



CALL FOR EVIDENCE

UN Secretary-General's Independent Accountability Panel: 2018 REPORT ON PRIVATE SECTOR ACCOUNTABILITY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH

Deadline for Submissions: January 27, 2018

The UN Secretary-General's Independent Accountability Panel (IAP) for Every Woman, Every Child, Every Adolescent invites your insights and contributions to inform its 2018 Report on the theme of private sector accountability for women's, children's and adolescents' health. Further information and guidance is provided below. Submissions should be sent to info@iapewec.org

About the IAP: The Independent Accountability Panel (IAP) is mandated by the United Nations Secretary-General to provide an independent analysis and review of progress on the implementation of the [2016-30 Global Strategy for Women's, Children's and Adolescents' Health](#) ("Global Strategy") in the context of the Sustainable Development Goals (SDGs). The IAP is the only fully independent voice within the Global Strategy architecture that issues reports and recommendations from the specific lens of strengthening accountabilities.

About the Calls for Evidence: To inform its annual reports, the IAP issues a Call for Evidence to learn from and engage stakeholders working on women's, children's and adolescents' health, in line with its principles of inclusive participation and transparency. The IAP searches for both promising models as well as critical accountability gaps in need of redress and intensified policy attention and investments by the range of stakeholders—governments, parliaments, national human rights institutions, the UN System, donors, the private sector, civil society, experts and academia. It emphasizes addressing inequities from a human rights and gender-based approach. It also welcomes recommendations on how accountabilities can be improved—by whom, for whom and how—to deliver on promises to women, children and adolescents.

Scope of the 2018 Report: The IAP acknowledges the complex and wide range of private sector actors involved and/or that impact on women's, children's and adolescents' health. For purposes of this report, it has narrowed the scope to focus on the health sector and for-profit private sector entities as outlined below (i.e. the report will not be focusing on non-profit service providers or foundations). While non-exhaustive, the IAP expects to address the following in particular:

- roles and impact of private sector engagement in national health service delivery with emphasis on local and community levels
- individual, small- and medium-sized health service providers to large hospital networks
- private sector actors that have a large impact on populations and public health, from the perspective of quality, equity and coverage, especially marginalized communities

- sectors with direct and significant impact on health, as well as on underlying social determinants of health (e.g. smoking, alcohol consumption). This includes a particular focus on nutrition (e.g. obesity, sugary drinks, fast food, breast-milk substitutes; the media and marketing)
- pharmaceuticals and manufacturers (e.g. of medical supplies), including essential medicines
- major health system financiers (e.g. banks, hedge funds and other sizable investors)
- engagement of the private sector and mobilization of public-private partnerships by development banks, multinational development organizations and development assistance agencies
- private sector actors engaged in humanitarian settings, in particular in conflict and post-conflict settings (environmental crises and natural disasters will not be a focus of this report).

Guiding Questions and Lines of Inquiry for Preparing Submissions: The IAP is seeking evidence on the following main areas presented below.

1) Private Sector Roles & Accountabilities in Health System Strengthening, Universal Health Coverage (UHC) and Privatization of Health Care, with a focus on women’s, children’s and adolescents’ health. Recent case studies, literature reviews, multi-country research, emerging practices, evaluations and recommendations on key areas such as:

- Incentives (and disincentives) for private sector investments and engagement in women’s, children’s and adolescents’ health; and more specifically, for private sector commitment to, and investments in, strengthening accountabilities. This includes analysis of positive and negative lessons learned from efforts to strengthen private sector accountability, in the area of health or other related sectors.
- Standardizing and regulating health care to hold public and private sector service providers to the same standards of quality, equity and coverage as part of one integrated health system.
- Private sector roles and contributions in the areas of health provider training, technology, infrastructure and other health system supports, including reporting, monitoring and oversight mechanisms.
- Impact of the privatization of health services on women’s, children’s and adolescents’ health; outcomes and implications for achieving universal health coverage (UHC); and emerging practices as well as areas in need of improvement for strengthened private sector accountabilities under the 2030 Agenda.
- Data and analysis on the public-private sector mix in national service delivery linking degrees and forms of private sector accountability to health outcomes for women, children and adolescents is of special interest.

2) Effective Private Sector Accountability Processes & Mechanisms – global, regional, national and subnational levels.

- Promising case studies of diverse forms of private sector accountability (e.g. policies and legal regulation, judicial measures and oversight; professional accreditation; corporate self-regulation, internal mechanisms; participatory, inclusive, independent and social accountability processes, involving diverse civil society, marginalized communities, women and young people).
- Integration of private sector and public-private sector partnerships under existing government-led national health policy monitoring, reviews and evaluations, including of national SDG strategies.
- Existing and emerging standards and frameworks for tracking private sector accountability to women’s, children’s and adolescents’ health, including assessment of their application in practice, promising examples and key gaps. This includes analysis of data availability, indicators and indices specific to monitoring the private sector’s role, including promising developments to build on and areas of improvement.

- International and regional human rights treaty follow-up systems, including cases of remedies and reparations for human rights violations and the role of civil society or social movements in helping to secure these measures and their follow-up implementation.
- Critical accountability gaps and challenges as they pertain to specific private sector actors' engagement in women's, children's and adolescents' health, and proposed solutions and recommendations.

3) Private Sector Resource Flows for Women's, Children's and Adolescents' Health

- While taking into account the range of non-financial/non-monetized private sector contributions (technical, research and innovation, other in-kind supports), qualitative and quantitative data and research analysis on private sector financial resource flows to the health sector, and to women's, children's and adolescents' health in particular. This includes domestically, as well as in overseas development assistance, partnerships with bilateral donors, development banks, global funds and public-private financing mechanisms.
- Status of, and implications for, private sector accountability and transparency to women's, children's and adolescents' health under the Sustainable Development Goals.

How to Submit Contributions:

Brief submissions (est. 2- 5 pages) should summarize and specify the main highlights and findings with supplementary documentation and evidence available. Submissions may be made in English, Spanish or French. Emphasis will be placed on objectively assessed practices and evaluations, on more recent findings (e.g. as of 2015/2016), and on national, sub-national and local levels of implementation. Submissions should clearly state essential information, such as: nature of evidence submitted (e.g. self-reporting, external evaluation, research, data, anecdotal experience, other); time-frame/year of findings submitted; analysis, results and lessons learned, and scale and reach of intervention (if applicable). All submissions should focus on accountability issues, rather than describe programmes and their outcomes. Recommendations to enhance accountability are also welcome.

The IAP is very grateful in advance for inputs and contributions to ensure diverse perspectives and practical and inspiring experiences are captured for its report.