REPORT OUTLINE

POLICY BRIEF .......................................................................................................................... 3
EXECUTIVE SUMMARY ............................................................................................................. 4
WHO CONSULTATION ON ACCOUNTABILITY AND INDEPENDENT REVIEW ............... 10
  Role of accountability, including independent review, in delivering on health-related SDGs
  and rights .................................................................................................................................... 10
  Framework for Accountability ..................................................................................................... 12
  WHO Consultation .................................................................................................................... 12
  Proposal for an independent review mechanism on health-related SDGs and rights,
  focusing on those left behind .................................................................................................... 20
  Log frame and initial two-year budget of the independent review mechanism .................... 27
  Conclusion .................................................................................................................................. 28
REFERENCES ................................................................................................................................. 29
ANNEXES ........................................................................................................................................ 32
  Annex 1. Summary of the WHO Accountability Consultation Approach ............................... 32
  Annex 2. List of Interviews in WHO consultation .................................................................... 33
  Annex 3. IAP Multistakeholder Consultation .......................................................................... 36
  Annex 4. Additional notes on independent review from other assessments .......................... 38
  Annex 5. Mapping of health accountability mechanisms following Member State resolutions,
  illustrative examples ................................................................................................................. 39
POLICY BRIEF

On the request of the WHO DG, a WHO consultation on accountability and independent review was conducted with over 50 colleagues. This covered health accountability requirements and mechanisms related to Member State UNGA, WHA and HRC resolutions.

The consultation was also informed by other related inputs such as evaluations of: the UN Secretary-General’s Every Woman Every Child (EWEC) Independent Accountability Panel (IAP) ; preceding reviews of the iERG and Commission on Information and Accountability (CoIA) ; the Voluntary National reviews for the SDGs, and others.

Key points emerging from the WHO accountability consultation are outlined below.

OVERALL. The WHO consultation found unanimous recognition of the importance of accountability and that is currently undervalued. Independent review can be effectively integrated into accountability mechanisms to enhance influence, innovation and impact in countries, regionally, and globally. To do so, it is important to learn from what works, and importantly what does not work, and assessing potential benefits and risks.

BENEFITS of independent review relate to influence, innovation, and impact.

· **Influence**: Political visibility, credibility across political parties and changes of political administrations, greater and more systematic, socio-political engagement, and strategic leverage to open doors or address topics that WHO might not be able to, or access additional networks.

· **Innovation**: Global health leadership on accountability, strengthening the ‘demand side’ of accountability with socio-political engagement, and building evidence and scaling up innovation in accountability to scale and support country implementation and impact.

· **Impact**: More effectiveness, efficiency, equity and trustworthiness of processes and progress. Accountability can contribute to at least 10 percent improvement in progress, based on emerging evidence in other fields. Independent review strengthens the trustworthiness, legitimacy and credibility of political reviews and decisions, investments, global commitments and decision-making and thereby builds public trust.

RISKS of independent review relate to value-add, politics, and resources.

· **Value-add**: The contributions of accountability need to be clearly demonstrated, which can be complex given implementation pathways and multiple influences. The independent review mechanism’s unique niche and operational relationship with other accountability processes, should be clear and avoid duplication of focus/effort.

· **Politics**: Organizational politics and possible pushback from Member States and partners based on negative/sensitive findings of independent review. High-level commitment and socialization of the accountability process and benefits is critical to manage this risk.

· **Support**: Independent review mechanism needs to be hosted by, and ‘tethered’ to, a strong institution with sufficient and sustained resources and processes and linkages to the avoid underperformance and suboptimal impact.

The consultation also explored ideas around the scope, functions, and structure and linkages of a potential independent review mechanisms across the health-related SDGs and rights.

In Q1 2021, the findings from the WHO accountability consultation will inform the IAP transition reflections report requested by the UN DSG.
EXECUTIVE SUMMARY

Accountability is to connect commitment to progress in a justifiable and constructive way.\(^1\) It is a required step to assure progress on health-related SDGs and rights, build back better through COVID-19, and ensure no one is left behind. Accountability works best when it benefits everyone. It should not be considered only as a duty, nor as a way to criticize and blame, but as a way to improve efficiency, effectiveness, equity, and trustworthiness of efforts to realize goals and rights.

Independent review is central to accountability and has long been a tenet of democracy, justice, and human rights, and of political and technical credibility. Public trust, which is at the heart of good governance and leadership, is strengthened when accountability is done well and leads to more and better outcomes for all. External accountability validates progress, strengthens the credibility of actions taken through independent, unbiased verification.

Member States have committed to accountability for health-related SDGs and rights across a range of resolutions and requested WHO to take forward specific accountability requirements (Table 1). It is the foundation of the Human Rights Treaty Body Monitoring Committee processes including the Member State Universal Periodic Review (UPR).\(^12\)

Table 1. Member State resolutions with accountability requirements on health-related SDG and rights, illustrative examples\(^13\)

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Global health initiatives also prioritize accountability, including the Global Action Plan for the Healthy Lives and Wellbeing for All (GAP).\(^3\) The external evaluation of the UNSG’s Independent Accountability Panel (IAP) for Every Woman Every Child,\(^2\) recommended expanding the panel’s scope across the health SDGs, focusing on those left behind. The IAP evaluation also recommended protecting the panel’s independence, while ensuring a political mandate and amplifying its socio-political influence. The recommendations noted that WHO would be the most logical host to provide the required institutional support and linkages required for the effective functioning of such a panel.

WHO Consultation: In support of Member States’ commitments to accountability, and in light of the IAP evaluation recommendations, the WHO Director General requested a consultation be
undertaken specifically to explore options, opportunities and risks associated with expanding independent accountability across health-related SDGs and rights. The DG advised that the consultation extend to Billions 1 and 3 in WHO’s Thirteenth General Programme of Work (GPW 13) covering UHC and multisectoral determinants of healthier populations, and would link to, but not cover Billion 2 on health emergencies given very specific considerations and contexts, especially in view of COVID-19, and already established independent mechanisms in this area.

The Consultation interviewed key informants including around 50 WHO colleagues currently engaged in accountability for UNGA, WHA and HRC resolutions, OHCHR colleagues working on human rights monitoring mechanisms and FCDO (former DFID) colleagues. The main purpose of the consultation was to explore the need and considerations for the additionality, effectiveness and impact of a new independent accountability panel across health SDGs and rights. The main findings are summarized below.

Multiple accountability mechanisms and support for an integrated accountability overview.
There is a complexity of multiple, ongoing accountability mechanisms across health, SDG and rights areas. The consultation findings support a proposal for an independent accountability panel that provides an overview of health accountability with additionality, efficiency and impact (Figure A).

Figure A. Illustrative health, SDG and rights mechanisms across the Accountability Framework

Synthesis of WHO consultation findings
Overall the WHO consultation indicates a strong commitment to accountability, complexity of multiple ongoing accountability mechanisms and processes across different health topics.
Respondents expressed support for an integrative accountability panel, provided it can achieve additionality, efficiency and impact to address the lack of the overall picture and institutionalized approach to accountability for health (rather than health outcomes). Key considerations for the additionality, efficiency and impact of the proposed independent accountability panel were assessed through a multifaceted consultation process, summarized below and detailed in the annex.

a. Additionality: A new independent accountability panel needs to be additional, building on and complementary to what is currently happening, and it needs to be seen as such. There should not be any risk of duplication, substitution or confusion in mandate and remit. Based on the consultation on where and how health accountability processes currently take place, additionality will be achieved by the panel undertaking a broad remit linked to:

   (i) **providing an integrative overview of accountability and progress** around the achievement of the health-related SDGs and rights, focusing on who is being left behind, where and why – typically women, children and adolescents and others experiencing marginalization and vulnerability;

   (ii) **independently reviewing global health accountability** and to what extent global health organisations (including the SDG 3 GAP agencies), the UN system, and development partners are adhering to commitments and achieving their own results frameworks to support Member States’ plans and progress;

   (iii) **democratizing accountability with inclusive stakeholder engagement** by creating a culture and space to include the voices of people reflecting on their experience of health and accountability; promoting principles and norms of accountability; and engaging stakeholders on accountability for people’s health and rights, with a specific focus on those left behind;

   (iv) **institutionalizing and reinforcing the socio-political axis of accountability**, with Member State mandates and informing dialogue and decision-making between, and where possible within, countries.

b. Efficiency and effectiveness: A leading value of accountability is around its contribution to improving efficiency and guiding decision-making and priority setting in order to do things better, especially for those most often left behind. The integrative overview of the independent accountability panel should help assure efficiency by using an accountability lens for its review e.g. the IAP 2020 report highlighted that 20% to 40% of global health expenditures are lost due to inefficiencies each year, currently amounting to around 2 trillion dollars lost. The panel would also contribute to efficiency through a streamlined, joined-up overview across multiple ongoing accountability processes for health-related SDGs and rights. Efficiency should be a key consideration in institutional arrangements for the panel as well. The panel’s independence should be protected in the sense that it pursues its work unhampered by undue concern for political or institutional sensibilities (and there are precedents in UN agencies, including WHO, for doing so). At the same time, to avoid process inefficiencies, the panel requires a strong institutional base mandated by Member States with the UNSG and WHO DG, so that it can inform and shape the critical processes that it is mandated to review (e.g. at UNGA, WHA, HRC, GAP etc.). It also requires institutional links to strengthen normative guidance on accountability and promote advocacy and technical support for the implementation of its recommendations (remedy and act) through existing institutional mechanisms e.g. for UHC and PHC implementation. These linkages should be made with a view to assuring efficiencies and accelerating progress towards achieving the health-related SDGs and rights.

c. Impact, with effectiveness and equity: Ultimately an independent accountability panel has to have impact on the lives and health of people and thus must work in ways that extend beyond a global remit to the locus of impact in countries. This can be achieved, for example, through collaborations with networks or associations of regional and global bodies that also have an accountability review function to drive remedy and action: parliamentarians, media, civil society,
special rapporteurs, academia, auditors, representatives of population groups and others. Accountability will accelerate impact through its focus on how to do things better (with more efficiency), improving focus, prioritization, equity-orientation, remedy and sustained action. The structure, mandate and remit of new arrangements should reinforce the ambition to foster a broader culture of accountability across the global health system and to the extent possible, in regions and countries, highlighting examples, pointing to what is working and why, picking out critical accountability barriers to success and motivating remedies to accelerate progress. Being independent and external to established institutions creates a greater possibility of engaging member states on sensitive or controversial issues that might be hard for WHO or other UN agencies to broach.

Proposal for an independent review mechanism
Drawing on the findings of the WHO consultation on accountability, and related strategic assessments such as the IAP external evaluation, a strong recommendation is made to establish an independent review mechanism that provides an overview across health-related SDGs and rights, focusing on those left behind typically women, children and adolescents. The proposed independent review mechanism will accelerate progress towards achieving SDGs, through its influence, its innovative approaches and its impact on health.

Mandate
The overall (foundation) mandate would come from the UN Secretary-General as it falls under the overview of the SDGs and human rights related to health, and would be supported by a WHA resolution, to ensure a clear mandate from Member States and critical institutional tethering through WHO to key global health processes and linked to political forums.

