Evolution of the EWEC accountability framework with independent review

Human rights foundations

- The Universal Declaration of Human Rights (1948) positions effective remedy as a fundamental right.\(^1\) The International Covenant of Economic, Social and Cultural Rights (1966) requests states to report on what they have done to uphold the right to health and other rights.\(^2\) In 2000, the UN Committee on Economic, Social and Cultural Rights confirmed that the right to health includes underlying determinants of health, freedom from discrimination, participation and accountability.\(^3\)

- Paul Hunt, the first UN Special Rapporteur on the right to the highest attainable standard of health (2003–2008),\(^4\) noted that “like any other human right, the right to health is almost meaningless if unaccompanied by mechanisms of accountability”.\(^5\) A human rights approach emphasizes obligations and requires all duty-holders to account for their conduct.\(^6\) This should not be misunderstood as “naming and shaming”, or blame and punishment. Hunt employed the concept of *constructive accountability*, as defined by Lynn Freedman.\(^7\) This is a process of identifying “what works, so it can be repeated, and what does not, so it can be revised”.\(^8\) Hunt set out the *monitor, review, remedial action* framework\(^9\) and the importance of transparency and independent review.\(^10\)

- Hunt emphasizes the opportunity and need for an independent review body for the EWEC Global Strategy. This would build on the experience of human rights treaty body mechanisms and add technical expertise to enhance the specificity and actionability of review recommendations. With respect to how members would be selected and appointed, he cites, “numerous precedents within the UN and beyond for the appointment of independent experts who have the confidence of governments and other stakeholders.”\(^9\)

- The linkages between the MDGs and human rights, and shared commitments for women’s, children’s and adolescents’ health and rights, were explained in a publication by a working group on the MDGs and Human Rights for the UN Secretary-General’s Global Strategy for Women’s and Children’s Health.\(^11\)

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• Mappings of global and national accountability mechanisms and lessons\textsuperscript{12,13} inform EWEC partners in setting up the Commission on Information and Accountability (CoIA) that underpinned the first EWEC Global Strategy.

**EWEC Global Strategy (2010–2015): CoIA and iERG**

• The CoIA working group on accountability for results recommended the creation of National Health Commissions.\textsuperscript{14} With government backing, these would coordinate national accountability systems and integration of CoIA recommendations in national planning, budgets and timelines.

• CoIA recommended that a global independent Expert Review Group (iERG)\textsuperscript{15} should synthesize all available information and evidence, address discrepancies and make its own analysis and recommendations in an annual report to the UNSG. It also concluded that further thought needs to be given on how better to harmonize accountability efforts.\textsuperscript{16}

• Both CoIA and the iERG were hosted at WHO. CoIA was co-chaired by President Jakaya Mrisho Kikwete of Tanzania and Prime Minister Stephen Harper of Canada, with WHO (Dr Margaret Chan) and ITU (Hamadoun Toure) as vice-chairs. The iERG was chaired by Professor Richard Horton Editor of The Lancet and Joy Phumaphi Executive Secretary of the African Leaders Malaria Alliance.

• The final CoIA report highlighted the importance of learning and continuous improvement, and simplified the accountability framework to a monitor, review and act cycle. It states that monitoring is just the first step towards accountability and that review is needed to evaluate “whether pledges, promises and commitments have been kept”.\textsuperscript{17} The framework links accountability for resources to results, i.e. the outputs, outcomes and impacts they produce.\textsuperscript{18}

• The iERG adopted the CoIA framework of monitor, review and act.\textsuperscript{19} In its final report, iERG asserts the importance of independent accountability and calls for much stronger links between monitor, review and act for results and resources. However, the EWEC accountability framework has not been implemented through, or integrated in, a system, with clear partner roles and institutional mechanisms linking these functions.

• The framework proposed by CoIA in 2011 was based on 4 accountability principles: focus on national leadership, strengthen country capacity to monitor and evaluate, reduce the reporting burden and strengthen and harmonize mechanisms to track progress on commitments. As the MDGs era drew to a close, those concerned with women’s, children’s and adolescents’ health agreed on the need for a continued accountability framework, and a robust mechanism to strengthen accountability for results.

• At a meeting of high-level stakeholders in Geneva in November 2014, EWEC partners agreed that the current Global Strategy for Women’s and Children’s Health had mobilized political and financial commitments and played an important role in accelerating the rates of reduction of maternal and child mortality. However, the job was far from complete. They agreed on the urgency of maintaining and expanding the momentum for women, children and adolescents health – especially those hardest to reach due to poverty, inequity, and the challenges of humanitarian and fragile settings.

