Accountability and Alignment for HRH in the Post 2015 Development Framework and the Sustainable Development Goals: The role of state and non-state actors

Technical Working Group #4

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This paper serves as a background report to inform the Global Strategy for Human Resources for Health. The development of this paper has been coordinated through a thematic working group, comprising of 2 Co-chairs and a group of experts drawn from various Global Health Workforce Alliance (GHWA) constituencies, operating under the oversight of the GHWA Board working group. The views expressed in the paper, do not necessarily reflect the official position of GHWA. All reasonable precautions have been taken by the co-chairs to verify the information presented in the papers.
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Main Conclusions and Recommendations
1. Main Conclusions, Recommendations and Agenda for Action

The next decade is likely to be characterized by continuing change in the landscape of action to strengthen HRH at the centre of an effective health and social care system. The diversity of the actors involved, the country contexts, the needs and priorities of each stakeholder make this a complex process to navigate successfully. Establishing strong mechanisms of governance to ensure that shared, owned frameworks for action exist, and can be used to guide evidence-based decision making and implementation is essential. This will form the basis of a coherent, flexible, multi-stakeholder, multi-sector and multi-professional response and accountability for implementation.

Working Group 4 has highlighted important characteristics of the framework for action that needs to be put in place:

- It must be coherent, bringing together the range of commitments and strategies that currently exist, and based on a clear understanding of roles and responsibilities for implementation; of course it is essential that this is relevant to anticipated future change, and consistent with SDG processes;
- it must be shared and owned by a broad group of stakeholders, including representative civil society organisations;
- it must reflect a multisectoral approach and constituency, and support ways of working that promote and enable working across sectors;
- it must measure the right indicators, in a coherent, efficient, effective way: the proposal for national health workforce accounts is relevant and should be taken forward.
- It must harness the success in advocacy efforts of the past decade, to enable countries and global stakeholders to scale investments in HRH against concrete interventions at country, regional and global levels and centrally position HRH investment and indicators in the global health discussions towards the Post 2015 framework and the development agenda

Main conclusions and recommendations are presented below
**Main Conclusions**

- We have made significant progress since the JLI (2004), WHR 2006 and have learned important lessons.
- Stakeholders are more diverse.
- Our understanding of the importance of non-state actors and non-health actors has developed.
- Institutional arrangements to support the need for collaboration and partnerships have evolved at global, regional and country level. They have so far proved to be inadequate to ensure effective action.
- With increased complexity of the stakeholder landscape has come increased complexity of infrastructure for support.
- Tools, strategies and actions to improve HRH management are many, but few of these have been evaluated for benefit and impact.

**Recommendations**

- The Global HRH strategy needs to give thought to how the current stakeholder, multi-sector and multi-professional dynamics will evolve over the next decade (post 2015 period), and how the landscape can be positively influenced for HRH within health systems, social care and universal health coverage and access.
- A multi-stakeholder platform such as GHWA remains critical but needs to extend to all sectors and health worker cadres required for action. Consideration should be given to a mosaic platform with shared responsibility across its members, and linkages to the key technical and financing agencies that will support scaled action and investment.

**Agenda for Action**

- The HRH constituency needs to work with others to clarify and strengthen multi-sector, multi-professional and multi-stakeholder platform for HRH in the SDGs. Roles and responsibilities need to be clarified and negotiated, recognizing the diversity of incentives across stakeholders.
- This Platform needs to respond to new directions in the global architecture for health and development including the strengthening of the technical roles of WHO and the possibility for the coordination of cross sector action and accountability of global health through the Office of the UN Secretary General.
- Evaluate tools and guidelines to establish the most cost effective interventions, and what works in different contexts in order to provide a clearer menu of options and possibly a package of HRH interventions than can scale investments and impact on universal access and coverage.
### Main Conclusions

**Alignment**

There is a real risk that increased activity leads to fragmentation in the HRH response, and some evidence that this is already happening.