Functions
The Panel will perform the independent review function in the accountability framework, addressing the accountability requirements linked to making progress towards achieving the health SDGs and related rights with a focus on those left behind. The four key functions of the independent review mechanism, and secretariat, would include:

(i) **Review**: Provide Member States with a biennial, independent overview report of progress and accountabilities towards health-related SDGs and rights;

(ii) **Democratize**: Use accountability to promote efficiency and to promote inclusive socio-political engagement building on existing processes;

(iii) **Guide**: Promote evidence- and rights-based principles and norms of accountability, and innovation, to accelerate progress and tangibly improve the lives of those left behind including through the development of constructive guidance; and

(iv) **Catalyze**: Generate momentum behind the implementation of accountability recommendations, fostering interesting and reporting on remedy and action to achieve health-related SDGs and rights.

Benefits
The independent review mechanism will increase political visibility, enlarging sociopolitical engagements, and increasing opportunities and leverage commitment especially around challenging or sensitive issues. It would be innovative, building on past experience by strengthening political reporting, helping to improve peer review processes, using its leverage to increase demand side engagement and integrate the voices of people more systematically. The independent review mechanism would also drive impact through its focus on an integrated, holistic view across health, and its focus on efficient, effective and equitable progress.
Composition
The independent review mechanism would comprise a panel of 12-15 panelists supported by a secretariat (based in WHO, or another H6 member, or an association partner such as the International Parliamentary Union) and commissioned independent academic and technical support for the panel. Panelists would be drawn from a representative range of backgrounds, including high-level figures, technical experts, representatives of related socio-political review processes and population groups, and voices that bring expertise, gravitas, credibility and leadership of purpose. Particular focus should be placed on institutionalizing and democratizing accountability rooted in institutions and processes.

Panelists would include representation from:
(i) High-level figures that have been elected or nominated to accountability panels or positions (e.g., former heads of accountability commissions, such as CoIA, ALMA, Special Rapporteurs on Health and others, and others);
(ii) Representatives of stakeholder institutions and associations with an established socio-political accountability review function. These include parliamentary unions, special rapporteurs, media associations, civil society networks (e.g., those organizing citizens’ hearings), population and patient representation groups, professional associations, regulatory groups, international judiciary bodies, academia and think tanks focused on accountability, ‘watch-dogs’, auditors (public and private sector) and others.
(iii) Recognized, independent technical experts and thought leaders (such as academic prize winners, leading economists) to ensure the panel’s technical leadership, relevance and independence. The IAP evaluation recommended that the panel: “Include a broader range of political and other voices in the IAP whilst still protecting its technical quality and independence. The panel should be adjusted to include high profile individuals to help the IAP attract and maintain commitment to accountability for leaving no one behind”.2

Where possible, individuals would be selected from roles where they have been identified through a valid process (such as open election). However selected, panelists would serve in their personal, individual capacity rather than as representatives of constituencies.

Secretariat:
The IAP external evaluation2 identified WHO as the most logical option to perform this institutional function. However, other options are also viable. A Secretariat could be hosted by any of the H6 agencies or by a relevant civil society partner such as the International Parliamentary Union (IPU) in a co-hosting arrangement with a UN partner. A critical role of the Secretariat is to ensure linkages to Member State political and governing bodies. A secretariat hosted by WHO or other H6 agency could thus be well placed to provide global health leadership, normative guidance and country implementation support, and strengthen the independent review mechanism’s institutional linkages in the global architecture for health, SDG and rights. WHO or the H6 with the IPU, working together, would also play a coordinating role in facilitating remedy and action in response to the independent review mechanism’s recommendations through existing country support mechanisms, for example, the UHC Joint Working Team (UHC JWT)10 and the GAP and newly emerging ones (the Universal Health Preparedness Review).1,9

Independent academic and technical support:
In line with its remit to assess where and how progress has been made, the independent review mechanisms will review a wide range of evidence and reports produced by others including alliances, networks, global organizations, institutional and partnership tracking reports, testimonials and other material, including that related to the accountability processes of the myriad member
states resolutions set out in Table 1 and in Annex 5. It will not normally commission or collect primary data. However, the independent review mechanism **may commission or engage academic and research institutions**, think tanks and others at global or regional level to support evidence synthesis, analytical work and so on.

**Next steps:**
WHO will consider the findings of this consultation to strengthen health accountability mechanisms and to inform next steps on the IAP transition requested by the UN DSG in 2021.
WHO CONSULTATION ON ACCOUNTABILITY AND INDEPENDENT REVIEW

Role of accountability, including independent review, in delivering on health-related SDGs and rights

1. **Defining accountability**: Accountability is connecting commitment to progress in a justifiable and constructive way. It is a required step to assure progress on health-related SDGs and rights, to build back better through COVID-19, and ensure no one is left behind. Accountability works best when it benefits all stakeholders. It should not be seen only as a duty, nor as a way to criticize, but as a way to improve efficiency, effectiveness and equity and to realize rights. It should be institutionalized so that every leader and every government is obliged to do what they say they will in a justifiable way to progressively realize goals and rights, with the support of other actors as needed. And it should be democratized so that all people at all ages can participate fully, voice their experiences, and claim their rights. What ultimately matters are sustainable results on the ground and what these results mean to people. Public trust, which is at the heart of good governance and leadership, is built and strengthened when accountability is done well and leads to more and better outcomes for people. Independent review is vital to effective accountability as it validates progress and strengthens the credibility of actions taken through external verification.

2. **Member State Commitments to accountability**: All United Nations Member States committed to transforming the world by achieving the 17 Sustainable Development Goals (SDGs) by 2030, including SDG 3 to ensure healthy lives and promote well-being for all people at all ages. The resolution stipulates that Members States “commit to fully engage in conducting regular and inclusive reviews of progress at the sub-national, national, regional and global levels”. Member States submit Voluntary National Reports on all their SDG related activities (not specifically health). In relation to health-related SDGs and rights, there are specific accountability resolutions and requirements across a range of Member State resolutions (Table 1).

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Table 1. Member States’ accountability commitments and requirements across resolutions on health-related SDGs and rights, illustrative examples
3. **Key global health initiatives**, such as the Global Action Plan for Healthy Lives and Well-being for All (the GAP), also have accountability requirements. The GAP aims to support Member States to accelerate health progress and to incentivise global health partners to improve and strengthen their way of working together to improve efficiency, coordination and results.

4. **Human rights monitoring**: The Treaty Body Monitoring Committees monitor country adherence to treaties that have been negotiated and ratified by Member States including, for example, the Convention on the Rights of the Child. These processes revolve around the Universal Periodic Review that countries submit at intervals to the relevant monitoring committee and include a process that collects separate submissions from civil society groups, generates questions to the country and ultimately leads to recommendations to the country for remedy and action. These periodic review processes include many elements related to health, but not necessarily a systematic focus on health. Strengthening the health lens and increasing linkages between health and rights accountability processes would be a way to impact directly on countries.

5. **SDG accountability**. At the global level, the High-level Political Forum (HLPF) is the main mechanism to review SDG progress, working closely with the UN General Assembly and ECOSOC. Member States’ voluntary reports to the HLPF should be based on “regular and inclusive reviews of progress at the national and sub-national levels.” HLPF country reports are expected to include contributions from indigenous peoples, civil society, the private sector and other stakeholders, and be supported by parliaments and other institutions. A 2019 review of the process, recommended strengthening the HLPF and making it more impactful by “better addressing gaps in implementation and linking identified challenges with appropriate responses”.

6. **Value of independent accountability**: Independent review is central to accountability and has long been a tenet in political, legal and technical decision-making for credibility, legitimacy, authoritativeness, objectiveness and fairness. It is also a hallmark of good governance, human rights, and justice. Independent review can provide an overarching, objective assessment of progress and accountabilities, identify barriers and opportunities for growth and innovation, and provide recommendations for remedy and action to accelerate the achievement of goals and rights. To be effective, independent review should be part of an interconnected accountability framework. As the iERG concluded: “The link between the sensory inputs of independent accountability and the effector outputs of action must be strengthened.”

7. **Antecedents of independent accountability**: The United Nations Secretary-General’s Independent Accountability Panel (IAP) for Every Woman Every Child (EWEC) has been a key independent accountability mechanism for health under the SDGs. The experience and recommendations of the IAP have particular weight, drawing not only on its own experience since 2016 of accountability for women’s, children’s and adolescents’ health, but also on a decade of EWEC accountability. In 2010, WHO convened the Commission for Information and Accountability for Women’s and Children’s Health (CoIA) under the leadership of the UNSG. Its aim was to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women’s and children’s health. It led to the establishment of the independent Expert Review Group on Information and Accountability for Women’s and Children’s Health (iERG) in 2011, which was the predecessor to the IAP.

8. **IAP Evaluation recommendations**: The IAP’s 2019 external evaluation assessed what has worked well and less well with regards to the IAP taking into account the evolving health and SDG landscape. The IAP external evaluation made three strategic recommendations:
(i) Expand the remit of the IAP to include health and well-being across the SDGs with a focus on those left behind (typically women, children and adolescents and others in fragile situations);

(ii) Shift the IAP to a more visible place in the global health architecture (with WHO specifically named as the most logical host and an option to partner with academic groups); and

(iii) Increase the IAP’s sociopolitical influence while preserving its technical expertise and independence.

Framework for Accountability

9. **Accountability framework**\(^\text{11}\): The 2020 report of the IAP proposed an integrative accountability framework (Figure 1). It requires a more institutionalized and democratized approach to accountability, supported by strong country data systems.

10. The IAP’s accountability framework is supported by four pillars:

   (i) **Commit**: commitment to achieving health and related rights for example, across the SDGs, with defined responsibilities and required resources throughout the accountability cycle.

   (ii) **Justify**: decisions and action plans to strengthen the achievement of goals and rights are justified by (and rooted in) evidence, rights and rule of law.

   (iii) **Implement**: progress is charted by monitoring and reviewing data, including through both institutional and independent review, then enacting remedies, taking necessary action and – critically – being seen to be taking action.

   (iv) **Progress**: continuously making effective, efficient and equitable progress toward agreed rights and goals, with all available resources, this is the human rights principle of progressive realization.

Each of these pillars must be present; **if even one of them is missing, the result cannot be considered accountability**.

11. **Accountability linked to greater efficiency and higher performance**: The IAP 2020 report outlines factors for success that differentiate higher- and lower-performing countries within the same income categories. Broadly following the accountability framework, these factors for success include country leadership and commitment, robust data, policy and legal frameworks, health and multisectoral investments and coverage, good governance and multi-stakeholder participation.\(^\text{11}\) Higher-performing countries achieved better results than countries that did not perform as well across these evidence- and rights-based areas of the accountability framework. These findings align with emerging evidence in other fields on the impact of accountability to improve performance by at least 10% toward achieving goals.\(^\text{11,28,29}\)

WHO Consultation
12. Informed by the range of accountability requirements across health SDGs and rights (Table 1) and the IAP and other evaluations, the WHO DG initiated a consultation on an integrative Independent Accountability Review Panel for health-related SDGs and rights, focusing on those left behind. The consultation builds on the evaluation findings of the IAP, EWE and other global health bodies and explore options for renewing and extending commitment to accountability in the context of the Decade of Action and building back better from the COVID-19 pandemic. The UNSG’s progress report on implementing the UHC declaration re-emphasizes the importance of accountability to making progress on UHC, including the need for inclusive socio-political accountability to ensure its realization. The WHO consultation is a key input to informing next steps on accountability. The consultation methodology and main findings are summarised in Annex 1. In addition, the IAP undertook its own consultation in parallel to help inform next steps for Independent review.