• EWEC launched a multi-partner process to update the Global Strategy. The accountability work
stream, led by the Governments of Canada and the United Republic of Tanzania with the involvement of many partners, set itself the following objectives:

- Update the accountability framework and mechanisms at both country and global levels for the revised Global Strategy, including incorporating aspects of adolescent health and the social determinants of health (as guided by work on the Conceptual Framework);
- Establish/confirm relevant indicators, and linkage with SDG goals and targets;
- Provide input/recommendations on the overall architecture and/or governance for oversight of the revised Global Strategy as it relates to accountability.

- The accountability work stream produced a working paper with several options for the accountability framework and mechanism post-2015, with an eye to alignment with the eventual accountability framework for the SDGs. There was consensus on the need for both mutual and independent accountability, to strengthen support for country-level accountability, and to further coordinate and harmonize accountability efforts at the country and global level. Work stream members also noted the need for greater engagement at regional level and strengthened remedial action.

- In its evidence to the iERG, WHO placed great emphasis on the importance of accountability: “there is consensus on the need for both mutual and independent accountability, the need to strengthen support for country-level accountability, the need to further coordinate and harmonise accountability efforts at the country and global level, for greater engagement at regional level, and the need to strengthen remedial action.” WHO identified 8 insights from its experience of implementing the recommendations of CoIA:
  - Country ownership is vital for success.
  - Equity and human rights are at the heart of the accountability agenda.
  - Independent accountability mechanisms remain important.
  - Communication and dissemination must be enhanced.
  - Engagement of civil society is key and must be strengthened.
  - Parliamentarians are important for enhanced transparency.
  - Data need to be transparent and freely accessible, in usable formats.
  - There need to be much stronger linkages between the three parts of the accountability framework: monitor, review, and act.

- The continuing importance of accountability was emphasized repeatedly in evidence to the iERG. For example, WHO’s Regional Office for Africa argued that: “the CoIA process has been successful in most African countries so far” and that the Commission’s recommendations “remain very valid in the African region, even beyond 2015.” The challenges for the future will be improving the quality of information available for delivering accountability, obtaining political commitment, ensuring regular reporting, and strengthening civil society engagement.

- In its final report, published in 2015, the iERG made recommendations based on its post-2015 vision for accountability:
  - Global accountability: By 2016, establish and implement a global independent accountability mechanism to monitor, review, and act on results and resources for women’s, children’s, and adolescents’ health, working across all 17 SDGs, reporting annually to the UN Secretary-General.
  - National accountability: By 2016, in all countries establish and implement transparent, participatory, democratic, and independent national accountability mechanisms to
monitor, review, and act on results and resources for women’s, children’s, and adolescents’ health, with special attention to the translation of recommendations into action and reporting to Heads of State.

- Accountability for sustainability: In 2017, convene a global ministerial summit to report on progress towards the goals both of the new Global Strategy for Women’s, Children’s, and Adolescents’ Health and the SDGs relevant to women, children, and adolescents; and to report on how national accountability informs and strengthens global accountability.

Updated EWEC Global Strategy (2016–2030): UAF and IAP

- Accountability for the updated EWEC Global Strategy was updated by the development of a multistakeholder unified accountability framework (UAF) to help countries drive results, resources and rights. Its functions included: facilitating tracking of resources, results and rights; promoting alignment of national, regional and global investments and initiatives to support the Global Strategy; and contributing to national and SDGs monitoring through the Global Strategy indicator and monitoring framework. The UAF identified harmonized roles in Global Strategy accountability for partners, for example, for PMNCH as host of the IAP secretariat and for Countdown to 2030 as a key partner in monitoring coverage and equity of health services for women, children and adolescents. WHO and H6 partners developed a data portal for Global
Strategy monitoring on the Global health observatory.\textsuperscript{24,25} For Review, the IAP took over from the iERG as the global independent review group for the updated EWEC Global Strategy. The IAP has been co-chaired by Sania Nishtar, Kul Gautam, Carmen Barroso and at the time of the IAP 2020 report, by Joy Phumaphi and Elizabeth Mason.

- In its first report, the IAP built on the CoIA and iERG framework, and amended the accountability cycle to monitor, review, remedy and act.\textsuperscript{20,26} This recognizes remedy as a formal enforceable change, including through existing judicial accountability mechanisms at national level. This is at the core of effective remedy for rights and is set out in instruments accepted by states through intergovernmental processes. This also aligned the accountability framework with the 2030 Agenda for Sustainable Development, which notably sets out the importance of rule of law, access to justice, independent review and effective, accountable and inclusive institutions.

