focal points for tobacco control</td>
<td>Global level Collection, analysis and dissemination of data by Secretariat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Global level Polio declared programmatic emergency in 2012</td>
<td>National actions to implement the demand- and supply-reduction strategies defined in the convention (and parties are encouraged to go beyond those required by the Convention)</td>
<td>Country level (examples) Collection, analysis and dissemination of tobacco-related surveillance data Database of laws and regulations on tobacco control, and information about their enforcement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GPEI annual report</td>
<td>International and regional intergovernmental cooperation when needed</td>
<td>Monitoring and reporting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Establishing national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>The importance of a multisectoral measures and responses is highlighted in Article 4 (“guiding principles”)</td>
<td></td>
</tr>
</tbody>
</table>

*first treaty negotiated under auspices of WHO

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**Table Notes:**

- **Global level** refers to the World Health Organization (WHO) and its governing bodies.
- **Country level** includes national governments and their respective health authorities.
- **Regional level** encompasses regional health organizations and collaborations.
- **Global Polio Eradication Initiative** (GPEI) is a partnership that includes WHO, Rotary International, CDC, UNICEF, and the Bill & Melinda Gates Foundation.
- **Periodic reports to the Conference of the Parties** include the GPEI Eradication and Endgame Strategic Plan and its associated documents.
Table 2 (continued): Summary of accountability “frameworks” for global health priorities (main text in bold is for emphasis, related to section 3)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Who is accountable?</th>
<th>For what are they accountable?</th>
<th>Commitments</th>
<th>Actions (examples)</th>
<th>How those accountable are held accountable</th>
</tr>
</thead>
</table>
| HIV/AIDS  | UN Member States     |                                | **Fourth UNGA HLM on HIV/AIDS Political Declaration, including e.g.**  
- Ending the epidemic by 2030  
- Achieving the 90-90-90 targets by 2020  
- <500,000 new infections globally per year by 2020  
- 30 million on treatment globally by 2020 | Global level  
Global strategies, plans and budget allocations (e.g. UNAIDS 2016-2021 Strategy and UBRAF*, Global Fund, PEPFAR, bilateral agencies)  
Country level  
National plans and strategies of National AIDS commissions and programmes in line with global targets – development and implementation  
National and local budget allocations Proposals to development partners e.g. Global Fund via CCMs Development and implementation of PEPFAR Country Operational Plans  
*Unified Budget, Results and Accountability Framework | Global level  
Definition/updating of indicators to be monitored and associated reporting processes by UNAIDS and WHO  
Annual rounds of data collection and analysis by UNAIDS and WHO  
Global AIDS update (UNAIDS, annual)  
WHO progress reports (HIV department biennial reporting to WHA)  
**UN SG report to UNGA (annual)**  
**PEPFAR report to US Congress (annual)**  
**Global Fund RESULTS report (annual)**  
Country level (examples)  
Routine data collection and reporting  
Periodic surveys (e.g. HIV prevalence)  
National reports e.g. India National AIDS Control Organisation annual reports  
“Shadow” reports e.g. AIDS Accountability International (AAI) supports civil society in countries to produce shadow reports | Global level  
UNGA (annual)  
UNGA HLM on HIV/AIDS (every 5 years)  
UNAIDS PCB (includes all 11 co-sponsors of UNAIDS including WHO and 22 governments from all geographic regions, representatives of 5 NGOs), meets biannually but reviews UBRAF progress annually)  
WHA reports* (biennial)  
UN high level political forum (meets every year but SDG 3 is on the agenda every 4 years) – as part of SDG-wide review  
Partner reviews, e.g. Global Fund biannual Board reviews  
**US Congress review of PEPFAR Annual Report**  
Country level (examples)  
National AIDS commissions  
Civil society  
Parliamentary and other committees |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Who is accountable?</th>
<th>For what are they accountable?</th>
<th>Actions (examples)</th>
<th>How those accountable are held accountable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women’s, children’s and adolescents’ health</strong> (called the “unified accountability framework”)*</td>
<td>UN Member States International partners and other stakeholders that have expressed commitment to the Global Strategy (see next column) individually</td>
<td>Global Strategy for Women’s, Children’s and Adolescents’ Health 2016–2030, launched by UN SG in September 2015, and committed to at WHA in 2016 in Resolution WHA69/2, including e.g. 17 SDG targets related to women’s, children’s and adolescents’ health &lt;70 maternal deaths per 100,000 live births globally under-5 mortality ≤25 per 1000 live births in every country The importance of multisectoral action is recognized in the SDG targets beyond health that are part of the strategy and associated monitoring framework.</td>
<td>Global level Every Woman Every Child (EWEC) global movement - puts the Global Strategy into action H6 Implementation Toolkit - helps implement the Global Strategy Partnership for Maternal, Newborn &amp; Child Health (PMNCH) Strategic Plan 2016–20 Relevant partner agencies’ plans (e.g. UNICEF, UNFPA, WHO) Global Financing Facility (GFF) launched in 2015, housed at World Bank Country level National plans and strategies – development and implementation Development partner proposals and plans – development and implementation</td>
<td>Monitoring and reporting Review Global level Definition of 60 indicators to “minimize reporting burden” as part of Global Strategy (34 from SDGs, 26 others) Data collection by WHO EWEC Global Strategy Progress Report (annual) PMNCH Annual Report H6 Partnership Annual Report Health Data Collaborative (HDC) Progress Report (annual) Partner agencies' reports, e.g. WHO report to the WHA (annual) Country level (examples) Routine monitoring by countries as part of the UAF (60 indicators) Score cards National reports Special studies, e.g. by academic institutions</td>
</tr>
<tr>
<td><strong>Immunization</strong> (this accountability framework was based on the unified accountability framework for Women’s, children’s and adolescents’ health)</td>
<td>UN Member States</td>
<td>Global Vaccine Action Plan 2011–2020, endorsed by WHO in 2012, with targets such as: Polio eradication by 2018 Measles and rubella elimination in at least 5 WHO regions by 2020 90% national vaccine coverage for all vaccines that are part of national programmes, and 80% coverage in all districts (or equivalent) by 2020 All low-income and middle-income countries have introduced one or more new or underused vaccines</td>
<td>Global level GAVI* WHO workplans and budgets Country level National plans and strategies – development and implementation Country-based action by development partners *GAVI has 28 members who sit on its Board; 18 seats for representatives of key partners and governments (developing and developed countries, vaccine industry, civil society, research sector); 9 seats for independent individuals; and a seat for the CEO. UNICEF, WHO, the World Bank and the Bill &amp; Melinda Gates Foundation hold permanent seats on the Board.</td>
<td>Global level The Global Vaccine Action Plan (GVAP) framework for monitoring, evaluation and accountability defines the indicators to be monitored and reported GVAP* annual rounds of data collection GVAP secretariat annual report *The GVAP secretariat is hosted and staffed by WHO Country level (examples) Routine recording and reporting e.g. of vaccine coverage and cases of vaccine-preventable diseases Periodic surveys National reports</td>
</tr>
<tr>
<td>Topic</td>
<td>Who is accountable?</td>
<td>For what are they accountable?</td>
<td>How those accountable are held accountable</td>
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</tr>
<tr>
<td><strong>Commitments</strong></td>
<td><strong>Actions (examples)</strong></td>
<td><strong>Monitoring and reporting</strong></td>
<td><strong>Review</strong></td>
<td></td>
</tr>
<tr>
<td>Malaria – African Leaders Malaria Alliance (ALMA)</td>
<td>Heads of State who joined ALMA</td>
<td>Eliminate malaria by 2030</td>
<td>Annual ALMA 2030 Scorecard* Towards Malaria Elimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The goals and targets of the WHO Global Technical Strategy for Malaria 2016–2030, e.g.:</td>
<td></td>
<td>Examples of indicators are:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reduce both malaria incidence and mortality rates globally compared with 2015 by at least 40% by 2020, 75% by 2025, and 90% by 2030</td>
<td>• Estimated malaria deaths</td>
<td>Quarterly ALMA Scorecard for Accountability and Action</td>
<td></td>
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<tr>
<td></td>
<td>• Eliminate malaria from countries in which malaria was transmitted in 2015, at least 10 countries by 2020, 20 countries by 2025, and 35 countries by 2030</td>
<td>• Reported malaria deaths</td>
<td>Additional examples of indicators (compared with the annual scorecard) are:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Prevent re-establishment of malaria in all countries that are malaria-free</td>
<td></td>
<td>• Public sector rapid diagnostic tests (RDT) financing 2017 projection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malaria is a notifiable disease</td>
<td></td>
<td>• Insecticide classes with mosquito resistance confirmed since 2010</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Actions are recommended by the annual ALMA Forum and based on the scorecards* (see next column). For each indicator, the scores are one of the following:</td>
<td></td>
<td>• Change in malaria incidence rate (from 2010 to previous year)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Target achieved or on track</td>
<td></td>
<td>• Vitamin A coverage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Progress but more effort required</td>
<td></td>
<td>Both versions of the scorecard are based on country data which are collected and published by partner organizations, mainly WHO, Roll Back Malaria, World Bank, UNICEF, UNAIDS, the Global Fund, the Alliance for Malaria Prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not on track</td>
<td></td>
<td>The annual scorecard presents top-level data, while the quarterly scorecard presents more technical, detailed data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not applicable</td>
<td></td>
<td>Individual, more detailed, quarterly country reports are published</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actions based on review of the scorecards have included significant policy changes, such as banning ineffective therapies, lowering costs by removing tariffs on the tools that fight malaria, and scaling-up community case management</td>
<td></td>
<td>Annual ALMA Forum on the margins of the African Union Summit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALMA has also helped countries to secure international funding for the fight against malaria and has advocated for increased domestic funding</td>
<td></td>
<td>Members review the annual year-end Scorecard, deliver remarks, engage in discussion, and confer the ALMA Awards for Excellence</td>
</tr>
</tbody>
</table>
a) Global level