The Principle of alignment is an important response, which should be reflected across all working groups of the Global HRH Strategy.

The incentives for alignment and coherence across multiple stakeholders in the current HRH landscape are weak. It is important to clarify the direction, purpose, prospects including the political economy that will drive this alignment across all global health programmes, initiatives, agencies and funders.

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### Recommendations

In the context of multiple commitments and strategies, alignment is an important consideration for the Global HRH strategy. This needs greater attention as the Global HRH strategy is finalized.

Whilst there are numerous clear commitments and strategies that can be used as the basis for alignment, there is no overarching mechanism to bring these together and ensure coherence on HRH.

Clearer roles of the different stakeholders, improved measurements of HRH progress and impact will result in greater accountability to strengthen advocacy, policy and resource mobilization efforts.

Other groups, including IHP+, COIA and SDGs are thing about how to address alignment, coordination and measurements in the context of the a robust and inclusive yet differentiated global health architecture. There is scope for joint thinking and collaboration.

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### Agenda for Action

The Global HRH strategy should explicitly incorporate the principles of development effectiveness, including harmonization, alignment and accountability.

The new platform proposed will strengthen inclusive partnerships for HRH in the SDG agenda and Post 2015 framework for global health. Alignment and coordination might best be served by a mosaic body that permits measurements, investments, advocacy and technical capacities to align across all stakeholders.

The Global HRH strategy needs to deepen the limited analysis of the political economy of opportunities and threats to achieving a more coherent and aligned HRH approach.
Main Conclusions

In the context of increasing and complex stakeholder dynamics, fragmented responses and multitude of HRH commitments, accountability is critical. It is important to have a shared understanding of accountability in order to maximize its potential impact on strengthening HRH responses.

Labor market and its dynamics will impact on HRH mobility, incentives, investments and action. This will require a robust platform for both measurement and accountability.

HRH measurements are critical, not only in health, but also to track commitments to human capital development in non-health sectors at impact on the HRH and the health sector. A robust measurement, tracking and accountability system is required.

Recommendations

Additional work needs to be done to refine high level, results focused indicators for HRH measurement and accountability process.

HRH accountability needs to be strengthened and integrated into the Country Accountability Framework and also into COIA.

Programmatic and country level HRH accountability needs to reflect the key interventions and accountability for HRH from inputs, and of HRH for impact and quality of service delivered.

Agenda for Action

National Health Workforce account provides a robust platform to track and report on HRH indicators. In its development, efforts should be made to ensure linkages with other accountability platforms within the health sector, and across non-health sectors that impact on HRH.

Accountability for, and of HRH is important and should be integrated into the process of the National Health Workforce account at all its operational levels. Additional work is required to identify responsibilities and track indicators along this spectrum of HRH accountability.

HRH accountability needs to be both global and local. An exploration of the feasibility and practicability of the workforce implications of all resolutions of the World Health Assembly as a platform for supporting this two-way accountability should is required.

This robust and ambitious agenda is evolving very rapidly across programmes and initiatives in health, across sectors and themes of the sustainable development goals and agenda. Much work is still required for clarity and cross sector engagement that will define HRH action in the next decade. There is a case for continued research and dialogue on accountability and alignment which should be reflected in the global HRH strategy.
2. Introduction

This paper has been developed by experts drawn from various Global Health Workforce Alliance (GHWA) constituencies under the auspices of Working Group 4 as an input to the Global Strategy for Human Resources for Health (2015-30). WG4 focuses on accountability and alignment for post-2015. This is an essential part of global- and country-level responses to strengthening HRH. Alignment and accountability are critical issues in the context of complex health aid architecture\(^1\). Accountability has been highlighted in the discussions on the post-2015 framework and Sustainable Development Goals (SDG), and it is critical that GHWA’s approach on accountability is coherent and consistent with what is proposed through the SDG process. It is therefore right that GHWA gives careful consideration to the alignment and accountability in its future strategy.