13. WHO DG Report to Member States, WHA 73 11.2 (EB 146/6). As DDG advised, WHA 73 11.2 already includes as follow up to the UN high-level meetings, the DG’s report to Member States that: “The monitor, review, remedy and act cycle of the United Nations Secretary-General’s Independent Accountability Panel for Every Woman, Every Child, Every Adolescent provides an accountability framework for universal health coverage to build on. The Panel recommends inter alia making universal health coverage the umbrella for health accountability, prioritizing the needs of those furthest left behind. WHO will continue to work with key partners on accountability, including through the global action plan for healthy lives and well-being for all, the Office of the United Nations High Commissioner for Human Rights, the Inter-Parliamentary Union, and UHC2030 to promote inclusive sociopolitical participation, engaging parliaments, civil society, academia, media, communities and ultimately citizens.”

14. Multiple accountability mechanisms and support for an integrated overview. The detail and specificity of many accountability processes already in place is relevant (Figure 2 and Annex 5). The consultation showed a complexity of multiple, ongoing accountability mechanisms across health, SDG and rights. The complexity of these accountability processes requires organisational resources (time, human resources and skills, financing resources). Many have been established for some time or have highly specialised terms of reference that were developed and agreed with considerable effort. The consultation findings support a proposal for an independent accountability panel that provides additionality through acting in an overarching capacity to the existing mechanisms, ensuring it creates additionality, efficiency and impact. Furthermore, an independent body, mandated by Member States will have scope to open some kinds of discussions with Member States that WHO could not broach. It will reach different networks, have dialogue with countries in different ways, and engage different global and socio-political partners than a UN agency (for example) may be able to do. Independence confers a level of verification that can never be achieved through an internally driven process no matter what its degree of probity.

18. Specificity of accountability processes: Although the mapping demonstrates that the full accountability cycle is evident, key informants were clear that there was particularly limited investment in relation to the crucial elements of remedy and act which require both the implementation of recommendations and the verification of action. The figure above lays out several examples but the evidence from informants was that they are the weakest element of accountability in practice. In other words, most investment was made into monitoring with some degree of systematic review. One key informant pointed out that the commitments made in WHA and UNGA resolutions often lacked precision and were not accompanied by SMART indicators (Specific, Measurable, Achievable, Relevant and Time-bound) as a matter of course. Another underscored the incomplete alignment between WHA and UNGA resolutions and the
SDG targets which affects coherence, priority setting and decision-making. This was reinforced by the findings of the IAP’s accountability consultation which the point that just because accountability mechanisms exist, they may not necessarily work as they should.

19. **Role of accountability**: There was a sense among many key informants that an interest in and focus on strengthening accountability in health was growing and that rigorous accountability processes make a contribution to open societies, transparency and more responsive governance. Among all key informants there was active support for more and better accountability in all aspects of health SDG and related efforts. Key informants were unanimous that accountability was critical if currently undervalued. One informant pointed out, “accountability is a top concern of ours” although at the same time recognising the complexities and challenges of undertaking sound accountability processes linked to WHA resolutions. Accountability processes were interpreted as largely focused around monitoring and review (collecting, interpreting, and commenting on data) but could often be reduced to something quite narrow like accounting (money) and tracking the implementation and use of resources in relation to specific programme activities.
However, emerging accountability arrangements linked to the WHO’s Global Programme of Work\textsuperscript{14} to deliver the ‘Triple Billion’ and to monitor the SDG GAP\textsuperscript{9} are potentially high impact processes that anticipate monitoring of ambitious results, although a notable feature is that these will be largely generated by internal stakeholders. Together, the WHO’s triple billion and the SDG-GAP could significantly and rapidly recover gains lost to Covid-19 and accelerate progress to achieving the SDGs.

20. **Wider purpose of accountability:** Accountability also supports the identification of the best choices to make, the use of resources, and decisions regarding fairness and equity; it drives the recognition and delivery of human rights and supports remedy by duty-bearers on behalf of rights holders. Several key informants commented that beyond the usual association of accountability as a means to identify whether commitments have been met, and when undertaken well, accountability supported improved efficiency and effectiveness by helping identify what works well, how resources are used to deliver results and how to improve targeting and decision-making for better results. It is important therefore that accountability should be for results, not just commitments.

Another set of observations focused on the role of accountability in driving large scale systems reforms. In the advancement of UHC, for example, openness and transparency around use of resources, beneficiaries, progress and impact will all be important to maintaining government-citizen collaboration and support for what in most countries is a protracted transformative project on a national scale that crosses political and socio-economic boundaries. Lastly, accountability processes help to swivel attention beyond results focusing more on the social and economic determinants of health, economic drivers and broader antecedents. It was observed that accountability needs to do more than comment on these broader determinants; remedy and action is needed also and those best placed to influence determinants need to be “at the table” and have a vested interest in the accountability process as well.

21. **Locus of impact:** Accountability was considered to have the greatest potential impact on health outcomes at country level and in strengthening the critical axis of accountability between governments and citizens. It was also most needed at this level. Poor people have less political space; their voices are not heard and their access to services tends to be the weakest despite their large share of health need. Opportunities to strengthen domestic accountability (for example, through commitment monitoring) could be through the role and functioning of parliaments, the media, and a range of socio-political processes. However, accountability processes anticipated by myriad WHA and UNGA resolutions are monitored primarily at the global and regional levels; countries make data available, submit voluntary reports (for example, the Voluntary National Reports to monitor SDG progress) and in other ways elect to engage in external monitoring processes. While some countries link their reporting to internal accountability cycles, this is also voluntary as well, and largely unmonitored. More than one key informant pointed to a disconnect between “the business of global health actors” – including myriad accountability processes – and the health reality among “the global citizenry”. This finding was reinforced through the IAP Consultation which found that “Accountability processes that engage the community, are owned by them and led by them, are found to be the most successful” suggesting that engaging communities and people from the start is critical to achieving this impact.

22. **Holistic focus:** The IAP focused on accountability specifically around results for women, girls and adolescents, building on the original focus of EWEC on MDGs 4 and 5. Some informants were uncertain whether these needs would be best served through continuing a direct accountability process or through something broader in the context of UHC and leaving no one behind. On the
one hand, some informants considered that the monitoring and review needs of women, girls and adolescents merited continued focus and there was a risk that this crucial group—the majority of most populations—would be marginalised. More informants however, pointed to the increasing trend towards thinking and acting in terms of whole systems rather than individual groups or issues. Furthermore, monitoring the health of women, children and adolescents would continue through country monitoring supported by H6 partners, and advocacy for accountability would continue through the PMNCH and associated civil society platforms. These, ideally, would link well to a global accountability panel.

23. **Democratizing accountability:** One of the potent themes emerging from the consultation concerned the central role and importance of civil society especially for country accountability. The critical axis of accountability between governments and people is mediated through a range of bodies, some elected and others not. Even where accountability is positioned in the global space it has to radiate through to civil society at all levels using all possible channels. These can be global civil society organisations that are representative of regional and country membership bodies (such as the parliamentary union, media organisations, health professional associations, environmental groups and others) or they can also include global civil society platforms which gather wide-ranging non-state actors around areas of common interest such as the UHC partnership, non-communicable disease platform, regional issues, or others. The IAP consultation reinforced this point in finding that there are evidently “different interests with different accountability partners” raising the additional challenge of identifying who or what accountability is for.

24. **Country accountability:** Through WHA and UNGA resolutions, countries identify priorities and areas to strengthen and, WHO and other technical support, then hold each other accountable for progress through periodic reporting. These are political processes, mediated through multilateral bodies, and they play an important role in shaping the focus and directing the use of resources and technical capacity in the global health system. As political processes, they create a critical line of legitimacy around accountability instruments that engage countries in review, and sometimes remedy. In addition, through their reporting processes, they rely to some extent on the principles of peer review to strengthen action. Most of the current accountability processes that key informants were engaged in centred on monitoring and reporting (the monitor and review functions in the accountability cycle in Figure 1) conducted in the context of WHA and UNGA-linked fora. This principally entails each country taking action domestically and contributing regularly to regional and global level processes that monitor and report on country progress towards meeting a range of voluntary commitments.

25. **Multilateral organisations:** Multilateral agencies use a host of accountability tools including the management review (a formal action-response to evaluations), results trackers and audits. Accountability among multilateral organisations is also assessed externally through MOPAN processes, donor initiated multilateral aid reviews and others. The SDG GAP is building a range of accountability-type instruments in addition to its monitoring report including a recent evaluability assessment, results matrix, and theory of change (in progress). The twelve global health signatories to the SDG GAP are reportedly making steady progress. However, each signatory has its own internal governance and accountability arrangements overseen by a Board making the advancement of progress difficult and slow. Maintaining momentum around the advancement of the SDG GAP is critical given the challenges of making real progress that will have impact in countries. The health financing accelerator has made visible progress, the result of collaboration and cooperation between the Global Financing Facility (GFF), the World Bank, and WHO among others. WHO’s Global Programme of Work (GPW) 2019-2023 includes a commitment to reach a triple billion in terms of achievements, has been endorsed by member
states, has targets, indicators and will be assessed through a mid-term review funded from the regular budget.

26. **Donor accountability**: Key informants observed that monitoring donors in relation to specific commitments was not systematic across health resolutions or linked to specific health SDGs although there were recognised accountability instruments aimed at donors such as the OECD DAC reports.

27. **Voluntary nature of accountability**: Yet, there was wide agreement too that in global health accountability processes rarely compel or have a legal basis to them and are voluntary in nature. As informants said, “little can be done when recommendations are not followed up”, and that the current accountability processes generate “lots of information but limited incentives” to take action. There are notable exceptions: The International Health Regulations and the Framework Convention on Tobacco Control were both frequently raised as examples where global commitments included an element of legal compulsion although informants also pointed out that even with these implementation, remedy and action was inconsistent across countries. This fact – the predominantly voluntary nature of most accountability instruments – underscores the reality of member state consent to participate in accountability as well as highlighting, through contrast, how much easier it is to build a line of sight on accountability (although not necessarily more valuable) in international arenas, funded by a limited group of donors for a more delineated purpose.

28. **Independence**: Accountability only works if it has meaning and can “speak the truth” without fear or favour. An accountability instrument that is unable to speak openly as a result of extraneous considerations – political sensibilities, financial considerations or other factors – would be hampered and less effective according to many informants, while the additionality of such a mechanism would be questionable given that there are already as this would be a significant difference with most current accountability arrangements. However, while independence was a key feature of the IAP, the evaluation identified the relevance of institutional tethering that the IAP lacked. Institutional tethering creates the necessity or obligation to listen to accountability recommendations (remedy), to take action and to be seen to be taking action (verification). Independence means that individuals conducting accountability processes serve in their individual capacity and do not speak on behalf of an organisation or political group of any kind. However, this does not mean that the accountability mechanism itself should be untethered entirely from collective processes. There is a critical difference. Without institutional tethering in its widest sense (to the SDGs, to the SDG GAP, to civil society engagement in dialogue) independent accountability becomes less meaningful, free floating, and difficult to link to remedy and action. This would ultimately make it unlikely to be meaningfully influential on almost any level. The concept of independence with tethering emerged from the IAP consultation as necessary specifically with respect to accelerating gender equality, disability inclusion, improving health outcomes for women and children and review of foundations beyond financial audits.

