
Consultation on IAP's Accountability Framework: Practical recommendations and lessons learned



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Executive Summary

Introduction

The UN Secretary-General's Independent Accountability Panel for Every Woman, Every Child, Every Adolescent ([IAP](#)) is currently one of few independent review mechanisms under the Sustainable Development Goals (SDGs). The IAP's landmark 2020 report found progress was lagging and COVID-19 was making the situation worse. The report set out an accountability framework, which includes the following four pillars: commit, justify, implement, and progress. The report also made three overarching recommendations:

1. Institutionalize accountability to systematize the monitor, review, remedy and act functions;
2. Democratize accountability to ensure that the voices of people and communities are heard; and
3. Invest in country data systems as a matter of health and financial security and human rights.

The IAP commissioned a multistakeholder consultation through an online survey and key informant interviews related to these recommendations. The consultation was supported by Development Gateway (DG), a nonprofit organization focused on promoting data use to improve development outcomes.

The IAP / DG partnership received more than 104 responses from the online survey and completed 16 semi-structured key informant interviews with individuals at the senior executive management level. Based on the information provided through this process, the following recommendations emerged.

Recommendations for Institutionalizing Accountability

Strengthen existing accountability mechanisms first, rather than creating new ones. Functioning accountability mechanisms must be properly resourced (both financially and with personnel), communicated transparently, and have a clear mandate with political support. Without these elements, accountability mechanisms will be ineffective.

When new accountability mechanisms are needed, institutions should not just copy and paste accountability frameworks. Instead, they should **engage in peer-to-peer learning to**

understand what best practices should be adapted and what frameworks are most appropriate for their specific context.

Ultimately, accountability only works when it leads to improvement (or keeps well-functioning institutions from declining). In order for that to happen, enforcement processes are needed to ensure that **institutions rapidly act upon recommendations and feedback provided**. Otherwise, recommendations are too easily ignored. Other key findings include the importance of strengthening and supporting national and local-level accountability rather than global level mechanisms; and ensuring accountability takes place at a variety of levels, including at the policy-making level; while managing organizational resources; accountability for service delivery; and accountability within procurement.

Recommendations for Democratizing Accountability

Involve communities throughout the entire lifecycle of a project. Communities should be involved directly in designing the projects, co-creating the accountability framework, data collection design, and indicator selection. Democratizing accountability means also including communities into formal governance processes on a standard basis.

Furthermore, ministries and organizations must **complete the feedback loop by sharing and receiving information through multiple channels**. Some organizations and ministries have made improvements in allowing communities to express their concerns, but rarely do these organizations share back to the community what was done in response to the feedback. Some examples of recommended mechanisms include regular community meetings, an ethics hotline, regular town halls, and digital outreach.

Finally, **data and accountability literacy were highlighted as a key component of democratized accountability**. Communities must receive data in an easy-to-use format and in a timely manner to be able to understand and make decisions based on the data they're receiving.

Recommendations for Investing in Data Systems for Accountability

Eighty percent of respondents said they still need additional information to hold their country or organization accountable. When discussing how respondents currently access the data that is available, the three most commonly cited data sources are United Nations (UN) agencies, government agencies, and non-governmental organizations. Interestingly, when asked what sources are perceived as most trustworthy, UN agencies remained the number one

source (72%), while less than half of respondents felt that government agencies were the most trustworthy.

One way to improve trust in data is through improving data quality. Often, the best way to ensure an improvement in data quality is through an investment in strengthening existing country data systems and not creating parallel systems. Through those investments, both data quality and access can be greatly improved.

When respondents cited the kind of data they needed, **they most frequently requested information on how much was budgeted for commitments and how much was actually spent.** Additionally, individuals cited a need for disaggregated data (by sex, age, sub-national location, income level, and race). Without disaggregated data, many government agencies and non-governmental organizations cannot identify the populations most in need. This finding is also supported by multiple Sustainable Development Goals, including SDG Goal 10: Reduce Inequalities.

Additionally, respondents cited the **importance of qualitative data - rather than solely relying on quantitative data** - to understand a greater wealth of information about lived experiences and what people's needs are, and to understand the 'full picture.'

Respondents also stated the importance of **involving communities directly** when deciding what kind of data and the kinds of indicators that are chosen to monitor performance and progress. Rather than having tens-to-hundreds of indicators, **selecting fewer, more strategic ones can reduce the burden of data collection and allow proper monitoring of progress.** That selection process should be democratized and include civil society, media, and other stakeholders.

Finally, respondents also highlighted the importance of providing data in a helpful format - in graphs and charts, primarily - rather than in PDF documents. **More emphasis should be placed on data use - not just data collection.** Many individuals throughout the accountability landscape could benefit from accessing the right data, at the right time to make the right decisions.

Recommendations for Independent Review

Most respondents said that they recognized a formal independent review process or mechanism in their area of work or interest and the value it can bring. Unfortunately, **only 20% of respondents said they observed a process to enforce recommendations of an independent review or audit.**

Ideas for how to instill action based on recommendations include leveraging the expertise and convening power of independent review bodies to **1) create mechanisms for peer-to-peer learning through the large convening power of independent review bodies, and 2) pilot accountability mechanisms with select countries.** These actions can offset a tendency to focus too heavily on producing reports without providing opportunities for discussion and conversation.

When asked which kinds of organizations should be included in an independent review body for people's health and rights, the most frequently recommended organizations were civil society/advocacy partners and coalitions (85%), representatives of patient or population groups (73%), and academia/research/think tanks (61%).

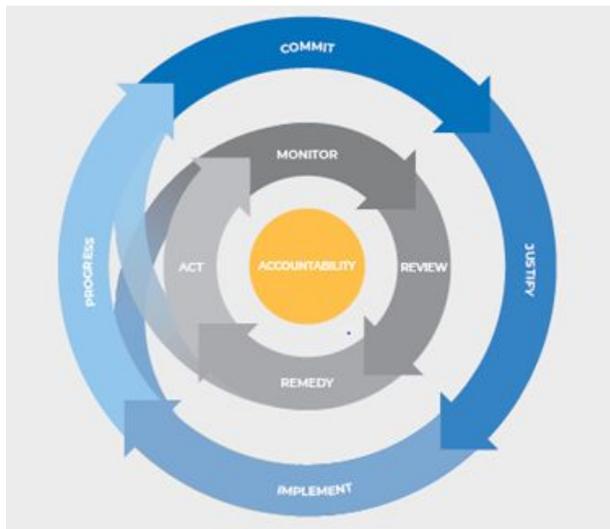
Conclusion

Cutting across all of these topics was a consistent theme that **political will was needed in order to make these changes.** Political will is needed to institutionalize accountability, to make changes based on feedback, to cede power to vulnerable communities, to prioritize budgets for health, and to make information transparent. Another cross-cutting theme is the importance of **adapting accountability frameworks and data collection to specific contexts,** and taking a **holistic person-centric approach to health and rights** to inform decisions and actions. Finally, **transparency was the most frequently mentioned improvement that survey respondents would like to see for health and human rights accountability.** Transparency can help build trust - not only between government agencies or organizations and communities - but also among agencies and organizations, to facilitate learning and sharing best practices.

Through each of these mechanisms for improving accountability, government ministries and organizations alike can identify where they most need to improve and how they can learn from each other. Accountability, at its best, is not naming and shaming, but rather a mechanism to connect commitments to progress in a justifiable and constructive way. As Paul Hunt suggests in his [SDG series](#), "Although experts have a significant role to play, accountability should not be reduced to a technocratic exercise; it should be as transparent, accessible and participatory as possible." In that sense, accountability applies to each person. We all need to uphold key values, such as transparency and equity, to improve health-related outcomes and human rights for every person around the world.

0. Introduction

Mandated by the United Nations Secretary-General the Independent Accountability Panel ([IAP](#)) for Every Woman, Every Child (EWEC) is currently one of few independent review mechanisms under the Sustainable Development Goals (SDGs). In July 2020, the IAP launched its landmark report: [Caught in the COVID-19 storm: women's, children's and adolescents' health in the context of UHC and the SDGs](#).



The IAP defines accountability as a way to connect commitments to progress in a justifiable and constructive way. It is based on four pillars: Commit, Justify, Implement and Progress. As the COVID-19 experience shows, societies can only be strong when everyone is strong. Effective accountability makes us all collectively stronger, so it is in everyone's interest to make it work. It is needed to ensure countries and other decision-makers honour their commitments on health and rights for

women, children and adolescents. These people are often the most vulnerable, yet possess the knowledge and experience to forge a better future. Therefore, accountability is vital to ensure progress and to build back better after COVID-19.

Countries need accurate data on which to base good policy decisions. At the same time, accountability needs to be strongly embedded within institutions so that everyone involved understands their obligations and undertakes remedies if they do not deliver. And everyone must be able to participate fully in accountability processes, speak freely about experiences and claim their rights.

The IAP has recommended three priority actions to make these things happen;

1. Institutionalize accountability to systematize monitor, review, remedy and act functions;
2. Democratize accountability to ensure that the voices of people and communities are heard; and

3. Invest in country data systems as a matter of health and financial security and human rights.

The IAP undertook a multi-stakeholder consultation on how to strengthen accountability for the health-related SDGs and rights. The IAP is keen to learn about experiences, needs, and perspectives of stakeholders on how independent review could best support achievement of health-related goals and rights. For this effort, information was gathered through an on-line survey, and key informant interviews were complemented by document reviews. Inputs received are consolidated in this report and published as common good for everyone.

Methodology

IAP partnered with Development Gateway (DG), a nonprofit organization focused on promoting data use to improve development outcomes by providing advisory services, applied research, and developing digital solutions. For this work, Development Gateway, in partnership with IAP, developed an online survey that IAP shared through its networks, as well as the networks of their partners. IAP also identified stakeholders for key informant interviews (KIIs), mainly with a formal review function. Individuals were selected from categories of organizations to ensure insights from each stakeholder group: academia, research, and think tanks; accountability watch-dogs or critics; civil society and civil society coalitions; media associations; parliamentarians and supranational legal tribunals / forums. A full list can be found in Annex 1. Quotes from the interviews and survey responses have been anonymized and cited under the type of organization they represent.

Respondent information

Sixteen individuals participated in one-on-one semi-structured interviews, and 104 individuals completed the online survey. The respondents of the online survey and the semi-structured interview represent a large diversity of roles and organization types. For example, about 50% of the respondents were CEOs, presidents, executive directors or technical specialists. The majority represented institutions with a global focus (63%). The majority of international organizations were UN agencies, multilateral organizations, or international associations, while most nationally-focused organizations were represented by individuals working in civil society. A summary of respondent information can be found in Charts 1-4 in the annex.

I. Institutionalizing Accountability

Institutionalization of accountability refers to the need for accountability mechanisms - such as independent review panels - to be included formally within the structure and processes of an organization or country, rather than as ad hoc processes.