**Commitments**
Global Polio Eradication
first commitment at 41st World Health Assembly in 1988, most recently reaffirmed at 2017 WHA

**Review**

**Independent Monitoring Board**
Created in 2010 on GPEI request; reconstituted in 2017 with 5 members, supported by a WHO-based secretariat; meets every 3-6 months; reviews performance of countries and agencies supporting them based on submitted reports and country visits, using key performance indicators (e.g. surveillance, immunization)

**IMB Report** (released within one month after each meeting, so far there have been 14 reports)

**Transition Independent Monitoring Board**
(created in 2016; 7 experts; meets every 6 months until at least 2019)

**Polio Oversight Board** (consists of heads of agencies of core GPEI partners)

**Polio Partners Group** (core polio partners, donors, prospective donors, affected countries, key NGOs and foundations, meets twice a year)

**WHO Strategic Advisory Group of Experts (SAGE) on Vaccinations and Immunization**

**Actions (major examples)**

- Polio declared a programmatic emergency at WHO World Health Assembly 2012
- **Global Polio Eradication Initiative**
  - GPEI Eradication+ Endgame Strategic Plan 2013-2018
- **Global Polio Emergency Initiative Action Plan**
  - Strategy 2012-2013 (specifically for Afghanistan, Nigeria, and Pakistan)
- **Technical assistance** (e.g. WHO, US CDC)
- **Resource mobilization and funding allocation**
  (e.g. US Government, Rotary Club and BMGF)
- **Global advocacy and communication** (Poliovirus sanctuaries, Every Missed Child campaign)

**Monitoring & Reporting**

- WHO secretariat reports to WHO governing bodies (EB, WHA)
- Biannual Status Report on progress against the Polio Eradication and Endgame Strategic Plan (WHO)
- GPEI Annual Report
b) National level

**Commitments**
National eradication of polio

**Review**
Independent Monitoring Board
Conducts country inspections, reviews national data, meets high-level officials in open meetings and private sessions.

IMB Report contains country-specific chapters on inspected countries, i.e. those where polio is still endemic and those recently declared polio-free

National technical advisory groups
National certification committee for polio eradication (NCC) and Regional Commission for Certification of polio eradication (RCC)

**Actions**
(major examples)
Country response based on IMB recommendations, results in actions by:
- National governments
- Development partners
- Civil society, NGOs
- Private sector, including foundations
- Task forces

**Monitoring & Reporting**
Reporting of a polio case (if one occurs) via national surveillance system
Routine data collection on polio vaccine coverage (as part of immunization programme)
In-country monitoring by GPEI global technical agencies
Figure 3: “Accountability Framework” for HIV/AIDS

a) Global level – all UN Member States

**Commitments**

4th UNGA HLM on HIV/AIDS (2016) Political Declaration, e.g.:
- Ending the epidemic by 2030
- Achieving the 90-90-90 targets by 2020
- <500,000 new infections globally per year by 2020
- <500,000 AIDS related deaths per year by 2020
- 30 million people living with HIV on treatment by 2020

**Actions**

Strategies, plans, budgets, e.g.:
- UNAIDS 2016-2021 Strategy
- UNAIDS Unified Budget, Results and Accountability Framework 2016-2021 (UBRAF) (including the 11 UNAIDS Cosponsors)
- Actions by partner agencies
  - (e.g., Global Fund Strategy 2017-2022)
  - PEPFAR Strategy 2017-2020)

**Monitoring & Reporting**

UNAIDS Global AIDS Monitoring (countries submit annual data based on UNAIDS guidelines)
- UNAIDS Global AIDS Update (annual progress report)
- UNAIDS Data (annual publication of all data collected)
- UNSG annual report to UNGA
- WHO annual data collection
- Biennial progress report to WHA on WHO Global Strategy

**Review**

- UNGA (annual agenda item)
- UNGA HLM (every 5 years)
- High-level Political Forum (HLPF) reviews selected SDGs every year
- UNAIDS Programme Coordinating Board (PCB) annual progress review of UBRAF (including Cosponsors)
  - (Examples of reviews outside the UN system include meetings of the Global Fund Board, review of PEPFAR Annual Report to US Congress)
b) National level – individual UN Member States

**Commitments**
UNGA HLM on HIV/AIDS 2016 Political Declaration (see global level), with commitments including targets adapted to the local context

**Actions**
(major examples)
- Strategic and operational plans of national AIDS commissions and programmes - development and implementation
- National budget allocations
- Development and implementation of partners’ plans at national level (e.g. PEPFAR country operational plan, COP)
- Global Fund Country Coordinating Mechanisms (CCM)

**Review**
(major examples)
- National AIDS commissions
- Civil society, e.g. Treatment Action Campaign’s (TAC) Monitoring the AIDS & TB Response in South Africa
- Parliamentary and other committees
- Global Fund CCM annual Eligibility & Performance Assessment (EPA)
- PEPFAR COP quarterly or biannual POART consultations

**Monitoring & Reporting**
(major examples)
- Routine country data collection, recording, and reporting
- Reporting through Global AIDS Monitoring
- "Shadow" reports, e.g. civil society in countries supported by AIDS Accountability International (AAI)
- Global Fund CCM Grant Dashboard
- PEPFAR COP routine monitoring through the Oversight and Accountability Results Team (POART)
### Table 3: Examples of accountability “frameworks” for topics beyond health

<table>
<thead>
<tr>
<th>Topic</th>
<th>Who is accountable?</th>
<th>For what are they accountable?</th>
<th>How those accountable are held accountable</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO staff</td>
<td>Individual staff members</td>
<td>Objectives and associated outputs/deliverables defined in annual individual workplans; Staff rules, code of ethics; Declaration of interests (for certain levels)</td>
<td>Implementation of activities/actions required to achieve outputs/deliverables; Behaviour consistent with staff rules and ethics code</td>
</tr>
<tr>
<td>WHO grant agreement for an individual department</td>
<td>Senior staff signatory(ies) to agreement; department focal point</td>
<td>Objectives and products/outputs/outcomes/deliverables specified in grant agreement</td>
<td>Implementation of activities/actions required to achieve products/outputs/outcomes/deliverables specified in grant agreement</td>
</tr>
<tr>
<td>WHO</td>
<td>Director-General + leadership team</td>
<td>General programme of work (and associated goals and targets), next one is 2019–2023</td>
<td>Corporate strategies; resource mobilization; departmental workplans – development and implementation; budget allocations; policies; staff rules; code of ethics.</td>
</tr>
<tr>
<td>Private corporation</td>
<td>CEO</td>
<td>Profits, share value, expansion/contraction plans, corporate strategies and polices they have signed up to or are obliged to fulfil by law (e.g. employment practices and employee rights, ethical codes, policies on “fair trade”)</td>
<td>Corporate strategies and plans; Strategic management and oversight; Day-to-day implementation of company operations (e.g. finance, marketing, sales)</td>
</tr>
<tr>
<td>National governance</td>
<td>National government</td>
<td>Election manifestos, campaign pledges</td>
<td>Policies (e.g. tax, monetary), regulations, laws, treaties, trade agreements</td>
</tr>
</tbody>
</table>
3. WHAT ELEMENTS OF A MULTISECTORAL ACCOUNTABILITY FRAMEWORK FOR TB ALREADY EXIST AND WHAT MIGHT BE MISSING?

The elements of an accountability framework that already exist for TB and a provisional assessment of what might be missing are shown in Figure 4 and Table 4. The obvious gaps, informed by comparisons with other global health priorities, are summarized below.

Commitments and actions

- **Commitments for TB have not been made at such a high political level.** Apart from the TB target that is part of the SDGs as a whole, TB commitments have not been adopted at a political level above the WHA. This is in contrast to HIV/AIDS, which has been the subject of declarations at UNGA and for which there have been four UN HLMS since 2001; and to women’s, children’s and adolescents’ health, for which the global strategy 2016–2030 was launched by the UN Secretary-General. Although commitments to polio within the UN system have not been made at levels above the WHA, the Global Polio Eradication Initiative is supported by the heads of five major agencies.

