A Review of Global Accountability Mechanisms for Women's and Children's Health

The Partnership for Maternal, Newborn & Child Health

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for Maternal, Newborn
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Executive summary

The United Nations Secretary-General's Global Strategy for Women's and Children's Health, launched in September 2010, generated significant financial, policy and service delivery commitments. The following stakeholders all made commitments: governments, multilateral organizations, non-governmental organisations, donors, foundations, healthcare professional associations, academic institutions and the private sector.[1] The Global Strategy sets out the key areas where action is urgently required to improve the health of women and children worldwide. One of these areas is: "improved monitoring and evaluation to ensure the accountability of all actors for results." This report reviews accountability arrangements with respect to all the stakeholders that made commitments to the Global Strategy, focusing on mechanisms for *monitoring, review* and *remedy or action*, which are the three key steps for accountability.

The Global Strategy requests the World Health Organization (WHO) to: "Chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health."[2] In December 2010, the Secretary-General established a Commission on Information and Accountability for Women's and Children's Health. In May 2011 at the World Health Assembly, the Commission will propose an accountability framework and an action plan for: "global reporting, oversight and accountability on women's and children's health. It will create a system to track whether donations for women's and children's health are made on time, resources are spent wisely and transparently, and whether the desired results are achieved." [3]

In the Delhi Declaration 2010, adopted by The Partnership for Maternal, Newborn & Child Health (PMNCH) in November 2010, partners agreed to collaborate with WHO to speedily implement the Secretary-General's request.[4] Further, partners affirmed that the PMNCH, based on its multi-stakeholder constituency: "is an active participant to track commitments and results and thus ensure mutual accountability."[5] As a complement to the Commission's work to set up an accountability framework and action plan, PMNCH will develop a 2011 progress report on all stakeholders' commitments to the Global Strategy. PMNCH undertook this review of global accountability mechanisms to inform its engagement with the Commission's work and the development of the 2011 progress report on Global Strategy commitments.

This review of the global accountability landscape for women's and children's health is not comprehensive, but rather focuses on illustrative examples of accountability mechanisms at the global level. It would be valuable to undertake similar reviews of regional and national accountability mechanisms. Coordination between global accountability arrangements for commitments made in response to the Global Strategy and regional and national monitoring and accountability procedures, as well as other global procedures, is important to coordinate action and enhance accountability of stakeholders for results at all levels.

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[1] The Global Strategy for Women's and Children's Health and related commitments made by a range of stakeholders can be found on the "Every Woman, Every Child" website. At: http://www.everywomaneverychild.org/commitments

[2] Ki-moon B. (2010). Global Strategy for Women's and Children's Health. New York: United Nations. (p.15).

[3] Commission on Information and Accountability for Women's and Children's Health. 2011. At: http://www.who.int/topics/millennium_development_goals/accountability_commission/en/ and http://www.everywomaneverychild.org/pages?pageid=14

[4] Partnership for Maternal, Newborn & Child Health (2010). Delhi Declaration 2010 – From Pledges to Action and Accountability. Adopted by the Partners' Forum on Women's and Children's Health, November 2010. PMNCH: Geneva, Switzerland. At: http://www.who.int/pmnch/media/press_materials/pr/2010/20101114_pf_delhideclaration/en/index.html

[5] Partnership for Maternal, Newborn & Child Health (2010). *Delhi Declaration 2010.*

This review also includes examples of accountability arrangements in the fields of international health, development and human rights more generally. The decision to broaden the focus of the report was made because there are limited examples of global accountability procedures focusing specifically on women's and children's health. The examples referred to in this report are illustrative precedents of a variety of options, which may be considered in the process of developing accountability for stakeholders with commitments arising from the Global Strategy.

The review confirms that while monitoring is central to accountability, it is not the same thing as accountability. It provides definitions of key accountability principles and terms, such monitoring; review, including independent and non-independent review, peer review; remedy and mutual accountability.

Key findings and recommendations include the following:

- **Monitoring:** Currently, a large amount of data on states and women's and children's health is collected and evaluated. However, there are significant data gaps. Vital registration and health information systems in countries need to be strengthened to generate accurate data on women's and children's health. Data are also very limited on activities of non-state stakeholders - including multilateral organizations, non-governmental organizations, donors, foundations, healthcare professional associations, academic institutions and the private sector - working in the area of women's and children's health. Arrangements are urgently needed to develop monitoring for general and specific commitments of *all* stakeholders under the Global Strategy.

  The Commission for Information and Accountability for Women's and Children's Health will propose an accountability framework and action plan to address these overarching issues. The PMNCH progress report on commitments to the Global Strategy will help address specific gaps through voluntary, structured reporting from multiple constituencies.