While no single “best practice” for institutionalizing accountability was identified, several key considerations were highlighted. **When identifying a successful accountability framework in one context, it’s important not to simply copy and paste to other contexts.**

“There’s been a tendency to have more top-down accountability structures and processes, a one-size fits all format. But something we need to realize is that accountability is so context-specific...Approaches from East Africa and Southern Africa are very distinct in texture than what we see in Latin America and the Caribbean or South Asia. So how do we compare the learnings? This is where good scientific rigor is important. Be careful of transporting and pasting from one to another, thinking that’s a good practice model (it’s not).”

— Watchdog Organization

However, that doesn’t necessarily mean that learning from other experiences isn’t beneficial. Interviewees mentioned that it’s also important to create opportunities for peers to learn from each other when designing accountability frameworks. “*[We’ve had success by proposing that we] combine our accountability function with a peer learning function to share good practices. I think this is important, because it’s hard to encourage anyone to engage if [there is] only fear of being criticized*” (International Organization). Frequent review mechanisms can also be a hallmark of a well-functioning accountability system. “*A peer review system with universal periodic reviews, when it does work, it’s quite strong*” (International Organization).

Institutionalizing accountability requires considering the levels where accountability needs to take place. One of the interviewees from a watchdog organization shared a working framework for accountability levels:

- Accountability at policy making level -- formulation, allocation of money, etc.;
- Accountability of management of organization resources --budget, staff, and supplies;
- Accountability at service delivery points -- e.g. health clinics and local government offices;
- Accountability in procurement -- which cuts across each level.

In addition to these accountability levels, others could be added, such as the users or communities who directly provide feedback, as well as individuals from independent review or media, who provide expert analysis and recommendations for further strengthening accountability.

One of the other key lessons from respondents is the importance of **evaluating existing accountability mechanisms and strengthening them when possible**. Sometimes it's better to work within existing accountability mechanisms rather than create new ones. *"Bring to existing mechanisms a refreshed, revised understanding of their mandate and how it applies to a particular area rather than trying to set up a new mechanism..."* (Watchdog Organization). It's also important to remember that **just because accountability mechanisms exist, doesn't mean that they're working**. *"A couple years back, I was looking at accountability mechanisms in Sierra Leone. There's a plethora, so why are [bad] things still happening? [Because they're] not functioning, have no resources, or are corrupt! While I appreciate the sentiment of institutionalization, there's a need for a functioning system of accountability that is transparent, resourced, and with clear mandates. Otherwise, it becomes a free for all"* (Watchdog Organization).

Other considerations for institutionalizing accountability include establishing whistleblower protections, and for donors and other development partners to become more involved in the political economy of health reforms. As one individual stated, *"[It's important to be] getting into the dark arts of politics. How do you politicize things? How do you show how bad things are - to put political pressure on the government?"* (Watchdog Organization).

Others recommended creating the official role of **"accountability officer"** in government ministries, who could document challenges, gaps, achievements, and recommendations.

These accountability officers would need to have separate reporting lines to ensure freedom from coercion.

In summary, accountability only works if it leads to change for the better. What we heard from respondents was that this needed: 1) the ability to do something differently and 2) consequences if nothing is changed.

As one interviewee stated, “...*the heart of why commitments are not filled [is because these frameworks] don’t have enough bite*” (International Organization). In other words, there needs to be some sort of action taken toward the party responsible for fulfilling the commitment - especially if they are not on track to fulfill it. This sentiment was also echoed by multiple respondents who mentioned the importance of consequences in order for accountability to have an impact. Not only does action need to be taken, but it needs to be taken quickly. “*We need to make sure that information gets to the people in power quickly. We need responsive and agile organizations responsive to people’s needs. Information often trickles down slowly, which is frustrating. It can take years of policy trickle down for change to occur based on feedback*” (International Organization).

It’s also important to see that accountability is institutionalized not only top down, but also bottom up (from the demand side). An example was given regarding the National Voluntary Reviews on progress for SDGs. “*There is no mechanism for civil society to force a government to present. [The] format of VNR means — should reports also include demand-side or peoples-side accountability? These can only be developed locally with people agitating for this and parliaments enforcing it*” (International Organization).

II. Democratizing Accountability

Democratizing accountability refers to when the needs, experiences, and priorities of all people, in particular those who are marginalized and in vulnerable situations, are represented, considered and accounted for within each step of the accountability process.

Thirteen survey respondents (12.5%) and nine interviewees (56.3%) mentioned community engagement within accountability mechanisms as one way they would like to see accountability for health and human rights improve. Creating meaningful engagement of citizens and a wide range of stakeholders is a must. It should be genuine, not just as lip service,

and take place at each step of the process. *“What we see often, at the moment engaging civil society and people living with NCDs [non-communicable diseases], it’s a tick box. The approach is still tokenistic and not so meaningful. What I mean is bringing civil society and communities in late in the process, and not thinking through what value those communities can bring to the process”* (international organization).

Including Communities

When beginning projects or new initiatives, the first step that needs to be democratized is in the **creation of the accountability framework**. By including communities from the start, institutions can find the most appropriate solutions and understand the needs and reality of the communities they serve. Several respondents called for more inclusive and more effective stakeholder engagement when designing accountability frameworks or programs. As one interviewee stated, *“Co-creation of an accountability framework is critical. Whatever commitments are made to the community, [first] ensure community members are involved, [that there are opportunities for discussion], and that people know what to expect. For example, in ending female genital mutilation, the code of how to do that is not created by us then implemented, it’s JOINTLY created”* (Civil Society Organization) (emphasis our own).

Another respondent noted that it’s important to be **self-aware when creating processes for including the community**, since we can unintentionally exclude organizations that do not have Westernized, formal processes.

“There was a small grants mechanism for civil society to participate in those processes. **The tier on who was eligible for that money tends to favor groups who are traditional non-profits -- who look more like Western organizations with a registered address**, etc. We don’t think about how we reach informal groups. How are we going to start engaging with social movements who - although in some ways are formalizing more - don’t have this structure? I’m thinking about working with indigenous communities in Latin America or Asia. Even if there’s a representative who applies to be a part of a policy or finance decision-making process, one of the things we need to look for is how

they're connecting to those constituencies on the ground. It's hard to do - but it's on funders to decolonize their own efforts to see if they're only favoring certain communities." — Watchdog Organization

[INESC](#), a Brazilian social and economics rights group, was mentioned as a good example of an organization that does this well by working with grassroots and indigenous movements to engage with the government budgets and human rights.

Another accountability step that should be formally democratized is **involving CSOs and other organizations in formal government processes such as budgeting**. *"What we have seen in the budget space is groups working alongside National Treasuries to institutionalize these processes that ensure more democracy in decision-making and accountability of those decisions by being signed off by the broader communities. I'm thinking of the [Vulekamali Project](#) in South Africa - it's a project in the National Treasury to embed CSOs in the budgetary process in South Africa. That's one way you can institutionalize democratization"* (Watchdog Organization).

Critically, communities, particularly for those often left behind, must be included in monitoring and providing independent audits of the program. The following examples are community-based monitoring methods that were shared by respondents:

Community-based monitoring and social audit: "We engage in community-based monitoring and social audit and also conduct independent collections of data that can be used to suggest failures of implementation to the government leading to corrective action. One such process entailed collecting several rounds of data on implementation of food subsidies for severely underweight children and comparing it to government data. It resulted in some improvements in the delivery of the government programme in those areas. We built the capacities of the community to undertake such processes." — Civil Society Coalition

Citizen journalist training: “From 2017-2020, White Ribbon Alliance Malawi's ongoing accountability advocacy to the national government resulted in the hiring of over 900 midwives, a more than 25% increase. Efforts included conducting a series of citizen journalist trainings and Citizens' Hearings that raised the profile of and working conditions faced by midwives, and called for citizens' demands for improved care, which garnered the attention from the Minister of Health. These initiatives, along with ‘[The Summary of a Count of Bedside Midwives in Malawi](#),’ led to the hiring of more midwives and the establishment of Chief Midwifery Officers in central hospitals.” — Civil Society Coalition

Community scorecards: “Accountability processes that engage the community, owned by them and led by them, are found to be the most successful. We are engaged in community-based monitoring of health services especially maternal health and family planning. Marginalized communities along with the grassroots practitioners review their services based on their experiences, prepare score cards of the key health services, identify the issues to ask and then have dialogue with the relevant authorities. This process has shown positive change in the services as well as increased community awareness on their health rights.” — Civil Society Organization

Aid in humanitarian settings – people’s perspective: “The work that GroundTruth has done well on humanitarian side, taking assessment of what humanitarian orgs do at local level, then asking aid recipients/ crisis- affected people, what they thought of quality of aid, [the] way [it] was delivered -- we have used some interesting stuff in our publications. ‘You say you’ve done these great things, but actually people don’t agree.’” — International Organization

When analyzing how well accountability is democratized, we must also address the important fact that democratization does not just center on bringing in communities who are served through the program – but also other stakeholders in the accountability landscape.

No single actor can successfully ensure accountability. As one member of an international organization stated, “Parliament, through its oversight and lawmaking functions, is key in accountability. But parliaments can't do it without the contribution of civil society organizations, the media, the scientific communities, the office of the Auditor General, and other stakeholders whose roles and functions are well-defined. Parliamentary public accounts committees review budgetary implementation, ensure that the funding is put to effective use and that policies are implemented. In their engagement to ensure accountability, parliaments also rely on information from the office of the Auditor General. A holistic approach is needed to engage all actors. Our organization works to bring these actors together.”

– International Organization

Completing the Feedback Loop

As mentioned, it's not enough to include diverse stakeholders at the beginning. The feedback loop needs to be completed throughout the lifecycle of the project or program.

The majority of stakeholders emphasized the importance of completing the feedback loop by sharing and receiving information through multiple channels.

For instance, some individuals may provide input to a process or project but may never hear back from the project team. To address that concern, we need to provide formal and informal pathways for communities to push back if we are not upholding commitments: *“We hold regular community meetings and post-project meetings. That's a formal process, but must also provide informal processes. For example, we provide an ethics hotline, where community members*

can anonymously call to say they are not feeling ethics are being upheld. We then follow a process to confirm whether it is true or not, then course correct” (Civil Society Organization).

One way to complete the feedback loop is for government officials (such as parliamentarians) to reach out digitally and in person through town halls. *“Public engagement with parliament must be promoted through various means of communication. Parliaments are increasingly using digital tools to reach out to communities to ensure their participation in accountability”* (International Organization). Another interviewee suggested that “parliamentarians should have quarterly meetings/public hearings/town halls for marginalized groups and people at subnational and rural areas to attend and give presentations and share experiences of how health has been managed in a particular region” (Civil Society Organization). Where those linkages are effective with the community, stakeholders report improvements in national and sub-national accountability mechanisms.

Overcoming Barriers to Democratizing Accountability

As organizations and governments work towards democratizing accountability, it’s important to consider certain aspects to ensure that diverse communities are comfortable and able to participate in democratization. As noted by a representative of a watchdog organization, essential elements for citizen accountability include the following components:

- “Government and service providers **must disclose information** [e.g. - about commitments made, about progress toward those commitments, and how and when they can expect to receive final results]
- This information needs to reach beneficiaries in the **right time and format**. [We should be careful to avoid] information overflow. The wrong format could make it unusable.
- Beneficiaries must have the **capacity to use and process information**
- Government and service providers have the **capacity and resources to respond to needs**
- **Sanctions are possible** [to respond to citizens’ concerns]” (Watchdog Organization).