29. **Range of accountability instruments in use**: Accountability in the WHA and UNGA resolutions “urge member states to do specific things, prioritise certain results, channel additional resources and take action”. WHO’s role, according to key informants, is to help guide what and how actions can be taken, mobilise other agencies and sustain commitment and momentum through regular reporting. Accountability instruments currently in use vary widely although as identified, they tend to sit at the Monitor and Review rather than remedy and act. There tend to be more limited mechanisms for follow-up and action by member states and participation is fully voluntary. Some of the main instruments for monitor and review linked to WHA resolutions,
frequently mentioned included scorecards, red-amber-green traffic light system, trend tables, voluntary national reports, and specialist or interagency data review bodies. Beyond WHA resolutions, a wide range of accountability instruments were mentioned including the UN Frameworks, VNRs, civil society audits, social accountability processes, parliamentary reviews, independent evaluations, and others.

30. Remedy and Action - frequently the missing link: A common feature of accountability tools and instruments identified during the consultation or in documents reviewed was the general absence of a systematic process of remedy and action (in the form of structural and legislative changes, verification and subsequent evidence of impact). However, remedy and action were more clearly in evidence where accountability was linked to a single institution (for example, within WHO) or a single result (for example, polio elimination) suggesting that the narrower the focus, the more practical it is to identify remedy and verify action. In institutions, this often comes in the form of an institutional management review. The SAGE is frequently referenced as an external group with “the teeth” to make recommendations that were implemented with accompanying verification.

However, structural determinants and failures of accountability do require an overview of the issues across governance, systems and topics. Key informants identified that the absence of systematic remedy and action in many WHA resolutions ultimately limits the achievement of health results, particularly in countries. However, transparency and engagement with remedy and act elements of accountability in countries (and globally) is influenced by a wide range of factors including governance arrangements, socio-political processes, dialogue and culture, democratization and the degree to which civil society organisations are engaged in the socio-political space. Many key informants recognised that this was deeply important but were unable to suggest ways that, as an external actor and member state body, WHO and any of its sister organisations across the UN system could better support accountability by governments to people given the constraints on their mandate and organisational arrangements. It was a problem that could be broken down to some extent but not necessarily influenced and remedied from an external vantage point as that in itself risked shifting lines of accountability.

Some informants were more sanguine therefore about the role of an overarching and independent accountability process that could speak openly and urge countries to action. They suggested that it would be productive to stimulate an approach that supported civil society and socio-political processes to engage in, understand better, and demand more accountability from governments and duty-bearers. Using case studies, supporting test cases, increasing participation of country based representative civil society organisations in global health accountability processes were all suggested as options to explore.

31. Necessary conditions for accountability: There was significant alignment among key informants about the necessary (although not sufficient) conditions under which accountability processes were undertaken to be most helpful. These included (i) the importance of focusing on trend data rather than isolated or single points in time; (ii) the value of drawing data from multiple sources for the same analysis; (iii) a context in which trust can grow and the process is less around name and shame, more around supporting improvement and effectiveness (how to do things better); (iv) sufficient investment of time into unlocking the detail behind data; (v) repeated processes over an extended period of time; (vi) a context in which evidence underpins openness and the ability to be frank (“... here is the problem; here is a solution”) which requires bravery and independence (see below). Without these (or most of these) features, accountability processes risk being tokenistic and shallow which in turn makes them wasteful, potentially corrosive, and certainly a poor use of resources.
32. **Hazards and risks of introducing new accountability instruments**: In addition to these risks, key informants were most concerned about two further hazards. The first was the risk of introducing new accountability processes that would be duplicative or would aim to substitute established monitoring systems already in place. This was a widely held concern and raised the importance of identifying a clear role for any additional accountability that would add value to what is currently happening and build and support on-going processes rather than try to substitute them. A second risk raised quite often was that additional accountability would lapse into the ever-present trap of creating “just produce another global report” that would be read (even with interest) but then put in a drawer and forgotten. For many key informants, it would be important to identify with clarity what the value added was of every accountability instrument. For some, current accountability approaches are perhaps too closely associated with critique or wrong-doing and risked losing their value as a means to strengthening effectiveness, equity and efficiency.

33. **Origin of mandate**: A critical foundational issue for accountability concerns the origin of the mandate. A mandate from member states for the WHO to work on specific review and remedy processes for example, was raised often. Another element of mandate specifically raised in the IAP evaluation and by the IAP panel was the breadth of scope and mission created for the IAP by their foundation under a mandate from the UN Secretary General. In both these examples, foundation mandate determines the level of the accountability process to which it will itself be answerable and underpins a wide-ranging remit that can engage stakeholders across myriad sectors and at global or regional/country levels. Both the WHO and IAP consultations identified this very clearly; any instrument that aimed to work across the SDGs would need a high-level mandate such as the Secretary General while an aim to foster accountability processes within countries would be significantly strengthened with a mandate from member states.

34. **Operational mandate or remit**: Key informants were, unsurprisingly, almost unanimous that new accountability instruments of all kinds must be additional and add demonstrated value which means as stated, not undermining existing functions and processes; not duplicating the myriad specific arrangements already in place. The accountability remit – or operational mandate – should thus reinforce and support existing processes and lead to a demonstrable acceleration of results and outcomes. The role and mandate of additional accountability was a contested issue. Views of less convinced informants ranged from concerns about duplication to “a global instrument will not achieve anything meaningful at country level for poor people” to concerns about creating a complex, overly politicised body that would be expensive, time consuming and achieve little. More informants, though, were optimistic about the prospects of high profile accountability as a positive development pointing to the value of working with and through multi-stakeholder platforms to promote and reinforce accountability at country level, monitor and review commitments by countries, global health organisations, and alliances such as the SDG GAP, working with and through regional bodies and others. Some pointed to an overall role of monitoring whether the global health community is on track to achieve expected results, identifying priority remedies and following up regularly on actions taken.

35. **Limitations of a global body**: The limitations of accountability delivered at the global level were raised by many informants. It was frequently noted that monitoring commitments without the scope or “teeth” to follow through with remedy and act related consequences was ultimately demotivating. Data was frequently raised as a challenge, of uneven quality and completeness (see below), many results were qualitative in nature, WHO was not always funded to conduct thorough accountability-related monitoring and recommendations were difficult to follow up in more than a handful of countries. However, one informant pointed to the value of being candid
saying it would be best to start with realism and a practical approach recognising data gaps and shortfalls but saying that nonetheless “...despite that the SDGs are largely unquantifiable, we still want to try”.

36. Data: While accountability needs to be independent and brave, it also needs to base findings and recommendations on evidence. Data limitations and gaps were raised by most key informants as both a barrier and at the same time a central plank of meaningful accountability. Indeed, the IAP 2020 report spells out the relevance of sound data for realising rights and ensuring everyone is counted. 10 years after CoIA, the birth of one in four children is not registered and there are significant data gaps across the SDGs. The importance of data is the IAP report’s first recommendation: “Data and evidence are the bedrock of accountability. Although not sufficient in and of itself, a sound evidence base is the necessity without which the functions and features of accountability cannot be realized.” (pg 62, IAP 2020 Report). WHO DDI is working intensively on strengthening health data, building alignment across sources, making data accessible through improving availability and ultimately use. It is almost certainly working with other organisations on this process which is valuable. However, weaknesses in data systems are widespread and complex. For example, the IAP pointed out that “Legal, logistical and political barriers to birth registration” need to be addressed urgently by governments. The Mo Ibrahim Governance Index points to civil registration weaknesses as a significant barrier to asserting rights – including those related to health - in many countries and a majority of the poorest. While health is more quantifiable than some other sectors, there are still many complex challenges and the contested nature of data often collected through different systems and processes for entirely different purposes reduces transparency. Beyond this though, informants highlighted a key accountability challenge - that measurement did not necessarily lead to action. WHO is taking steps to address this especially in the context of the Global Programme of Work.

37. Covid-19: The pandemic has had myriad impacts that continue to unfold. Collectively these put health systems under extreme pressure in some countries both through direct and indirect impacts. Addressing the pandemic will tie up resources and available capacity some time. The Covid-19 response creates a number of opportunities however, for example to engage new partners, strengthen primary health systems and expand services to less common segments of the community (older adults for example). Covid-19 has clearly highlighted the need for healthy, well-trained and motivated health workers. And the pandemic cannot be fought effectively without data for decision-making. For accountability, the pandemic “is taking us back to basics - helping us focus again on social and economic determinants, equity, and to deal with health” in the words of one informant. Accountability, in turn, is how we minimise, mitigate, maximise, contribute to health and how we engage everyone in the process including both respect for human rights and efficiency and effectiveness in the health system. Another underscored that the pandemic highlighted the value of a holistic approach to health that is based on scientific data but looks more broadly at determinants. Indirectly, country responses to the epidemic suggested to some informants that where leaders have been accountable and responses democratized, they have controlled the pandemic the best (generally speaking).

Proposal for an independent review mechanism on health-related SDGs and rights, focusing on those left behind

38. Proposal and justification: The proposal laid out here is to strengthen the independent review function towards achieving the health SDGs and related rights with a focus on those left behind. This proposal is informed by the IAP accountability framework and based on health accountability requirements in UNGA, WHA and HRC resolutions (Table 1), the EWEC
accountability experience,\textsuperscript{25} the IAP external evaluation,\textsuperscript{2} and the IAP 2020 report recommendations\textsuperscript{11} as well as the results of the WHO consultation on accountability. It responds to Member State interest in strengthening accountability for the health-related SDGs. As one Member State said, “There should be one accountability framework for health that we all push for” while also linking closely with countries, networks and people. The proposed scope, mandate, objectives and structure of the independent review mechanism are informed by the findings of the WHO consultation and rooted in the understanding that any accountability Panel must demonstrate additionality, efficiency and impact (see Annex 1).

39. Remit and scope: The proposed remit is to develop a broad independent review function that takes an overarching view of the health-related SDGs and related rights, focusing on people typically left behind – women, children and adolescents, displaced persons, racial, tribal and religious minorities, indigenous people, and others in vulnerable situations. The integrative scope of the independent review mechanism would aim to encompass progress towards achieving the health-related SDGs across the global health system including through both direct health actions and through addressing social and economic determinants.\textsuperscript{1} It would build on existing mechanisms such as the Universal Periodic Reviews,\textsuperscript{12} drawing on a network of networks. The independent review mechanism would link to with the first and third billion targets in WHO’s Member State approved Thirteenth General Programme of Work, 2019-2023 (GPW 13)\textsuperscript{13} and strengthen accountability for commitments made by the twelve health organisations in the Global Action Plan for healthy lives and well-being for all (GAP).\textsuperscript{9} The remit of the independent review mechanism would not cover health emergencies, for which there are already established independent review mechanisms. However, the independent review mechanism would take into account the implications of COVID-19 and other emergencies for achieving health-related SDGs and rights. It would also ensure coherence and continuity with the recommendations of health emergency independent reviews and independent review mechanism recommendations on ‘building back better’ after the pandemic.