- **Review:** Few global review processes focus on accountability for women's and children's health, and none is well placed to provide accountability for all the different stakeholders that made commitments made to the Global Strategy. A body that performs an independent review function is urgently needed to: consider an agreed core set of quantitative and qualitative data from all stakeholders; commend good practices; signal where there is room for improvement; and make constructive, practical, remedial recommendations.

- **Remedy or action:** The independent review body should present the observations and recommendations to a body or bodies that represent the different stakeholders. These include the United Nations General Assembly and other bodies such as non-governmental organization coalitions, healthcare professional associations and private sector forums. Stakeholders should then take the required remedial actions so that results can be achieved at all levels. Technical and financial assistance will be required to strengthen health information systems and to help implement and monitor the activities of the multiple stakeholders that made financial, policy and service delivery commitments to the Global Strategy.

In short, monitoring and independent review mechanisms should feed into a cyclical processes that facilitates remedial actions and ensures stakeholders' individual and mutual accountability to achieve results at all levels for women's and children's health.

Introduction

In November 2010, the Partners' Forum of The Partnership for Maternal, Newborn & Child Health (PMNCH) marked the culmination of a landmark year for women's and children's health.[6,7] In response to the United Nations Secretary-General's Global Strategy for Women's and Children's Health (the Global Strategy), world leaders and other stakeholders made pledges at the G8, African Union and United Nations General Assembly. To transform these pledges into action, PMNCH partners comprising governments, multilateral agencies, donors, foundations, non-governmental organizations, healthcare professionals associations, academic institutions, and private sector collaborations, adopted the Delhi Declaration 2010, in which they agreed to: "shared principles for advocacy, action and accountability."[8]

In the Global Strategy, the United Nations Secretary-General requested WHO to:

> "Chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health."[9]

The Director-General of WHO, Dr. Margaret Chan, committed WHO to beginning this process in early 2011, and to bringing the recommendations arising from it to the attention of ministers of health during the World Health Assembly in May 2011. The Commission on Information and Accountability for Women's and Children's Health (the Commission) held its first meeting on 26 January 2011. Supported by two Working Groups, the Commission will develop an accountability framework and action plan "for global reporting, oversight and accountability on women's and children's health. It will create a system to track whether donations for women's and children's health are made on time, resources are spent wisely and transparently, and whether the desired results are achieved".[10] The accountability framework and action plan proposed by the Commission will:

- Track results and resource flows at global and country levels;

- Identify a core set of indicators and measurement needs for women's and children's health;

- Propose steps to improve health information and registration of vital events (births and deaths) in low-income countries; and

- Explore opportunities for innovation in information technology to improve access to reliable information on resources and outcomes.

PMNCH partners affirmed that the partnership, based on its multi-stakeholder constituency: "is an active participant to track commitments and results and thus ensure mutual accountability."[11] As a

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[6] Bustreo F and Frenk J. (2010). Women's and Children's Health: From Pledges to Action. *Bulletin of the World Health Organization* 88(11), 1 November 2010, at 798.

[7] We use "women's and children's health" to mean reproductive, maternal, newborn and child health (RMNCH). Although the phrase "women's health" usually applies to all women and encompasses not only an absence of illness but also complete physical, mental and social well-being, here we are focusing on those who face particular risks arising from reproduction and pregnancy. We take a life-cycle perspective, so our target group is women of reproductive age, adolescent girls, newborns, infants and children under five. (Partnership for Maternal, Newborn & Child Health and University of Aberdeen [2010]. *Sharing Knowledge for Action on Maternal, Newborn and Child Health*. PMNCH: Geneva, Switzerland. At: http://portal.pmnch.org/knowledge-summaries (Last accessed 20 December 2010).

[8] Partnership for Maternal, Newborn & Child Health (2010). *Delhi Declaration 2010.*

[9] Ki-moon B. (2010). Op. cit. (p.15).

[10] Commission on Information and Accountability for Women's and Children's Health. 2011. At: http://www.who.int/topics/millennium_development_goals/accountability_commission/en/ and http://www.everywomaneverychild.org/pages?pageid=14

[11] Partnership for Maternal, Newborn & Child Health (2010). *Delhi Declaration 2010.*

complement to the Commission's work, PMNCH constituencies will develop a 2011 progress report on commitments to the Global Strategy. This report will analyze how far all stakeholders have progressed with their commitments to the Global Strategy for Women's and Children's Health. It is planned that this progress report will be presented to the United Nations General Assembly in September 2011, marking the first anniversary of the launch of the Global Strategy. PMNCH commissioned this review of existing global accountability mechanisms in the field of women's and children's health to inform PMNCH's engagement with the Commission's work and the partnership's role as a multi-stakeholder platform to help promote mutual accountability.