3. Methodology

To develop the WG4 paper, a mixed-method approach was used. We reviewed relevant literature identified in discussion with the WG members and with the GHWA secretariat. To support data gathered through the literature review, an online web-survey was conducted to collect Civil Society perspectives on issues relevant to alignment, accountability. The survey was circulated to members of the Global Health South network, as well as HWAI and GHWA civil society networks; with 128 respondents, including from across each of the other GHWA working groups and a broad range of organisations across a range of functions/interventions relating to HRH. Findings from the survey were used to inform stakeholder interviews, and roundtable discussions during the Health Systems Symposium meeting in Cape Town in October 2014. In addition, HWAI organized a twitter chat to further broaden participation in the consultation\(^2\), and CHESTRAD-HWAI held a virtual meeting to discuss emerging findings and messages.

Data collected through these approaches was reviewed and summarized using generic tools in the survey monkey and storify software. Analysis and findings were grouped in relevance to the three main areas this report: stakeholder and landscape analysis, existing HRH commitments and recommendations, accountability opportunities and threats.

\(^1\) http://www.internationalhealthpartnership.net/en/key-issues/

\(^2\) https://storify.com/zmatza/hwai-twitter-chat#publicize
4. Context – the changing landscape for GHWA’s 2016-30 strategy

We have made significant progress since the JLI (2004) and learned important lessons.

In 2004, the report of the Joint Learning Initiative (JLI) identified the health workforce as neglected and overlooked\(^3\). Since then, HRH has been established on the global health agenda\(^4\) \(^5\) \(^6\), including through three successful Global Forums on HRH. The WG4 e-survey highlighted that moderate to good progress has been made in the following areas\(^7\): Advocacy and stakeholder engagement (3.17), Development of methods and tools (3.06), Production of HRH Guidelines (3.03). Least progress has been made on workforce productivity and performance (2.38), retention (2.12), and migration (2.11).

**Stakeholders are more diverse...**

The landscape of actors has become more diverse and complex over the past decade, reflecting both new players entering the field\(^9\), and a better understanding of interventions and approaches that are needed to effectively strengthen the HRH response, such as the growing emphasis on accountability.

... and our understanding of the importance of non-state actors and of non-health actors has developed.

From the perspective of service delivery, the importance of civil society is well documented\(^10\); the importance of these groups has been underlined. From the perspective of accountability, the UN Commission on Information and Accountability (COIA)\(^11\) and the associated Country Accountability Framework (CAF)\(^12\) has highlighted the role that civil society, parliamentarians, the media can play. Responses to the WG4 e-survey emphasized the

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\(^3\) http://www.who.int/hrh/documents/JLi_hrh_report.pdf


\(^5\) http://www.who.int/whr/2006/en/

\(^6\) http://www.who.int/hrh/migration/code/code_en.pdf?ua=1

\(^7\) Top three results shown.

\(^8\) Bottom three results shown.

\(^9\) http://www.oecd.org/dac/effectiveness/busanpartnership.htm


\(^11\) http://www.who.int/woman_child_accountability/about/coia/en/

\(^12\) http://www.who.int/woman_child_accountability/countries/framework/en/
relevance of a multisectoral response: of the 6 categories of intervention relevant to the HRH response\textsuperscript{13}, around 40% of respondents highlighted multisectorality. HRH efforts at global & national levels need to engage this broader range of stakeholders through partnerships across sectors, including education, agriculture, and business.

However, whilst institutional arrangements to support the need for collaboration and partnership have evolved at global, regional and country level, they have so far proved to be inadequate to ensure effective action. The process of engaging across stakeholders can be improved\textsuperscript{14}. Preliminary analysis by WG4 suggests that the current situation in 2015 and desired state in 2030 can be visualized as shown in Figure 4.

\textit{Figure 4: Current and desired future states of multisector HRH governance}

What opportunities exist to achieve more effective multisector stakeholder coordination and partnership?