- **Actions related to TB are not backed by sufficient global funding initiatives.** This is in contrast to HIV/AIDS and malaria, for which substantial funding has been provided by major bilateral initiatives in addition to The Global Fund. For TB, the largest bilateral funding stream is small compared with bilateral funding for HIV/AIDS and malaria. A global finance facility was established for women’s, children’s and adolescents’ health in 2015, housed at the World Bank.

- **Dedicated national TB commissions of the Ministry of Health or above the Ministry level are unusual.** National AIDS commissions are still in place in many countries.

Monitoring and reporting

- **There is no regular reporting on the status of the TB epidemic and progress in the TB response to high political levels at global level and it is rare at country level.** This is in contrast to HIV/AIDS, where there are annual reports to the UN Secretary-General and reports to national AIDS commissions at country level. For malaria, country scorecards are designed for review by African Heads of State that are members of the African Leaders Malaria Alliance (ALMA).

- **Shadow reports from civil society, especially at country level, are unusual.** For HIV/AIDS, AIDS Accountability International (AAI) supports civil society to produce shadow reports at national level.

- **Monitoring and reporting of the status of SDG-related indicators that influence the TB epidemic is not yet a routine part of TB monitoring and reporting at country level.** WHO introduced analysis of such indicators in its global TB report 2017, based on a TB-SDG monitoring framework of 14 indicators under 7 SDGs, but this is only the start of the analysis and reporting needed to inform multisectoral action.

Review

- **There is no high-level political review process in place.** For HIV/AIDS, global review occurs at UNGA and is done by national AIDS commissions at country level. For malaria, ALMA scorecards are reviewed at the annual ALMA forum, which is held at the margins of the African Union Summit and attended by African Heads of State.

- **There is no independent review process in place.** This is in contrast to both polio and women’s, children’s and adolescents’ health, for which independent panels have been established (in 2010 and 2015, respectively). The recommendations of the Global Polio Eradication Initiative’s Independent Monitoring Board (IMB) are the basis for follow-up actions (including remedial actions) at country level. The independent panel for women’s, children’s and adolescents’ health consists of 10 high-level members and reports its findings to the UN Secretary-General; there is also a high-level steering group.
Figure 4: “Accountability Framework” for TB – what already exists and what might be missing?

a) Global level – all UN Member States

<table>
<thead>
<tr>
<th>Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG Target 3.3: End the TB epidemic</td>
</tr>
<tr>
<td>WHO End TB Strategy, adopted by WHA in 2014. Includes targets for 3 indicators e.g.</td>
</tr>
<tr>
<td>• 90% reduction in TB deaths by 2030 compared with 2015</td>
</tr>
<tr>
<td>o 35% reduction by 2020</td>
</tr>
<tr>
<td>• 80% reduction in TB incidence by 2030 compared with 2015</td>
</tr>
<tr>
<td>o 20% reduction by 2020</td>
</tr>
<tr>
<td>• No TB patients and their households face catastrophic costs due to TB by 2020</td>
</tr>
<tr>
<td>Moscow Declaration adopted by 118 Member States in 2017</td>
</tr>
<tr>
<td>Regional commitments made through relevant Regional bodies, including WHO regional office plans and strategies based on the End TB Strategy</td>
</tr>
<tr>
<td>UNGA HIV HLM endorsement of the three 90s targets of the Stop TB Partnership Global Plan to End TB, 2016-2020</td>
</tr>
<tr>
<td>UNGA or SG commitments specific to TB, e.g. at UN HLM on TB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO STAG-TB</td>
</tr>
<tr>
<td>WHA reviews of progress reports on End TB Strategy (every 3 years)</td>
</tr>
<tr>
<td>Regional Advisory Groups</td>
</tr>
<tr>
<td>High-level Political Forum (HLPF) reviews selected SDGs every year</td>
</tr>
<tr>
<td>High-level political review focused on TB e.g. at UNGA, regional meetings of Heads of State</td>
</tr>
<tr>
<td>Independent review mechanism</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions (major examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance, strategic and operational plans, budget allocations, e.g.</td>
</tr>
<tr>
<td>“The Essentials” - operational guidance on implementing End TB Strategy</td>
</tr>
<tr>
<td>STP Global Plan to End TB 2016-2020</td>
</tr>
<tr>
<td>Global advocacy and TA</td>
</tr>
<tr>
<td>Global TB Drug Facility</td>
</tr>
<tr>
<td>Global Fund - resource allocation and grant process, strategic initiatives</td>
</tr>
<tr>
<td>Bilateral programmes/projects</td>
</tr>
<tr>
<td>Major funding initiative beyond GF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring &amp; Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO framework for recording and reporting: TB cases, treatment outcomes</td>
</tr>
<tr>
<td>WHO TB-SDG monitoring framework</td>
</tr>
<tr>
<td>(14 indicators under 7 SDGs)</td>
</tr>
<tr>
<td>WHO global TB data collection</td>
</tr>
<tr>
<td>(~200 countries each year)</td>
</tr>
<tr>
<td>WHO Global TB Report</td>
</tr>
<tr>
<td>WHO Global TB Database</td>
</tr>
<tr>
<td>WHO reports to EB and WHA</td>
</tr>
<tr>
<td>UN reports on SDGs</td>
</tr>
<tr>
<td>TAG reports: R&amp;D funding, pipelines</td>
</tr>
<tr>
<td>MSF/STP &quot;Out-of-step&quot; report</td>
</tr>
<tr>
<td>STP report on Global Plan progress</td>
</tr>
<tr>
<td>UN report</td>
</tr>
</tbody>
</table>
b) National level – individual UN Member States

**Commitments**
SDG targets including ending the TB epidemic (target 3.3) and achieving universal health coverage (target 3.8) by 2030
End TB Strategy and associated targets, with adaptation of targets at national level (more ambitious national targets?)
Moscow Declaration for those countries who adopted it (and proposed WHA resolution with commitments building on Moscow Declaration, for consideration in May 2018)

**Actions (major examples)**
National strategies and national (and subnational) strategic and operational plans - development and implementation
Budget allocations (larger allocations?)
Development partners’ plans at national level - development and implementation
National TB Commission

**Review (major examples)**
National TB programme reviews
Green Light Committee (for MDR-TB)
High-level review e.g. by Commission, Head of State, parliament
Independent review (beyond national TB programme review)
Civil society engagement in review

**Monitoring & Reporting (major examples)**
Routine recording and reporting - TB notifications, treatment outcomes (from quarterly to real-time reporting)
Routine death registration within national vital registration systems
Special studies e.g. national TB prevalence surveys, drug resistance surveys
Annual reporting to WHO
National reports including analysis of SDG indicators that influence TB
Shadow report
Global Fund monitoring visits by Fund Portfolio Managers, CCM dashboard
GLC monitoring missions
Reports to bilateral donors
• Reviews by national governments or parliamentary bodies of reports (or other documentation) of national progress in the context of national TB targets and strategic plans are unusual.

• **There is no review process that explicitly covers sectors beyond health.** A review process beyond the health sector is important if an accountability framework is to be “multisectoral” and be used to drive actions needed beyond the health sector (such as actions on social and economic determinants of TB infection and disease).

• **There is limited review by civil society.** Although the extent to which civil society is involved in reviews of progress is not clear from material reviewed for this document, civil society initiatives/hearings are an explicit part of the national component of the accountability framework for women’s, children’s and adolescents’ health.

**Questions or considerations to think about in terms of what should be included and what might be missing**

When considering what should be included and what might be missing in terms of a multisectoral accountability framework for TB, some of the questions or considerations to keep in mind include:

1. What are the new elements that will really make a difference to the pace of progress in TB, compared with the status quo, especially in the highest burden countries?
   - What is the justification for why they will make a difference? (e.g. they are recognized to have been crucial in other fields, recent discussions with national politicians or senior officials within the UN suggest they will make an important difference).
   - Are they acceptable/considered feasible?

2. What will make politicians/decisions-makers above Ministry of Health level more likely to want to engage with, and help drive, the cycle of action, monitoring and reporting, and review?

3. Will there be high level political reviews for individual diseases at global level (e.g. UNGA) in future? Or has that time passed? Should the emphasis be more on accountability at country level?

4. What kind of independent review mechanism would work in the context of TB?
   - What kind of independent review would countries with little or no reliance on international donor funding accept?
   - Should independent review be done for all countries or only a subset of countries? (e.g. in polio, there are only a small number of countries requiring review by the Independent Monitoring Board)

5. What specific elements related to civil society engagement should be included?

6. During mission consultations in preparation for the Ministerial Conference, and discussions in other contexts (e.g. WHA, WHO STAG-TB meetings), it has been clear that Member States are not in favour of additional targets beyond the SDGs and End TB Strategy, or additional data reporting requirements.