40. Independent review mechanism dual mandate from the UNSG and Member States: The independent review mechanism’s overall mandate would come from the UN Secretary-General as it falls under the overview of the SDGs and human rights related to health. This would also enable the independent review mechanism to work across the global health system and in collaboration with a broad range of processes and actors drawing on a key recommendation from the IAP evaluation\textsuperscript{2} to take a multisectoral approach to health. Although a mandate from the UN Secretary-General is thus a foundational element (and very important to success), evidence from the WHO consultation suggests the establishment and function of the independent review mechanism would also be significantly strengthened through a direct mandate from Member States. Such a mandate could be expressed through a WHA or UNGA resolution particularly if it aimed to encourage and strengthen accountability \textit{within} and not just \textit{between} countries.

41. Operational leadership role for WHO: A WHO Executive Board report by the WHO DG in February 2020 noted that the Secretariat would respond to the high-level political declaration on universal health coverage (UHC) by redoubling its efforts to support Member States in delivering on commitments. This includes a more inclusive and integrative approach to accountability and strengthening socio-political accountability to drive progress towards health and SDGs, as agreed in the high-level political declaration.\textsuperscript{40} The DG’s report specifically references the \textit{monitor, review, remedy and act} cycle of the IAP as the accountability framework to build on. The report

\textsuperscript{1} For this reason, the independent review mechanism would not be constrained to a single thematic area of health even one as broad as UHC.
emphasizes WHO’s commitment to continue to work with key partners on accountability, including through the GAP, the Office of the United Nations High Commissioner for Human Rights, the Inter-Parliamentary Union, and UHC2030 to promote inclusive socio-political participation, engaging parliaments, civil society, academia, media, communities and ultimately citizens. The WHO is engaged in developing a closer interface with the Office of the High Commissioner for Human Rights and Inter-Parliamentary Union through Memoranda of Understanding. Other H6 agencies may also play an important role jointly with WHO in supporting the Secretariat functions of the independent review mechanism. H6 leadership would ensure and support cross UN engagement and commitment to the critical functions of the independent review mechanism.

42. independent review mechanism functions: It is proposed that four key functions of a new independent review mechanism would accelerate delivery of health-related SDGs and rights, with a focus on those left behind. These functions are presented below and depicted visually in Figure 3.

Figure 3. independent review mechanism Functions and links to accountability ecosystem for health-related SDG and rights

(i) REVIEW. Provide Member States with a biennial, independent overview report of progress and accountabilities towards health-related SDGs and rights.

This overview report would take into account the interconnected nature of health, SDGs and rights. By providing an integrated overview, the independent review mechanism would synthesize, add value, complement, and make more accessible and actionable the
evidence from the plethora of data and publications. These might importantly focus on more specific aspects of the accountability framework e.g. monitoring, or specific technical topics e.g. related to population groups, diseases, systems or sectors. Other functions reflect the widely held view, including in the consultations, that a report is necessary but not sufficient in terms of projecting independent review mechanism influence on accountability.

(ii) **DEMOCRATIZE.** Use accountability to promote efficiency and to promote inclusive socio-political engagement building on existing processes.

Accountability provides a unique lens to engage stakeholders across society in examining progress and taking action towards shared goals (compared with more technical frames, for example). This also aligns with the recommendations in the IAP’s external evaluation\(^2\) to increase the socio-political influence of independent review. The independent review mechanism will also aim to strengthen the consideration of health in existing accountability processes that countries already engage in including the Treaty Body Monitoring Committee submissions including the Universal Periodic Reviews, the SDG related reporting centred on the Voluntary National Reviews and others as appropriate.

(iii) **GUIDE.** Promote principles and norms of accountability to accelerate progress and tangibly improve the lives of those left behind.

The principles of accountability are based on good governance and management, human rights, social justice and equity. Their explication and application therefore should not only improve effectiveness and efficiency in progressing towards goals. Equity is also a critical consideration, and accountability. The independent review mechanism should prioritize continuous learning and innovation in accountability to drive transformative change. Operational research in important to identify what has worked and learn from what has not across accountability efforts. The independent review mechanism should promote and deploy innovation to improve the effectiveness, efficiency and equity of accountability drawing on a wide range of data collected through country case studies, hearings, network submissions, and others.

(iv) **CATALYZE.** Facilitate implementation of accountability recommendations with remedy and action to achieve health-related SDGs and rights.

Aligned with the human rights principle of progressive realization and indivisibility and interconnectedness of rights, independent review mechanism reports, engagement and activities should facilitate continuity and coherence in tracking progress and accountabilities toward achieving health-related SDGs and rights. The independent review mechanism scope would include catalytic support integrated through existing mechanisms e.g. UHC, NCD and other networks, the PHC Joint Working Team,\(^10\) the SDG3 GAP\(^9\) including country-led networks and based on country plans and systems\(^2\).

43. **Benefits**

The independent review mechanism will increase political visibility, enlarging sociopolitical engagements, and increasing opportunities and leverage commitment especially around challenging or sensitive issues. It would be innovative, building on past experience by strengthening political reporting, helping to improve peer review processes, using its leverage to increase demand side engagement and integrate the voices of people more systematically. The

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\(^2\) This kind of catalytic support would not be a separate funding stream as it was in CoIA when around US$88 million was disbursed to countries but was not integrated with country systems nor sustained.
independent review mechanism would also drive impact through its focus on an integrated, holistic view across health, and its focus on efficient, effective and equitable progress.

44. **independent review mechanism composition:** The independent review mechanism would comprise a Panel of 12-15 members, supported by (i) a secretariat (based in WHO or another H6 agency) and (ii) commissioned independent academic and technical support.

Panellists would be drawn from a diverse and representative range of backgrounds, including high-level figures, technical experts, representatives of socio-political review processes and population groups, and voices that bring gravitas and authority of purpose. Where possible, individuals would be selected from roles where they have been voted into their position through a valid process, e.g. special rapporteurs. Howsoever selected, panellists would serve in their individual capacity rather than in institutional or constituency-based roles. Among the key groups represented in the panel would be:

(i) High-level figures that have been elected or nominated to accountability panels or positions (e.g. former heads of accountability commissions, such as CoIA, ALMA, Special Rapporteurs on Health, and others);

(ii) Representatives of stakeholder institutions and associations with an established socio-political accountability review function. These include parliamentary unions, special rapporteurs, media associations, civil society networks (e.g. those organizing citizens’ hearings), population and patient representation groups, professional associations, regulatory groups, international judiciary bodies, academia and think tanks focused on accountability, ‘watch-dogs’, auditors (public and private sector) and others.

(iii) Recognized, independent technical experts and thought leaders (such as academic prize winners, leading economists) to ensure the panel’s technical leadership, relevance and independence. The IAP evaluation recommended that the panel: “Include a broader range of political and other voices in the IAP whilst still protecting its technical quality and independence. The panel should be adjusted to include high profile individuals to help the IAP attract and maintain commitment to accountability for leaving no one behind”.

**independent review mechanism Secretariat:** The IAP external evaluation identified WHO as the most logical option to perform this institutional function. A critical role of WHO is to ensure linkages to Member State political and governing bodies. However, other H6 agencies could also be engaged in hosting the secretariat. A secretariat hosted by WHO or another H6 agency would provide global health leadership, normative guidance and country implementation support, and strengthen the independent review mechanism’s institutional linkages in the global architecture for health, SDG and rights. H6 agencies would also play a coordinating role in facilitating remedy and action in response to independent review mechanism recommendations through existing country support mechanisms, for example the UHC Joint Working Team (UHC JWT) and the GAP. The International Parliamentary Union (IPU) offers an alternative option as secretariat either independently or jointly with a UN agency partner and would help create and maintain the crucial link to country political and governance processes.

**Commissioned independent academic and technical support:** In line with its remit to assess where and how progress has been made, the independent review mechanism will review a wide range of evidence produced by others including alliances, networks, global organisations, institutional and partnership tracking reports, testimonials and other material. It will not normally commission or collect primary data. However, the independent review mechanism may
commission or engage academic and research institutions, think tanks and others at global or regional level to support evidence synthesis, analytical work and so on.

45. **Broadening democratization of accountability**: To achieve impact, it is vital to effectively democratize and institutionalize the accountability framework as recommended in the IAP 2020 report. Particular focus should be placed on democratizing accountability to ensure meaningful engagement by people and stakeholders, so that their voices and experiences are listened to and included. With these recommendations in mind, the independent review mechanism would include formal representation from key stakeholder institutions and associations with an established socio-political accountability review function. These include parliamentary unions, media associations, civil society networks (e.g. those organizing citizens’ hearings), population and patient representation groups, professional associations, regulatory groups, international judiciary bodies, academia and think thanks focused on accountability, ‘watch-dogs’, auditors (public and private sector) and others.

46. **Data, information and evidence**: The independent review mechanism, in its remit of assessing where and how progress has been made, will review evidence produced by others including alliances, global organisations and networks, institutional and partnership tracking reports, and ‘state of the art’ summary reports. The independent review mechanism will not normally commission or collect data itself. This avoids duplicating functions while also enabling the independent review mechanism to comment on the quality, completeness and coverage of available data. independent review mechanism work can also be linked to WHO’s normative guidance e.g. on the accountability framework and methodology and guidance on implementing accountability recommendations.

47. **independent review mechanism Institutional tethering**: The IAP 2020 report recommends better institutionalization of accountability, including for independent review. This would require that the independent review mechanism has: a strong institutional position, including through its mandate and by reporting to political governing bodies; link up with the principal SDG related processes at global, regional and country level; and through a strong secretariat that would forge the required institutional links throughout the accountability cycle.

48. **independent review mechanism activities and products**: The independent review mechanism will develop multiple pathways to influence results and strengthen remedy and action across its remit. These pathways may include a biennial report but on its own – no matter how interesting or stimulating – a report is not sufficient additionality to the accountability arrangements already in place. On reporting, the IAP evaluation recommends an overarching biennial report that could be included “as one input into the SG’s planned progress reports to member states on implementation of the 2019 UHC High Level Meeting (HLM) Political Declaration and at the High-Level Political Forum (HLPF) for tracking SDGs progress”. The independent review mechanism should be resourced to work beyond reporting. This could include holding hearings, making thematic submissions to other reporting instruments (such as CEDAW) or Human Rights Commission periodic review processes, highlighting case studies, fostering a culture of accountability across the health landscape especially around addressing the social and economic determinants of health, working with and through existing partnerships. The independent review mechanism products and deliverables would include:

a) **Biennial report** to provide an independent, integrative overview of progress and accountabilities toward realizing the health-related SDGs and rights and provide limited set of key recommendations to accelerate progress (context-specific, SMART and with potential for substantial impact). This report would be clearly linked to the ‘accountability system’ taking recommendations forward, with a clear road-map, clearly assigned roles and
responsibilities, tracking and reporting back for the following report on progress (or not) achieved and why.

b) Inclusive socio-political engagement across the life course and across sectors, with institutional links to implementation partners and structures across intergovernmental processes and forums as well as linking to formal reporting process, e.g., Voluntary National Review process and national SDG review and health strategy setting (e.g., UJC JWT, Human Rights monitoring bodies etc.) as well as through established networks and accountability mechanisms.

c) Benchmarks, standards and normative guidance on accountability accessible to everyone and tailored to address needs across life course. Engagement with Treaty Body Monitoring Committees around strengthening reporting on health-related elements of existing convention reporting processes.