The purpose and structure of this review

What this review does: The purpose of this report is to review existing global accountability mechanisms that apply to different stakeholders with respect to commitments made to the Global Strategy. Since there are some gaps in arrangements for global accountability specifically for women's and children's health, the report also looks at accountability arrangements more generally in the fields of global health, development and human rights.[12]

What this review does not do: It is important to note that this review does not provide a comprehensive summary of arrangements for reporting, oversight and accountability for women's and children's health, or for international health, development or human rights. This has not been possible due to space and time constraints. The report simply provides illustrative examples, highlighting good practices where possible.

With this in mind, the following points are significant:

- Multi-stakeholder accountability. A key and progressive feature of the Global Strategy is its emphasis on multi-stakeholder accountability. The commitments made by a range of stakeholders in response to the Global Strategy serve to reinforce the importance of this emphasis. As a result, this report focuses on accountability for the following stakeholders: governments,[13] multilateral agencies, donors, non-governmental organizations, healthcare professionals, academic institutions and the private sector.

- Other key principles for health and development. The Global Strategy highlights a range of other key principles, namely: national leadership and ownership of results; strengthening countries' capacity to monitor and evaluate; reducing the reporting burden; strengthening and harmonizing existing international mechanisms to track progress on all commitments made; and mutual accountability (see Figure 1 for definitions of some of these and other principles referred to throughout the report).

- Focus on global mechanisms, but recognising the importance of national and regional mechanisms. Many national and regional procedures also include a focus on women's and children's health. It is beyond the scope of this report to review and identify examples and good practices from the

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[12] The report includes a focus on the following review bodies: International Health Regulations Review Committee; the African Peer Review Mechanism; OECD-DAC Peer Review; the World Bank Inspection Panel; ILO's Committee of Experts and Conference Committee on the Application of Standards; UNESCO's Committee on Conventions and Recommendations; the Joint ILO-UNESCO Committee of Experts on the Application of the Recommendations concerning Teaching Personnel (CEART); United Nations human rights treaty bodies; Universal Periodic Review; and Thematic Procedures of the United Nations Human Rights Council.

[13] The reference to governments here focuses on the responsibilities of each government to ensure domestic implementation of commitments for women's and children's health, including commitments relating to the Global Strategy. Donor States have additional commitments in respect of their development cooperation, in addition to their domestic commitments.

regions and individual countries. However, it is important to emphasize that coordination between global accountability arrangements for commitments made in response to the Global Strategy and regional and national monitoring and accountability procedures can be beneficial for a number of reasons. These include enhancing the accountability of stakeholders for results at all levels and the effectiveness of mechanisms at the global, regional and national levels.

The following three sections of this report signal selected examples that illustrate the three constituent components of accountability: monitoring, review and remedy or action [14] (see Figure 1). The sections also highlight some of the main challenges relating to accountability for the Global Strategy, including current gaps in monitoring and review of various stakeholders. It is hoped that the findings in this report will help inform PMNCH's engagement in these processes.

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[14] Hunt P. (2010). A Three-Step Accountability Process for the UN Secretary-General's Global Strategy for Women's and Children's Health. Paper presented at From Pledges to Action: A Partners' Forum on Women's and Children's Health. Organized by the Ministry of Health and Family Welfare, Government of India, and the Partnership for Maternal, Newborn & Child Health. Available at http://www.who.int/pmnch/events/partners_forum/20101114_3step_accountprocess.pdf

Figure 1: **Definitions of selected key terms and concepts**

Accountability

Accountability involves identifying the commitments and duties of stakeholders and making stakeholders answerable for their performance. There are three main components of accountability:

(i) **Monitoring,** which involves finding out what is happening where, and to whom. If stakeholders are to be held accountable, it is vital to monitor and evaluate quantitative and qualitative data. Monitoring is a pre-condition for reviewing whether what is happening is consistent with previously agreed commitments. Although critically important, monitoring is not accountability.

(ii) **Review,** which refers to a process that assesses whether or not pledges, promises and commitments have been kept, and whether duties have been discharged. Review can be independent or non-independent (see below).

(iii) **Remedy or action**, which is a critical, but often neglected, component of accountability. A remedy is a measure or measures to put things right, as far as possible, when they have not gone as promised or planned. The process is sometimes referred to as *redress*. International review bodies may make practical, constructive, remedial recommendations, not only for the stakeholder under review, but also for other bodies that might be able to assist the stakeholder, such as a donor or an agency providing technical assistance.