7. As with the End TB Strategy, national accountability frameworks for TB could be adapted based on a general framework, such as that provided here.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Who is accountable?</th>
<th>For what are they accountable?</th>
<th>Commitments</th>
<th>Actions (examples)</th>
<th>How those accountable are held accountable, and to who they are accountable</th>
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<tbody>
<tr>
<td></td>
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<td>WHO End TB Strategy, adopted by WHA in 2014. Includes targets for 3 indicators e.g.</td>
<td></td>
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<td></td>
<td></td>
<td>WHO Global TB Report (annual) and online global TB database</td>
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<td>• No TB patients and their households face catastrophic costs due to TB by 2020</td>
<td></td>
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<td>WHO reports to EB and WHA</td>
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<tr>
<td></td>
<td></td>
<td>Moscow Declaration adopted by 118 Member States in 2017. This reaffirms the commitment to ending the epidemic as envisaged in the SDGs, the WHO End TB Strategy targets and the Stop TB Partnership’s Global Plan to End TB 2016–2020</td>
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<td>UN reports on SDGs</td>
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<td>TAG reports: R&amp;D funding, pipelines</td>
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<td>Stop TB Partnership report</td>
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<td>Global Fund Annual Results Report</td>
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<td>Country (examples) Routine recording and reporting - TB notifications, treatment outcomes</td>
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<td>Routine death registration within national vital registration systems</td>
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<td>Annual reporting to WHO National reports</td>
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<td>Special studies e.g. national TB prevalence surveys, drug resistance surveys</td>
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<td>Global Fund Portfolio Managers monitoring and CCM Grant Dashboard Reports to bilateral donors</td>
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<td>Global Fund Board meets twice a year</td>
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<td>Global</td>
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<td></td>
<td>Review WHO Strategic and Technical Advisory Group for TB (STAG-TB), meets annually</td>
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<td></td>
<td>WHA reviews of progress reports on End TB Strategy (every 3 years)</td>
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<td></td>
<td>WHO regional advisory groups High-level Political Forum (HLPF) – annual review of selected SDGs</td>
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<td></td>
<td>Global Fund Board meets twice a year and reviews different areas</td>
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<td>Country (examples) National TB programme reviews</td>
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<td>GLC (for MDR-TB)</td>
</tr>
<tr>
<td>TB – what might be missing? (based on comparisons with Table 1)</td>
<td></td>
<td>Apart from within the SDGs as a whole, commitments not adopted/endorsed at a political level above the WHA (as opposed to e.g. HIV/AIDS at UNGA HLM; WCA* health by UN SG; polio by heads of 5 major agencies; malaria by African Heads of State) Commitments not legally binding (unlike tobacco control) More ambitious targets at national level</td>
<td>No major global initiative backed by substantial funding from major donor(s) (unlike HIV/AIDS, malaria and polio)</td>
<td>No regular global reporting to high political levels (unlike e.g. annual report to UN SG and PEPFAR report to US Congress for HIV/AIDS, malaria scorecards for African Heads of State) Reports to high political levels rare at country level No (or rare) “shadow” reports at country level</td>
<td>No independent review panel (unlike polio, WCA* health) No high-level political global review e.g. at UNGA (HIV/AIDS), by Heads of State (malaria), by heads of agency and IMB (polio) or high-level panel and high-level steering group (WCA health) No (or rare) national TB commission Limited/no civil society or parliamentary review at country level</td>
</tr>
</tbody>
</table>

*WCA; Women’s, children’s and adolescents’ health
4. NEXT STEPS AFTER THE 1–2 MARCH CONSULTATION

The main steps and associated timelines after the consultation are shown in Box 1.

<table>
<thead>
<tr>
<th>Box 1: Next steps and timelines after the consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5–14 March</strong> Consultations with additional national representatives and others unable to participate in the 1-2 March consultation</td>
</tr>
<tr>
<td><strong>26 March</strong> WHO shares draft short framework document with consultation participants and others consulted, for their review</td>
</tr>
<tr>
<td><strong>4 April</strong> Deadline for comments on framework document (first draft) from consultation participants and others</td>
</tr>
<tr>
<td><strong>6–13 April</strong> Draft document (second draft) posted online for public consultation, and discussions with missions in Geneva</td>
</tr>
<tr>
<td><strong>18 April</strong> Virtual (at-a-distance) discussion with stakeholders based on feedback received, if needed</td>
</tr>
<tr>
<td><strong>23 April</strong> Submission of document for editing, clearance and submission to WHO governing bodies</td>
</tr>
<tr>
<td><strong>21-25 May</strong> Consideration of draft framework at the 71st World Health Assembly</td>
</tr>
<tr>
<td><strong>May – June</strong> Action taken based on recommendations made by the WHA, including any required revisions to document</td>
</tr>
<tr>
<td><strong>UN HLM</strong> Presentation of framework at UN HLM on TB (likely date 26 September)</td>
</tr>
</tbody>
</table>
ANNEX 1: Definitions of accountability

Definitions of “accountability” and their sources are listed below. Wording of particular relevance is underlined for emphasis.

Merriam-Webster dictionary
an obligation or willingness to accept responsibility or to account for one's actions, public officials lacking accountability.

Cambridge English Dictionary
a situation in which someone is responsible for things that happen and can give a satisfactory reason for them.

Oxford English Dictionary
The fact or condition of being accountable; responsibility.

Yourdictionary.com
noun
The definition of accountability is taking or being assigned responsibility for something that you have done or something you are supposed to do.

An example of accountability is when an employee admits an error she made on a project.

When an employee is given the task of making sure a project goes right and knows she will be blamed if it doesn't, she can also be said to have accountability for the project.

noun
The state of being accountable; liability to be called on to render an account; accountableness; responsible for; answerable for.

Dictionary.com
the state of being accountable, liable, or answerable.

Vocabulary.com (https://www.vocabulary.com/dictionary/accountability)
Accountability is a noun that describes accepting responsibility, and it can be personal or very public. A government has accountability for decisions and laws affecting its citizens; an individual has accountability for acts and behaviors. Sometimes, though, taking accountability means admitting you made a mistake.

Whatis.com
Accountability is an assurance that an individual or an organization will be evaluated on their performance or behavior related to something for which they are responsible. ... Corporate accountability involves being answerable to all an organization's stakeholders for all actions and results.

Business dictionary (www.businessdictionary.com/definition/accountability.html)
General definition of accountability
The obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner. It also includes the responsibility for money or other entrusted property.

Corporate responsibility
The act of being accountable to the stakeholders of an organization, which may include shareholders, employees, suppliers, customers, the local community, and even the particular country(s) that the firm operates in. In most jurisdictions, a body of corporate law has been developed in order to formalize these requirements.

Social responsibility
Measure of an organization's state of being mindful of the emerging social concerns and priorities of internal and external stakeholders (community, employees, governmental and nongovernmental organizations, management, and owners). It is reflected in the organization's verifiable commitment to certain factors (which may or may not be tied directly to its processes) such as (1) willing compliance with employment, health and hygiene, safety, and environment laws, (2) respect for basic civil and
human rights, and (3) betterment of community and surrounding. A social compliance program is usually based on adherence to rules of social accountability, established by certified conformance to standards such as SA8000.

**Google search on “accountability”**

the fact or condition of being accountable; responsibility.
"lack of accountability has corroded public respect for business and political leaders"

responsibility, liability, answerability
"there must be clear accountability for the expenditure of public money"

answerability, responsibility, reporting, obedience
"ministers’ accountability to parliament"

**Wikipedia**

In ethics and governance, accountability is answerability, blameworthiness, liability, and the expectation of account-giving…. In leadership roles… encompassing the obligation to report, explain and be answerable for resulting consequences.

…Accountability cannot exist without proper accounting practices; in other words, an absence of accounting means an absence of accountability.

Bruce Stone, O.P. Dwivedi, and Joseph G. Jabbar list 8 types of accountability, namely: moral, administrative, political, managerial, market, legal/judicial, constituency relation, and professional.[15] Leadership accountability cross cuts many of these distinctions.


Introduction:

“Accountability means being able to act when something is going wrong, through policy, legislation and advocacy, including through ombudspersons to protect citizens’ rights. We need stronger mechanisms across the board to enshrine and enforce the right to education and hold all Governments to account for their commitments, including donors. The word ‘accountability’ appears all throughout the 2030 Education Framework for Action, demonstrating the importance that UNESCO and the international community give to follow up and review functions to catalyse and monitor progress.”

Pp XII-XIV:

“Accountability is a process, aimed at helping actors meet responsibilities and reach goals. Individuals or institutions are obliged, on the basis of a legal, political, social or moral justification, to provide an account of how they met clearly defined responsibilities. There is little evidence that performance-based accountability, when focused on outcomes over inputs and based on narrow criteria, improves education systems. Incentives have often been limited to punishments to force compliance or modify behaviour. A blame-focused approach to accountability is associated with undesirable consequences. Rewards, such as performance-related teacher pay, have had detrimental effects: peer collaboration deteriorates, the curriculum is narrowed, teaching to the test is emphasized.”

P2

“People are more likely to deliver if held accountable for decisions. If held accountable for outcomes beyond their control, they will try to avoid risk, minimize their role or adjust their behaviour in unintended ways to protect themselves.”