- Subsequent IAP reports applied the updated framework to accountability for adolescents’ health (2017)\textsuperscript{27} and the private sector (2018).\textsuperscript{28} However, despite these contributions and a decade of EWEC accountability, the need for a better shared understanding of accountability persists.

- The 2019 external evaluation of the IAP highlights strategic and operational challenges related to the EWEC accountability system overall, and specifically in relation to the IAP. The evaluation highlights examples of other independent accountability mechanisms as context for recommendations on the IAP.\textsuperscript{29}

- The IAP provided thought leadership in 2019 and 2020 – through a statement at the High-Level Meeting on UHC and a series of published papers – to strategically assess what accountability means in the era of the SDGs:

  - IAP Lancet editorial on \textit{why accountability matters} for UHC and meeting SDGs (March 2019);
  - IAP statement for the High-level Meeting on UHC calling for \textit{integrated accountability for health}, linking to the UHC and PHC implementation (September 2019);
  - IAP BMJ editorial on \textit{health equity} in the Countdown, H6, PMNCH \textit{Leaving no one behind BMJ Supplement}: (January 2020);
  - IAP WHO Bulletin editorial on \textit{UHC provisions for women, children and adolescents} in its \textit{Special issue on UHC}, (January 2020);
  - IAP Lancet editorial on \textit{HPV vaccine access and comprehensive guidelines} (February 2020).

- IAP’s 2020\textsuperscript{30} report sets out an accountability framework (see figure below) to bring together essential functions (monitor, review, remedy and act) and features (commit, justify, implement and progress) of effective accountability contributing to universal goals and implemented in unique contexts. The updated framework gives due prominence to the importance of institutionalizing accountability functions and features in a ‘whole of government and whole of society’ approach, and the intrinsic value of a culture of accountability as a driver for learning and progress towards realizing goals and rights.

- As the IAP’s 2020 report explains, accountability is about ensuring progress is achieved promptly towards agreed rights, goals and commitments in a justifiable and constructive way. The IAP sets out an accountability framework supported by 4 pillars:
- The 2020 IAP report makes 3 key recommendations to ensure real progress with accountability:
  - Invest in country data systems for national and global security;
  - Institutionalize accountability functions and features — voluntary arrangements are insufficient; and
  - Democratize accountability to include the voices of people and communities.

- In December 2020, as the IAP’s five-year term came to an end, the United Nations Deputy Secretary-General asked panel members to reflect on lessons learned by the IAP and from a decade of Every Woman Every Child (EWEC) accountability. The DSG requested a report to be delivered by 31 March 2021, to help ensure a smooth transition to accountability arrangements under the Universal Health and Preparedness Review (UHPR).

- The IAP’s final reflections report summarizes an ideal accountability ‘ecosystem’ based on the four pillars of accountability, the accountability cycle and five cross-cutting elements (people’s voice and experience, oversight for shared accountability and independent review, institutionalization, democratization and strong data). All these elements are needed, should be in good health and should work together.

- The report groups nine essential lessons under three categories.
Establishing the right foundation for accountability: 1) People at the centre – the most important lesson by far is that accountability should be a tool for listening to the voices and concerns of people and acting on what they say; 2) Political oversight, social commitment, and independent review – these are essential elements of cross-societal and multisectoral accountability.

A strong framework supports accountability: 3) Commit – political leaders and governments need to make strong, clear commitments to achieving progress on health SDGs, rights and accountability, and maintain commitments as governments change; 4) Justify – policies, plans, strategies and actions should be fully justified by evidence, rights and rule of law; 5) Implement – accountability has to be an active implementation process of monitor, review, remedy, and act to be effective; 6) Progress – effective accountability should help countries achieve progressive realization of their goals.

An enabling environment is needed for effective accountability: 7) Institutionalization – governments, institutions and other stakeholders should establish clear responsibilities by institutionalizing accountability; 8) Democratization – this is needed to ensure all people have a meaningful say, can influence decisions that affect their health and well-being and drive change; 9) Data for decision-making – high-quality data are the life blood of accountability, providing essential evidence about those left furthest behind and informing decision-making and investments.

Based on these lessons, the report sets out a checklist of best practice to assist country implementation of the IAP accountability framework. It presents three country case studies (Thailand, Chile, Nigeria) to illustrate the impact accountability can have when the framework is in place and operating as it should. Finally, it sets out recommendations and options for a healthier accountability ecosystem and practical next steps for agreeing hosting arrangements, ensuring H6 dedicated support for transition arrangements, and setting up a new panel responsible for independent accountability.

References