As noted in this list, data and accountability literacy is key for democratized accountability so that communities understand the data they’re receiving. To support data and accountability literacy, governments and organizations must present data in a format that is actionable and accessible to be helpful. As an interviewee stated, information must be shared in the communities’ *“same language so that it can be understood. Otherwise, they will not be interested”* (Civil Society Organization).

Having diversity within internal personnel can also create an environment that is more welcoming for local communities, and can encourage decision-making processes that are more likely to consider cultural norms and accessibility issues for participation in accountability processes. Other participants mentioned the importance of including and reaching out to rural communities and other communities who are traditionally marginalized to ensure they are responding to their needs.

III. Data for Accountability

Accountability requires high-quality, accessible, and timely information. While many reports and data mechanisms exist, there continue to be gaps and challenges in data quality and disaggregation. More consideration for peoples' lived experiences and needs is needed.

Respondents shared several insights, not just on what type of data was needed, but on how data should be collected, visualized, disseminated, and used. A summary of the key insights for data for accountability can be found in the box below, and are discussed in detail in the rest of this section.



Main Insights:

Data for Accountability

- **Data Needs:** 80% of respondents said they need additional information for accountability.
- **Financial Data:** The most frequently requested data was information on how much was budgeted for commitments and how much was actually spent.
- **Disaggregated data** is critical to identifying the most marginalized communities and their needs.
- **Progress** data to show how much has been achieved is needed.
- **Qualitative data** and **comparable** data should be prioritized.
- **Indicators** must be selected with expected outcomes/impact in mind.
- **People's lived experiences and needs** should be part of information.
- **Data sources** matter: UN agencies, government agencies, and NGOs were consistently the top three sources of information.

- **Data use** should be prioritized heavily, while ensuring that the **data formats** are usable and easy-to-understand.
- **Investments in data systems** are critical to improve data quality.
- **Data ethics** requires that data collection processes be transparent and involve the needs of communities and protection measures.

Data Needs

When asked, almost 82% of survey respondents said they had access to information on what measures and methods their country or organization uses to monitor progress against commitments to people's health and rights. Even more individuals, at 84%, said they had access to information to determine if their country or organization is actually making progress towards those commitments. Slightly fewer, at 77%, said they access to information about whether their country or organization made structural, legal, or policy changes if progress was not being made, and 74% said they had access to information to determine whether those structural, legal, or policy changes are implemented effectively, efficiently, and equitably.

Even though the vast majority said they had access to data to answer these key questions, 80% still said they needed additional information in order to hold their country or organization accountable for achieving progress on people's health and rights.

80% Of respondents said they need additional information to hold their country or organization accountable for progress on peoples' health and human rights

Additionally, when asked what the biggest challenges to improving accountability are and what would help overcome those challenges, respondents mentioned accessing reliable and timely data and access to certain kinds of data were the biggest challenges. While some data needs varied widely between respondents, certain trends emerged. These trends are discussed below.

Financial Data

The most frequently requested data was information on how much was budgeted for commitments and how much was actually spent.

Several respondents mentioned the need for financial data to understand progress on commitments. Financial data can provide a clear, quantitative metric for individuals to measure whether or not governments or organizations are actually doing what they committed to. *“The biggest weakness of global commitments — anyone can say ‘we’ve upheld primary health care,’ but when they say ‘we will move current financing from XX% to YY% by 2030,’ that’s clear”* (Civil Society Organization).

However, beyond receiving financial data, that information should be linked to policy outcomes to measure how effectively those funds were spent.

“The financial data must be clearly linked to what was done and how those actions relate to stated commitments. “If you looked at the national Department of Housing in Ireland - there’s a budget for accommodation for the Irish Traveller community, the Irish ethnic minority group. A portion of that amount spent would be evictions of the Traveller community from halting sites or spending on accommodation not aligned with their identity and their human rights.... If you looked at [just the financing], the government may have spent all the money it could. But you need to link how the money is spent according to policy objectives.” — Watchdog Organization

This information is critical when sharing information in a feedback loop to inform communities of progress.

It is also critically important given the finding from international and non-governmental organizations suggesting that 20–40 percent of health expenditure across all countries globally is wasted owing to inefficiencies; this has been a repeated finding over the past

10 years.¹ Such waste is a result of systemic issues such as underinvestment in evidence-based approaches, as well as corruption, waste, substandard aid and failing to reach those in greatest need.²

Disaggregated Data

Another consistent data request was disaggregated data. Some mentioned data should be disaggregated to include age, sex, income level, race, and geography (down to the state, municipal, and city level). The importance of disaggregated data can be viewed in the quotations below.

“More frequently updated disaggregated data across key equity indicators [is needed] to identify which children are being left behind so that strategies can be designed to reach them and to better track progress on [Leave No One Behind] and the most deprived and marginalized.” — Non-Governmental Organization

“We’re hardly disaggregating data still! We remain very pedestrian in stratifier analysis, at best sex and age. That hardly tells me anything. It tries to force a more homogeneous analysis without recognizing there’s a huge variation in rural/urban, etc. So, there are big data holes, and we still conduct very top line analyses.” — Watchdog Organization

¹ World Bank Group, High-Performance Health Financing for Universal Health Coverage: Driving Sustainable, Inclusive Growth in the 21st Century (Washington, D.C., International Bank for Reconstruction and Development, 2019).

WHO, The World Health Report 2010: Health Systems Financing – the Path to Universal Coverage (Geneva, 2010)

² Till Bruckner, The Ignored Pandemic: How Corruption in Healthcare Service Delivery Threatens Universal Health Coverage (London, Transparency International, 2019); Action Aid, Real Aid 3: Ending Aid Dependency (London, 2011); 19 Organization for Economic Cooperation and Development, Development Co-operation Report 2005: Efforts and Policies of the Members of the Development Assistance Committee (Paris, 2006); 20 World Health Organization, Global Spending on Health: A World in Transition (Geneva, 2019)

“Data disaggregation is a big challenge. It keeps us from knowing who are the marginalized groups we need to include. If we had better data disaggregation, we’d be able to do a better job of democratizing as a starting point.”

— International Organization

As an overall point – “ *It is not enough to give overall data. We need to break down and disaggregate the data, in a bid to see which communities are being left behind. We have seen the consequences of the lack of information on civil registration and vital statistics. For example, millions of children don't exist legally because they don't have birth certificates. We need to invest in mechanisms that collect this data. For services to be able to follow children, men, and women they must be accounted for*” (International Organization). This is a critical point as births of one in four children under age of 5 are not registered³.

Plans and Progress

Several respondents shared that they need access to government or organization commitments or work plans to understand what they are aiming to achieve. Others shared that they also needed information on progress towards meeting those commitments. Some specified that they wanted to know if they are on track or off track towards meeting their goals.

Clarity of the commitment is key as well as clear plans and updates on progress. “*[I need] information providing specific updates on progress towards particular targets and indicators. Also, [I need] better information on work (or lack of work) that involve combinations across different goals and targets*” (Private Foundation).

Qualitative Data and People’s Perspectives

Others remarked that they needed more qualitative and descriptive data, which aligns with the fact that 68% of survey respondents said that they prefer data presented as written narrative (the second most popular choice next to graphs/charts).

³ United Nations Children’s Fund. Birth Registration for Every Child by 2030: Are we on track? New York: UNICEF, 2019.

This response reflects the need to expand our understanding of data beyond quantitative data. *“We need a wider definition of what data and evidence is; lived experiences and perspectives of people are undervalued”* (Civil Society Organization).

“We often skew info toward stuff that’s packaged by experts — almost as if people who are living this every day, their words are not enough. [There is a belief that] it needs to be written by a PhD. That is an issue — by default, people at the very bottom, who need the most support, are excluded from making decisions because they cannot provide data accepted by peer review journals. We have to start talking about quality of life -- people who do qualitative data / research are not held in high esteem” — International Organization

“We must go beyond quantitative data. Shifting of mindset that qualitative data is different than quantitative. We can capture voices via videos, narratives, etc.” — Civil Society Organization

Comparative Data

The importance of being able to compare data between different countries was also highlighted. The comparability of this information could be useful for benchmarking. This finding is also supported by IAPs’s commissioned work on evidence synthesis to operationalize the accountability framework. Benchmarks not only assist in comparing data between countries for learning purposes within a single program, but can also facilitate peer-to-peer learning.

“The goal is to use these different indexes to monitor, but also....to address issues of data comparability. Country profiles need comparable data, so we need to not compare apples to oranges with the same standards across countries” (International Organization).

Additional Data Needs

While not as consistently requested, there were additional data requests that were repeated by 2-3 survey respondents. This included requests for independent evaluations and reports; data specifically for knowing what plans are for achieving the SDGs and tracking progress on those plans; and citizen input (such as women's and girl's self expressed priorities).

Developing Proper Indicators

Another theme that emerged among respondents was the importance of selecting proper indicators. Rather than having tens-to-hundreds of indicators, selecting fewer, more strategic ones can reduce the burden of data collection and allow proper monitoring of progress. That selection process should be democratized and include civil society, media, and other stakeholders.

Data in Action

Selecting Indicators

One of the interviewees shared a learning experience on why fewer and more targeted indicators can be the right approach:

“I’ll never forget being in the Ministry of Health in Uganda, and the Ministry of Finance came to us. They wanted indicators from us to show that we were actually providing the Ugandan population with the services they need. We came up with 120 indicators. The Ministry of Finance said, ‘No chance. We want 3 indicators that we feel will show ourselves and the donors that we’re doing the right thing.’ It was a very good process, actually [to narrow down to just 3]. [The three indicators] we came up with [were] outpatient utilization rates (people going to health facilities), babies being born in health services (women only go when the quality is high), and immunization rates. Two out of the three were about maternal and child health. I’m not saying that those indicators are perfect, but we could look at tables of these indicators across the districts to see why some districts were doing better than others. We were unearthing corruption and drugs being stolen. The real skill is picking indicators that are a barometer of what’s going on. If we were a cinema, or a hotel chain, we’d look at the number of beds reserved. We tend to overcomplicate things - “children with malaria receiving treatment within a half hour” - you just can’t do it. The skill

is picking indicators that everyone understands and that poor performers can't run away from. Basic service operators are helpful.” — Watchdog Organization

Careful indicator selection was echoed by another respondent who stated a need for *“breaking down long-term goals into shorter term action items that can be reviewed with some frequency, where also there's an objective way for sharing learning. It's also important not to go 'too macro,' since that's where you lose the ability to do effective analysis”* (Civil Society Organization).