P4

“Accountability should be evaluated against specific goals (Maroy and Voisin, 2017; Perie et al., 2007).
ANNEX 2. The Global Polio Eradication Initiative (GPEI)

Background and Rationale

Rotary International was the first organization to have the vision of a polio-free world and established its “PolioPlus” programme in 1985. It continues to play a crucial role in global eradication efforts.

WHO Member States committed to a global goal of polio eradication at the 1988 World Health Assembly, with a target date of 2000. The Global Polio Eradication Initiative (GPEI) was established the same year, with a mission to complete the eradication and containment of all wild, vaccine-related and Sabin polioviruses, such that no child suffers from paralytic poliomyelitis ever again.

GPEI is a public-private partnership led by national governments with five partners – the World Health Organization (WHO), Rotary International, the US Centres for Disease Control and Prevention (CDC), the United Nations Children’s Fund (UNICEF) and the Bill & Melinda Gates Foundation.

The main roles of the five partners are:
- WHO, through its headquarters, regional and country offices, coordinates GPEI’s major strategic planning, management and administration processes. This includes systematic collection of the data required to evaluate the status of efforts to eradicate polio, particularly in the areas of surveillance and supplementary immunization activities (SIAs).
- CDC deploys teams of epidemiologists, public health experts, and scientists to WHO and UNICEF, and has particular expertise in applying virological surveillance to track virus transmission.
- UNICEF is the lead partner for technical advice and capacity-building related to programme communications, social mobilization and the procurement and distribution of polio vaccines for routine immunization and SIAs.
- The Bill & Melinda Gates Foundation is the main source of funding for the GPEI.
- Rotary International engages in fund-raising, advocacy and awareness raising activities, including through a global network of 1.2 million volunteers.

These organizations are jointly responsible for the GPEI, and accountable to each other.

In 1988, when the GPEI was established, polio paralysed more than 1000 children worldwide every day. Since then, more than 2.5 billion children have been immunized against polio. However, tackling the last 1% of polio cases proved to be difficult and conflict, political instability, hard-to-reach populations, and poor infrastructure continue to pose challenges to eradicating the disease. In 2013, the GPEI launched its most comprehensive and ambitious plan for completely eradicating polio.

With the goal of polio eradication in sight, ramping-down of the GPEI began in 2013 and, eventually, its closure is envisaged. A Polio Transition Independent Monitoring Board (TIMB) now operates alongside the Independent Monitoring Board (IMB). While the IMB provides independent monitoring and guidance on the detection and interruption of poliovirus (which falls under Objective 1 of the GPEI Strategic Plan), the TIMB focuses on Objective 4 - polio’s legacy. IMB and TIMB are called “sisters bodies” (TIB ToRs).

As discussed in section 1 of this background document, an accountability framework for any given topic needs to define: who is being held accountable; what commitments and actions they are accountable for; and how they will be held accountable through a) monitoring and reporting and b) review mechanisms. Figure A2.1 summarizes these components for polio, at both global and national levels. Further details are then provided on specific elements.
Figure A2.1: “Accountability Framework” for polio

a) Global Polio Eradication Initiative – global level

**Commitments**
Global Polio Eradication
first commitment at 41st World Health Assembly in 1988,
most recently reaffirmed at 2017 WHA

**Review**

**Independent Monitoring Board**
Created in 2010 on GPEI request; reconstituted in 2017 with 5 members, supported by a secretariat; meets every 3-6 months; reviews performance of countries and agencies supporting them based on submitted reports and country visits, using key performance indicators (e.g. surveillance, immunization)

**IMB Report** (released within one month after each meeting, so far there have been 14 reports)

**Transition Independent Monitoring Board**
(created in 2016; 7 experts; meets every 6 months until at least 2019)

**Polio Oversight Board** (consists of heads of agencies of core GPEI partners)

**Polio Partners Group** (core polio partners, donors, prospective donors, affected countries, key NGOs and foundations, meets twice a year)

**Strategic Advisory Group of Experts on Immunization (SAGE)**

**Actions (major examples)**

Polio declared a [programmatic emergency at WHO World Health Assembly 2012](#)

**Global Polio Eradication Initiative**

**GPEI Eradication+ Endgame Strategic Plan 2013-2018**

**Global Polio Emergency Initiative Action Plan Strategy 2012-2013** (specifically for Afghanistan, Nigeria, and Pakistan)

**Technical assistance** (e.g. WHO, US CDC)

**Resource mobilization and funding allocation**
(e.g. US Government, Rotary Club and BMGF)

**Global advocacy and communication** (Poliovirus sanctuaries, Every Missed Child campaign)

**Monitoring & Reporting**

Report to WHO Governing Bodies
Biannual Status Report on progress against the Polio Eradication and Endgame Strategic Plan (WHO)

GPEI Annual Report
b) Global Polio Eradication Initiative – national level

b) National level

**Commitments**
National eradication of polio

**Review**
Independent Monitoring Board
Conducts country inspections, reviews national data, meets high-level officials in open meetings and private sessions

**IMB Report** contains country-specific chapters on inspected countries, i.e. those where polio is still endemic and those recently declared polio-free

**National technical advisory groups**

**National certification committee for polio eradication (NCC) and Regional Commission for Certification of polio eradication (RCC)**

**Actions (major examples)**
Country response based on IMB recommendations, results in actions by:
- National governments
- Development partners
- Civil society, NGOs
- Private sector, including foundations
- Task forces

**Monitoring & Reporting**
Reporting of a polio case (if one occurs) via national surveillance system
Routine data collection on polio vaccine coverage (as part of immunization programme)
In-country monitoring by GPEI global technical agencies
Commitments

All WHO Member States have committed to the goal of polio eradication (more specifically defined as the complete eradication and containment of all wild, vaccine-related and Sabin polioviruses), such that no child ever again suffers paralytic poliomyelitis. The GPEI has the same goal.

Actions

A high-level meeting on polio was held at the UN in New York in 2012, called “high-level United Nations meeting, Our Commitment to the Next Generation: The Legacy of a Polio-Free World”. This was used to inject extra impetus to efforts to “finish the battle” of eradicating polio.

The Polio Eradication & Endgame Strategic Plan 2013–2018 is a comprehensive, long-term strategy to deliver a polio-free world by 2018. The plan has four objectives:

- Detect and interrupt all poliovirus transmission;
- Strengthen immunization systems and withdraw oral polio vaccine;
- Contain poliovirus and certify interruption of transmission;
- Plan polio’s legacy.

Review – global

The Polio Oversight Board (POB) is responsible for providing oversight to the GPEI. It is comprised of the heads of agencies of core GPEI partners, to provide high-level accountability across the GPEI partnership. The POB receives and reviews input from the various advisory and monitoring bodies (IMB, SAGE, Global Certification Commission, Polio Partners Group) and operational information from its Strategy Committee. The POB’s directives are implemented by the Strategy Committee through the various programme management bodies, whereas the Finance Accountability Committee provides financial oversight and transparency.

The Polio Partners Group is the stakeholder voice for the GPEI and provides input to the development and implementation of short-term and long-term polio eradication strategic plans, emergency action plans, and the polio eradication “endgame” plan to the Polio Oversight Board and the Strategy Committee. The PPG also helps to ensure that GPEI has the necessary political commitment and financial resources to reach the goal of polio eradication. The PPG meets in-person at least two times per year at the ambassadorial/senior-officials level, and results are reported to the POB.

The Global Certification Commission oversees the certification process for polio eradication. It also receives and reviews regional commission reports and – if and when appropriate – issues a report to the WHO Director-General to certify that the circulation of wild polioviruses has been interrupted globally.

The Strategic Advisory Group of Experts on Immunization (SAGE) is the principal advisory group to the World Health Organization (WHO) for vaccines and immunization. It advises WHO on global policies and strategies, ranging from vaccine and technology, research and development, to delivery of immunization.

GPEI established its Independent Monitoring Board (IMB) in 2010 to monitor and guide its progress toward stopping polio transmission globally. The IMB meets every 3–6 months. Over 3 days, ministers or senior officials from polio-affected countries present progress reports and plans to the IMB, as do senior officials from the GPEI core partner agencies. The IMB questions these programme leaders in an open meeting and then in a series of private meetings. Its reports provide analysis and recommendations about individual polio-affected countries. The IMB also examines issues affecting the global programme as a whole.
Areas of focus for the IMB have included:

- escalating the level of priority afforded to polio eradication. An example was the recommendation for a WHA resolution to declare polio eradication a programmatic emergency, which was enacted in May 2012;
- placing greater emphasis on people-centred factors in programme delivery;
- encouraging innovation;
- strengthening focus on the small number of so-called sanctuaries where polio persists;
- continuous quality improvement to reach every child.

The IMB is comprised of global experts from a variety of fields relevant to the work of the GPEI, and was established at the request of the Executive Board and the World Health Assembly. Reports from the Board’s meetings go directly to the heads of the five partner agencies i.e. WHO, Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF and the Bill & Melinda Gates Foundation. Reports are made public shortly afterwards.