Independent review

An independent review body is composed of individuals, often experts in their field, who serve in their independent capacity i.e. they do not take instructions from those nominating or appointing them, or from any other person or organization, and they exercise their professional, autonomous judgement. While the members of an independent review body are usually nominated or appointed by particular stakeholders, once appointed they serve in an independent capacity.

Non-independent review

Non-independent review bodies are mechanisms whose members are also representatives or delegates of a stakeholder and who serve in this capacity.

Peer review

Peer review is a form of reciprocal evaluation among like stakeholders; for example, states. Peer review can, and often does, involve participation by other stakeholders, including civil society.

Mutual accountability

Mutual accountability means that different stakeholders are accountable to each other. The principle is enshrined in international development commitments. It is one of the central principles of the Paris Declaration on Aid Effectiveness (2005), an international agreement to which over 100 ministers, heads of agencies and other senior officials committed their countries and organizations, as well as the Accra Agenda for Action (2008), which builds on commitments in the Paris Declaration.[15] In these contexts, mutual accountability refers to accountability between partner countries and donors in respect of the use of development resources. The Global Strategy for Women's and Children's Health has a focus on multi-stakeholder accountability. For mutual accountability, arrangements would need to allow for the accountability of all stakeholders to one another.

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[15] Paris Declaration on Aid Effectiveness, adopted at the High Level Forum on Aid Effectiveness, Paris, France, 2005, para 3(iii); Accra Agenda for Action, adopted at the Third High Level Forum on Aid Effectiveness, Accra, Ghana, 2008, para 19(c).

A. Monitoring

Monitoring involves finding out what is happening where, and to whom. If stakeholders are to be held accountable, it is vital to monitor and evaluate quantitative and qualitative data. Monitoring is a pre-condition for reviewing whether what is happening is consistent with previously agreed commitments.

A range of international arrangements is in place to collect data relating to women's and children's health. There are initiatives to track progress on: health outcomes; resource flows; legal, regulatory and policy frameworks; health-system and service-delivery mechanisms; and the determinants of women's and children's health, such as poverty and education. These data provide information on the performance of states and, to a lesser degree, donors. However, there are still data gaps, particularly in respect to commitments by non-state stakeholders. The following paragraphs provide non-comprehensive illustrative examples of monitoring arrangements for the categories of stakeholders that have made commitments to the Global Strategy. Other examples illustrate some data gaps and challenges in the area of monitoring.

i. Monitoring the roles and responsibilities of a range of stakeholders

Governments

An extensive range of data is collected and used to monitor national progress against global commitments to women's and children's health, including in partner countries. However, for some countries, particularly developing countries, data collection is hampered by poor-quality or incomplete data, poor infrastructure and health-information systems, unsystematic record keeping and a lack of qualified personnel.[16,17] There are also some limitations in terms of the collection of specific types of data, for example on legal, policy and regulatory frameworks for women's and children's health. This means that, for some countries, data on women's and children's health are incomplete or unreliable.

Data on women's and children's health outcomes are presented in a range of national and international reports, as well as on websites. For example:

- **National Millennium Development Goals (MDGs) reports,** which are reports produced by countries to showcase progress on the MDGs, including on maternal and child health;[18]

- **Annual flagship reports of United Nations agencies e.g. WHO's World Health Report,**[19] **UNFPA's State of World Population,**[20] **and UNICEF's State of the World's Children,**[21] which include tables with data on women's and children's health, including (but not limited to) indicators used to monitor the MDGs and commitments made at the International Conference on Population and Development;

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[16] Global Campaign for the Health Millennium Development Goals (2008). *Progress Report.* April 2008. Oslo: NORAD. At: http://www.who.int/pmnch/topics/mdgs/norad_progress_report.pdf

[17] Although not the main focus of this review, it is noteworthy that new initiatives are seeking to present estimates for those countries with incomplete or unreliable data. For example, for countries where there is no reliable data on maternal mortality, WHO, UNICEF, UNFPA, and the World Bank have collaborated to develop and update five-yearly estimates using statistical modelling (WHO, UNICEF, UNFPA and WORLD BANK [2010]. *Trends in Maternal Mortality: 1990 to 2008.* Geneva: World Health Organization. p.3).