The recommendations for selecting a small number of carefully-selected indicators must be accompanied by a clear understanding of the context in which data is being collected. One example was given where collecting only some kinds of data can become misleading, *“[Regarding] HIV, everyone will say we're doing wonderful with treatment and management, but if we look at quality of life, people who take ARVs (antiretrovirals, an HIV medication) cannot adhere to them properly because they don't have food. If people are living in poverty, homelessness, where they have food insecurity, [that has an] impact on their health, on their having undetectable levels of viral load. It's important for all of us (like UNAIDS) to talk to each other. The numbers look good, but you get people who still pass on the virus because they cannot adhere properly to ARVs because they're hungry”* (International Organization).

In order to ensure the selected indicators properly track if commitments are being met for all, including those often left behind, it's critical that all stakeholders are included in that process. Interviewees shared good examples of how incorporating stakeholders into this review process can be done:

- **Thai institutionalized multi-stakeholder council:** *“I would say it's about inclusive stakeholders being a part of monitoring....The Thai government, for example, has a council of government officials, media, and civil society. They have a rigid monitoring system to review key [health] indicators. They demand that data is disaggregated into different genders. They really are institutionalizing the accountability of their health systems”* (Watchdog Organization).
- **Nigeria multi-stakeholder partnership forum:** *“In Nigeria they have a multi stakeholder partnership forum where all partners are representatives. They meet every quarter. Since COVID-19 meetings are held virtually. [They ask in] the last three months...what have they*

achieved, what remedial action needs to be taken? Who is responsible for doing this activity? It has a website (part of the scoring on the scoreboard) to publish information” (Civil Society Organization).

Data Sources

Survey respondents were also asked where they typically get information about 1) country or organization commitments to improve people’s health and rights, 2) what measures and methods their country or organization uses for monitoring progress against these commitments, 3) determining progress towards these commitments, and 4) what structural, legal, or policy changes their country or organization has made when progress is not being made. While the order of the top three rotated, UN agencies, government agencies, and NGOs were consistently the top three sources of information. The fourth most common source was academics/experts.

Top 3 Government, UN Agencies, and NGOs are the top three data sources where respondents find accountability information

Top 3 Data sources survey respondents found most trustworthy are 1) UN Agencies, 2) NGOs, 3) Academics and experts.

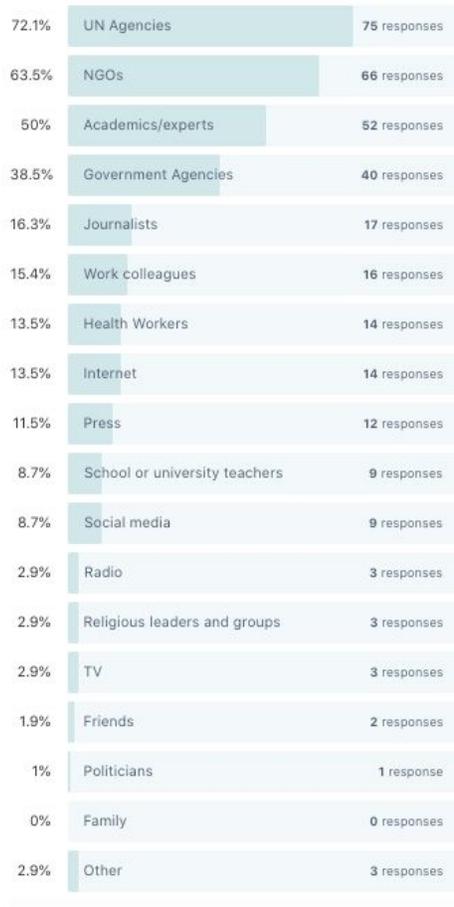
Interestingly, when asked what sources are perceived as most trustworthy, UN agencies remain the number one source (72%), followed by NGOs (64%). However, academics and experts jumped up to the third place (50%), and government agencies fell to fourth place (39%). It’s quite telling that although government agencies are often people’s main source of data, less than half of respondents felt they were most trustworthy.

Less than half of respondents felt that information from government agencies was the most trustworthy data source.

Charts 1. Survey response regarding the most trustworthy information sources

What source(s) do you perceive as the most trustworthy for information about accountability and progress toward people's health and rights (eg., national plans, SDGs)?

104 out of 104 people answered this question (with multiple choice)



Investment in Data Systems

One of the explanations for a lack of trust in certain data sources stems from the lack of resources and capacity to produce consistent, high quality data. One respondent noted, *“There’s a lot of ministries that do data collection — [and there are] constant complaints in the development and humanitarian sector of ‘how weak’ they are — but if you give them money to strengthen institutional capabilities, not just small projects, they will become better”* (International Organization). The importance of strengthening institutional capabilities is also a practical way to ensure the institutionalization of accountability. In addition, this recommendation builds on the earlier findings that we must understand the broader context behind data indicators, including local capacity for data collection.

How do we actually increase investment in data systems in this case? Some respondents pointed out that political will is needed to make this change. Another respondent added to that saying, *“We need to try and make it an attractive investment...we need to unpack why it’s important. Depending on who we are trying to get to fund it, so often conversations around data and surveillance are technical, and [we] don’t always get to why it’s so important....”* (International Organization). Emphasizing the purpose, and not just the technical needs, of data systems is therefore a critical element of mobilizing resources to strengthen those systems.

When government agencies and organizations are able to invest in strengthening their data systems, data quality and access can be greatly improved. One challenge to avoid is siloed investing, rather than investing in the whole system. For example, *“[There is a] problem with data being siloed. South Africa is amazing with HIV data because of aid money, but terrible in terms of safe abortion access and sexual and reproductive health broadly. So the problem is people are still working in silos”* (International Organization). Investing in a broader data ecosystem can mean better data for a larger variety of data needs.

Data Use

One of the most straightforward ways to show the importance of investing in data systems is to use the data that is already available more frequently and effectively. Interviewees spoke about the need to increase data use. For example, one interviewee shared, *“We put more focus on developing indicators than focusing on data use. We’re so focused on pushing out the next report, etc., [we don’t think about] dissemination to make sure it’s used. There’s so much intensive investment on the one end. We put more focus on development of indicators than on analysis and use — the global community is very guilty of that, pushing out the next report without focusing on analysis, use, and dissemination”* (Civil Society Organization).

Another interviewee pointed out the importance of the data being used at the local level by those who are often reporting the data.

“There is a lot of data at country level. What we have challenges in is harnessing the data to be meaningful and used for accountability. The people collecting the data don’t see the value of it to help them do better. They don’t see it to help them plan at the facility, local, regional

and national level. They need to see the data isn't just helping the donor, or the government, but to help them. They need to make sure the data is credible. [We] need to change the perspective so that the data can be used for program/project planning at the local level." – Civil Society Organization

When asked how they would use the data they requested in the survey, respondents listed a long number of potential uses. The single largest proposed data use was for evidence-based advocacy, while the second- and third- most repeated uses were for disseminating information to others and accountability.

Interviewees also said how data use for accountability is important to a variety of stakeholders to make better decisions. For example, as a representative of an international organization noted, *"Parliamentary capacity building and data access facilitation are important because they inform decision-makers about how resources can reach vulnerable groups. Hence, parliaments and statistics offices must collaborate, and parliaments and scientific communities must be engaged in dialogue. Partners, such as the World Health Organization, who can provide information on scientific developments and data, should also support and engage parliaments. People should also engage with parliament regardless of their political perceptions on issues"* (International Organization).

Data Format

One of the barriers to data use is often the format of the data. One interviewee pointed out that much available information is presented as PDF reports, which can be hard to use (Civil Society Organization). Chart 6 below details the preferred formats for accessing and reviewing information and about accountability and progress towards people's health and rights.

Chart 2. Survey responses on data format

When seeking information about accountability and progress toward people's health and rights (eg., national plans, SDGs), in what format do you prefer to access and review this information?

104 out of 104 people answered this question (with multiple choice)



Respondents also mentioned scorecards as an accountability process or method that has been most successful. The IAP has also found country scorecards to be critical in their 2020 landmark report [Caught in the COVID-19 Storm](#), in which scorecards enabled IAP to evaluate countries on a number of key indicators for health-related SDGs. An NGO representative stated, *“Through the use of scorecards, we're able to track progress for the different areas of the commitment towards the goal and score appropriately. The scoring indicators are mutually agreed with the government and CSOs, and result verified together before sharing with larger stakeholders. We used this mechanism to hold the government of Nigeria to account with regards to the FP2020 commitment of providing \$4M annually for [Family Planning] commodities, particularly when there were shortfalls.”*

However, merely publishing a report, even with scorecards, does not make it usable. Interviewees talked about the need for data to be presented to communities in face-to-face settings, and in languages that they understand. This finding is supported by principles of

“health literacy” by researchers Ruth Parker and Scott Ratzan, who state that “everyone has the right to accurate, accessible, and actionable health information.”⁴

“It’s not enough to collect and publish data. Information needs to be timely, in the appropriate format and in a language comprehensible to the public - otherwise, they cannot use that information to hold others to account. Also, in marginalized communities, many do not have skills to interpret and use data. Sometimes then we need to get infomediaries to act as a link between these communities and policymakers to bridge this gap.” – Watchdog Organization

“For us we always do project close meetings. Saying ‘the report is on our website’ is not adequate – we present it in a way that is digestible to people, and where they can provide feedback. Face-to-face meetings are important.” – Civil Society Organization

Data Ethics

Data Transparency

When asked what the biggest challenges to improving accountability are and what would help overcome those challenges, 17 survey respondents mentioned transparency, and multiple individuals said it was “the single biggest improvement” they would like to see for health and human rights accountability. These two were overall the most frequently mentioned challenges from survey respondents.

Transparency is the most frequently mentioned improvement that survey respondents would like to see for health and human rights accountability.

⁴ Ruth Parker & Scott C. Ratzan (2010) Health Literacy: A Second Decade of Distinction for Americans, Journal of Health Communication, 15:sup2, 20-33, DOI: [10.1080/10810730.2010.501094](https://doi.org/10.1080/10810730.2010.501094)

By making data transparent, we should keep in mind the prior recommendations, including ensuring that we are sharing data with data literacy in mind, sharing data within established communication channels in the feedback loop, and contextualizing data as needed.

It was also suggested that data should be provided proactively rather than reactively, particularly when data is critical for public health and safety. *“That’s a big question of – ‘This information is available if you ask’ vs. ‘This information is available and on public record.’ How do we ensure that the data is available and speaks to communities? There’s a big role that civil society can play in its transition role”* (Watchdog Organization).

Community Engagement

The most common ethics issue highlighted by interviewees was the need for local communities to be involved in the prioritization of what data is collected, and moving resources to local systems for data collection and analysis. Not only were these actions noted as the right thing to do ethically, but also this local data collection and validation helps build trust in the data, which as we noted in the previous section, is low for government data.

“I am sick and tired of 25 years of lip service to local-led data collection and prioritization, even in my own organization...I think that’s how we need to change – needs really [should be] designed locally, which means more resources going LOCAL...We can help do monitoring, holding our own governments to account based on analysis done locally. But we need leaders with courage to do that -- less money to northern organizations....[we] need to cede power. That is difficult.”

– International Organization

“It’s important to not think of data in isolation. It can tell part of the story and bring it to life, but it must be viewed in the bigger scheme of

things. How did we get the data – ethical collection, did we trickle back down [the information to communities?] Are we committed to promoting a commitment to human rights?”