\textsuperscript{13} HRH Policy Dialogue and Advocacy, Production of the professional health workforce, Regulation and Accreditation of both training and service, HRH Financing, HRH Productivity and Performance Management, HRH data, information and accountability.

\textsuperscript{14} \url{http://www.who.int/workforcealliance/media/news/2014/Phase2consultation_note.pdf}
The WG4 e-survey findings highlight that different actors are relevant on different HRH agenda, and similarly different actors should be held accountable for different HRH interventions. There is a case for a global multi-sector and multi stakeholder platform for HRH, with the following characteristics:

- enables the implementation of a nuanced understanding of collaboration and alignment, which seeks to align the self-interest of independent entities towards a mutually beneficially outcome

- conceived as a multi-stakeholder partnership or platform that sits at the peak of network of networks, recognising the diversity of functions required for the network to be fit for purpose

- is different in each country context

GHWA is well positioned take on this role, including expanding process learning and analysing the political economy of engagement within sectors and across sectors. Providing GHWA allocated sufficient time and resources to this important agenda, and works in coordination and alignment with other relevant initiatives and stakeholders, there is potential for progress in the area of governance.

With increased complexity of stakeholder landscape, has come increased complexity of infrastructure of support: tools, strategies and actions to improve HRH management are many, but few of these have been evaluated for benefit and impact.

It is also important to note concerns around uncoordinated technical assistance which may be a product of the increased complexity of HRH stakeholder dynamics. This is in part a challenge of knowledge management, but it is also a challenge of validation, credibility and tailoring support to meet individual circumstances. There is a need to evaluate tools and guidelines to establish the most cost effective interventions, and what works in which contexts, in order to provide a clearer menu of options and possibly a basic package of HRH interventions that can scale investments and impact on universal access and coverage.

5. Alignment with existing commitments

There is a real risk that increased activity leads to fragmentation in the HRH response, and some evidence that this is already happening.

Whilst there is an increase in the number and diversity of the actors involved in the HRH response, there is currently no overview of the roles and contributions of each partner. The Recife commitment process moves in this direction, but is neither comprehensive nor necessarily a reflection of any coordination by partners. The scale of the problem is not limited to fragmentation of the response between partners, but also extends to fragmentation within agencies.

The principle of alignment is an important response, which should be reflected in everything that GHWA does. Since 200515, alignment of donor programmes behind country plans and priorities has been held up as an important response to the fragmented support of multiple stakeholders16. The health sector response on aid

15 http://www.oecd.org/dac/effectiveness/parisdeclarationandacraagendaforaction.htm

16 See the following non-health example from Bangladesh, which was highlighted at the Fourth High Level Forum on Aid Effectiveness (Busan, 2011): http://www.fragmentation-diversity.org/dokumente/BBFragmDiv_Bangladesh_CaseStudy.pdf
effectiveness by the International Health Partnership (IHP+) offers principles that are relevant to the challenges that GHWA faces on alignment and accountability. Close collaboration between the IHP+ and GHWA secretariat would benefit the development of the GHWA strategy. In particular, IHP+ has provided support to processes at both global- and country-levels, and with a strong emphasis on establishing ownership\textsuperscript{17} based on a framework of agreed commitments\textsuperscript{18} and priorities.

**But align with what and what are the prospects for achieving this?**

There are various opportunities for GHWA to establish a basis for alignment at the global level. Of particular relevance to this agenda are the commitments made at the 3rd Global Forum in Recife, Brazil in November 2013, and the recommendations made through the GHWA strategy working groups.

