health achieved in the MDG period are at risk of slowing down or reversing, we are optimistic that we can do much better. As we once again assemble in Bellagio, Italy, in September, 2019, we hope that our discourse will stimulate action and concerted efforts to optimise child and adolescent health for generations to come.

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Why accountability matters for universal health coverage and meeting the SDGs

At the December, 2018, Partnership for Maternal, Newborn, and Child Health (PMNCH) Partners' Forum in Delhi, India, accountability was recognised as a key pillar of achieving the goals of the UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy). Nevertheless, accountability continues to be used in different ways within the Every Woman, Every Child ecosystem and across the many global health initiatives in the UN Sustainable Development Goals (SDGs). Given that efforts to advance universal health coverage (UHC) and other global health agendas, such as non-communicable disease, are now considering separate accountability mechanisms, lessons gleaned from 3 years of work by the UN Secretary-General's Independent Accountability Panel (IAP) are relevant to understanding what accountability means and why it matters for the Global Strategy, and for UHC.

In 2010, then-UN Secretary-General Ban Ki-moon set out a Global Strategy on Women's and Children's

Health.[1] That, in turn, led to the WHO–ITU Commission on Information and Accountability[2] that recommended creation of the independent Expert Review Group (iERG) to ensure that commitments to women's and children's health were being honoured. In 2015, the UN Secretary-General launched a bolder Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)[3] that applies to all countries and goes beyond surviving and thriving to transforming the conditions to allow women, children, and adolescents to enjoy sustainable improvements in their health and wellbeing. He also appointed the IAP, with a more robust mandate than the iERG. The IAP's accountability framework takes into account the evolving nature of development challenges and approaches reflected in both the SDG agenda and the new Global Strategy.

So what are the elements of accountability and why do they matter? Monitoring is crucial for accountability (figure). Thus, accountability requires reliably collected data, disaggregated to detect disparities, to indicate who is being left behind. Information needs to be actionable to allow social accountability. This collectively requires building capacity and political independence in national statistical institutions and in civil society, as the IAP has noted in its successive reports.[4]

Independent review is essential for accountability because it enables the identification of laws, policies, and programmes that are functioning well—so they can be strengthened and built on—as well as identifying improvements and increased attention required. Independent review is integral to a functioning democracy, and is equally important in health. Parliaments and other institutions have a fundamental role in oversight of executive branch policies, plans, and budget allocations.

In global health governance, the IAP's mandate includes monitoring the monitors to review the harmonisation of work and division of responsibilities among the institutions involved in the Global Strategy.[5,6]

Finally, the IAP expanded the idea of remedial action used by the iERG to action and remedy. The initial idea reflected how commitments in the Global Strategy "do not establish a legal or judicial process, they do not give rise to judicial remedies. Equally, the Agenda's follow-up and review will not be a legal or judicial process and will not give rise to judicial remedies".[7] But this view understates the role of law, and the rule of law, in achieving progress in global health, including UHC.

To meet commitments to the Global Strategy and UHC, national legislation and regulations are required, as are appropriations, laws, budgets, and priority-setting processes. Civil society's ability to demand social accountability also depends on laws that protect rights. In democracies, courts assess the reasonableness of laws and practices. As the High-Level Working Group on Health and Human Rights of Women, Children and Adolescents recognised in 2017, accountability for rights in and through health require legal review as part of democratic governance.[8]

The IAP rejected the notion that voluntary codes of conduct for private sector actors—for example, the International Code of Marketing of Breast-milk Substitutes[9]—and voluntary remedial action undertaken as a result are sufficient. Rather, states have an obligation to effectively regulate private entities operating within their borders or under their effective control, such as in marketing of unhealthy foods.

To date, some of the IAP's specific recommendations, such as "Make adolescents visible and measure what matters" and "Make UHC work for adolescents", have

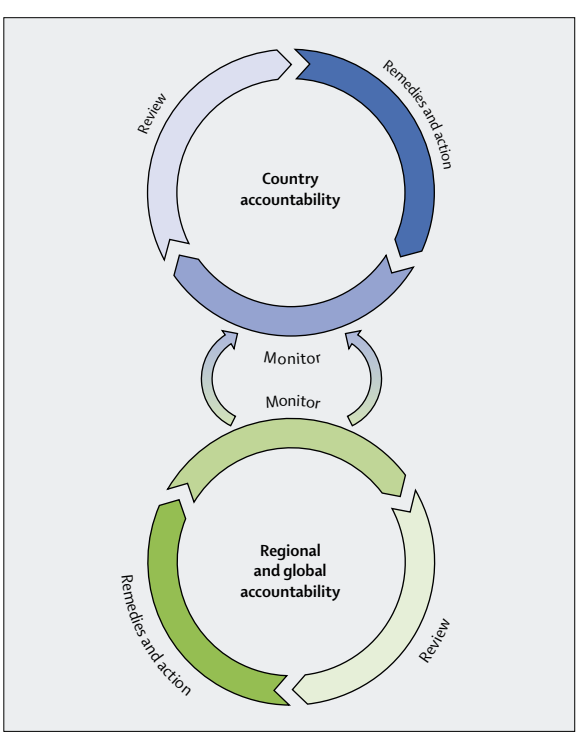

Figure: **IAP updated unified accountability framework**
Figure is from Independent Accountability Panel, *Old challenges, new hopes: accountability for the Global Strategy for Women's, Children's and Adolescents' Health*.[4]

been implemented at national and global levels, and have sparked national dialogue on the Global Strategy and challenges of moving toward UHC in multiple countries.

3 years into the SDGs, clear and shared understandings of accountability are needed. The IAP is a small panel, with an enormous mandate. The replication of accountability mechanisms will fragment and dilute meaningful oversight. UHC should be the umbrella for all these bodies that should agree on principles and priorities so that promises made in the SDGs will be delivered.

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Retraction—Cardiac stem cells in patients with ischaemic cardiomyopathy (SCIPIO): initial results of a randomised phase 1 trial

Following a communication from Harvard Medical School in 2014, we published an Expression of Concern[1] about the above-referenced SCIPIO trial.[2] We promised to inform readers when further investigations were complete.[1] The results of these investigations persuade us that the laboratory work undertaken by Piero Anversa and colleagues at Harvard cannot be held to be reliable. Specifically, there are issues with the data presented in figures 2 and 3 and in supplemental figures 2 and 3. SCIPIO was a collaboration between Anversa's laboratory in Boston, MA, USA, and Roberto Bolli's team in Louisville, KY, USA. Anversa's laboratory isolated, expanded, and characterised the c-kit positive cells, which were then shipped to Louisville, where they were administered to patients and all the clinical work was done. The Louisville team was not involved with the manufacturing and characterisation of c-kit positive cells. Although we do not have any reservations about the clinical work in Louisville that used the preparations from Anversa's laboratory in good faith, the lack of reliability regarding the laboratory work at Harvard means that we are now retracting this paper.

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