– International Organization

Racism and other Structural Challenges

Another respondent noted that inclusion around data collection is key in helping overcome larger, historical challenges within the health sector. While not an isolated issue, mistrust in medicine by vulnerable communities can start to be overturned by inclusion within decision making and accountability processes.

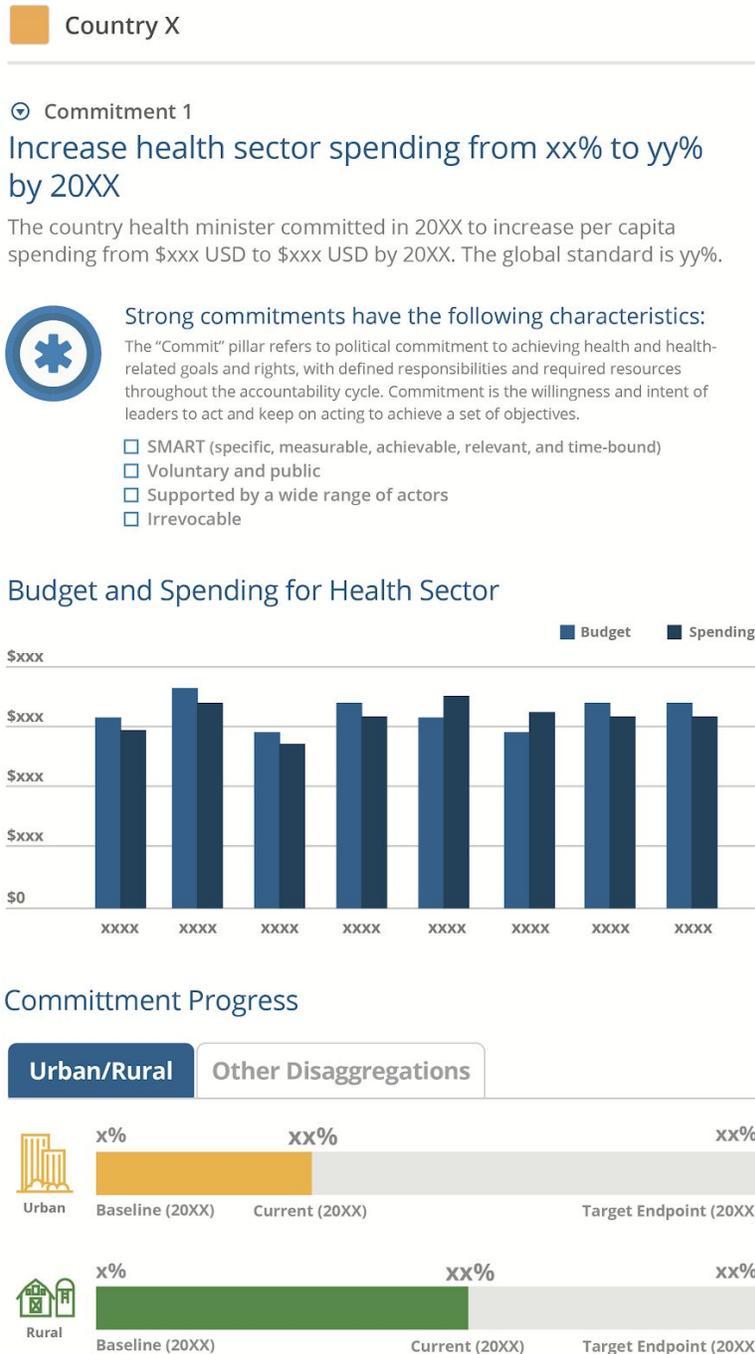
“There’s a history of racism and coloniality in medicine. Almost 80% [of people in South Africa] seek traditional healing in some cases. That's about the history of racism in medicine that hasn't been dealt with. There’s also distrust in vaccines and clinical trials [that] feed the psyche of distrust. Because of gender bias in medicine, women’s pain is belittled. Especially black women. I am [a black woman who is a high-level official with an MD], and [when I see patients], people will still come in and ask to see the ‘real doctor.’” – International Organization

Addressing these structural challenges, such as racism, may seem daunting. However, they are critical to ensure improved accountability toward health-related SDGs and rights. Some of the ways to address inherent biases include many of the steps previously mentioned about the democratization of accountability, including involving communities throughout program design and implementation, sharing updates on progress in a variety of languages, and responding quickly once feedback is received. The importance of designing for data literacy

and prioritizing data use can also lead to improved outcomes, especially for the most vulnerable and excluded populations.

Data Visualization Example

By integrating these examples and suggested visualizations of data related to accountability, a mock-up below constitutes one example of how commitments can be displayed and monitored using clear, disaggregated, comparable data.



📍 Commitment 2

Increase children’s MMR vaccination rates to xx%

The country health minister committed to increase MMR vaccination to xx% by 20XX as part of the National Vaccination Plan 20XX. The global standard is yy%.

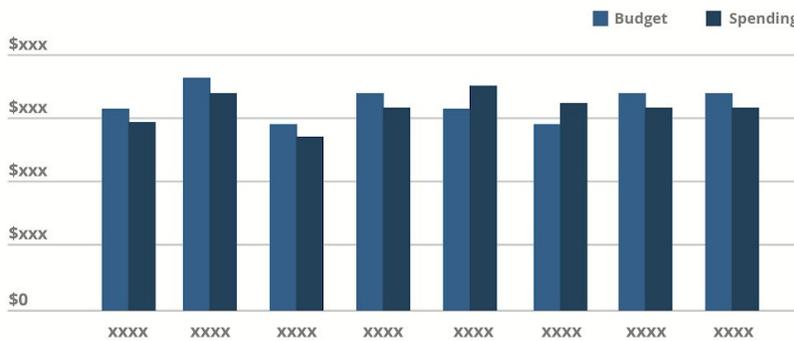


Strong commitments have the following characteristics:

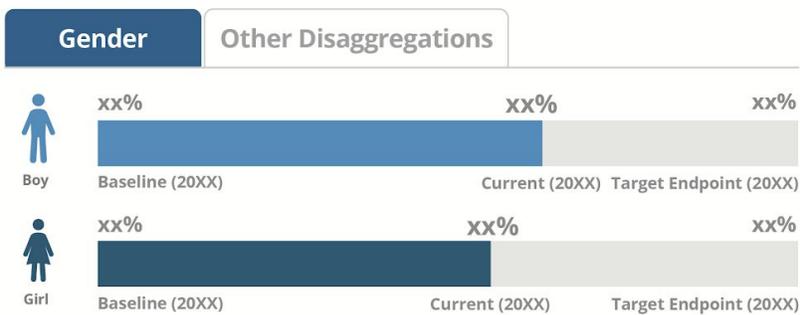
The “Commit” pillar refers to political commitment to achieving health and health-related goals and rights, with defined responsibilities and required resources throughout the accountability cycle. Commitment is the willingness and intent of leaders to act and keep on acting to achieve a set of objectives.

- SMART (specific, measurable, achievable, relevant, and time-bound)
- Voluntary and public
- Supported by a wide range of actors
- Irrevocable

Budget and Spending for MMR Vaccinations



Committment Progress

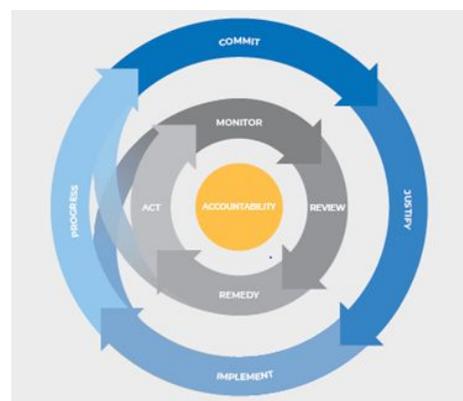


IV. Independent review

Independent review is an accepted principle of good governance, science, and human rights. Independent review is an external assessment by experts and stakeholders, who are not professionally responsible for the design, implementation and monitoring of policies and programmes, to offer robust, objective, fresh perspectives on what is

working and what is not, and to make recommendations to course correct and drive progress.

Independent review provides a critical role in the accountability landscape. Independent review is part of the review process (monitor, review, remedy and act cycle), which is a key component of IAP's accountability framework. This process allows for independent, expert evaluation on progress to commitments. Independent review bodies can operate at the organizational, national, regional, or global level. First, we will examine responses on the independent review function in the accountability framework overall before discussing more specifically global-level independent review bodies.



Independent Review within an Accountability Framework

The usefulness of independent review was highlighted in several interviews and survey responses. Respondents identified that **independent review bodies at all levels can serve as helpful means of feedback for multiple institutions, including government.** As one government official stated, *“From a government perspective, the more feedback the better. It could be IAP, could be a subcontracted auditor or M&E firm, or CSO watch dogs. Governments get multiple forms of advice, and it’s up to the government to select which information to reflect and work, and then society must reflect on whether the government chose correctly”* (Government Agency). The role of Supreme Auditors was highlighted in a number of instances. It also resonates with the recent 2020 VNR review finding: The growing role of parliament and supreme audit institutions (SAIs), particularly in performing SDG-related oversight and assessments, reflects a recognition of the value of accountability and scrutiny to the national SDG implementation and review efforts.”⁵

Many individuals stated that they appreciate the importance of independent review and the value it brings. The findings also showed that there are concrete independent review processes in space. Many individuals - in fact, 60% of survey respondents - said that they were aware of

⁵ Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (Ed.). (n.d.). 2020 Voluntary National Reviews – a snapshot of trends in SDG reporting. Retrieved from https://www.partners-for-review.de/wp-content/uploads/2020/12/P4R-2020-VNR-Analysis_FINAL-Nov.-2020.pdf

specific independent review processes or mechanisms in their area of work or interest. Unfortunately, only 20% of respondents said they observed a process to enforce recommendations of an independent review/audit, and only slightly more (26%) said they observed a process for responding to recommendations from an independent review/audit. There is a clear need for mechanisms and processes around acting on recommendations from independent review bodies. This is also consistent with a recurring finding that remedy and action is particularly lacking⁶⁷ and as discussed earlier for accountability to be effective, there should be 'a bite' (consequence).

**Only
20%** Of respondents said they observed a process to enforce recommendations of an independent review/audit

Survey respondents were also asked about which kind of stakeholder should be included in an independent review panel for people's health and rights.

The top three stakeholder groups that respondents said should be included in an independent review panel for people's health and rights are civil society/advocacy partners and coalitions (85%), representatives of patient or population groups (73%), and academia/research/think tank (61%).

