

Analysis of Global Strategy progress and accountability reporting

Presenter: Ann Starrs



Preliminary recommendations



- **Primary aim of analysis:** Generate recommendations for streamlining and strengthening Global Strategy reporting on progress and accountability
- **Secondary objectives:**
 - Identify key achievements and strengths of GS reporting and accountability mechanisms to date
 - Outline products, events and activities that are mandated or planned for 2019-2020 period
 - Lay out areas of agreement and issues for further discussion
 - Assess what key stakeholder audiences (partner governments, civil society, donors, etc.) want and need from accountability reporting
- **Why now?** Concern from partners on number of reports, and to make sure we are ready for 2020 as key transition point

Areas of Consensus



Big picture: Evidence and analysis is needed to assess progress and gaps in achievement of GS targets. Key recommendations:

1. Streamline reporting and unify thematic priorities across EWEC partners

- Reduce number and frequency of report(s), improve quality of analysis and allow greater focus on implementation of recommendations
- Options: Single report with multiple components, or linked reports

2. Clarify focus of reporting

- General support for focusing on “3 Rs” (Results, Resources, Rights) as called for in Global Strategy and the Unified Accountability Framework
- But, no clear consensus on utility of tracking implementation of EWEC commitments, especially given methodological challenges

Areas of Consensus (cont'd.)



3. Establish/strengthen mechanisms to “call out” lack of progress and inadequate action on commitments and pledges

- PMNCH (including constituencies) and IAP seen as having clear role
- EWEC High-Level Steering Group also seen as having untapped potential to speak out to highlight need for action
- Strong interest in portal that would collate resources: commitments, accountability tools, data, and provide a mechanism for community voices

4. Engage more systematically and effectively with national and regional accountability mechanisms

- Underway with a number of partners (EWEC-LAC, Countdown, GFF)
- Need to be responsive to country constraints and needs, align with existing reporting mechanisms and processes (e.g., for SDGs)

Areas of Consensus (cont'd.)



5. Call for greater focus on remedial action

- Make better use of national, regional and global platforms and events
- Strengthen links to social and political accountability, including citizen engagement (civil society, parliamentarians) to demand changes in policies and programmes
- Consistent engagement with media, traditional and social

Progress Update on the Recommendations



	Recommendation	Status of addressing recommendation	In planning
1.	Streamline reporting and unify messages across EWEC accountability partners	Reporting streamlined in 2019-2020	Plan for coordinating thematic focuses and messages still needed w/ EWEC partners
2.	Decrease frequency of reporting, and invest more time and effort in follow-up	Frequency decreased in 2019-2020; IAP & PMNCH addressing follow up through accountability briefs	More specific planning for investing in follow up of messages is needed w/ EWEC partners
3.	Clarify the focus of reporting	EWEC partners have reporting niches (e.g., Countdown: Equity), but overall GSPR focus less clear	Given differences in opinion on the focus of reporting, further consultation needed
4.	Establish or strengthen mechanisms for “calling out” and engagement	Significant progress in some areas (social accountability); accountability portal in design phase	PMNCH to work with IAP and Countdown as next steps
5.	Engage more systematically and effectively with national and regional accountability mechanisms	PMNCH working with H6 to strengthen multistakeholder platforms in countries	Clear plan on regional accountability mechanisms is needed