A “Polio Eradication and Endgame Midterm Review 2015” was conducted for the “GPEI Eradication and Endgame Strategic Plan 2013-2018” in mid-2015. The review concluded that while the strategic plan remains a strong framework for ending polio, there was an urgent need to re-focus on certain priorities and activities. These included:

- Strengthening disease surveillance;
- Improving the quality of immunization campaigns;
- Building capacity to respond to outbreaks.

Based on these recommendations, the review also re-evaluated the likely deadline for eradication and any resulting financial implications.

**Review – national level**

National technical advisory groups review the status of polio eradication in the country and make recommendations on local strategy, priorities and programme operations.

**References**


3. The global polio eradication initiative: Lessons learned and prospects for success Bruce Aylward, Rudolf Tangermann, 2011 available at https://ac.els-cdn.com/S0264410X11015994/1-s2.0-S0264410X11015994-main.pdf?_tid=1477d9da-1016-11e8-bfcb-00000aab0f6b&acdnat=1518454953_e50576563bdff60d335af8483c8a855a

4. The Handbook of Transnational Governance: Institutions and Innovations Thomas Nathan Hale, David Held 2011


ANNEX 3. The example of HIV/AIDS

Background and rationale

Starting in the 1990s, countries began establishing national AIDS commissions to address the HIV/AIDS epidemic at the highest level and provide an executive platform for action. UNAIDS was launched in 1996 to lead and coordinate global efforts.

At the first UN General Assembly high-level meeting (UNGA HLM) on HIV/AIDS in 2001, Member States committed to national periodic reviews of progress against the epidemic. They also requested the UN Secretary-General (UNSG) to report to UNGA every year on global progress against the epidemic, and called for future UNGA HLMs to be held to review progress and revise actions to be taken, as necessary. To date, there have been four such meetings (in 2001, 2006, 2011, and 2016). The most recent was in 2016, at which commitments were made for the next five years (2016–2021). Efforts were aligned efforts with the SDGs (in terms of strategy as well as monitoring and reporting).

At the first UNGA HLM on HIV/AIDS (2001), it was decided to annually review a report by the UNSG on progress achieved in realizing the commitments set out in its Declaration; the second UNGA HLM (2006) called upon UNAIDS to support countries and the UNSG in their reporting of progress. The current Global AIDS Monitoring process is defined according to guidelines developed by UNAIDS. These are aligned with the SDGs and the 90-90-90 treatment targets, and informed by the consolidated strategic information guidelines for HIV in the health sector, which were developed jointly by UNAIDS, WHO, and partners. Action is aligned with the 11 UNAIDS Cosponsors (e.g. WHO and its Global Health Sector Strategy on HIV 2016-2021), as well as the Global Fund and PEPFAR.

As discussed in section 1 of this background document, an accountability framework for any given topic needs to define: who is being held accountable; what commitments and actions they are accountable for; and how they will be held accountable through a) monitoring and reporting and b) review mechanisms. Figure A3.1 summarizes these components for HIV/AIDS, at both global and national levels. Further details are then provided on specific elements.
Figure A3.1: “Accountability Framework” for HIV/AIDS

a) Global level – all UN Member States

**Commitments**

4th UNGA HLM on HIV/AIDS (2016) Political Declaration, e.g.:
- Ending the epidemic by 2030
- Achieving the 90-90-90 targets by 2020
- <500,000 new infections globally per year by 2020
- <500,000 AIDS related deaths per year by 2020
- 30 million people living with HIV on treatment by 2020

**Review**

- UNGA (annual agenda item)
- UNGA HLM (every 5 years)
- High-level Political Forum (HLPF) reviews selected SDGs every year
- UNAIDS Programme Coordinating Board (PCB) annual progress review of UBRAF (including Cosponsors)
  (Examples of reviews outside the UN system include meetings of the Global Fund Board, review of PEPFAR Annual Report to US Congress)

**Actions**

(major examples)
- Strategies, plans, budgets, e.g.:
  - UNAIDS 2016-2021 Strategy
  - UNAIDS Unified Budget, Results and Accountability Framework 2016-2021 (UBRAF) (including the 11 UNAIDS Cosponsors)
- Actions by partner agencies
  (e.g. Global Fund Strategy 2017-2022
  PEPFAR Strategy 2017-2020)

**Monitoring & Reporting**

- UNAIDS Global AIDS Monitoring (countries submit annual data based on UNAIDS guidelines)
- UNAIDS Global AIDS Update (annual progress report)
- UNAIDS Data (annual publication of all data collected)
- UNSG annual report to UNGA
- WHO annual data collection
- Biennial progress report to WHA on WHO Global Strategy
b) National level – individual UN Member States

**Commitments**
UNGA HLM on HIV/AIDS 2016 Political Declaration (see global level), with commitments including targets adapted to the local context

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**Actions (major examples)**
- Strategic and operational plans of national AIDS commissions and programmes - development and implementation
- National budget allocations
- Development and implementation of partners’ plans at national level (e.g. PEPFAR country operational plan, COP)
- Global Fund Country Coordinating Mechanisms (CCM)

**Review (major examples)**
- National AIDS commissions
- Civil society, e.g. Treatment Action Campaign’s (TAC) Monitoring the AIDS & TB Response in South Africa
- Parliamentary and other committees
- Global Fund CCM annual Eligibility & Performance Assessment (EPA)
- PEPFAR COP quarterly or biannual POART consultations

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**Monitoring & Reporting (major examples)**
- Routine country data collection, recording, and reporting
- Reporting through Global AIDS Monitoring
- "Shadow” reports, e.g. civil society in countries supported by AIDS Accountability International (AAI)
- Global Fund CCM Grant Dashboard
- PEPFAR COP routine monitoring through the Oversight and Accountability Results Team (POART)
Commitments

Global Level

- Global efforts against HIV/AIDS are shaped by the UNGA and its five-yearly HLMs.
- The UN and its Member States commit to the UNGA HLM political declarations, which set out actions and priorities. The latest HLM took place in 2016 and its declaration currently guides global efforts.
- The 2016 Declaration was named “On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030” and focused on urgent action over the next five years to ensure that no one is left behind. It is 26 pages in length; examples of major commitments are:
  - Recommitting to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2011 political declarations on HIV/AIDS, by fully implementing the commitments, goals and targets contained in the present Declaration.
  - Commit to targets for 2020 to work towards reducing the global numbers of people newly infected with HIV to fewer than 500,000 per annum and people dying from AIDS-related causes to fewer than 500,000 per annum, as well as to eliminate HIV-related stigma and discrimination.
  - Commit to increasing and front-loading investments to achieve the fast-track targets by 2020 as an essential milestone towards the target of ending the AIDS epidemic by 2030 and positively contributing to a wide range of development outcomes.
  - Official development assistance (ODA) providers reaffirm their respective ODA commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) and 0.15 to 0.20 per cent of ODA/GNI to least developed countries.
  - Commit to ensuring that 30 million people living with HIV access treatment by 2020, with special emphasis on providing 1.6 million children (0–14 years of age) with antiretroviral therapy by 2018, and that children, adolescents and adults living with HIV know their status.

National Level

- Countries develop and implement national strategies (or similar), which commit them to targets aligned with the global commitments (often supported by international partners).
- Often these national strategies may be linked to or informed by regional meetings and initiatives, such as the 2nd Latin American and Caribbean Forum on the HIV Continuum of Care (2015) or the Asia-Pacific Intergovernmental Meeting on HIV and AIDS (2015).
- At the regional level, various associative bodies can also boost efforts by committing to bold targets, e.g. Arab AIDS Strategy (2014–2020), the African Union Road Map on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria Response in Africa (2012-2015), which was extended until 2020, and others.
Actions

Global Level

- UNGA and UNGA HLMs decide on the top-level strategies and actions: the UNSG is tasked with executing such decisions and UN agencies as well as partners should be aligned with their own strategies, plans, and budgets.
- UNAIDS plays a leadership role, through its Programme Coordinating Board (PCB) composed of representatives of 22 governments from all geographic regions, the 11 UNAIDS Cosponsors, and five representatives of nongovernmental organizations.
  - A key concept is the UNAIDS Division of Labour whereby Cosponsors all work together and are reciprocally accountable.
  - UNAIDS actions are currently guided by the 2016-21 Strategy: On the Fast-Track to End AIDS; to implement the strategy, it relies on the Unified Budget, Results and Accountability Framework (UBRAF), which also incorporates and aligns the UNAIDS Cosponsors’ plans, e.g. WHO Global Health Sector Strategy on HIV 2016-2021.
- Other partners implement their own plans to support reaching global targets, most importantly:
- The UN Secretary-General met with global pharmaceutical industry leaders four times (twice in 2001, then once in 2006 and 2008) to call for lower prices and more access to medicines (with a focus on resource-limited settings, least developed countries, and children), stronger partnerships across all sectors, intensified R&D, more funding, and a way to coordinate all of these into a comprehensive strategy.