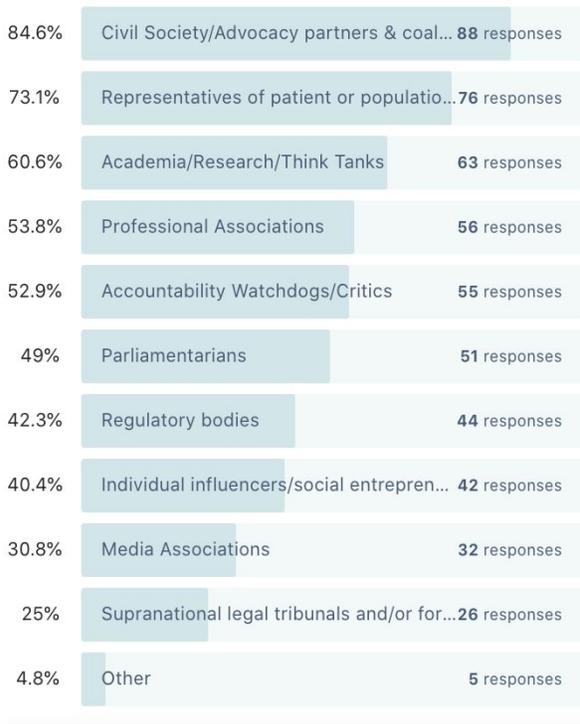
Chart 3. Survey responses on inclusion of stakeholders in an independent panel

⁶ World Health Organization. (2020). Caught in the COVID-19 Storm: Women's, children's, and adolescents' health in the context of the UHCs and the SDGs. Retrieved December 17, 2020, from https://iapewec.org/wp-content/uploads/2020/12/IAP-2020-Report_web-sp.pdf.

⁷ 4th report of the independent Expert Review Group. (2015, September 30). Retrieved December 18, 2020, from https://www.who.int/woman_child_accountability/iERG/reports/2015/en.

IAP holds a convening power to evaluate the degree of successful accountability globally, regionally, and nationally. The IAP's 2020 report and 2019 external evaluation recommended stronger institutionalization and democratization of the independent review function for people's health and rights (eg., national plans, SDGs), with an emphasis on inclusion of communities often left behind. Given that information: Which of the following stakeholders would be most important to include in an independent review panel for people's health and rights (eg., national plans, SDGs), focusing on those left behind?

104 out of 104 people answered this question (with multiple choice)



Respondents mentioned a number of areas where independent review is needed. As one respondent mentioned, sometimes the only independent review is through financial audits (especially for foundations), yet much more is needed. The box below lists several recommended areas for independent review.



Additional Insights:

Topics that would benefit from independent review

Survey respondents were asked where they see independent review is most needed. While answers were diverse, they include the following areas:

- Disability inclusion
- Donor investment in HIV/TB and Malaria eradication
- Gender equality
- Pregnancy and childbirth healthcare
- Sexual and reproductive health
- Universal health coverage

Global-Level Independent Review Bodies

Global-level independent review bodies have a unique space in the independent review landscape through their convening power and access to high-level decision-makers. Respondents provided key recommendations for how global-level independent review bodies can utilize their role most effectively to advance health-related SDGs and rights.

Some individuals themselves represented global-level independent review bodies. They said that they originally struggled through a broad mandate, but they ultimately found success by purposely narrowing their agenda. Doing so enabled them to pilot best practices with a few select countries. *“We are working quite similarly to IAP in a sense that we serve an accountability purpose, but because the agenda is so huge and tries to cover so many countries, it’s hard to be so sharp to fulfill our accountability function, so we try to strengthen this function through a narrower agenda with a narrower set of countries. [We’re now trying to] work on a rotation basis with individual countries” (International Organization).*

There is a significant appetite for organizations to learn from others’ best practices. Respondents stated that they are interested to know how other organizations monitor commitments and how they organize their accountability frameworks. A global independent

review body can create a structured **peer-to-peer “exchange”** to assist member organizations in understanding what other organizations are doing, what has succeeded, and what has failed.

Another recommendation for global independent review bodies involves opening the doors to a wider range of organizations to participate. Many organizations expressed interest in participating and expressed a desire for a clear-cut “menu” of options that would enable them to view how they can best support global-level independent review bodies. Doing so opens the door wider to civil society organizations, and others. *“CSOs don’t have as much capacity to engage [in independent global review mechanisms.] From a tech expertise and vision perspective yes, but from the human resources aspect, they often do not. Processes need to recognize that, and help enable that participation. There also needs to be levels of transparency in how different organizations can be involved/included. Sometimes they are done because they want a big name and credibility. That’s understandable, but it doesn’t always build confidence in the mechanism”* (Watchdog Organization).

Some challenges of global-level independent review bodies were also mentioned. One respondent noted that the nature of a neutral independent review panel can potentially limit its effectiveness. *“This concept of independent accountability is taken to mean neutral, and that’s not as effective as it could be. There are political mechanisms, and that’s okay.... finding ways to do that to motivate political leaders is important”* (Civil Society Organization).

Interviewees also stated that **some global-level independent review bodies consistently produce reports, while not creating sufficient follow-up opportunities for decision-makers to come together to discuss how to move forward.** *“There has been criticism for organizations releasing] reports with a ton of recommendations, which don’t work for a political audience. Releasing a laundry list doesn’t work”* (Civil Society Organization).

Others suggested developing framework models for global architecture can be where global level independent review mechanisms move the needle. However, as mentioned previously, one of the best ways to address these concerns of global independent review bodies is by piloting best practices with a small number of select countries, providing opportunities for a variety of organizations to participate in multiple ways, and by facilitating peer-to-peer exchanges.

VI. Other Accountability Considerations

Respondents listed several insights about how to improve accountability. The following considerations did not fit within any single category of the prior framework and in some cases were cross-cutting issues. These considerations are listed below.

Political Will

A large portion of respondents emphasized that political will is essential for accountability, and that lack of political will was one of the biggest challenges to improving accountability. As a member of an international organization stated, political will is critical for institutionalizing accountability. *“In terms of institutionalizing, you need leadership from the government. You need leadership and recognition at the highest levels: prime ministers, presidents and of course the Ministry of Health, but not just at the Ministry of Health level.”* Political will also was discussed for successfully democratizing accountability, *“...accountability in the United States is dependent on political will, particularly for women and queer people, it is typically used as a political bargaining chip”* (Civil Society Organization). The same concern also came up in promoting the investment in data systems, *“What are the barriers [to investment in data systems and disaggregated data]? Political will. don’t think it’s down to anything else. There are techniques to use, but constantly in the proof-of-concept stage. It’s been done, it can be scaled up, but people aren’t doing it because they’re making political choices of what we want to measure — what we want to get done”* (Watchdog Organization).

Fewer respondents provided recommendations on how to improve political will. One respondent voiced that corruption was the blocker and, *“If we could first of all clean the offices off the old staff and put in new staff who have [had] experience with accountability and can work against [corrupt] dealings, then we will see some changes happening for our people.”* On the opposite end, another respondent suggested a softer approach through a peer learning tool, *“because it’s hard to encourage anyone to engage if they fear only being criticized”* (International Organization). As previously discussed, it’s important to remember that accountability is most effective when not used to “shame and blame” but rather to identify what works and build on it and identify challenges early to put things right.

Media as an accountability ‘custodian’

The importance of trusting the media was highlighted, *“As a newsroom leader, to work in an environment in which your work is mistrusted, makes the work of accountability journalism virtually impossible. If institutions are going to take good hard looks at themselves, and ensure they have*

built-in mechanisms for doing this work, I think part of that is understanding that's part of the role the media plays, if the media is uncovering something wrong... [that's important]" (Watchdog Organization). However, only 17% of survey respondents selected journalists as the most trustworthy source of information about accountability and progress towards people's health and rights. Listening and trusting institutions - like the media - and others who are able to investigate and confirm whether commitments are on track is key toward measuring progress in accountability frameworks. At the same time, media networks must investigate the cause of mistrust and address any issues to strengthen trust in the accuracy and reliability of their reporting.

**Only
17%** Of respondents selected
journalists as the most
trustworthy source of information

Accountability for High-Income Countries

Another point emphasized was that when we speak about the need for accountability, we need to focus also on high-income countries, along with middle and low-income ones. As a respondent shared, *"One important element that gets lost sometimes in UN mechanisms [is] feeling that these mechanisms are there to monitor low-income countries and middle-income countries, but there is a hell of a lot we fall short of in high-income countries [and] making sure this is robust enough to monitor in the US, UK — shin[ing] light equally in high-income countries is critical for me, not just the South Sudans of the world"* (International Organization).

VII. Key Insights

The following are recommended next steps inspired by the insights from the respondents.

1. Insight #1: 80% of respondents say they need more key data

Respondents don't just need any data - but select, relevant, comparable, disaggregated data that links directly to policy outcomes and is proactively provided. This data also must respect ethical considerations and rely on key indicators co-created with the community.

2. Insight #2: Build on existing accountability mechanisms thoughtfully

Respondents recommended building on existing accountability mechanisms rather than building new ones. However, mechanisms must be simple, transparent, and encourage trust. We must focus on enforcement, since only 20% of respondents said they observed a process to enforce recommendations of an independent review or audit. Accountability mechanisms must have a system and mandate to ensure that recommendations are followed to be effective and link to progress.

3. Insight #3: People-centered approaches are needed at each step

At the center of all these indicators and approaches is a common objective to improve health-related sustainable development goals and human rights. For every measure taken or data point collected, a person is at the center. Expanding our understanding of data to properly encompass that individual's perspectives, needs, and ideas are critical to these efforts. People-centered approaches include creating structured opportunities for feedback and follow-through, involving communities directly through project design, project monitoring, and project conclusion, and evaluation. Doing so can increase transparency and trust among all stakeholders.

VIII. Conclusion

This report adds to the previous research and discussions around how accountability can enable, accelerate, and support achievements in health and human rights, by constructive learning and holding governments, institutions, and each of us accountable.

The consultation supports the 3 main recommendations from the [IAP's 2020 Report](#) to institutionalize and democratize accountability, as well as invest in country data systems. Our findings also support recommendations made by others, such as iERG's 2015 report on [Information and Accountability for Women's and Children's Health](#), and Paul Hunt's post on [SDGs and the Importance of Formal Independent Review](#) on the need to focus on national-level accountability and incorporating marginalized voices. The findings of this report provide additional context by providing insights into the challenges and opportunities in pursuing the implementation of these recommendations.

There is **no one-size-fits-all approach to accountability, and no single accountability mechanism will cover all accountability needs**. Accountability mechanisms must be institutionalized at each level - at policy making, management, service delivery, procurement, and others. Similarly, each level and step must be democratized, inviting and enabling the

most impacted and marginalized communities to participate in developing accountability frameworks, program design, budget development, data collection design, independent monitoring, and ongoing feedback platforms. There is a strong need for transparency and access to the right data for action, disaggregated to the necessary level, to see what is working well and should be scaled up, what the challenges are, who is left behind and where, why and how to reach them, and how to hold institutions and people accountable, as appropriate, to course correct and drive progress.

Furthermore, democratizing accountability helps institutionalize accountability, and appropriate data for accountability supports both accountability's democratization and institutionalization. All these elements must be intertwined for the accountability system to function effectively and deliver its value. Furthermore, independent review and constructive peer review bring critical input to foster effectiveness, equity, and innovations.