49. Risks and hazards: The independent review mechanism needs to be established, supported and reviewed with the aim of avoiding hazards, reducing risks and maximising opportunities and impact. Based on the experience of previous accountability processes including the work of the IAP and drawing on the consultation, the main risks and opportunities are highlighted in Table 2.

Table 2: Opportunities, risks and hazards associated with the establishment of the independent review mechanism

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Risks and Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Global accountability is important as SDGs and rights frameworks are global. It is difficult for individual countries to have oversight of transnational commitments and responsibilities.</td>
<td>• Organizational politics and possible pushback from Member States and partners based on negative/sensitive findings of independent review. High-level commitment and socialization of the accountability process and benefits is critical to manage this risk.</td>
</tr>
<tr>
<td>• Support and inspire countries and country-based partners and networks to strengthen accountability</td>
<td>• Avoid the duplication of processes that already exist (for example, in relation to specific areas of accountability as laid out in Figure 2 and annex 5) and ensure that the independent review mechanism builds on what others are doing, not trying to replicate it.</td>
</tr>
<tr>
<td>• Using a biennial report to bring different stakeholders together for discussion and shared commitment</td>
<td>• Avoid producing a report once in two years and expecting anything to happen as a result. The Biennial Report is a starting point but has to be accompanied by much more on-going guidance and engagement for accountability to have impact.</td>
</tr>
<tr>
<td>• Foster and catalyse a commitment to remedy and action linked to review as a critical follow-through while raising normative standards around accountability and providing guidelines about what works</td>
<td>• Reach out beyond health to strengthen engagement with multisectoral determinants and processes.</td>
</tr>
<tr>
<td>• Help concentrate attention on gaps in progress and stimulate more efficient and effective investments to accelerate results</td>
<td>• Institutional tethering is critical to ensuring that the independent review mechanism’s work gains traction with political governing bodies and other partners; without tethering, recommendations are unlikely to have impact or traction.</td>
</tr>
<tr>
<td>• Independence should be secured through the appointment of panellists who serve in their personal capacity.</td>
<td></td>
</tr>
</tbody>
</table>

50. Review and scrutiny: The independent review mechanism should itself be independently reviewed after three years to assess progress and identify whether and how it could strengthen its additionality, efficiency and impact.

51. Transition: A number of steps would be needed to ensure a sensible and smooth transition from the current IAP to the independent review mechanism. These actions would preserve knowledge and institutional memory, safeguard skills, and responsibly decommission/transition the
management, accountability structures and support arrangements of the current panel. A transition plan would be a useful next step.

Log frame and initial two-year budget of the independent review mechanism

52. The log frame and initial biennial budget, setting out activities and deliverables for the independent review mechanism is in Table 3. The log frame identifies the expected outcomes, activities and inputs needed to deliver the anticipated functions of the independent review mechanism. It assumes hosting in WHO with an adequately staffed Secretariat and is divided into proposed independent review mechanism functions: Review, Guide, Democratize.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Activities</th>
<th>Budget</th>
<th>Outputs/Products</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNSG and Member State mandate and WHO-Operational Leadership/Secretariat</strong></td>
<td>Member State resolution and reporting procedures and technical support (e.g. drafting papers, organizing meetings)</td>
<td>45,000</td>
<td>UNSG and Member State mandates and resolutions on IAP; Governing bodies formally consider IAP reports</td>
<td>Robust, independent review of evidence is accessible and used for country and development partner decisions and implementation.</td>
</tr>
<tr>
<td><strong>Establish Independent accountability review panel (IAP) for health-related SDGs and rights, focusing on those left behind</strong></td>
<td>Up to 15 IAP members with sociopolitical review functions/positions, and recognized independent expertise (Honorary) 50 days @ $750/day over 2 years</td>
<td>562,500</td>
<td>IAP members selected and panel instituted</td>
<td>IAP established with sociopolitical legitimacy, credibility, visibility and influence</td>
</tr>
</tbody>
</table>

**IAP functions**

**Review**

- Evidence inputs from existing health and rights accountability networks (DAP, UNH, WHO, UNICEF, Ageing, Multisectoral, Human Rights Treaty monitoring bodies etc)
- Technical support to collect network inputs, review and synthesize evidence from accountability networks
- 6 IAP case studies developed through multi-method approaches, field visits etc
- Led by regional academics/accountability groups @ $50,000 each region
- On the ground and inclusive sociopolitical perspectives using an accountability lens

**Regional/country perspectives on accountability**

- Commissioned independent research and analysis to address evidence gaps, provide new perspectives (around 6 technical papers @ $10,000)

**Communications strategy and champions**

- IAP communications strategy, including IAP report release, communications, and events, and through existing networks, and high-level political leadership & champions on a range of accountability issues

**Democratize**

- Socio-political engagement supported through existing networks and partnerships e.g. country multi-stakeholder dialogues (MHD), surveys, citizens’ hearings etc, to promote accountability and inputs to health SDG and rights reporting (Multisector networks supported)

**Accountability information and literacy**

- Make information on accountability principle, resources and recommendations available, understandable, actionable for all people at all ages, integration with health and rights literacy tools, and with a special focus on women, children and adolescents, among those left behind

**Guide**

- Synthesize evidence and lessons from all IAP functions across countries to develop normative guidance on accountability framework and recommendations, indicators, methods, implementation approaches and innovation

**Secretariat Staff**

- Establish secretariat with 5 FTE: Director, Administrative Assistant, Senior Programme Officer, Technical Officer and Partnerships Officer

**Organizational systems and management support**

- Organizational systems (contracting, IT, management (13% of budget)

**IAP functioning optimally**

- Total budget 7,371,833

IAP brings additional efficiency, and impact to accountability for health-related SDGs and rights

At least 12% improvement in effectiveness, efficiency, equity and trustworthiness of efforts to achieve health-related SDGs and rights

Table 3: independent review mechanism Summary theory of change and two-year budget

![Image of Table 3](https://example.com/table3.png)
IMPORTANT NOTE: All the accountability functions listed are important for effective and impactful accountability and independent review. Different mechanisms potentially could carry out the different functions e.g. the 3 commissions in WHO’s planned Universal Health and Preparedness Review (UHPR). The independent review function would best fit with the proposed UHPR Expert Advisory Group.

Conclusion

53. Accountability is a critical dimension of achieving health-related SDGs and related rights both through focusing a spotlight directly on the pace of change for the poorest and most vulnerable but also in supporting decision-making to promote efficiency, equity, effectiveness and trustworthiness of efforts to achieve health-related SDGs and rights. And, although it is always the most vulnerable who get forgotten and left behind, everyone is affected by the resulting failure to achieve an inclusive, equitable and sustainable world, as envisaged by the SDGs. If the global community commits to forging and maintaining a strong culture of accountability, supported by the work of an independent review mechanism for the health-related SDGs and rights, the possibility that all people could finally realise their rights to health and well-being at all ages would be one step closer.
REFERENCES


30. World Health Organization. WHO Consultation on an Independent Accountability Review Panel (independent review mechanism) for health-related SDGs and rights, focusing on those left behind. 2020.
34. World Health Organization Executive Board. EB146/6. Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues. Universal health


43. United Nations Economic and Social Council. High-level political forum on sustainable development. Summary by the President of the Economic and Social Council of the high-level political forum on sustainable development convened under the auspices of the Council at its 2019 session. 9 August 2019.
Annex 1. Summary of the WHO Accountability Consultation Approach

1. **WHO decision to consult on independent accountability:** Responding to Member States’ accountability requirements (Table 1) and building on the IAP’s work and evaluation recommendations, the WHO DG requested a consultation on accountability requirements for health-related SDGs and rights (noted earlier) and a proposed independent accountability panel. The consultation creates the opportunity to reflect on whether and how accountability for health-related SDGs and rights can and should be strengthened and aims to explore whether and under what conditions an independent accountability could be: (i) additional; (ii) efficient; and (iii) accelerate impact, with effectiveness and equity.

2. **Two stage consultation approach:** The consultation process has been planned in two stages. The first stage reflects the views of key stakeholders in WHO either already working on accountability processes linked to specific health and rights areas in the SDGs, or who would be very likely to be engaged with the independent review mechanism in the future. Conclusions identify considerations for additionality, efficiency and impact in making the case for expanded independent accountability arrangements. A comprehensive document review was also conducted. Building on this initial consultation, a second stage consulted more widely around how an independent accountability arrangement should be structured and delivered to have the greatest additionality, efficiency and impact thus synthesising the views of a broader range of key informants including from human rights bodies, other UN agencies, countries and other stakeholders.

3. **Consultation objectives and methodology:** WHO undertook this consultation to assess the range of accountability requirements already in place around health-related SDGs and rights, and specific requests to WHO and the WHO DG to take forward these requirements. The consultation objectives were to:
   (i) Gather information about experiences of on-going or planned accountability processes for health-related SDGs and rights with the aim to collect ideas about what works, and critically what has worked less well, common information sources, and identified needs/ gaps in the accountability cycle;
   (ii) Consult and build consensus within WHO regarding a proposed new independent accountability panel for health-related SDGs and rights, focusing specifically on its potential benefits and risks, key stakeholders, and what would be required for success.
   (iii) Specifically assess the main opportunities and risks that would determine additionality, effectiveness and impact in a proposed independent accountability panel.

4. **Key informants were asked about their experiences, processes and consequences of accountability specifically but not exclusively in relation to their role in monitoring WHO and adjacent resolutions. Many key informants contributed thoughts about prior experience that was also relevant. Key informant views were also sought regarding the role, structure and functionality of an evolving global accountability instrument. The overall aim was to ascertain how independent review can complement, align with, link and strengthen existing accountability arrangements across health and SDG initiatives and partnerships. Consultation findings are presented below with a synthesis of conclusions for additionality, effectiveness, and impact.**
Annex 2. List of Interviews in WHO consultation

Related to UN, WHO and HRC resolutions, interviews with WHO and UN focal points, Member States, Independent groups, and others