Thank You



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EVERY CHILD

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CHILDREN AND ADOLESCENTS

2015-2019 COMMITMENT-MAKING PROCESS IN SUPPORT OF THE *GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH*

11 July 2018
PMNCH Board Meeting
The Hague

EWEC COMMITMENTS

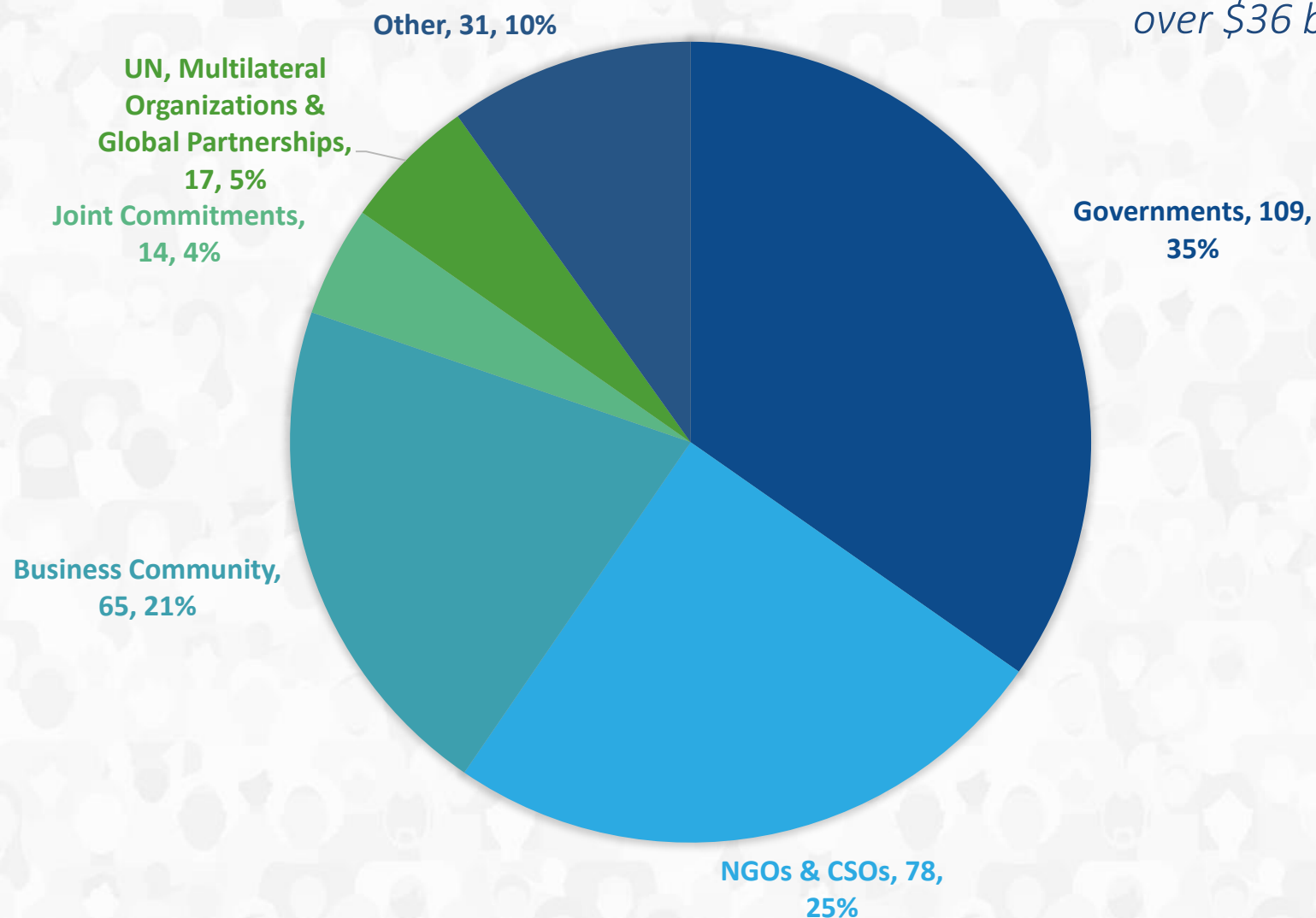
- Since 2015 to date, over 310 multi-stakeholder commitments (including governments) were mobilized to advance the EWEC Global Strategy, totalling over \$36 billion*.
- More specifically, since September 2018, the EWEC Secretariat has mobilized 8 new commitments, half of which were in support of FP2020. These commitments are worth 500 million* (financial) and 4 million (non-financial). These figures do not include commitments made by 27 Ministers at the Ministerial Conclave at the 2018 PMNCH Partners' Forum on 12 December 2018 which are currently being formalized.
- Non-government commitments reached over 146 million people through service delivery activities across the six focus areas of the EWEC Partners' Framework since its launch.

