

## Annex 6: Options for the institutional home of a future independent accountability mechanism

One of the findings of the external evaluation of the IAP pointed to the advantages of ensuring an institutional home and tethering. The DSG requested an analysis of three possible options for this role in relation to a future independent accountability mechanism. This table summarises the pros and cons of these options as we see it. This analysis guided us towards our recommended way forward set out in the main report which is an amalgamation of these approaches but also reaches for something more through a more concrete link to country processes.

Criteria	WHO-based option (UHPR; GPW-13)	SDG 3-GAP associated option	UN SG's SDG Decade of Action associated option (ECOSOC/ DESA)
<b>Foundations</b>			
<b>People-centred</b>	<p><b>Pros:</b> Oriented around expanding health to those most in need including women, children and adolescents</p> <p><b>Cons:</b> Variable capacity in countries to reach marginalised</p>	<p><b>Pros:</b> Focused on country progress</p> <p><b>Cons:</b> Limited orientation around people directly; structured to strengthen seven accelerators</p>	<p><b>Pros:</b> Oriented to respond to people especially major groups and other stakeholders</p> <p><b>Cons:</b> Potentially removed from people and difficult to integrate voices of women and children</p>
<b>Political oversight and reporting</b>	<p><b>Pros:</b> Mandate from MS Ministries of Health via the WHA.</p> <p><b>Cons:</b> Possibly a mandate less recognized by non-health sectors and actors.</p>	<p><b>Pros:</b> Global financing support for a subset of Member States.</p> <p><b>Cons:</b> No political mandate and reporting options. The SDG 3 GAP is an initiative of global health agencies.</p>	<p><b>Pros:</b> Potential strong mandate from UNSG and MS via the HLPF &amp;/or UNGA - high level, across sectors.</p> <p><b>Cons:</b> Could have limited visibility amidst multiple SDG reports.</p>
<b>Multisectoral approach</b>	<p><b>Pros:</b> Focused remedy and action primarily on health sector, with COVID 19 political leadership level.</p> <p><b>Cons:</b> Weak scope to take an overarching view given ties to specific WHO initiatives or programme formats.</p>	<p><b>Pros:</b> Could create scope to accelerate the coordination among the twelve agencies.</p> <p><b>Cons:</b> Weak scope to take an overarching view or a holistic assessment of health across the SDGs.</p>	<p><b>Pros:</b> Strong potential to adopt a holistic and overarching view given its positioning in the global architecture and specific focus on countries.</p> <p><b>Cons:</b> Action currently restricted to virtual events, which may initially limit reach across sectors.</p>

## The potential to deploy the full Accountability Framework

<b>Commit</b>	<b>Pros:</b> Full accountability cycle already anticipated and built into the main WHO initiatives (UHPR/ GPW 13); Culture of accountability well established.	<b>Pros:</b> Country focus and engagement already established; Accountability a principal line of engagement.	<b>Pros:</b> Potential to scale up to the full accountability cycle with more investment in remedy and action. Strong articulation of commitment and justification by Member States, effective monitoring potential and progress.
<b>Justify</b>			
<b>Implement</b>			
<b>Progress</b>	<b>Cons:</b> Currently limited to WHO remit but there is a experience working with VNRs and shadow reports so this limitation is surmountable.	<b>Cons:</b> Very limited accountability experience so far and engagement limited to a handful of countries. With no clear high-level mandate, the full cycle of the accountability framework could be harder to establish.	<b>Cons:</b> Accountability cycle may have limited impact in some country contexts.

## The Enabling environment

<b>Institutional tethering</b>	<b>Pros:</b> Good institutional tethering, but limited to focus on WHO's programme of work with MS.  <b>Cons:</b> Only a moderate link to remedy and action across other sectors in countries or across all the SDGs.	<b>Pros:</b> Good potential for cooperation with institutions already associated with the SDGs.  <b>Cons:</b> Weak potential to tether institutionally as organisational focus is upwards to individual Boards while demand for the GAP originates from donors/ funders not countries.	<b>Pros:</b> Strong potential for clear institutional linkage and reporting across the accountability cycle with scope to influence remedy and actions across global and country levels.  <b>Cons:</b> May be too far removed from health governance for direct programmatic impact.
<b>Democratisation</b>	<b>Pros:</b> WHO has a Framework for Engaging Non-State Actors (FENSA) and experience with civil society platforms (for example in the UHC 2030).  <b>Cons:</b> FENSA roll-out is variable so far.	<b>Pros:</b> GAP already has some experience engaging non-state actors in their Accelerators.  <b>Cons:</b> Each GAP partner has their own strategy and approach to engaging a wider range of partners with variable experience.	<b>Pros:</b> No apparent limitations on inclusivity; Experience with shadow reporting and other methods of wider inclusivity.  <b>Cons:</b> There may be some resistance to broad participatory approach in a mechanism that reports to the HLPF/ UNGA.

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**Data**

**Pros:** Long standing investment and progressively better 'live' data owned by and used to the benefit of countries

**Cons:** Limited largely to health directly rather than multisectoral determinants although this is also improving.

**Pros:** Wide scope to use data from a range of sources

**Cons:** Limited direct investment in data.

**Pros:** Linked to significant and long-term data development process across the SDGs and can tap into data from a range of UN agencies and others.

**Cons:** Limited capacity potentially to select or analyse data from multiple competing sources



## The accountability blueprint: A checklist to achieve health and SDGs

The Foundation of Accountability	
1. People-centred	All people have access to opportunities and services for their health and wellbeing and get redress when things go wrong. Women, children and adolescents are not left behind.
2. Oversight	Political responsibility for progress and shared accountabilities is supported by independent review.
The Accountability Framework	
3. Commit	Pledges to achieve goals are made publicly and backed by resources and roles.
4. Justify	Plans and strategies to achieve goals are justified on the basis of evidence, rights and rule of law.
5. Implement	A continual cycle of Monitor, Review, Remedy and Act drives course correction and progress.
6. Progress	Improvements are sustained towards realizing goals and rights and exceptional reversals are justified.
The Enabling Environment	
7. Institutionalization	Fit-for-purpose mechanisms are established with interlinkages across the accountability ecosystem.
8. Democratization	Inclusive, multistakeholder participation exerts influence through institutional and legal frameworks.
9. Data for Decision-making	High quality data are understandable, accessible and actionable to inform decisions at all levels.