<table>
<thead>
<tr>
<th>WHA-UNGA-HRC Resolutions/ topics/ stakeholder group</th>
<th>Organization/ institutions</th>
<th>Interviewees’ names and titles</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1. WHO Interviews</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| WHA 71.1. Thirteenth General Programme of Work, 2019–2023  
WHA 69.11. Health in the 2030 Agenda for Sustainable Development | WHO                       | SINGER, Peter Alexander, Special Adviser, DGO/DGC  
ASMA, Samira, ADG, DDI/DDA | 16 Oct 2020 & 20 Nov |
| WHA 71.1. Thirteenth General Programme of Work, 2019–2023  
WHA 69.11. Health in the 2030 Agenda for Sustainable Development | WHO                       | RENGANATHAN, Elilarsu, DG Representative for Evaluation and Organizational Learning  
MCCO, Robert, Chief Evaluation Officer | 16 Sept 2020 |
| WHO 69.19. Global strategy on human resources for health: workforce 2030  
WHA 70.6. Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth | WHO                       | James Campbell, Director, HWF | 17 Sept 2020 |
| UNGA 74/2. Political declaration of the high-level meeting on universal health coverage  
WHA 69.1. Strengthening essential public health functions in support of the achievement of universal health coverage | WHO/ UHC2030              | SOUCAT, Agnès, Director, UHL/HGF  
NICOD, Marjolaine, Development Cooperation Specialist, UHL/HGF/IHP  
WATABE, Akihito, Technical officer, UHL/HGF/IHP | 25 Sept 2020 |
| WHA 69.2. Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health  
Also see Human Rights resolutions in OHCHR section below | WHO                       | BANERJEE, Anshu, Director, UHL/MCA  
ASKEW, Ian, Director, UHL/SRH  
STAHLHOFER, Marcus, Technical Officer, UHL/MCA/EME  
STEYN, Petrus, Scientist, UHL/SRH/CFC | 25 Sept 2020 |
| UNGA 74/2. Political declaration of the high-level meeting on universal health coverage  
WHA 69.1. Strengthening essential public health functions in support of the achievement of universal health coverage | WHO                       | DALIL, Suraya, Director, UHL/UHA/PHC  
SCHMETS, Gerard, Coordinator, UHL/HGF/HGS | 25 Sept 2020 |
| WHA 70.14 Strengthening immunization to achieve the goals of the global vaccine action plan  
Immunization Agenda 2030: A Global Strategy to Leave No One Behind | WHO                       | LINDSTRAND, Ann, Coordinator, UHL/IVB/EPI  
KAMARA, Lidija Namisa, Programme Manager, UHL/IVB/DIO | 1 Oct 2020 |
<p>| UNGA 73/2. Political declaration of the third high-level meeting of the UNGA on the | WHO                       | MIKKELSEN, Bente, Director, UCN/NCD/ODN | 2 Oct 2020 |</p>
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Title</th>
<th>Organizing Body</th>
<th>Action Takers</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>WHA 70.12</td>
<td>Cancer prevention and control in the context of an integrated approach</td>
<td>UNGA</td>
<td>AKSELROD, Svetlana, Director, DDG/GNP</td>
<td>22 Sept 2020</td>
</tr>
<tr>
<td>UNGA 72/271</td>
<td>Improving global road safety</td>
<td>WHO</td>
<td>VALENTINE, Nicole, Technical Officer, SDH/EQH</td>
<td>1 Oct 2020</td>
</tr>
<tr>
<td>UNGA 72/139</td>
<td>Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society</td>
<td>WHO</td>
<td>ROBB, Alastair, Adviser, GMP/MDO</td>
<td>23 Sept 2020</td>
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<tr>
<td>WHA 71.3</td>
<td>Preparation for a high-level meeting of the UNGA on ending tuberculosis</td>
<td>WHO</td>
<td>WEIL, Diana, Coordinator, UCN/GTB/ODT</td>
<td>1 Oct 2020</td>
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<tr>
<td>UNGA 72/309</td>
<td>Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030</td>
<td>WHO</td>
<td>DOHERTY, Meg, Director, UCN/HHS</td>
<td>16 Oct 2020</td>
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<tr>
<td>UNGA 70/266</td>
<td>Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030</td>
<td>WHO</td>
<td>KOLLER, Theadora Swift, Technical Officer, DGO/GER</td>
<td>5 Oct 2020</td>
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<tr>
<td>UNGA 73/132</td>
<td>Global health and foreign policy: a healthier world through better nutrition</td>
<td>WHO</td>
<td>BRANCA, Francesco, Director, HEP/NFS</td>
<td>5 Oct 2020</td>
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<tr>
<td>WHA 69.20</td>
<td>Promoting innovation and access to quality, safe, efficacious and affordable medicines for children</td>
<td>WHO</td>
<td>FORTE, Gilles, Coordinator, MHP/MHA</td>
<td>5 Oct 2020</td>
</tr>
<tr>
<td>UNGA 71/3</td>
<td>Political declaration of the high-level meeting of the UNGA on antimicrobial resistance</td>
<td>WHO</td>
<td>BALACHANDRAN, Anand, Coordinator, AMR/SPC/NPM</td>
<td>8 Oct 2020</td>
</tr>
<tr>
<td>WHA61.19</td>
<td>Climate change and health</td>
<td>WHO</td>
<td>KRECH, Ruediger, Director, HEP/HPR/DRO</td>
<td>12 Oct 2020</td>
</tr>
<tr>
<td>WHO Framework Convention on Tobacco Control</td>
<td>WHO</td>
<td>BLANCO, Adriana, Head of Secretariat, CSF LIU, Guangyuan, Coordinator, CSF</td>
<td>tbc with DDG</td>
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<tr>
<td>The WHO consultation included the following interviews, with some tbc following review of report</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Government (United Kingdom)</td>
<td>FCDO (formerly DFID)</td>
<td>Meena Gandhi, Health Adviser Jo Keatinge Susan Clapham</td>
<td>15 Oct 2020</td>
<td></td>
</tr>
<tr>
<td>Government (South Africa, African Union)</td>
<td>MoFA, MoH</td>
<td>President Ramaphosa launched IAP 2020 report as chair of AU and IAP collaboration with MoH on accountability. tbc</td>
<td>tbc</td>
<td></td>
</tr>
<tr>
<td>President Kikwete, Tanzania former head of state and Former co-chair of CoIA</td>
<td>Former co-chair CoIA; former president of Tanzania</td>
<td>President Kikwete</td>
<td>ALMA director interviewing w/c 23 Nov</td>
<td></td>
</tr>
<tr>
<td>Government (Canada), Former co-chair CoIA</td>
<td>M. Global Issues and Development, Global Affairs Canada</td>
<td>tbc</td>
<td>tbc</td>
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<tr>
<td>Independent group - IAP for EWEC</td>
<td>IAP-EWEC</td>
<td>Joy Phumaphi, IAP Co-chair Elizabeth Mason, IAP Co-chair</td>
<td>22 Sept 2020</td>
<td></td>
</tr>
<tr>
<td>Independent group - IAP for EWEC</td>
<td>IAP-EWEC</td>
<td>Alicia Ely Yamin, IAP Member Giorgi Pkhakadze, IAP Member Nicholas Alipui, IAP Member</td>
<td>16 Sept 2020</td>
<td></td>
</tr>
<tr>
<td>UN Agency: Human Rights</td>
<td></td>
<td>Peggy Hicks, Director, Thematic Engagement, Special Procedures and Right to Development Division, focal point for the Framework of Cooperation and joint work plan between OHCHR and WHO Lucinda O’Hanlon, Women’s rights Advisor Lynn Gentile, Human Rights Advisor</td>
<td>11 Nov 2020</td>
<td></td>
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<tr>
<td>HRC 33/11. Preventable mortality and morbidity of children under 5 years of age as a human rights concern</td>
<td></td>
<td>2 Nov 2020</td>
<td></td>
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<tr>
<td>HRC 33/18. Preventable maternal mortality and morbidity and human rights</td>
<td></td>
<td>27 Oct 2020</td>
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<td>HRC 40/10. Access to medicines in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health</td>
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<tr>
<td>HRC 33/9. The right of everyone to the enjoyment of the highest attainable standard of physical and mental health</td>
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<tr>
<td>HRC 32/18. Mental health and human rights</td>
<td></td>
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</tbody>
</table>
Annex 3. IAP Multistakeholder Consultation\textsuperscript{33}  
Update – 30 November, Final IAP consultation report will be available end 2020

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.*\textsuperscript{11}

The IAP is undertaking a multi-stakeholder consultation on how to strengthen accountability and independent review for the health-related SDGs and rights.\textsuperscript{33} The IAP would like to learn about experiences, needs, and perspectives of stakeholders on how accountability overall and independent review specifically could best support achievement of health-related goals and rights and how to take the IAP’s recommendations forward to realize health and rights of everyone. For this, information was gathered through an on-line survey, key informant interviews complemented by document reviews.

Inputs received will be consolidated in a report and published to be used as common good for everyone by end of 2020. As it is a time of transition for the IAP, outcomes of the consultation will be provided to also feed into the UN Secretary-General’s management response to the EWEC IAP external evaluation\textsuperscript{2} and other health-related SDG and rights accountability processes as well as WHO consultation on how independent review can strengthen existing accountability arrangements in a credible, feasible ways that is impactful towards achieving health-related SDGs and rights, focussing on those left behind.

**On-line survey:** In total 104 respondents completed the on-line survey responses, out of which 29 (28%) respondents were at manager/coordinator-level, 27 (26%) – technical/thematic specialist/expert-level; 24 (23%) from CEO/Executive director – level, 17 (16%) - director-level and 7% others. 67 respondents working for internationally focused organizations, 26 – nationally and 11- regionally focused institutions.

**Interviews:** 16 key informant interviews at senior management levels have been completed.

<table>
<thead>
<tr>
<th>#</th>
<th>Category</th>
<th>Organization</th>
<th>Name, organization, role</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Parliamentarians</td>
<td>Inter-Parliamentary Union</td>
<td>Martin Chungong, Secretary General</td>
</tr>
<tr>
<td>2</td>
<td>Media associations</td>
<td>International Press Institute <em>(UN consultative status, presence in 100 countries)</em></td>
<td>Khadija Patel, Vice Chair and Editor in Chief, South Africa</td>
</tr>
<tr>
<td>3</td>
<td>Supranational legal tribunals/forums</td>
<td>Special Rapporteur for Right to Health</td>
<td>Tlaleng Mofokeng</td>
</tr>
<tr>
<td>4</td>
<td>Supranational legal tribunals/forums</td>
<td>HLPF and ECOSOC Review</td>
<td>Kaha Imnadze Permanent Representative of Georgia to the UN, co-facilitator of the review process</td>
</tr>
<tr>
<td>5</td>
<td>Civil Society &amp; coalitions</td>
<td>Amref Health Africa</td>
<td>Githinji Gitahi, Global CEO Also, Co-Chair, UHC2030 Steering Group Member of CDC Africa</td>
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<tr>
<td>#</td>
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<tr>
<td>6</td>
<td>Civil Society &amp; coalitions</td>
<td>White Ribbon Alliance</td>
<td>Betsy McCallon, CEO Convener of citizen hearings, What Women Want campaign</td>
</tr>
<tr>
<td>7</td>
<td>Civil Society &amp; coalitions</td>
<td>Community of Practitioners on Accountability and Social Action in Health (COPASAH)</td>
<td>Aminu Magashi Garba, Co-Chair Also, Founder, Africa Budget Network</td>
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<tr>
<td>8</td>
<td>Civil Society &amp; coalitions</td>
<td>NCD Alliance</td>
<td>Katie Dain, CEO Also Member, WHO NCD Independent High-Level Commission; Co-chair, WHO Civil Society Working Group on NCD HLM</td>
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<tr>
<td>9</td>
<td>Academia, research, think tanks</td>
<td>Chatham House</td>
<td>Rob Yates, Head, Center of Global Health Security, Also, Sr. consultant for Elders</td>
</tr>
<tr>
<td>10</td>
<td>Academia, research, think tanks</td>
<td>Overseas Development Institute</td>
<td>Sara Pantuliano, CEO</td>
</tr>
<tr>
<td>11</td>
<td>Youth network</td>
<td>Red de Jóvenes Positivos LAC</td>
<td>Miguel G. Coronel, Coordinator</td>
</tr>
<tr>
<td>12</td>
<td>Accountability watch-dogs/critics</td>
<td>Amnesty International</td>
<td>Rajat Khosla, Senior Director of Research and Advocacy</td>
</tr>
<tr>
<td>13</td>
<td>Accountability watch-dogs/critics</td>
<td>Transparency International</td>
<td>Marie Chene, Head of Research</td>
</tr>
<tr>
<td>14</td>
<td>Accountability watch-dogs/critics</td>
<td>Open Society Foundation</td>
<td>Rosalind McKenna, Team Manager, Public Health Program Financing Division</td>
</tr>
<tr>
<td>15</td>
<td>Independent review mechanisms</td>
<td>Global Education Monitoring Report (GEM)</td>
<td>Manos Antoninis, Director, Global Education Monitoring Report</td>
</tr>
<tr>
<td>16</td>
<td>Networks by life phase</td>
<td>Early Childhood Development Action Network (ECDAN)</td>
<td>Elizabeth Lule, Executive Director</td>
</tr>
</tbody>
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Annex 4. Additional notes on independent review from other assessments

The importance of independent review as part of an integrated accountability ecosystem is also confirmed in other assessments.