**Financial/non-financial values are under-estimated because not all commitment makers disclose this and can provide expected quantitative outputs instead.*



Sept. 2015 - June 2019 COMMITMENTS TO THE GLOBAL STRATEGY

Total number of commitments = 314 (worth over \$36 billion USD)





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Commitment Process





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Commitment Process

Mobilization

- In collaboration with EVEC ecosystem partners
- Through key events/opportunities

Curation

- Align with GS and EVEC 2020 Partners Framework
- SMART indicators (Specific, Measurable, Achievable, Relevant, Timely)

Processing

- Non-government commitments: financial/non-financial value, timeline, geographic scope
- Government commitments: Formal letter at PM/ministerial level addressed to the UN Secretary-General
- Recording online submissions via EVEC Tracker / SG-Central



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Commitment Process

Acceptance

- Formal acceptance letter from UN SG to non-government commitment makers
- Commitment page on EWEC website

Announcement

- EWEC communication channels (i.e. weekly e-blast, social media, web-stories)
- Key events globally and regionally (i.e. ECOSOC Youth Forum, CSW, WHA, HLPF, UNGA)

Reporting

- Online EWEC Progress Questionnaire (or FP2020 survey in 2015-2016) feeding into Annual Commitment Progress Report
- Intergovernmental processes: WHA Resolution via WHO Global Health Observatory, HLPF (VNRs and thematic reviews), WHS Reporting, etc.
- Supplementary annual reports issued by individual commitment makers (i.e. JSI, WVI, Save the Children)
- Existing reporting mechanisms (i.e. FP2020 via Track 20 M&E Officers, UHC2030 Accountability Strategy, citizen hearings, parliamentary committees)