The primary barriers to achieving these goals center on lack of political will; a lack of effective mechanisms, incentives, or interest in changing in response to community feedback and insights; and a lack of consequences for institutions/ individuals who do not meet their commitments, particularly when they obscure the truth about those facts. Regional and global independent review bodies can play a role in addressing these challenges by facilitating peer-to-peer exchanges to help institutions develop effective mechanisms and processes for change, supporting the development of democratized accountability frameworks and mechanisms, and increasing key individuals' understanding of the value that each of these accountability functions can bring.

Although this report synthesizes many individuals' recommendations and key insights, the most important work is action. By implementing these lessons learned, such as monitoring, measuring and reviewing what truly matters on a select number of key indicators, prioritizing community and citizen engagement, and building trust and transparency in decision-making processes, accountability can lead to better health and rights outcomes. Each individual has a key role to play in this process to successfully move the needle forward in health-related sustainable development goals and human rights for everyone.

Acknowledgements

We'd like to thank those who provided inputs into this report, including those who responded through the online survey and those who participated in the interviews. Your time, valuable insights, and contributions have been an asset to the global accountability community.

We would like to recognize the following individuals in particular for their participation in in-depth interviews:

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- ❖ Ms. Khadija Patel, Executive Board Vice Chair at the International Press Institute
- ❖ Mr. Robert Yates, Health Director at Chatham House

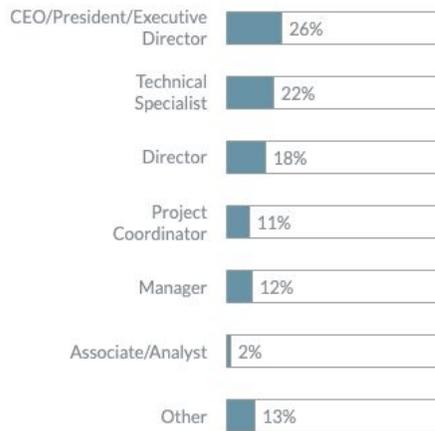
Annex 1: Survey and Key Informant Interview Respondent Information

More information about the survey respondents and key informant interviews can be found below.

Charts 4-7. Aggregate survey and interviewee respondent demographic information

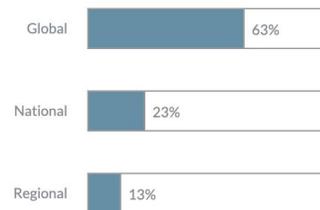
Job Title

120 out of 120 people



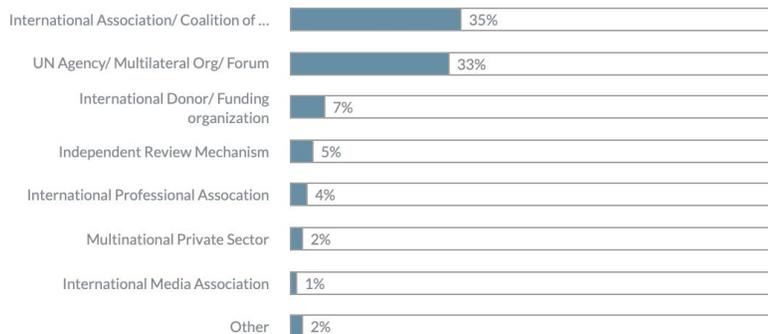
Does your institution have a national, regional, or global focus?

120 out of 120 people



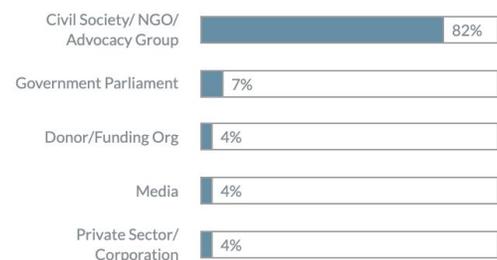
What type of international organization do you work for?

86 out of 120 people



What type of national organization do you work for?

26 out of 120 people



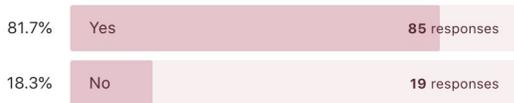
Annex 2: Data Needs

The survey respondents answered several questions on accountability-related data. See below for detailed responses - where the vast majority of respondents indicated they do have access to find information about progress on commitments and their implementation but still indicated a need for further information to hold their country or organization accountable.

Charts 8 - 12: Awareness of Data Sources for Accountability

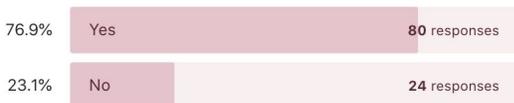
Do you have (or know where to find) information about what measures and methods your country or organization uses to monitor progress against commitments to people's health and rights (eg., national plans, SDGs)?

104 out of 104 people answered this question



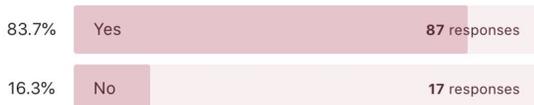
If progress is not being made toward people's health and rights (eg., national plans, SDGs) targets, do you have (or know where to find) information to determine whether your country or organization makes structural, legal or policy changes? For example, institutes changes in laws, policies, plans, etc.

104 out of 104 people answered this question



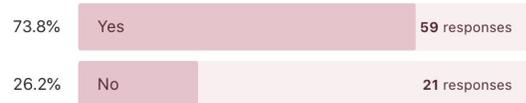
Do you have (or know where to find) information to determine whether your country or organization is making progress towards people's health and rights (eg., national plans, SDGs) commitments and goals?

104 out of 104 people answered this question



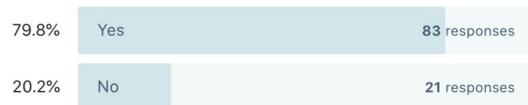
Do you have (or know where to find) information to determine whether these structural, legal or policy changes are implemented effectively, efficiently, and equitably within your country or organization?

80 out of 104 people answered this question



In addition to the information you already have, do you need further information in order to hold your country or organization accountable for achieving progress in people's health and rights (eg., national plans, SDGs)?

104 out of 104 people answered this question



Annex 3: Data Sources

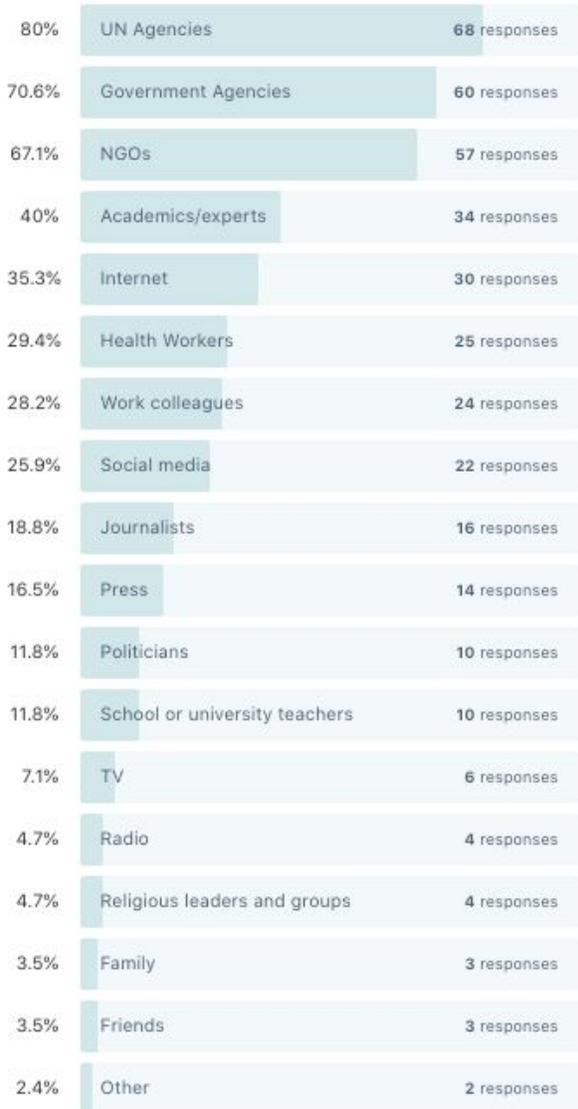
Survey respondents were also asked where they typically get information about 1) country or organization commitments to improve people's health and rights, 2) what measures and methods for monitoring progress against these commitments their country or organization uses, 3) determining progress towards these commitments, and 4) what structural, legal, or policy changes their country or organization has made when progress is not being made. While the order of the top three rotated, UN agencies, government agencies, and NGOs were consistently the top three sources of information (see visualizations for full responses). Interestingly, when asked what sources are perceived as most trustworthy, UN agencies remain the number one source (72%), followed by NGOs (64%). However, academics and experts jump up to the third place (50%), and government agencies fall to fourth place (39%). It's quite telling that although government agencies are often people's main source of data, less than half of respondents felt they were most trustworthy.

More information can be viewed in the charts below on data sources.

Charts 13-17. Survey responses regarding data sources

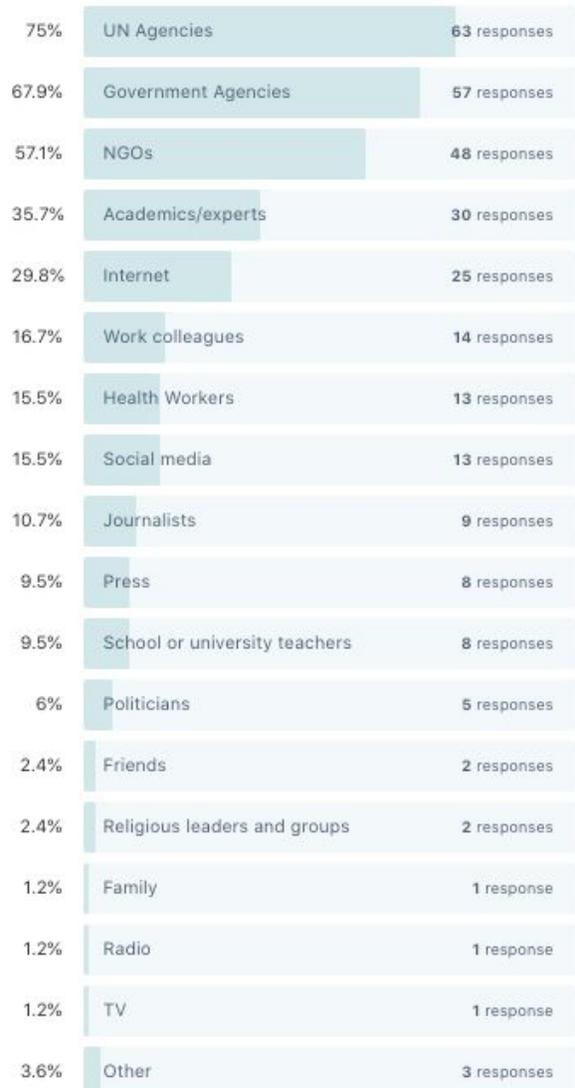
Where do you get information about these commitments?

85 out of 104 people answered this question (with multiple choice)



Where do you get information about these measures and methods?