- **Paul Hunt, first UN special rapporteur on the right to health and current New Zealand Chief human rights commissioner and advisor to the Prime Minister**, in 2015 specifically recommended an integrated accountability mechanism for the health SDGs. Based on lessons from the human rights UPR and EWEC, he emphasized that formal independent review would supplement and strengthen legitimacy and credibility and that the “political and independent would complement and reinforce each other”.

- **NASA, the US Space Agency**, finds independent review to be indispensable, and has institutionalized it into its accountability and programming frameworks. A NASA assessment notes that the smartest people with dedication and technical excellence can have blinders and filters that can lead to programmatic failures and loss of life. Having a fresh set of eyes and independent review integrated throughout the programme of work is important as “you cannot grade your own homework.”

- **On the SDG High-level Political Forum (HLPF), Member States and the ECOSOC president** note challenges due to weak accountability frameworks, political shifts and consequent lack of ownership. “Important areas for strengthening include providing high level political guidance for accelerated action; systematic reporting on all Goals; evidence-based analysis in voluntary national reviews; better identification of challenges and areas where assistance is required in the reviews; and better ways to exchange experiences.” Member States also “pledge to advance our efforts in communicating the 2030 Agenda to the global public to raise awareness and inspire accelerated action.” To note: the WHO consultation report attached shows how independent review can inform political decisions across party lines and also improve public awareness and trust.

- **The IAP multistakeholder consultation on independent review, with interviews at senior management levels and an online survey**. 80% of the respondents said they do not have the necessary information (beyond data) that is required for accountability. There is also support for a democratized and institutionalized independent review function comprising representatives from civil society, renowned experts, parliamentarians, media and others — serving in independent roles for the review, but then linking out to their networks. The IAP consultation finds: “One overriding theme throughout this consultation is the important role of every stakeholder in the ecosystem. As one government official noted, “Parliament through its oversight and law-making functions are key in accountability. But they can’t do it without contributions of CSO, media, scientific communities, the office of Auditor General, and other stakeholders each with their roles and functions well defined.” Each individual organization, ministry, and individual has a role to play in strengthening accountability for health-related SDGs and rights.”
Annex 5. Mapping of health accountability mechanisms following Member State resolutions, illustrative examples

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<thead>
<tr>
<th>Health topics/areas</th>
<th>Commitments (e.g. illustrative resolutions from UNGA/WHA/HRC, declarations, conventions)</th>
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<th>Independent review</th>
<th>Remedy</th>
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<th>Progress</th>
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</table>
| HIV/AIDS            | • UNGA 70/246. Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030  
WHAA 69.22. Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021  
• Global strategies on: HIV, viral hepatitis; and sexually transmitted infections (2016)  
• Global strategies on: HIV, viral hepatitis; and sexually transmitted infections (2016)  
• Civil society involvement  
• Parliamentary and other committees  
• “Shadow” reports e.g. AIDS Accountability  
• AIDS Accountability International (AAI) supports civil society in countries to produce shadow reports | Global | • Independent evaluation of the UN system response to AIDS in 2016–2019 | Country | • National budget allocations  
• Strategic and operational plans of national AIDS commissions and programmes - development and implementation | Country | • Development and implementation of partners’ plans at national level (e.g. PEPFAR country operational plan) | WHO Progress assessment in implementing the Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections (2016–2021)  
• Global Fund RESULTS report (annual) |
| Health and SDG Agenda 2030 | • WHA 71.1. Thirteenth General Programme of Work (GPW), 2019–2023  
WHAA 69.11. Health in the 2030 Agenda for Sustainable Development | • Global Action Plan (GAP) for Healthy Lives and Well-being for All (2019)  
• Global Joint Assessment of National Strategies (JANS)  
• GPW measurement framework systems (3 billions) going to WHA (in place)  
• GAP joint evaluability assessment (completed); theory of change  
• GAP M&E framework (in place) and to be strengthened with SMART indicators  
• GAP Monitoring and evaluation framework (including self-monitoring) (in place)  
• World Economic Forum transparency indexes (in place) | Global | • Joint Assessment of National Strategies (JANS)  
• GPW measurement framework systems (3 billions) going to WHA (in place)  
• GAP joint evaluability assessment (completed); theory of change  
• GAP M&E framework (in place) and to be strengthened with SMART indicators  
• GAP Monitoring and evaluation framework (including self-monitoring) (in place)  
• World Economic Forum transparency indexes (in place) | Regional | • Regional VNRS workshop  
• GPW independent evaluation 2023 (planned)  
• High level panels  
• Independent Group of Scientists (SDG report) | Global | • Global Fund Country Coordinating Mechanisms (CCM)  
• Global Fund RESULTS report (annual) |
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| Universal health coverage (UHC)                         | • UNGA 74/2: Political declaration of the high-level meeting on universal health coverage  
• WHA 69.1: Strengthening essential public health functions in support of the achievement of universal health coverage  
• Global Action Plan (GAP) for Healthy Lives and Well-being for All (2019)  
• WHC 2030 Training of Trainers (planned)  
• UHC2030 budget advocacy training toolkit (planned)  
• UHC2030 CSO Engagement mechanism (CSEM)  
• PHC accelerator (supported by the UHC JWT)  | • Social accountability mechanism: UHC Joint Working Team (JWT) Stories from the field  
• Civil society and community surveys  
• Country profiles  
• Global  
• UHC Coverage Index (3.8.1)  
• UHC Global monitoring report  
• SDGs and UHC Regional monitoring framework  
| Country                                                                 | Global                                                                 | Global                                                                 | Global                                                                 | Country                                                                 |  |  |  |  |
| Women’s, children’s and adolescents’ health             | • WHA 69.2: Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health  
• HRC 33/11. Preventable mortality and morbidity of children under 5 years of age as a human rights concern  
• HRC 33/18. Preventable maternal mortality and morbidity and human rights  
• EWEC Global Strategy 2016-2030 (2015)  
• Partnership for Maternal, Newborn & Child Health (PMNCH) Strategic Plans  | • Routine monitoring by countries as part of the UAF (60 indicators)  
• Scorecards  
• National reports  
• Special studies, e.g. by academic, institutions  
• Global  
• Definition of 60 indicators to “minimize reporting burden” as part of Global Strategy (34 from SDGs, 26 others)  
• Data collection by WHO  
• PMNCH Annual Report  
• H6 Partnership Annual Report  
• Health Data Collaborative (HDC) Progress Report (annual)  
• Partner agencies’ reports, e.g. WHO report to the WHA (annual) on the Global Strategy for example  | • National audits  
• Citizens’ hearings  
• Parliamentary and other committees  
| Country                                                                 | Global                                                                 | Global                                                                 | Global                                                                 | Country                                                                 |  |  |  |  |


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| **Immunization**    | • WHA 70.14. Strengthening immunization to achieve the goals of the global vaccine action plan | • Global Immunization Vision and Strategy (2011)  
• Global Vaccine action plan (GVAC) 2011-2020 (2013)  
• Immunization Agenda 2030: A Global Strategy to Leave No One Behind (2020) | Country  
• Civil Society Organization & Country consultations (Jul/Aug 2020, in place)  
• Routine recording and reporting e.g. of vaccine coverage and cases of vaccine preventable diseases  
• Periodic surveys  
• National reports | Global  
• Global partners consultations (Apr 2020, in place)  
• GVAP annual rounds of data collection  
• GVAP secretariat annual report  
• The Global Vaccine Action Plan (GVAP) (hosted by WHO) framework for monitoring, evaluation and accountability defines the indicators to be monitored and reported | Country  
• National Technical Advisory Groups (NITAGs)  
• Regional Technical Advisory Groups (RTAGs) on Immunization | Country  
• National plans and strategies – development and implementation  
• Country-based action by development partners | Global  
• WHO workplans and budgets | • GAVI Joint Appraisals (in place) |
| **Social determinants of health** | • UNGA 72/271. Improving global road safety  
• UNGA 72/139. Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society  
• Rio Political Declaration on Social Determinants of Health (2011) | • Global Plan of Action on Social Determinants of Health (2015)  
• Selected set of indicators  
• Health Impact Assessment (HIA)  
• Human Impact Assessment (HIA)  
• WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (WASH) (in place)  
• UN-Water Task Force on Indicators, Monitoring and Reporting (ended)  
• Global monitoring of action on the social determinants of health: a proposed framework and basket of core indicators (ended 2017) | Global  
• OXFAM Humanitarian track record | Global  
• Paris Agreement | Global  
• Paris Agreement | |
| **Malaria**         | • UNGA 72/309. Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030 | • Global Technical Strategy for Malaria 2016–2030 (2015) | Global  
• WHO Malaria Threats Map  
• Global Health Observatory (GHO) data on malaria | Global  
• E-2020 initiative – progress tracking (in place)  
• WHO Certification of malaria elimination (in place) | | | |
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<td>Access to medicines and health products</td>
<td>• WHA 69.20. Promoting innovation and access to quality, safe, efficacious and affordable medicines for children • WHA 69.25. Addressing the global shortage of medicines and vaccines, and the safety and accessibility of children’s medication • WHA 71.8. Addressing the global shortage of, and access to, medicines and vaccines • HRC 40/10. Access to medicines in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health</td>
<td>• Road map for access to medicines, vaccines and other health products, 2019-2023 (2019) (annex with list of 50 resolutions)</td>
<td>Global</td>
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| Non-communicable diseases (NCDs) | • UNGA 73/2. Political declaration of the third high-level meeting of the UNGA on the prevention and control of noncommunicable diseases  
• WHA 70.12. Cancer prevention and control in the context of an integrated approach  
• Collection, analysis and dissemination of tobacco related surveillance data  
• Database of laws and regulations on tobacco control, and information about their enforcement  
• Periodic reports to the Conference of the Parties, through the Secretariat  
• Establish national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators | Global  
• Collection, analysis and dissemination of data by Secretariat | Country  
• Conference of the Parties (frequency determined by CoP) | Country  
• Establishment of a national coordinating mechanism or focal points for tobacco control  
• National actions to implement the demand and supply-reduction strategies defined in the convention  
• International and regional intergovernmental cooperation when needed | Global  
• Global Status Report on NCDs |
| Human resources for health | • WHA 69.19. Global strategy on human resources for health: workforce 2030  
• WHA 70.6. Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth | | | | | | |

43