[18] The national MDGs reports are available at: http://www.undg.org/index.cfm?P=87

[19] World Health Organization (2010). *The World Health Report: health systems financing – the path to universal coverage.* Geneva: WHO. At: http://www.who.int/whr/2010/en/index.html

[20] UNFPA (2010). *State of World Population 2010.* New York: UNFPA. At: http://www.unfpa.org/swp/

[21] UNICEF (2010). *State of the World's Children: from conflict and crisis to renewal – generations of change.* New York: UNFPA. At: http://www.unfpa.org/public/home/sitemap/swp2010#reports

- **The Countdown to 2015**, which includes data on the coverage of essential interventions and country profiles on the progress made by 68 high-burden countries for MDGs 4 and 5;[22]

- **The Institute for Health Metrics and Evaluation,** supported by the Bill and Melinda Gates Foundation, publishes analyses on maternal and child mortality trends for all countries;[23]

- **The United Nations Population Division website**, which houses the World Population Prospects 2008 Revision population database, which includes data on women's and children's health;[24]

- **The Measure Demographic and Health Surveys (DHS) website,** which hosts reports with data on more than 200 surveys in more than 75 countries on issues, including population, health and HIV;[25]

- **UNICEF's Child Mortality Estimates website**, which includes estimates for infant and under-fives mortality generated by the Inter-agency Group for Child Mortality Estimation;[26] and

- **The website of the Making Pregnancy Safer department of WHO,** which showcases 79 country profiles that highlight key indicators on maternal and newborn health.[27]

Data are increasingly collected to focus on tracking policy commitments and financing, by the **Countdown to 2015** and other monitoring processes. For example:

- **The International Health Partnership and related activities (IHP+)** tracks policy and service delivery. It has developed a scorecard to help monitor partners' performance;[28] and

- **The World Health Statistics** reports include data on national health expenditure (WHO, 2010).

Data are also collected on a range of other **social, development and environmental factors** that significantly influence women's and children's health. These data are presented in global monitoring initiatives such as the **Human Development Index**, the **Multidimensional Poverty Index**, the **Gender Empowerment Measure** and the **Environmental Performance Index**.[29]

Donors

Monitoring of donors, particularly monitoring of resource flows, has increased in recent years. For example:

- **Donor Millennium Development Goals reports** have been adopted by at least 13 donors, focusing on their contribution towards MDG 8, "global partnerships".[30] The reports include information on resource flows as well as on policies and targets;

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[22] Countdown to 2015 (2010). *Decade report (2000-2010) with country profiles – taking stock of maternal, newborn and child survival.* Washington D.C.: World Health Organization and UNICEF.
At: http://www.countdown2015mnch.org/documents/2010report/CountdownReportAndProfiles.pdf

[23] Institute for Health Metrics and Evaluation: http://www.healthmetricsandevaluation.org/

[24] United Nations Population Division: http://esa.un.org/unpp/

[25] Measure Demographic and Health Surveys: http://www.measuredhs.com/start.cfm

[26] Child Mortality Estimates: www.childmortality.org

[27] Making Pregnancy Safer: http://www.who.int/making_pregnancy_safer/en/

[28] International Health Partnership and Related Initiatives: http://www.internationalhealthpartnership.net/en/home

[29] Human Development Index: http://hdr.undp.org/en/statistics/
Multidimensional Poverty Index: http://www.ophi.org.uk/policy/multidimensional-poverty-index/
Gender Empowerment Measure: http://hdr.undp.org/en/statistics/indices/gdi_gem/
and Environmental Performance Index: http://epi.yale.edu/

[30] Australia (2005), Belgium (2005), Denmark (2003, 2004, 2005), the European Union (2000-2004), Finland (2004), Japan (2005), Germany (2005), Luxembourg (2005), Netherlands (2004), Norway (2004), Sweden (2004, 2006), Thailand (2005), UK (2005).

- **The Resource Flows Project** is a joint-collaboration between UNFPA and the Netherlands Interdisciplinary Demographic Institute (NIDI), which monitors progress towards the financial resource targets agreed to at the International Conference on Population and Development. It has a particular focus on monitoring resource flows among donors for population assistance.[31]

There is a range of other interesting examples of donor monitoring, which focus on issues other than women's and children's health, but which may provide inspiration for improving the monitoring of donors to women's and children's health. For example, UNESCO's Education for All Global Monitoring reports[32] include aid tables containing information on bilateral and multilateral official development assistance (ODA); bilateral and multilateral aid to education; ODA recipients; and recipients of aid to education (UNESCO).

Multilateral agencies

There is currently limited international monitoring of the contribution of multilateral agencies in the field of women's and children's health. Existing initiatives include, for example, the Resource Flows project. This monitors loans for population activity by development banks, particularly the World Bank.[33]

Foundations

There is currently limited international monitoring of the contribution of foundations in the field of women's and children's health. Existing initiatives include, for example, the **Resource Flows Project,** which monitors funding for population activity by major foundations.

Non-governmental organizations

This review did not find examples of global initiatives monitoring the activities of non-governmental organizations in the field of women's and children's health.

Academic institutions

This review did not find examples of global initiatives monitoring the activities of academic institutions in the field of women's and children's health.