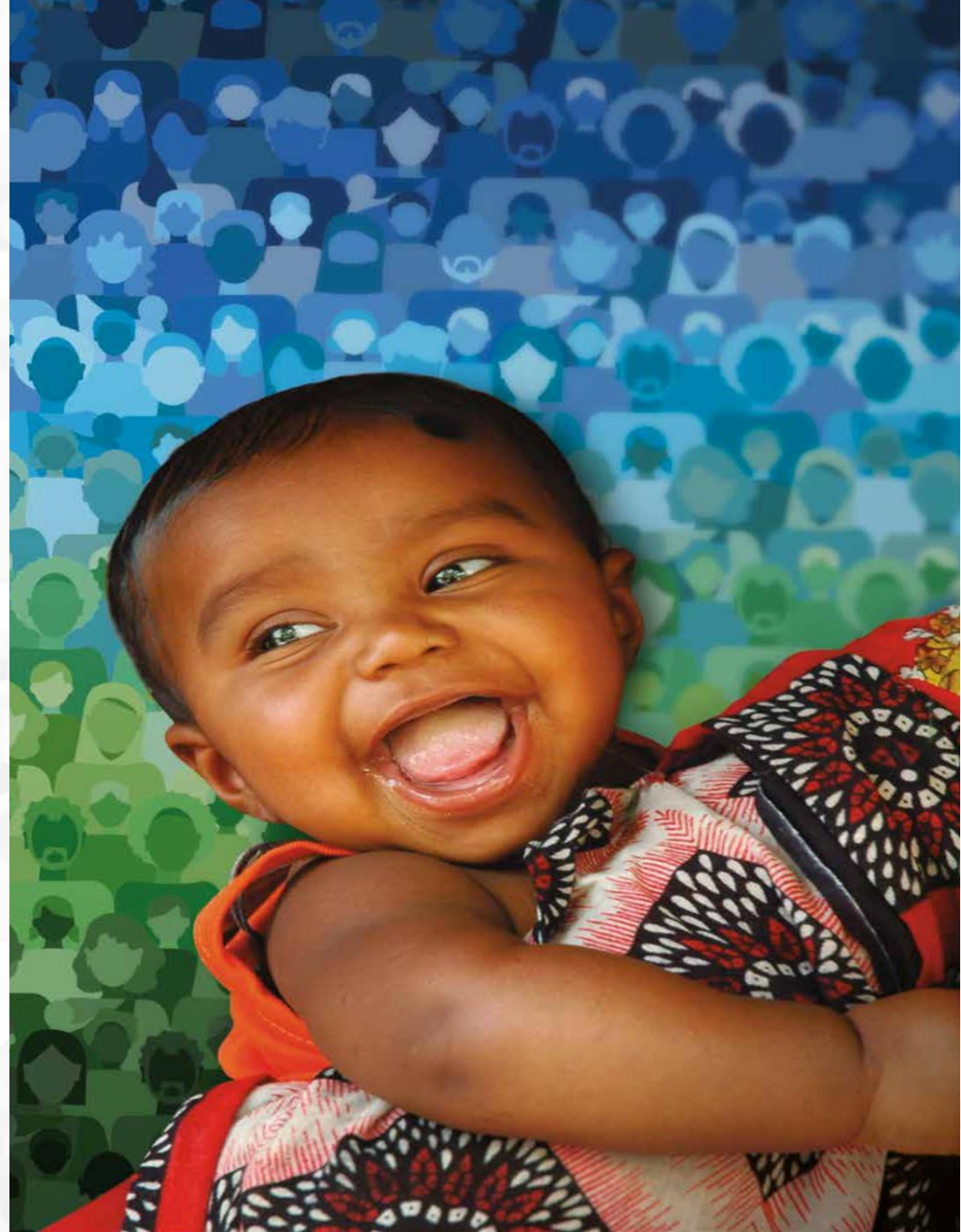
COMMITMENTS PLATFORM: CHALLENGES

- Sustain political momentum in a crowded health landscape
- Link to existing and broader SDG reporting mechanisms to streamline reporting/minimize fragmentation
- Align commitment indicators to GS Indicator & Monitoring Framework based on SDG indicators
- Accurately value commitments (i.e. private sector, youth-led/small-scale NGO&CSOs)
- Streamline lengthy and time-consuming commitment-making process (average 3-4 weeks from commitment mobilization to formal acceptance by the EWEC Secretariat and EOSG; 6-11 person hours per commitment).

COMMITMENTS PLATFORM: OPPORTUNITIES

- Evolve commitment platform into a knowledge exchange/partnership hub for commitment makers to connect in support of the Global Strategy.
- Mobilize commitments to address gaps (i.e., humanitarian and fragile settings, newborns, etc.)
- Engage the entire EWEC ecosystem to support the commitments platform
- Build stronger linkages with the UHC agenda via the UNSG's Global Health Engagement Strategy and SDG3 GAP
- Capitalize on intergovernmental fora and existing commitment-making platforms via supporting initiatives (i.e. ICPD+25 commitments and UNF-mobilized commitments from the Business Community)

Thank You!



**Thursday, 11 July 2019: Day 2 of
the Board meeting**

**08:30 – 10:00 ITEM 4 –
Accountability and Every Woman
Every Child Commitment
Tracking**

***Ties Boerma
Executive Director, Countdown to
2030***





Accountability: Three issues and implications for PMNCH

1. Accountability for women's, children's and adolescents' health: on the rise?
2. Commitments and accountability: essential or weak instrument?
3. Global and country accountability: a dichotomy?

I - Accountability on the rise?

Baseline

- MDG indicators and targets
- Commission on Information and Accountability for Women's and Children's Health 2011-2016

SDG

- Global Strategy with Unified Accountability Framework



Key functions of GS Unified Accountability Framework



- ***Facilitate tracking*** of **R**esults, **R**esources and **R**ights to achieve GS/SDGs
 - GS indicator and monitoring framework
- Support the ***critical independent review function*** through the Independent Accountability Panel (IAP)
- ***Alignment and harmonization:***
 - *Promote alignment* of national, regional & global investments/initiatives
 - *Harmonize with other accountability initiatives ...* and strengthen country information systems

I Accountability on the rise?

Results monitoring

PMNCH harmonized and aligned Global Strategy progress reporting

Some progress in countries but not spectacular; global flood of estimates / predictions (IHME/Lancet >> UN)

Disaggregation remains a challenge

- PMNCH / Countdown: BMJ Series Who is being left behind?
- Launch at the Prince Mahidol Conference, Bangkok (theme is UHC), end January 2020
- Input in Global Strategy progress report 2020 (H6)

I - Accountability on the rise?