National Level

- Governments develop action plans and budgets to implement their national strategies and fulfill their commitments.
- In many countries, national AIDS commissions have the highest authority and executive power (usually they are chaired by the head of state), therefore they often decide on priority actions.
- Overall, country actions should follow UNGA and UNGA HLM guidance, supported by technical support from partner organizations, which also implement their plans on country level, e.g.:
  - UNAIDS country office activities;
  - WHO regional and country office activities;
  - Global Fund Country Coordinating Mechanisms (CCM) are national committees which coordinate national funding requests, oversee implementation, ensure consistency between Global Fund grants and other national programmes; they work based on requirements, standards, and recommendations;
  - PEPFAR Country Operational Plan (COP) is an annually revised/redrafted, comprehensive set of priorities, guidance, tools, and data, based on which PEPFAR country teams build their yearly plans, streamline activities, and report on progress.
Monitoring and reporting

Global Level

- Monitoring and reporting follows the Global AIDS Monitoring process and its guidelines, developed by UNAIDS in alignment with the SDGs and the 90-90-90 treatment targets, and informed by the consolidated strategic information guidelines for HIV in the health sector, developed jointly by UNAIDS, WHO, and partners.
- Based on Global AIDS Monitoring data, UNAIDS publishes its annual progress report, the Global AIDS Update. This focuses on progress towards the 90-90-90 targets and highlights main points from global efforts against AIDS; it is not formally presented to any structure for review.
  - UNAIDS also publishes all of this annual data in a report called UNAIDS Data;
  - The data, complemented by other agencies’ routine data collection if available and/or needed, feeds into the UNSG’s annual report to UNGA. other UNAIDS reports including UBRAF reporting, as well as partner agencies’ reports as needed.
- The Global Fund Annual Results Report summarizes the impact and results achieved by programmes supported by the Global Fund, and also shows cumulative progress since 2002.
- WHO also collects data annually and reports to the WHA biennially regarding progress on the WHO Global Health Sector Strategy on HIV 2016-2021.

National Level

- Countries submit data to UNAIDS based on the guidelines for Global AIDS Monitoring.
- Many countries have their own routine data collection and reporting, sometimes on sub-national level, often supported by WHO regional and country offices and other partners.
- “Shadow” reports by civil society provide a different perspective from “formal” reporting and may serve as platforms to highlight gaps and advocate for action, e.g. AIDS Accountability International (AAI) supports civil society in certain countries to produce shadow reports.
- Global partners on country level perform their regular monitoring (usually on the efficiency and results of their country programmes), e.g. WHO and UNAIDS country offices mechanisms, routine monitoring through the Global Fund Grant Dashboard for evaluating their CCMs, or the PEPFAR Oversight and Accountability Results Team (POART) for their COPs.
Review mechanisms

Global Level

- **The UNGA reviews progress** each year based on the UNSG’s report
- **Every five years, an UNGA HLM** takes place which takes stock of the longer-term developments, revises strategic priorities, and adopts an updated, re-focused political declaration
- **The High-level Political Forum meets every** year to review overall progress on the SDGs; it **selects six SDGs to focus** on annually so each SDG is reviewed once every three years (except SDG 17 which is reviewed every year)
- **The UNAIDS Programme Coordinating Board (PCB)** meets twice per year to review progress and adopt decisions; once per year, at the June meeting, it reviews the UBRAF **annual performance monitoring report**, which takes into account both UNAIDS’ and the Cosponsors’ progress
- **The Global Fund Board** meets twice per year to review progress and adopt decisions on a variety of areas; the November meeting notes the **Executive Director’s report** as well as **proposed KPI targets** for the 2017-2022 Strategic Key Performance Indicator Framework
- **PEPFAR submits an annual report** to the US Congress, which decides on its funding

National Level

- **On country level**, many governments established **national AIDS commissions** which have broad powers to run national efforts to fight HIV/AIDS and review action; **other mechanisms** also exist, such as parliamentary committees or regular review at ministry of health level and civil society.
- **Civil society can implement mechanisms to review national progress**, for example using data published in shadow reports or through campaigns, such as the **Monitoring the AIDS & TB Response in South Africa campaign, organized by Treatment Action Campaign (TAC)**.
- **The Global Fund** performs annual **Eligibility & Performance Assessments (EPA)** for their CCMs
- **PEPFAR** holds quarterly or biannual **POART consultations** for their COPs.
References

UN and SDGs
2. UNSG’s report on the UNGA HLM 2016 http://sgeport.unaids.org/

UNAIDS

PEPFAR

The Global Fund

WHO

National and regional examples

Commissions and meetings
1. France national council for AIDS and hepatitis https://cns.sante.fr/

Country reports

Civil society examples
1. AIDS Accountability International (AAI) http://www.aidsaccountability.org/?page_id=307
ANNEX 4. The example of Women’s, Children’s and Adolescents’ Health

Background and rationale
The 2010 Global Strategy for Women’s and Children’s Health called for, among other things, stronger accountability for maternal and child health. A group of experts was appointed to:

“Transform a purely technical process of tracking indicators into a political process of evaluating those indicators transparently and democratically, judging the performance of institutions responsible for making promises and commitments to women and children, and acting on the results of those evaluations and judgements.”

The adoption of the Sustainable Development Goals (SDGs) in 2015 provided an opportunity to further develop this concept, aligned with the Agenda 2030. As part of a new Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), a Unified Accountability Framework (UAF) for women’s and children’s health was developed.

The UAF is structured around three main processes: act, monitor, review. In a policy brief published by the Partnership for Maternal, Newborn & Child Health (PMNCH), the UAF is presented visually in a diagramatic format very similar that shown in Figure 1 (page 4) in the main part of this background document. It also clearly distinguishes two components: global accountability, and country accountability, with two circles used to illustrate the act-review-monitor cycle for global and country accountability separately. The brief describes the purpose of the UAF as follows:

“The purpose of the UAF is to provide a way of organizing and bringing together diverse stakeholders and critical elements to streamline the monitor, review and act elements of accountability at all levels.”

The main components that have been defined under each of these three headings, along with the commitments in the Global Strategy to which this act-review-cycle relate,9 are shown in Figure A4.1. Further details are then provided on specific elements.

It is worth highlighting that the Global Strategy 2016-2030 is very closely linked to the Every Woman Every Child (EWEC) “global movement”, which unites all partners in supporting and putting into action the Global Strategy. Key implementation partners are gathered in the H6 partnership (UNAIDS, UNFPA, UNICEF, WHO, UN Women, and the World Bank), while financing is provided by the Global Financing Facility (GFF). In July 2017, the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) was renamed the Every Woman Every Child (EWEC) Global Strategy for Women’s, Children’s and Adolescents’ Health or EWEC Global Strategy for short. In this way, the Global Strategy and the EWEC global movement have been brought even closer together as a joint “brand”.

9 “Commitments” are not shown within the UAF diagram, but are clearly defined within the Global Strategy.
Figure A4.1: The Unified Accountability Framework for Women’s, Children’s and Adolescents’ Health

a) Global level – countries, international organizations, other partners that have committed to the EWEC Global Strategy

<table>
<thead>
<tr>
<th>Commitments</th>
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</thead>
<tbody>
<tr>
<td>Every Woman Every Child (EWEC) Global Strategy, 3 objectives (survive, thrive, transform) with specific targets aligned with the SDGs, e.g.:</td>
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<tr>
<td>• Survive (end preventable deaths)</td>
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<tr>
<td>o reduce global maternal mortality to &lt;70 per 100,000 live births</td>
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<tr>
<td>o newborn mortality to ≤12 per 1000 live births in every country</td>
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<tr>
<td>o under-5 mortality ≤25 per 1000 live births in every country</td>
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<tr>
<td>• Thrive (ensure health and well-being)</td>
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<tr>
<td>o End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women</td>
</tr>
<tr>
<td>• Transform (expand enabling environment)</td>
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<tr>
<td>o ensure all girls and boys complete free, equitable, good quality primary + secondary education</td>
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<td>o legal identity for all, including birth registration</td>
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<table>
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<th>Review</th>
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<tbody>
<tr>
<td>Independent Accountability Panel (IAP) annual report to UN Secretary-General</td>
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<tr>
<td>High-level Political Forum (HLPF) reviews selected SDGs every year</td>
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<tr>
<td>EWEC High-Level Steering Group</td>
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<tr>
<td>Partner agencies’ review mechanisms, e.g. the PMNCH Board or the WHA</td>
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<td></td>
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<tr>
<td>Actions (major examples)</td>
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<tr>
<td>--------------------------</td>
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<tr>
<td>Strategies, plans, budgets, e.g.:</td>
</tr>
<tr>
<td>The Every Woman Every Child (EWEC) global movement puts the Global Strategy into action</td>
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<tr>
<td>The EWEC Operational Framework guidance to implement Global Strategy</td>
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<tr>
<td>H6 Implementation Toolkit helps implement the Global Strategy</td>
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<tr>
<td>Partnership for Maternal, Newborn &amp; Child Health (PMNCH) Strategic Plan 2016-20</td>
</tr>
<tr>
<td>Relevant partner agencies’ plans, e.g. WHO Operational Plan</td>
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<tr>
<td>Global Financing Facility (GFF)</td>
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<tr>
<th>Monitoring &amp; Reporting</th>
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<tr>
<td>Unified Accountability Framework (UAF) routine monitoring</td>
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<tr>
<td>The Health Data Collaborative and the PMNCH lead the UAF process</td>
</tr>
<tr>
<td>EWEC Global Strategy Progress Report (annual)</td>
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<tr>
<td>PMNCH Annual Report</td>
</tr>
<tr>
<td>H6 Partnership Annual Report</td>
</tr>
<tr>
<td>Health Data Collaborative (HDC) Progress Report (annual)</td>
</tr>
<tr>
<td>The H6 and HDC reports contain sections with strong emphasis on country progress</td>
</tr>
<tr>
<td>Partner agencies’ reports, e.g. WHO annual progress report to the WHA</td>
</tr>
</tbody>
</table>
b) National level