Healthcare professional associations

This review did not find examples of global initiatives monitoring the activities of healthcare professional associations in the field of women's and children's health.

The private sector

There is limited global monitoring of the activities of the private sector in terms of commitments to women's and children's health. However, there are some important initiatives. For example, the International Code Documentation Centre (ICDC) of the International Baby Food Action Network (IBFAN) publishes triennial global monitoring reports. These highlight non-compliance by major transnational companies that sell baby foods, feeding bottles and teats with the International Code of Marketing of Breastmilk Substitutes.[34]

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[31] UNFPA/NIDI (2008). *Financial Resource Flows for Population Activities in 2008.* New York: UNFPA.

[32] UNESCO (2010). *EFA Global Monitoring Report 2010: Reaching the Marginalized.* Paris: UNESCO.

[33] UNFPA/NIDI (2008). Op. cit.

[34] International Baby Food Action Network (2010). *Breaking the Rules: Stretching the Rules 2010.* IBFAN, 2010.

There are also civil society initiatives that focus more generally on monitoring private sector actors, such as pharmaceuticals:

- The **Access to Medicines Index**, an initiative of the Access to Medicines Foundation, ranks pharmaceutical companies on their efforts to enhance global access to medicines. Its reports provide data on the access-to-medicines policies and practices of 20 of the largest pharmaceuticals companies.[35]

- **The Carbon Disclosure Project** is an independent not-for-profit organization through which thousands of businesses report their carbon emissions. It promotes transparency through improved disclosure of information. The information is made available to a range of interests ranging from the investment community to governments and the general public. The provision of this information makes possible the monitoring of the reporting firms' carbon-emissions activity over time.[36]

ii. Key gaps and challenges

Despite the range of initiatives to collect data on women's and children's health, there are a number of monitoring gaps and challenges. For example:

- For some countries, data on women's and children's health are of poor-quality and incomplete. There are also limitations in specific types of data, such as on relevant legal, regulatory and policy frameworks.

- The current limitations in the monitoring of women's and children's health among the "most vulnerable and hardest-to-reach women and children: the poorest, those living with HIV/AIDS, orphans, indigenous populations, and those living furthest from health services."[37] The Global Strategy calls for a focus on these groups, and their situation will need to be more carefully monitored as part of any accountability process.

- The lack of coordination between mechanisms that collect data on health outcomes and those that collect data on social and environmental factors and outcomes that are key determinants of women's and children's health.

- The absence of a global mechanism to monitor policy and finance commitments made in response to the Global Strategy.

- The paucity of monitoring initiatives for women's and children's health that focus on multilateral organizations and non-state bodies, such as foundations, civil society, healthcare professional associations and the private sector.

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[35] Access to Medicines Foundation (2010). *Access to Medicines Index 2010.* Haarlem, The Netherlands: Access to Medicines Foundation. At: http://www.accesstomedicineindex.org/

[36] Carbon Disclosure Project (2011). *Carbon Disclosure Project: Supply Chain Report 2011.* London: Carbon Disclosure Project. At: https://www.cdproject.net/en-US/Pages/HomePage.aspx

[37] Ki-moon B. (2010). Op. cit.

B. Review

Review refers to a process that checks whether or not pledges, promises and commitments have been kept, and whether duties have been discharged. In the context of the Global Strategy, a review needs to:

- Look at the *specific* commitments made by each stakeholder in response to the Global Strategy, and whether or not each stakeholder has upheld and implemented its commitments. For example, Afghanistan committed to increasing the number of midwives from 2400 to 4556; Australia committed to providing an additional US$79.5 million for the Pacific and Papua New Guinea; and, Merck committed US$840 million over five years for a range of health-related programmes. So the review would consider progress towards fulfilment of these and other specific commitments.[38]

- Look at whether stakeholders have adhered to *general* commitments and principles identified in the Global Strategy. For example, for states a review should look at, among other things, the development of prioritized national health plans, and approval and allocation of more funds. In respect of donors and foundations it should look at, among other things, whether the provision of predictable long-term financial and programmatic support is in line with national plans, and harmonized with other partners. In relation to all stakeholders, a review should consider the most vulnerable and hardest-to-reach women and children.[39]

- Draw on other international, regional and national reviews that include a focus on women's and children's health. The Global Strategy builds on existing health and human rights commitments. Therefore, the review processes of commitments made in response to the Global Strategy should take into account findings and recommendations by international and regional human rights mechanisms.

Despite the quantity of global data on women's and children's health, there are no global review processes focusing on women's and children's health. The next sections provide the following information:

- A discussion of key aspects of global review – namely the review process and the independence of review bodies;

- An overview of key global review mechanisms whose mandates include women's and children's health;

- An overview of key gaps and challenges.

i. The review process

Global review processes engage in a variety or working practices. These are relevant when considering processes for reviewing commitments made in response to the Global Strategy.