Resource tracking

Global resource flows:

- Initial data suggest constant levels of funding for RMNCAH+N 2014-17
- PMNCH/Countdown working group on tracking health financing: better methods to track RMNCH resource flows (“Muskoka2”)
- But we need more disaggregation adding SRHR and AH tracking of ODA

Country health financing

- Quality of financial data major challenge
- Promote WHO System of Health Accounts and RMNCAH subaccounts

PMNCH Looking forward: SRMNCAH projection exercise for PMNCH Board and Strategy and Finance Committee: present to Board at ICPD25, November 2019

I - Accountability on the rise?

Rights / Data – advocacy - action

Social accountability

- Maternal mortality still the most powerful message for political attention / action
- Quality of care much more central and key trigger for accountability efforts

International efforts

- IAP: how to achieve the greatest impact of its reports and mechanisms
- Global and regional efforts: e.g. PMNCH social accountability events at WHA and Women Deliver with WRA, EVI, Save, Equal Measure
- BMJ supplement: multisectoral collaboration success stories

Country efforts: IPU, civil society organizations

2 - Commitments

essential or weak instrument for accountability

Commitments are many and yet major gaps

- no country strategies and plans included, no GFF, no ICPD+25 commitments etc.
- variable / opportunistic approach to generating commitments

Fragmentary reporting on commitments

- only non-state commitment makers self-report on progress
- hard to track (60% reporting rate with major PMNCH effort)
- reporting through “progress narratives” questionable (publicity > accountability)

PMNCH: Finalizing the piloting of the *Motion Tracker* for tracking and validating country commitments to EWEK in 4 countries (Nigeria, Tanzania, Uganda, Zambia)

3 – Country and global accountability

- SDG: high level political forum system of voluntary national reviews*
 - Presents an important shift in country reporting
- Global reporting: standardized, comparative; mostly based on estimates/predicted values for a very recent year
- Country own tracking and reporting: diverse according to country plans and strategies; using local empirical data with little prediction; not always according to international standards

3 - Country – global accountability

- **Results** tracking with disaggregation
 - More data – but different (e.g. DHIS2); major investments by multiple PMNCH actors
 - Better analysis and country capacity: multiple actors (Countdown, USAID etc.)
 - Better communication of results: (too) many scorecards
- **Resource** tracking still major challenge: promote SHA 2011, transparency, cumbersome
- **Rights:** Review, advocacy for action
 - Some countries now have civil society reports assessing results and especially government resources; need better capacity to analyse the situation
 - RfP on Accountability diagnostic resource kit: aims to provide the tools to diagnose gaps in accountability mechanisms as part of GFF investment cases, for use by multistakeholder platforms and to embed a quality improvement process
- Integration of WCAH into UHC/PHC reporting and monitoring

Thank You!



Accountability for Impact



Elizabeth Mason, IAP Member and Shyama Kuruvilla, IAP Secretariat

PMNCH 23rd Board Meeting – 9-11 July, 2019

EWEC accountability framework: a pathfinder for global health initiatives

- 2010-2015: UNSG launches the first Global Strategy for Women's and Children's Health
- 2011: Commission on Information and Accountability (CoIA)
- 2011-2015: Independent Expert Review Group (iERG)
- 2016-2030: The Global Strategy for Women's, Children's and Adolescents' Health: Survive, Thrive, Transform
- 2016-2030: Independent Accountability Panel (IAP)

IAP EWEC Accountability Framework
Monitor → Review → Remedy and Act

About the IAP

- Appointed by the UN Secretary-General
- Reports to the EWEC High-level Steering Group
- 10 independent experts, voluntary



Joy Phumaphi Co-chair
Botswana



Kul Gautam Co-chair
Nepal



Nicholas Kojo Alipui
Ghana



Carol Kidu
Papua New Guinea



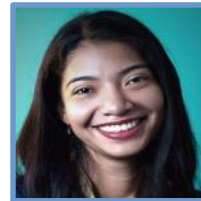
Brenda Killen
Ireland



Elizabeth Mason
United Kingdom



Giorgi Pkhakadze
Georgia



Jovana Rios Cisnero
Panama



Gita Sen
India



Alicia Ely Yamin
USA

IAP Mandate and Reports

IAP'S MANDATE

- Independent review of EWECS GS progress and accountabilities
- Make recommendations to address gaps/challenges
- Promote accountability principles (e.g. transparency, equity, rights)
- Advocate for remedies & action

