# Commission on Information and Accountability for Women's and Children's Health



# KEEPING PROMISES, MEASURING RESULTS FINAL REPORT OF THE COMMISSION

# Session Agenda

- Overview of the Commission
- The Accountability Framework
- Commission's 10 Recommendations



### Overview of the Commission

- Called at the request of the UN Secretary-General as an integral part of the UN Global Strategy for Women's and Children's Health
  - President of Tanzania and Prime Minister of Canada co-chair
  - WHO and ITU vice-chairs
  - > 30 Commissioners
  - ➤ 2 Working Groups Results and Resources
  - WHO serves as Secretariat
- Six month, time-limited Commission:
  - ➤ First meeting: 26 January 2011 to decide on parameters of Accountability Framework and orient technical analyses
  - Second meeting: 1-2 May 2011 to discuss and finalize the Accountability Framework and the Commission's Recommendations





# Accountability Framework: Key principles

- National leadership and ownership of results
- Strengthen countries' capacity to monitor and evaluate
- Reduce the reporting burden by aligning efforts with the systems countries use to monitor and evaluate their national health strategies
- Strengthen and harmonize existing international mechanisms to track progress on all commitments made
- Founded on the fundamental human right of every woman and child to the highest attainable standard of health, and on achieving equity in health



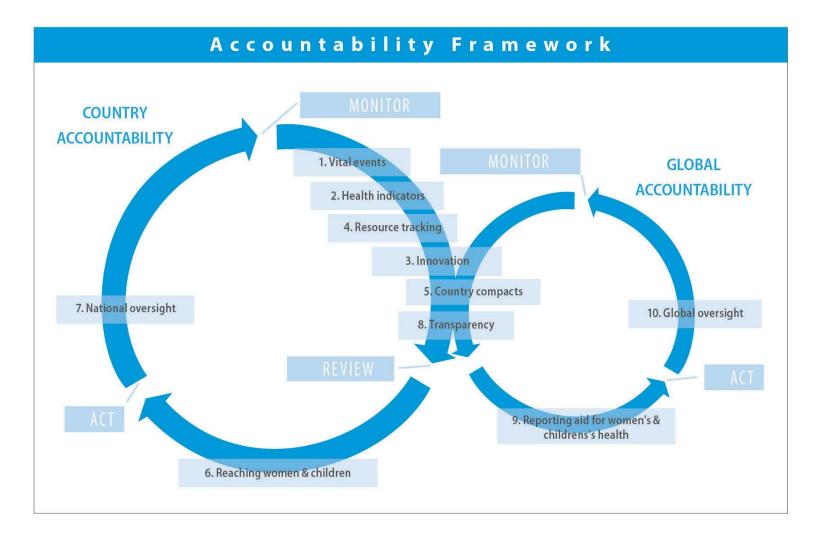


## Accountability Framework: Parameters

- Applicable at all levels national and global
- Links results and resources
- Three building blocks: Monitor, Review, Act
- All partners accountable for the commitments they make and the health policies and programmes they design and implement.
- Builds on and strengthens existing mechanisms



### Accountability Framework: Visual Representation





### Commission's 10 Recommendations

### Holding all stakeholders accountable

- Recommendations 1-3: Better information for better results
- Recommendations 4-6: Better tracking of resources for women's and children's health

 Recommendations 7-10: Better oversight of results and resources: nationally and globally





1. Vital events: By 2015, all countries have taken significant steps to establish a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys.





2. Health indicators: By 2012, the same 11 indicators on reproductive, maternal and child health, disaggregated for gender and other equity considerations, are being used for the purpose of monitoring progress towards the goals of the *Global Strategy*.



#### **Eleven indicators**

#### Three tracer indicators:

- maternal mortality ratio
- under-5 child mortality (with the proportion of newborn deaths)
- children under 5 who are stunted

#### Eight coverage indicators:

- met need for contraception
- antenatal care coverage
- antiretroviral prophylaxis among HIV positive pregnant women to prevent mother-to-child transmission of HIV
- skilled attendant at birth
- postnatal care (within 48 hours of childbirth) for mother and child
- breastfeeding exclusively for 6 months
- three doses of the combined diphtheria, pertussis and tetanus vaccine
- children with suspected pneumonia receiving antibiotics.



3. Innovation: By 2015, all countries have integrated the use of Information and Communication Technologies in their national health information systems and health infrastructure.





# Better tracking of resources

4. Resource tracking: By 2015, all 74 countries where 98% of maternal and child deaths take place are tracking and reporting, at a minimum, two aggregate resource indicators: (i) total health expenditure by financing source, per capita; and (ii) total reproductive, maternal, newborn and child health expenditure by financing source, per capita.



### Better tracking of resources

5. Country Compacts: By 2012, in order to facilitate resource tracking, "compacts" between country governments and all major development partners are in place that require reporting, based on a format to be agreed in each country, on externally funded expenditures and predictable commitments.



### Better tracking of resources

6. Reaching women and children: By 2015, all governments have the capacity to regularly review health spending (including spending on reproductive, maternal, newborn and child health) and to relate spending to commitments, human rights, gender and other equity goals and results.





7. National oversight: By 2012, all countries have established national accountability mechanisms that are transparent, that are inclusive of all stakeholders, and that recommend remedial action, as required.



8. Transparency: By 2013, all stakeholders are publicly sharing information on commitments, resources provided and results achieved annually, at both national and international levels.



9. Reporting aid for women's and children's health: By 2012, development partners request the OECD-DAC to agree on how to improve the Creditor Reporting System so that it can capture, in a timely manner, all reproductive, maternal, newborn and child health spending by development partners. In the interim, development partners and the **OECD** implement a simple method for reporting such expenditure.





10. Global oversight: Starting in 2012 and ending in 2015, an independent Expert Review Group is reporting regularly to the United Nations Secretary-General on the results and resources related to the *Global Strategy* and on progress in implementing this Commission's recommendations.



# For the Full Report and more information:

www.everywomaneverychild.org/accountability\_commission