Well-established practice suggests that global review processes may include the following features:

- **Receipt of a report from the main stakeholder under review**. Some review processes involve the compilation and submission of a report by the stakeholder under review on its compliance with the relevant international standards, and/or main developments in its policies.[40] This is the case for the African Peer Review Mechanism, whose mandate is to ensure that the

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[38] Every Woman, Every Child: http://www.everywomaneverychild.org/commitments

[39] Ki-moon B. (2010). Op. cit. (p.16).

[40] A problem in this respect can be the failure of stakeholders to submit reports on time, or at all. Some bodies, such as the Committee on Economic, Social and Cultural Rights, have on occasions reviewed a State's performance in the absence of a State-party report, through consideration of information submitted by other stakeholders.

policies and practices of participating countries conform to commitments made in the Declaration on Democracy, Political, Economic and Corporate Governance, approved by the African Union (AU) Summit in July 2002. Reports are also required from States reporting under international human rights treaties, such as the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. States are required to submit reports at regular intervals on their implementation of the treaty in question, for review by the treaty-monitoring body.

- **A dialogue with the stakeholder under review.** For example, United Nations treaty bodies, which review the implementation of international human rights treaties by States, engage in a process of "constructive dialogue". This involves questions and answers with representatives of the State under review. In many instances, transparency in such processes is important to allow for public scrutiny and to enhance credibility. It also helps enhance accountability, since the records and conclusions of the dialogue can be utilized by other stakeholders to remind the stakeholder under review of its duties.

- **Engagement of other stakeholders**. Other stakeholders, such as international organizations and civil society, are invited to submit information to be considered as part of the formal review process, or make presentations during the process. In some cases, these stakeholders may make presentations to the review body.

- **Visits to the country or other stakeholder in question.** Representatives of some mechanisms may visit a country under review for the purpose of collecting information and/or making enquiries and holding discussions with authorities and interested parties. Mechanisms with a mandate to do so include the African Peer Review Mechanism; the Development Assistance Committee (DAC) Peer Review of the Organisation for Economic Cooperation and Development (OECD), which focuses on monitoring members' efforts and performance in development co-operation; and the independent Inspection Panel of the World Bank, which, in response to a request, determines whether the Bank is complying with its own policies and procedures (designed to ensure that Bank-financed operations provide social and environmental benefits and avoid harm to people and the environment).[41] Another model is the Global Fund's use of Local Fund Agents (LFAs).[42] LFAs are selected through a competitive process to oversee, verify and report on the Global Fund's grant performance in-country.[43]

- **Processes instigated by a complaint by another stakeholder.** Some review processes, such as the World Bank's Inspection Panel, are instigated by a complaint made by an individual, individuals or organization, on the grounds that the particular actions or inactions of a duty-bearer do not comply with agreed standards.

- **Recommendations.** Many review bodies, such as OECD-DAC Peer Review and United Nations human rights treaty bodies, adopt a report at the end of a review process. This may contain acknowledgement of positive developments, difficulties impeding the attainment of goals, and concerns and recommendations.

- **Follow-up.** The majority of review processes take place at periodic intervals. This allows for follow-up by the review body on its previous recommendations.

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[41] World Bank (2003). *Accountability at the World Bank: The Inspection Panel 10 Years On.* Washington D.C.: World Bank.

[42] Global Fund Local Fund Agents: http://www.theglobalfund.org/en/lfa/

[43] LFAs include the following organizations: PricewaterhouseCoopers; KPMG; Swiss Tropical and Public Health Institute; United Nations Office for Project Services (UNOPS); Cardno Emerging Markets; Deloitte; Crown Agents; and Fincorp..

ii. The independence of review bodies

The following paragraphs highlight the degree of independence as a key feature of global review bodies in the fields of international health, development and human rights. It is hoped this will be instructive and help inform discussions regarding the establishment of an independent review process for commitments made in response to the Global Strategy.

Independent and non-independent review bodies

Independent review bodies

An independent review body is composed of individuals, often experts in their field, who serve in their independent capacity i.e. they don't take instructions from those nominating or appointing them, or from any other person or organization, and they exercise their professional, autonomous judgement. While the members of an independent review body are usually nominated or appointed by particular stakeholders, once appointed they serve in an independent capacity.

Independent review bodies have a number of advantages over non-independent review bodies. Independence can help enhance actual and perceived objectivity, credibility and legitimacy, and the integrity of a review process.