**Commitments**
Countries are committed to the global strategy and align national efforts with it. Some targets can be directly applied (or more ambitious targets set) e.g.
- maternal mortality ≤70 per 100,000 live births
- newborn mortality ≤12 per 1000 live births
- under-5 mortality ≤25 per 1000 live births

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**Actions (major examples)**
National plans and strategies - development and implementation
Development partners' proposals and plans at national level

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**Monitoring & Reporting (major examples)**
Routine monitoring by countries as part of the UAF
(60 indicators; 34 from SDGs, 26 from global initiatives)
- Score cards
- National reports
- Special studies, e.g. by academic institutions

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**Review (major examples)**
Review by EWEC partners and PMNCH based on UAF data
- National audits
- Civil society initiatives/hearings
- Parliamentary and other committees
Commitments

Global Level

- The fundamental, underlying commitment globally is the Every Woman Every Child Global Strategy for Women’s, Children’s, and Adolescents’ Health (EWEC Global Strategy).
- It was launched by the UN Secretary-General in September 2015, following the adoption of Agenda 2030 and the SDGs, as a way to focus on women’s and children’s health related SDG targets (17 were selected from the 169 SDG targets); it has 3 objectives – Survive, Thrive and Transform – targets, and 60 indicators, harmonized so as to minimize reporting burden.
- The Global Strategy was not formally adopted by the UN General Assembly, rather governments, international partners, and other stakeholders express their support and commitment individually, and strive to align their activities with it (there are hundreds of partners).
  - E.g. the at the 69th WHA, Member States committed to the Global Strategy in 2016 in resolution WHA69/2.

National Level

- Countries which committed to the Global Strategy for Women’s, Children’s, and Adolescents’ Health (2016-2030) develop appropriate and adapted national strategies and commitments.
- Some targets from the Global Strategy are also immediately applicable at the country level.
Actions

Global Level

- **Every Woman Every Child (EWEC)** grew as a movement of partners around the 2010 Global Strategy for Women’s and Children’s Health.
  - Today EWEC is: *an unprecedented global movement* that mobilizes and intensifies international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women, children and adolescents around the world. The *movement puts into action* the *Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)*.
  - EWEC is **integral to the Global Strategy and its implementation**: as of July 2017, the full name of the Strategy is the Every Woman Every Child Global Strategy for Women’s, Children’s and Adolescents’ Health (EWEC Global Strategy).
  - The EWEC is loosely guided by a **High-Level Steering Group**, co-chaired by the UN Secretary-General, the President of Chile, and the Prime Minister of Ethiopia.
- EWEC developed an **Operational Framework 2016-2020** which offers guidance to countries and national stakeholders to implement the EWEC Global Strategy.
  - It is conceptualized as a “living document” with the potential to evolve as countries gain experience in translating the SDG agenda.
- The **H6 partnership** (formerly H4+) pulls together the collective strengths and distinct capacities of five UN agencies (UNAIDS, UNFPA, UNICEF, WHO, UN Women) and the World Bank, related organizations and programmes to improve the health and save the lives of women and children.
  - The H6 developed and supports an **Implementation Toolkit** for partners.
  - Partner agencies take action based on their plans, aligned with the EWEC Global Strategy, e.g. **WHO Operational plan to take forward the Global Strategy for Women’s, Children’s and Adolescents’ Health**, adopted in 2016 by WHA resolution A69/16.
- The **Partnership for Maternal, Newborn & Child Health (PMNCH)** was formed in September 2005 with a mandate to strengthen alignment and consensus-building to support the achievement of the Millennium Development Goals (MDGs). Today, it supports the SDGs, with a focus on SDG 3. It is **hosted by WHO**.
  - The **PMNCH plays a crucial role** in closely supporting EWEC, mobilizing its members and holding each accountable.
  - It is guided by its **Strategic Plan 2016-2020** and **Business Plan 2016-2018**.
- **WHO** takes action based on the Secretariat Report and relevant WHA decisions.
- The **Global Financing Facility (GFF)** was launched at the Third International Financing for Development Conference in July 2015 in Addis Ababa. It is a financing platform housed at the World Bank.

National Level

- **At country level**, actions depend on the governments and development partners present; usually this concerns national plans and strategies, and partner activities.
Monitoring and reporting

Global Level

- The Unified Accountability Framework (UAF) was called for by the 2010 Global Strategy and has been developed since then by several groups of experts.
  - The Independent Accountability Panel (IAP) is charged with overseeing, reporting on, reviewing, and revising the UAF.
  - The UAF is currently based on 60 indicators, 34 of which are taken from the SDGs and 26 are drawn from established global initiatives.
  - The Health Data Collaborative is a key partner for monitoring and data collection. It was launched in March 2016 to support global and country efforts in monitoring the health and health-related SDGs, health measurement and accountability (with a focus on UHC). It is hosted at WHO.
  - In its first report in 2016, the IAP recommended to add “remedy” to the three main UAF processes of act, monitor, review.\(^\text{10}\)

- The Global Strategy Progress Report was launched in 2017 at the High-Level Political Forum on Sustainable Development (HLPF).
  - It is prepared and published yearly by the PMNCH, in alignment with EWEC, and it provides status updates and data on women’s, children’s, and adolescents’ health.

- The PMNCH also publishes its own PMNCH Annual Report, which sets out the key achievements in a year towards each of the PMNCH Strategic Plan’s four interdependent strategic objectives.

- The H6 Partnership publishes an Annual Report which focuses on recent achievements and strategic support to national health systems in the relevant year.

- The Health Data Collaborative publishes an annual Progress Report which highlights the past year’s successes, with an emphasis on engagement with countries to strengthen national health information systems.

- The H6 and Health Data Collaborative annual reports contain detailed sections on country progress.

- Other partner agencies may follow their own monitoring and reporting processes, e.g. the WHO Secretariat prepares an annual report for the WHA on the Global Strategy

National Level

- At country level, monitoring and reporting processes follow the guidelines of the UAF
  - Data collection depends on the mechanisms in place, usually national reports, special studies (for example by academic institutions), score cards (for example by civil society).

- Technical partners, such as the Health Data Collaborative, support development of stronger national monitoring capacities.

\(^{10}\)“Remedy” can also be seen as the outcome of the review process, or as part of “actions”. This is because the outcomes of a review could include recommendations for “remedial” actions.
Review mechanisms

Global Level

- The Independent Accountability Panel (IAP) was created in 2015 by the UN Secretary-General, to carry on the work done by previous groups of experts on the Unified Accountability Framework (UAF).
  - Its overall goal is to review the UAF and propose recommendations in order to harmonize global monitoring and to reduce the burden of reporting on countries, promote transparency and accountability, clarify responsibilities of actors, etc. It does not report on the latest data in detail; rather, it provides a snapshot of progress.
  - It consists of 10 high-level members appointed by the UN Secretary-General.
  - It publishes an annual report for the UN Secretary-General.
  - The IAP is hosted by the PMNCH.

- The EWEC High-Level Steering Group meets on an ad hoc basis, e.g. on 19 September 2017 on the margins of the UN General Assembly they highlighted opportunities to advance implementation of the EWEC Global Strategy, and they heard from the UN Secretary-General on his vision.

- The PMNCH Board meets twice per year and reviews updates from its committees, alignment with the EWEC, the work plan, overall progress, etc.

- Partner agencies conduct their own reviews based on existing mechanisms, e.g. the WHA reviews the annual WHO Secretariat Report.

- The High-level Political Forum meets every year to review overall progress on the SDGs; it selects six SDGs to focus on annually so each SDG is reviewed once every three years (except SDG 17 which is reviewed every year).

National Level

- At the country level, review processes depend on the mechanisms in place. These include national audits, committees (e.g. at the parliamentary level), and civil society engagement.

- Partner agencies review their progress based on UAF country data.

- Advocacy efforts by civil society and others can be guided by the EWEC Global Strategy Progress Report or the PMNCH Annual Report.
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