**Recife HRH commitments**

57 countries and 26 institutions announced commitments at the 3\textsuperscript{rd} Global Forum\textsuperscript{19} (WHO 2013) as well as publishing of the Recife Political Declaration on Human Resources for Health\textsuperscript{20}. In addition to the commitments made at Recife, there are a number of other existing global strategies, such as Every Woman Every Child (EWEC)\textsuperscript{21}, FP2020\textsuperscript{22}, and the UN Commission on Information & Accountability (COIA)\textsuperscript{23} that must also be considered. This message was highlighted at the Cape Town round table discussion\textsuperscript{24} which highlighted the consistent message on the need to strengthen harmonization and alignment of such initiatives.

**GHWA working groups**

Whilst the seven other GHWA working groups have made additional recommendations for action on HRH, and offer a potential framework for alignment – this potential will only be realized if the WG recommendations themselves are internally coherent (amongst the WGs) and are aligned with the range of commitments described above. This is an important area for reflection and analysis as the GHWA strategy is refined and finalised WG4 undertook an initial analysis of WG recommendations through an alignment and accountability lens, which is summarized in Table 4 below.

\textsuperscript{17} Defined by OECD as “the effective exercise of partners’ authority over their development programmes including when they rely, entirely or partially, on external resources to implement them. Achieving this requires a concerted effort on behalf of partners and donors to clarify and formalise their respective roles and responsibilities within their partnership”.


\textsuperscript{18} In the IHP+ these have been defined in a Global Compact and in country compacts.

http://www.internationalhealthpartnership.net/en/key-issues/compacts/

\textsuperscript{19} http://www.who.int/workforcealliance/forum/2013/hrh_commitments/en/

\textsuperscript{20} http://www.who.int/entity/workforcealliance/forum/2013/3gf_finaldeclaration/en/index.html

\textsuperscript{21} http://www.everywomaneverychild.org/

\textsuperscript{22} www.familyplanning2020.org/

\textsuperscript{23} http://www.who.int/woman_child_accountability/about/coia/en/

\textsuperscript{24} Cape Town round table.
The headline messages from this preliminary analysis are that:

- Only 1 working group has explicitly included monitoring and evaluation considerations in their reporting and analysis.
- References to Recife commitments and other commitment frameworks are limited, with the exception of the SDGs.

6. Accountability – opportunities and threats

In the context of increasingly complex stakeholder dynamics, fragmented responses and multitude of HRH commitments, accountability is critical. Accountability has, like the HRH agenda, been subject to increased attention and action since 2004. Importantly, the accountability agenda is a key and recurring theme in the UN Secretary General’s recent report on the SDGs.

It is important to have a shared understanding of accountability in order to maximize its potential impact on strengthening HRH responses.

With increased attention and effort comes the potential for confusion, fragmentation and duplication. One important way to mitigate this risk is to have a clear, shared understanding about how accountability functions. The accountability framework used by COIA (Figure 4) provides a useful starting point in this regard, highlighting key constituent parts of effective accountability: monitor, review, and act.

25 http://www.internationalhealthpartnership.net/en/key-issues/monitoring-evaluation/;
http://www.internationalhealthpartnership.net/en/key-issues/mutual-accountability/
26 http://www.who.int/woman_child_accountability/ierg/en/
27 http://www.who.int/woman_child_accountability/countries/framework/en/
29 http://who.int/pmnch/activities/accountability/reports/en/
30 http://effectivecooperation.org/about/global-monitoring-framework/
31 http://www.hwai.org/
32 http://www.wemos.nl/Eng/
34 http://frontlinehealthworkers.org/
35 http://1millionhealthworkers.org/
36 http://healthworkers.savethechildren.net/
37 http://www.who.int/workforcealliance/members_partners/member_list/acoshed/en/
Monitor – including the importance of a shared agenda

Existing commitments and strategies provide an opportunity to develop a shared agenda but this does not currently exist at the global level. The Recife commitments provide a basis from which a shared agenda could be developed, and the GHWA strategy development should be grasped as a key opportunity to do this. There is also potential to use the agreement of World Health Assembly (WHA) resolutions to strengthen a shared agenda on HRH – through exploring the feasibility and practicability of reviewing all WHA resolutions for HRH implications.

