

UPDATING THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S, AND ADOLESCENTS' HEALTH

Background Paper on Accountability (March 24)

A Comment from the iERG

Members of the iERG met in London on April 8-9, 2015. We discussed the latest version of the Background Paper on Accountability. We would like to offer the following comments.

1. The iERG very much welcomes the positive references to existing work, reports, and recommendations regarding progress towards strengthening independent accountability mechanisms to accelerate advances in women's, children's, and adolescents' health. We are extremely pleased that the drafting team endorses the tripartite CoIA framework for independent accountability, which we have been using for 4 years now – to monitor, review, and act/remedy. We also support the operating principles for post-2015 accountability (page 10), many of which we set out in our 2014 report.
2. We agree that while much progress has been made in strengthening independent accountability since 2010, serious challenges remain in countries and globally. We therefore strongly support the renewed attention to countries – a consistent theme in each of our three annual reports. We urge you to consider carefully, and make specific recommendations for, ways in which national mechanisms that are robust and fully participatory, including the most marginalized populations, can become a major force for independent accountability in countries and can feed into global accountability mechanisms.
3. We welcome the recommendation that a broader set of harmonized and SDG-aligned indicators needs to be defined urgently, including indicators for human rights.
4. We also agree that a revised Global Strategy 2.0 independent accountability system must take greater note of equity considerations (which will be extensively covered in the iERG's 2015 report), adolescent health (see the iERG's 2013 Report), social determinants of health (our 2014 report), sexual and reproductive health (reports passim), humanitarian settings, and the private sector.
5. We wish to draw attention to the importance of donor accountability, notably missing from the current draft. Donor accountability was core to the original vision of CoIA, and is increasingly becoming a strong demand from countries. Unless donor accountability is fully addressed, we will likely find that independent accountability in countries will be resisted or seen as inequitable.

6. We support the conclusion by the drafting team that stronger processes are needed to facilitate follow-up actions. Despite several attempts, the iERG has not been able to secure strong enough follow-up by partners outside of a stakeholders' forum held after publication of iERG, PMNCH, and Countdown reports.
7. While we agree that existing independent accountability arrangements are fragmented, we do not fully share the solution for global accountability proposed by the drafting team. Here are some reasons for our concern.
 - The nature and extent of fragmentation is both misdiagnosed and insufficiently acknowledged. The division in global accountability is not primarily between iERG, Countdown, and PMNCH. In fact, these three entities have worked closely together these past 4 years to ensure the maximum possible coordination and coherence. The major fragmentation has been between vertical programmes – with separate accountability arrangements for A Promise Renewed, FP2020, GAVI, nutrition, Global Fund, and so on.
 - While we agree that PMNCH has many advantages as an organisation to support administratively and logistically global accountability, we do not agree that PMNCH itself should carry out the independent accountability function for GS 2.0. It is not sufficiently independent to do so, and nor does it currently have the diversity and depth of experience necessary for this role.
 - While we support the creation of an Independent Advisory panel, we do not agree that its function should be to “guide” and “peer review” an accountability process that is primarily the responsibility of PMNCH.
 - We do not agree that the IAP should report to the Chair of the PMNCH Board. The Chair of the PMNCH Board is not responsible for implementation of GS 2.0. The locus of that responsibility – and so the reporting line for the IAP – rests with the Executive Office of the Secretary-General, through WHO.
8. We have an alternative proposal to make to secure appropriately independent global accountability for women's, children's, and adolescents' health.
 - A 7-9 member IAP should be established through a widely disseminated call for nominations to all stakeholders, overseen by the PMNCH Board. The Board or a sub-committee of the Board, would review candidates and make the final selection for IAP membership. That final shortlist would be sent to the UNSG for approval.
 - The core task of the IAP would be to gather and commission evidence from multiple sources and write an annual State of Women's, Children's, and Adolescents' Health Report. PMNCH itself would not be given the primary responsibility for writing this report.

- To assist the IAP, a small technical team would be established (total 2 FTEs, appointed by the IAP in collaboration with PMNCH) to gather, analyse, and help interpret the data being considered by the IAP.
 - The IAP would report to the UNSG, through the DG of WHO.
 - PMNCH would not only act as the appointee organisation, through its Board, for the IAP – it would also be the locus of full administrative and logistical support for the IAP.
 - We would also encourage country-based IAPs to be created, set up by national governments, with the support of the H4+.
9. Regarding dissemination and action, we endorse your proposal that *“a key lesson from GSI is to ensure that the accountability process is linked / embedded in inter-governmental mechanisms. In this regard, key intergovernmental and regional bodies include the UNGA and the World Health Assembly, the African Union and the PPD.”*
10. Finally, we would like to inform you that we are submitting a request to the EWEC Technical Content Working Group on Financing to add a sixth recommendation – namely, that a portion of financing be devoted to independent accountability at both global and national levels.

The members of the iERG are Richard Horton (co-chair), Joy Phumaphi (co-chair), Carmen Barroso, Zulfiqar Bhutta, Kathleen Ferrier, Sejal Hathi, Dean Jamison, Tarek Meguid, and Miriam Were.

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