ANNEX 2.

Implementing the Commission on Information and Accountability's 10 recommendations: lessons learned and summary of progress (2011–2015)

Formed in 2011, the time-limited Commission on Information and Accountability for Women's and Children's Health (CoIA) outlined a vision of accountability for the *Global Strategy for Women's and Children's Health (2010–2015)*, and a series of concrete action steps to monitor commitments and results, especially at country level. To implement this vision CoIA made 10 recommendations for the generation of information to improve results, track resources and enhance oversight for results and resources. The Unified Accountability Framework for the updated *Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health* builds on CoIA's principles and recommendations, with a substantial focus on tracking progress in implementing CoIA's recommendations.[1]

LESSONS LEARNED

- By making accountability a central component of the women's and children's health agenda at multiple levels (global, regional and national) the CoIA recommendations initiated a process that continues beyond the lifespan of the recommendations themselves. Facilitating development of country-level accountability frameworks (see table below for a snapshot of progress) and then providing catalytic funding were key steps in initiating this process and helped to institutionalize the practice of planning for accountability.

- The Commission's focus on accountability for RMNCH served as an entry-point for what have turned out to be broad health systems strengthening initiatives. Particularly in the areas of civil registration and vital statistics (CRVS) and maternal death surveillance and response (MDSR), efforts to implement the CoIA recommendations have garnered widespread support and collaboration from multiple partners, since the benefits are salient to multiple sectors beyond RMNCH.

- That said, establishing robust accountability mechanisms – such as comprehensive CRVS, MDSR and health management information systems – is a long-term process with no one-size-fits-all strategy. Countries require extensive and ongoing technical and financial support, as well as capacity building for data quality assurance, management and analysis.

- Given the multiple CoIA recommendations, some were inevitably prioritized more highly than others, by both implementing countries and donors. Those workstreams with outputs that were less defined, less immediately translatable into actions for improving maternal and child health, or politically sensitive, tended to receive less attention from countries and donors.

- Obtaining and maintaining the engagement of diverse groups of stakeholders is challenging and time-consuming, but very necessary, part of developing and implementing accountability mechanisms. Civil society organizations and parliamentarians in particular have a critical role to play in advocating for resource monitoring and transparent dissemination of data, and it is important to ensure that they are equipped with the resources and know-how to do this.

- Utilizing newly available data for advocacy and evidence-based policy making can initiate a positively-reinforcing cycle that prompts further demand for data, but there is a need to strengthen capacity for, and to institutionalize norms surrounding, the use of data in decision-making.

- Ongoing efforts to align and streamline accountability work are also needed. Countries continue to experience significant challenges in dealing with the high volume of requests for reporting from multiple agency partners, fragmentation in data collection efforts, and uncoordinated efforts to strengthen country institutional analytical capacity; these are creating an unnecessary reporting burden, and causing inefficiencies.

[1] Keeping promises, measuring results. Report of the Commission on Information and Accountability for Women's and Children's Health. Geneva: World Health Organization; 2011 (http://www.who.int/topics/millennium_development_goals/accountability_commission/Commission_Report_advance_copy.pdf?ua=1, accessed 3 July 2017).