3 MAIN ACCOUNTABILITY REPORTS

- Inaugural report
- Accountability for Adolescents
- Accountability of Private Sector



IAP reporting in 2020

- IAP part of the **GS progress BMJ supplement**, Jan. 2020, together with Countdown, H6, PMNCH and other partners
→ **'Authoritative editorial' from the IAP**
- IAP report to the **EWEC HLSG in September 2020**, and **briefs/ editorials** on critical accountability issues and events
→ e.g. UHC, humanitarian settings

Headline accountability recommendations

- Develop a **shared understanding** of accountability, across multiple stakeholders and mechanisms
- Implement **accountability recommendations** e.g. CRVS, alignment with national plans, use digital technologies...
→ Many repeated across CoiA, iERG and IAP
- **UHC should be the umbrella** for accountability in health
“The replication of accountability mechanisms will fragment and dilute meaningful oversight. UHC should be the umbrella for all these bodies that should agree on principles and priorities so that promises made in the SDGs will be delivered.”

Yamin and Mason for the IAP, Lancet, 2019

Accountability matters for health: a case of a few trillion dollars*



20%-40%
inefficiencies

Health
7.7 trillion



Food and agriculture
7.7 trillion



Travel and tourism
7.6 trillion



Oil & Gas
5 trillion



Education
4.7 trillion



Fashion
3 trillion



Military
1.8 trillion



Automotive
1.7 trillion



Note: Cigarettes
0.7 trillion

**The next trillion-dollar industry will most likely be
based on genetic code, also linked to health**

***Global expenditures, large variations across countries**

MONITOR: need for better country data and summaries of progress for advocacy

COUNTRY X SDG TRENDS, illustrative example



Sustainable Development Report 2019. New York: Sustainable Development Solutions Network (SDSN).

16 KEY INDICATORS EWEC GLOBAL STRATEGY

- Invest in strengthening country data, balance global estimates !!!
- Customize 'tracking' summaries for decision-making and advocacy e.g. global link to commitments; national link to implementation

REVIEW: emerging observations

- Around **20% lag** in EWECS progress globally
- Critical health issues, progress reversing or stagnating on:
 - i) **Health equity** across and within countries
 - ii) **Gender and SRHR**
 - iii) **Newborn health**
 - iv) **Adolescent health services and utilization**
 - v) **Health in humanitarian and fragile settings**
- Critical **geodemographic priorities and transitions**
- Need analyses to go beyond the **‘what’ to ‘why and how’**
e.g. 50% multisectoral impacts, intersectionalities

So, alternatively



TRANSFORM



THRIVE



SURVIVE

REVIEW: institutional and advocacy links

Link to institutional review mechanisms:

- **National** SDG and health sector reviews, parliaments, citizens' hearings, sub-national reviews, MDSR etc
- **Regional** body reviews, including geopolitical groups
- **Global** reviews e.g. WHA, HLPE, HRC, EWEC, PMNCH

Advocate for evidence-based recommendations e.g:

- **Effective interventions and rights** for WCAH e.g. WHO UHC Menu, and a Health and rights literacy guide
- **PHC** to cover a majority of people's health needs: Community engagement, Primary care, Multisectoral action
- **Accountability**: alignment with national priorities, efficiencies

REMEDY AND ACT: the weakest accountability link?

- Tracing monitor and review to ‘remedy and act’
 - Legal remedies, policy and regulatory frameworks
 - Budgets and priority setting
 - Programme M&E
 - Grievance mechanisms
 - Corruption mitigation
 - Social accountability and rights
- Strengthening links across sectors and multistakeholder partnerships for implementation, learning and impact

POINTS FOR BOARD DISCUSSION

1. Developing and applying a shared understanding of multistakeholder accountability
2. Strengthening PMNCH board and constituency accountabilities e.g. prioritized Partners' Framework?
3. Improving the impact of IAP's work: for women's, children's and adolescents' health in the context of UHC (also external evaluation managed by EWEC secretariat)



Thank you.