At the country level, in most countries, there is work to be done to strengthen and develop a shared agenda that is ‘owned’ at all levels. In practical terms, this should start with tracking commitments and could include the development of acceptable matrices for advocacy, action and investment and accountability. This should be linked to health impact and overall sustainable development goals, including the global health core indicators and fits with the sustainable development goals.

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40 [http://who.int/healthinfo/country_monitoring_evaluation/GlobalRefListCoreIndicators_V5_17Nov2014_WithoutAnnexes.pdf](http://who.int/healthinfo/country_monitoring_evaluation/GlobalRefListCoreIndicators_V5_17Nov2014_WithoutAnnexes.pdf)
Building on work that GHWA has already started, the goal should be the development of an agreed framework for action with clear understanding of the contributions and roles of all relevant actors, including in other sectors. At present this kind of framework does not exist.

Review – including availability of data and relevant indicators

Tracking the right information to enable accountability on range of commitments is essential. The WG4 e-survey sought respondents’ views on the relevance and measurability of 7 indicators, five of which were drawn from the recently proposed list of 100 core indicators. Three indicators were considered most relevant: Increase health financing and the recruitment development, training and retention of the health workforce (96.1%), Ratio of health professionals to population (88.3%), Patient satisfaction (85.4%). However further work is needed to establish the feasibility of using the patient satisfaction indicator. Provider satisfaction was also highlighted in ‘other responses’ (4/21 or 19%), which has also been highlighted by the African Learning Sites on HRH. A further indicator that was highlighted in the Cape Town roundtable and in the virtual meeting is: 'Universal and equitable access to life saving health inputs and coverage by quality health care service, delivered through strengthened health systems, supported by skilled health team with engaged community action'. And WG4 members also support the WG3 proposal that a National Health Workforce Account should be developed that extends the Minimum Data Set to a comprehensive account of key performance indicators on the health workforce labour market (as per Figure 6).

The importance of integrating data collection exercises of different agencies must also be noted. This is a question of which indicators to track, and of what data is available for each of these indicators. The importance of baseline data cannot be overlooked. Functions and objectives should be standardised to ensure that data can be compared within regions and globally.

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41 http://www.who.int/workforcealliance/media/news/2014/Phase2consultation_note.pdf

42 Cape Town round table.

43 http://who.int/healthinfo/country_monitoring_evaluation/GlobalRefListCoreIndicators_V5_17Nov2014_WithoutAnnexes.pdf

44 http://www.chestrad-ngo.org/reg/HR%20as%20the%20Driver.pdf

45 http://www.who.int/workforcealliance/media/news/2014/TWG3_Paper_07Dec14.pdf?ua=1
Act – including importance of oversight, participation

The WG4 e-survey explored existing accountability opportunities, and civil society engagement with these. Findings include:

- There is relatively low awareness of health sector policy and planning processes. These provide the opportunity for accountability, and CS participation in these platforms is low. This suggests that CSOs are not taking advantage of accountability opportunities that already exist.
- Awareness of consultative forums is low. Even in the context of low awareness, the participation of CS in these forums is very low. These forums appear to give limited attention to HRH issues.

The WG4 e-survey also explored the relevance and accountabilities of a range of stakeholders. The importance of multistakeholder responses emerges as a strong finding, including CSOs, Parliaments, Media, the private sector;

46 http://www.who.int/bulletin/volumes/91/11/13-118927/en/

47 Defined in the survey as: Country Health Sector Coordination Platform; Joint Annual Health Sector Reviews; Country Accountability Framework on Every Woman, Every Child; Country Coordination Framework; Country Coordination Mechanism

and from other sectors, including education, finance, public service, planning. This discussion also recognized that organized CSO action can leverage greater accountability.