84 out of 104 people answered this question (with multiple choice)



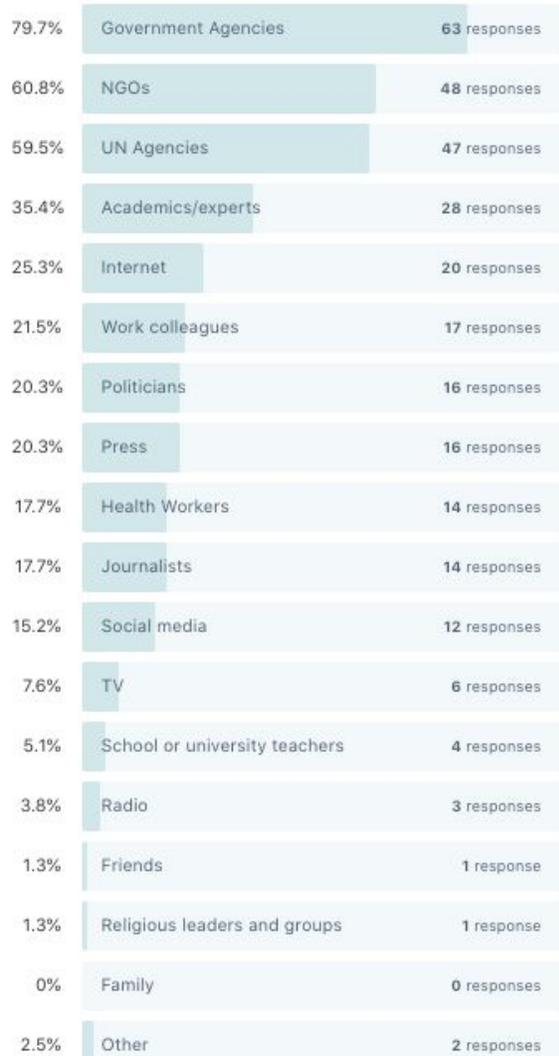
Where do you get information about this progress?

87 out of 104 people answered this question (with multiple choice)



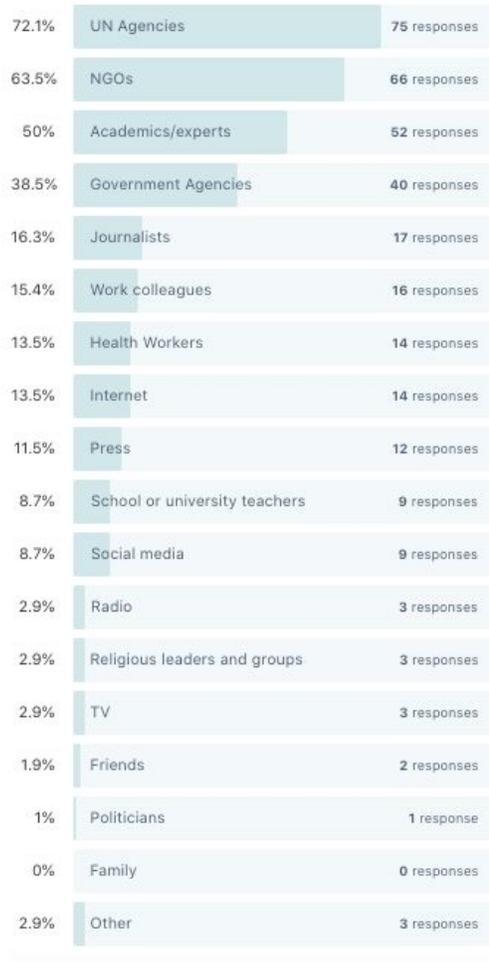
Where do you get information about these structural, legal or policy changes?

79 out of 104 people answered this question (with multiple choice)



What source(s) do you perceive as the most trustworthy for information about accountability and progress toward people's health and rights (eg., national plans, SDGs)?

104 out of 104 people answered this question (with multiple choice)



Annex 4: Online Survey Questions

The following questions were asked in the online survey portion of this consultation.

1. First, please tell us about yourself
 - a. Name (First, Last)
 - b. Organization Name
 - c. Job Title
 - d. Does your institution have a national, regional, or global focus?
 - i. What type of national organization do you work for?
 - ii. What type of international organization do you work for?
 - e. We would like to ask a few more questions about your institution. Does your organization primarily focus on:
 - i. Implementation / making progress towards health-related SDGs and human rights
 - ii. Evaluating others responsible for implementing / making progress towards health-related SDGs and human rights
2. Accountability-related information needs and gaps
 - a. Do you have (or know where to find) information about what commitments your country or organization has made to improving people's health and rights (eg., national plans, SDGs)? For example, access to information that would show national commitment to achieving SDG Target 3.2.
 - b. Where do you get information about these commitments?
 - c. Do you have (or know where to find) information about what measures and methods your country or organization uses to monitor progress against commitments to people's health and rights (eg., national plans, SDGs)?
 - d. Where do you get information about these measures and methods?
 - e. Do you have (or know where to find) information to determine whether your country or organization is making progress towards people's health and rights (eg., national plans, SDGs) commitments and goals?
 - f. Where do you get information about this progress?
 - g. If progress is not being made toward people's health and rights (eg., national plans, SDGs) targets, do you have (or know where to find) information to determine whether your country or organization makes structural, legal or policy changes? For example, institutes changes in laws, policies, plans, etc.
 - h. Where do you get information about these structural, legal or policy changes?
 - i. Do you have (or know where to find) information to determine whether these structural, legal or policy changes are implemented effectively, efficiently, and equitably within your country or organization?
 - j. Where do you get information about how the structural, legal or policy changes are implemented?
 - k. What source(s) do you perceive as the most trustworthy for information about accountability and progress toward people's health and rights (eg., national plans, SDGs)?

- l. When seeking information about accountability and progress toward people's health and rights (eg., national plans, SDGs), in what format do you prefer to access and review this information?
 - m. In addition to the information you already have, do you need further information in order to hold your country or organization accountable for achieving progress in people's health and rights (eg., national plans, SDGs)?
 - n. What additional information do you need?
 - o. How would you use this information?
3. Accountability-related mechanisms
 - a. Do you observe any of the following processes or mechanisms of accountability in your area of work?
 - b. In your experience, which accountability processes or methods have been the most successful? Please share an example from your experience when accountability has led to or enabled a concrete change.
 - c. What do you believe are the biggest challenges to improving accountability? What would help overcome those challenges?
 - d. What is the single biggest improvement you'd like to see in improving accountability for health and human rights, and for those who are the most vulnerable?
 4. Independent review: a specific accountability-related mechanism
 - a. Are you aware of specific independent review processes or mechanisms in your area of work/ interest?
 - b. Please specify, and provide report references/ links as applicable.
 - c. Please indicate in which areas you see independent review is missing and is needed.
 - d. IAP holds a convening power to evaluate the degree of successful accountability globally, regionally, and nationally. The IAP's 2020 report and 2019 external evaluation recommended stronger institutionalization and democratization of the independent review function for people's health and rights (eg., national plans, SDGs), with an emphasis on inclusion of communities often left behind. Given that information: Which of the following stakeholders would be most important to include in an independent review panel for people's health and rights (eg., national plans, SDGs), focusing on those left behind?
 5. Are there any other points you would like to make regarding accountability and independent review recommendations?
 6. Do you have any other comments you would like to make?
 7. If you would like to receive findings and progress on this work, please indicate your e-mail address.

Annex 5: Key Informant Interview Questions

The following questions were asked in the semi-structured interview portion of this consultation.

Key Informant Data

1. Please tell us your full name and your organization.
2. What is your role within your organization?

IAP Accountability Framework

The IAP's accountability framework has 4 pillars, all of which are required for effective accountability:

- *Commit – all those who have commitments and a responsibility to act should be clear on their roles and obligations towards achieving agreed goals and realizing rights.*
 - *Justify – decisions and actions related to commitments must be supported and explained on the basis of evidence, rights and the rule of law.*
 - *Implement – core accountability functions – Monitor, Review, Remedy and Act – should be institutionalized and implemented in a constructive way to facilitate learning and progress.*
 - *Progress – continuous progress towards agreed goals and rights should be ensured, justifying any reversals.*
1. How does your work, individually and as an organization, relate to these elements of accountability?

First recommendation: Institutionalizing accountability

The first main IAP recommendation is to “institutionalize accountability.” This principle refers to the need for accountability mechanisms – such as independent review panels – to be included formally within the structure and processes of an organization, rather than as ad hoc processes. For example, the IAP has found that many accountability recommendations are never implemented as these are not institutionally mandated and lack effective follow-up mechanisms.

1. How do you believe institutionalized accountability can be practiced? What are your ideas on how accountability mechanisms can be incorporated within an institutional process?

[Prompt] What's your advice on making this mechanism/system successful? What risks exist? (legal, institutional, cultural, political, etc)

[Prompt] Globally? Regionally? Nationally?
2. Have you seen a good example of institutionalized accountability in the past? (either in your organization or elsewhere?) What worked well? What could have been improved?

Second recommendation: Democratizing accountability

The second recommendation is “democratizing accountability.” This term refers to the process when the needs, experiences, and priorities of all people, and in particular, those who are marginalized and those in vulnerable situations, are represented, considered and accounted for within accountability processes.

1. How do you believe democratized accountability can be practiced? What are your ideas on how accountability mechanisms can incorporate a wider range of voices? What would it look like?

[Prompt] What's your advice on making this mechanism/system successful? What risks exist? (legal, institutional, cultural, political, etc)

[Prompt] Globally? Regionally? Nationally?

1. Have you seen a good example of democratized accountability in the past? (either in your organization or elsewhere?) What worked well? What could have been improved?

Third recommendation: Investing in country data systems

The third recommendation is “investing in country data systems.” Accountability requires high-quality, accessible, and available information. Clearly, many reports and data collection mechanisms already exist, but the data quality and data timeliness continue to be an issue – particularly to inform effective remedies and actions where they are most needed. In other words, we need to prioritize getting the right data, of the right quality, at the right time, to the right people.

1. What do you see as the priority data needs for being able to hold governments and institutions accountable in terms of health and human rights, particularly for those left behind?
 - a. What are the major barriers for accessing this information currently? Does data need to be presented in a different format? Or does it need to be presented at a different time, or to different people?
2. How do you believe this investment in country data systems can be practiced? What would it take to make that happen? What's your advice on making this mechanism/system successful? What risks exist? (legal, institutional, cultural, political, etc)
3. Do you see yourself or your organization being involved in increasing access to data on health, human rights, especially for those left behind?

Independent review function for accountability

The Review function, including Independent review, is central to accountability. Independent review has long been a principle of democracy, science, justice and accountability. One of the main reasons the IAP reached out to you is that your organization has a review function with strong links to institutionalization, democratization and data for accountability.

1. Do you see yourself or your organization being involved in a global review or independent review mechanism/ process for people's health and rights, especially for those left behind? What would it take to make that happen?

[Prompt] What's your advice on making such a mechanism/system successful? What risks exist? (legal, institutional, cultural, political, etc)

[Prompt] Globally? Regionally? Nationally?

Conclusion

1. Do you have any further comments you'd like to add?

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