Snapshot of progress 2011–2015

Work Area	Recommendation	Target	Results as of April 2015
Country Accountability Framework (CAF)	Countries have plans for strengthening national accountability processes	50 countries with CAFs by 2013	68 countries are in the final stages of implementing country accountability frameworks. 17 countries demonstrate results and were awarded additional catalytic funds.
1. Vital events and Maternal Death Surveillance and Response (MDSR)	By 2015, countries improve systems for registration of births, deaths and causes of death and health information systems	50 countries with civil registration and vital statistics (CRVS) assessments and plans by 2015	64 countries have conducted an assessment of their CRVS system, or have an assessment underway.
		50 countries making improvements in MDSR by 2015	51 countries have national policy requiring all maternal deaths to be notified. 55 countries are implementing facility-based maternal death reviews. 30 countries are implementing community-based maternal death reviews.
2. Health Indicators	By 2012, countries using the same 11 indicators on RMNCH, disaggregated for gender and other equity considerations.	50 countries use and have accurate data on the core indicators Global partners have streamlined reporting systems	51 countries using web-based facility reporting (e.g. DHIS 2). The majority of other countries conduct regular household surveys, and 20 countries have introduced data quality improvement mechanisms.
3. eHealth and Innovation	By 2015, countries integrating Information and communication technologies in national health information systems and health infrastructure.	By 2015, 50 countries developed and implementing national eHealth strategies	27 countries have an eHealth strategy. Additional 20 countries set to undertake joint (health and ICT) eHealth planning and implementation in 2015.
4. Resource Tracking	By 2015, countries are tracking and reporting: 1) total health expenditure by financing source, per capita; and 2) total RMNCH expenditure by financing source, per capita.	By 2013, 50 countries have and use accurate data on the two indicators, as part of their monitoring and evaluation systems	New System of Health Accounts 2011 methodology accepted by countries and global partners (GAVI, Global Fund, USAID). 65 countries have adopted the System of Health Accounts 2011 methodology. 33 countries have data on RMNCH expenditure.
5. Country Compacts*	By 2012, "compacts" in place between governments and development partners.	By 2015, 50 countries have formal agreements with donors	51 countries** have compact or similar partnership agreements for the health sector in place. Since 2010, more than one in three of these compacts have been co-signed by civil society or non-state actors.
6. Reaching Women and Children	By 2015, governments have capacity to review health spending and relate spending to commitments, human rights, gender and equity goals and results.	Linked to Recommendations 2 and 4	PMNCH tracks implementation of commitments and spending. Budget advocacy workshops held for 21 country teams of media, civil society and parliaments to better understand national budget expenditures for RMNCH.
7. National Oversight (Health Sector Reviews, Advocacy and Action)	By 2012, countries have transparent and inclusive national accountability mechanisms.	50 countries have regular national health sector review processes	54 countries have reported undertaking an annual, or mid-term review, or a similar process (such as a health summit).
		20 countries are engaging political leaders and financial decision-makers in health	Parliaments in 30 countries have engaged in legislation and/or increased budget allocation to improve the health of women and children.
		50 countries have held a Countdown event	Countdown to 2015 has been providing regular global and country assessments of progress towards the 11 core indicators.
8. Transparency	By 2013, stakeholders publicly sharing information on commitments, resources and results achieved annually, at both national and international levels.	50 countries with mechanisms for sharing and disseminating data Global partners with databases on women's and children's health, and dissemination on core indicators	Global partner databases for 11 core indicators are publicly available through Countdown to 2015. Web-based facility reporting systems (DHIS 2.0) make information publicly available. 27 countries organizing civil society hearings on women's, children's and adolescents' health. OECD-DAC reporting on aid flows for RMNCH.
9. Reporting Aid for Women's and Children's Health	By 2012, OECD-DAC to agree on improvements to Creditor Reporting System (CRS) to capture RMNCH health spending by development partners.	By 2012, development partners agree on the method By 2013, OECD has developed guidance and instruction to support new method, and donors using new method	19 DAC member countries began reporting on the RMNCH policy marker.
10. Global Oversight	2012–2015, an independent Expert Review Group (iERG) reporting to the United Nations Secretary-General on the results and resources related to the *Global Strategy for Women's and Children's Health* and progress on CoIA recommendations.	Members appointed Reports due September 2012 and every year until 2015	Three reports delivered to the UN Secretary-General with recommendations to accelerate progress on the *Global Strategy for Women's and Children's Health.*

* The Commission suggested a target date of 2012 for this recommendation. However, during the stakeholder meeting that resulted in the original strategic workplan for implementing the recommendations, the date of 2015 was deemed more realistic.

** This includes non-CoIA countries: Bosnia and Herzegovina, Fiji, Seychelles, Tunisia.

Source: Accountability for women's and children's health: 2015 progress report. Geneva: WHO; 2015.