An accountability framework for HR

The COIA framework provides a valuable way to think about how accountability functions, but does have limitations. A comprehensive, coherent framework is needed that can help coordinate collaboration on this agenda. Such a framework needs to:

- Take forward the Recife Commitments alongside other commitments on HRH ensuring the balance and/or integration/alignment with existing and emerging accountability mechanisms.
- Balance a multi-sector and multi-stakeholder accountability roles, from commitment to action and input to impact.
- Be applicable to, relevant to and accessible by stakeholders at global- national- and sub-national levels.
- Provide a framework that can be used across all WGs, as well as to high level matrices proposed or developed in WG3
- Draw on and be consistent with work on the 100 core indicators and the national health workforce account

To this end, WG4 proposes the following framework (Figure 7) for consideration which could, following further work and consultation, be placed at the heart of the GHWA 2016-30 strategy.

Figure 7: Proposed accountability framework for GHWA 2016-30 strategy

49 The Cape Town round table also recognised that the mechanisms to hold private sector organisations to account are less clear. This warrants further consideration, possibly by GHWA.

50 Cape Town Round table

51 [http://who.int/healthinfo/country_monitoring_evaluation/GlobalRefListCoreIndicators_V5_17Nov2014_WithoutAnnexes.pdf](http://who.int/healthinfo/country_monitoring_evaluation/GlobalRefListCoreIndicators_V5_17Nov2014_WithoutAnnexes.pdf)
Whilst the framework appears to show the accountability process as linear and simple, it is an abstraction of a complex, multidimensional process. It emphasises the need for accountability for HRH and of HRH. Further work is needed to refine the content and concepts to ensure the right balance between comprehensiveness and accessibility (i.e., avoiding being too detailed); to unpack the framework for each of the constituents and actors that are reflected in it; and to deepen understanding on key questions such as: who is responsible for what and to whom?

7. The next decade: the agenda for action

The next decade is likely to be characterized by continuing change in the landscape of action to strengthen HRH. Establishing strong mechanisms of governance to ensure that shared, owned frameworks for action exist, and can be used to guide evidence-based decision making and implementation is essential. This will form the basis of a coherent, flexible, multi-stakeholder response and accountability for implementation. This is an ambitious agenda that is not necessarily as well understood as it needs to be. There is a case for continued research on important questions relating to accountability and alignment, which WG4 encourages GHWA to support and continue.
8. Summary of Recommendations

- GHWA should give more thought to how current stakeholder landscape and dynamics will evolve over the next decade, and how the landscape can be influenced positively for HRH.
- Multi-sector and multi-stakeholder approaches need to be strengthened. GHWA should synthesise available evidence on what forms of multistakeholder working are best in which contexts.
- GHWA should analyse and explore the concept of a multi-stakeholder, multi-sectoral collaborative platform that sits at the peak of a network of multi-stakeholder partnerships. This should include a better understanding of the political economy of collaboration and alignment.
- Evaluate tools and guidelines to establish the most cost effective interventions, and what works in which contexts, in order to provide a clearer menu of options and possibly a basic package of HRH interventions.
- Alignment is an important consideration for the GHWA strategy, including for the other GHWA working groups. This needs greater attention as the GHWA strategy is refined and finalized.
- The GHWA mandate should explicitly incorporate principles of aid/development effectiveness, including on harmonization, alignment and accountability.
- GHWA should develop an overarching mechanism to ensure coherence and alignment on existing HRH commitments and strategies. This should include clear roles of the different stakeholders, improved measurements of HRH progress and impact.
- Other groups, including IHP+, COIA, and those working on the SDGs are thinking about how to address this issue and there is scope for joint thinking and collaboration.
- GHWA should explore the feasibility and practicability of reviewing all WHA resolutions for HRH implications.
- Additional work needs to be done to refine high level, results-focused indicators for HRH accountability process.
- HRH accountability needs to integrated into the process of the Country Accountability Framework and also the COIA.
- Programmatic and country level HRH accountability needs to reflect the key interventions and accountability points from inputs to impact.