A wide range of international review bodies are independent, including:

- **International Health Regulations (IHR) Review Committee.** The IHR Review Committee consists of around 30 members selected from the dedicated roster of experts for the IHR or other WHO expert committees. The Committee has, among others, been charged with carrying out an independent review of the global response to the H1N1 pandemic. [44]

- **World Bank Inspection Panel.** The Panel comprises three members who are appointed by the Board for non-renewable periods of five years. Members are selected on the basis of a range of criteria, including their integrity and independence from Bank management.

- **International Labour Organisation Committee of Experts.** The Committee comprises 20 eminent experts appointed by the ILO Governing Body for three-year terms. The Committee's work is complemented by the (non-independent) Conference Committee on the Application of Standards, which is a standing tripartite body of the ILO. It comprises government, employer and worker delegates, who have the opportunity to examine jointly the manner in which States fulfil their obligations deriving from conventions and recommendations. [45]

- **The Joint ILO-UNESCO Committee of Experts on the Application of the Recommendations concerning Teaching Personnel (CEART).** CEART comprises 12 appointed members, who act in their personal capacity. The ILO and UNESCO appoint six members each for renewable mandates of six years. [46] This body monitors and promotes the application of the ILO/UNESCO Recommendation concerning the Status of Teachers (1966).

- **United Nations Human Rights Treaty Bodies.** These are groups of independent experts appointed by States, which review implementation of international human rights treaties by states that are parties to these treaties (States parties).

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[44] International Health Regulations (IHR) Review Committee: http://www.who.int/ihr/r_c_members/en/index.html

[45] International Labour Organisation Committee of Experts: http://www.ilo.org/ilolex/english/

[46] CEART: http://www.ilo.org/public/english/dialogue/sector/techmeet/ceart/about2.htm

Non-independent review bodies

Members of non-independent review bodies are also representatives of a stakeholder, and serve in this capacity. They include:

- **The Commission on Population and Development**. This reviews and assesses the implementation of the Programme of Action of the International Conference on Population and Development, at the national, regional and international levels. The Commission comprises 47 Member States elected by the United Nations Economic and Social Council for a period of four years.

- **The African Peer Review Mechanism (APRM)**. The structure of the APRM includes several bodies, including the Panel of Eminent Persons, the APRM Secretariat and the Country Review Team.[47] The highest decision-making body is the African Peer Review Forum, which is the Committee of Heads of States and Government of the countries participating in APRM.

- **OECD-Development Assistance Committee (DAC).** This operates a peer review process, which assesses whether the development strategies, policies and activities of OECD members under review meets standards set by the DAC. The review of each member is conducted by two other members, and the process is managed by the DAC secretariat.

- **The Universal Periodic Review (UPR).** This process involves the periodic review every four years of the human rights record of every 192 United Nations Member States.[48] The UPR is a peer review process, which takes place under the auspices of the Human Rights Council, which is composed of States.

Hybrid processes

Some review processes rely on the input of both an independent body and bodies composed of other stakeholders. For example, State compliance with ILO conventions is reviewed by two bodies: (a) **the Committee of Experts**, which comprises 20 eminent experts appointed by the Governing Body (see above); (b) **the Conference Committee on the Application of Standards**, which is a standing tripartite body of the International Labour Conference and comprises government, employer and worker delegates. The role of the Committee of Experts is to provide an impartial and technical evaluation of the application of international labour standards. It submits its annual report, including comments regarding Member States, to the Conference Committee, which provides the opportunity for the representatives of governments, employers and workers to examine jointly the manner in which States fulfil their obligations deriving from Conventions and Recommendations. The report of the Conference Committee is submitted for discussion by the International Labour Conference in plenary session.

iii. Existing global review mechanisms for women's and children's health

The United Nations human rights machinery provides the principal mechanisms for global review of commitments on women's and children's health. The United Nations treaty bodies and Universal Periodic Review process form the framework of this machinery.

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[47] The African Peer Review Mechanism. See: http://www.aprm-international.org/

[48] The process was created by United Nations General Assembly resolution 60/251, 15 March 2006.

Independent bodies

United Nations treaty bodies monitor the accountability of States against the international human rights treaties that they have ratified,[49] through a State party reporting process. During this process, a State submits an official report, which is examined by the treaty body in question. International organizations and civil society may make other information available for the consideration of a treaty body. The treaty body engages in a constructive dialogue (questions and answers) with the State under review before adopting a short report (called concluding observations), which sets out positive developments, as well as any concerns and recommendations. A range of international treaties[50] include human rights that relate closely to women's and children's health (most notably the human rights to life and the highest-attainable standard of health), so a State's performance regarding women's and children's health issues is examined during the State-party reporting process. The treaty bodies have frequently addressed women's and children's health in their concluding observations, which are adopted at the end of this process.

Non-independent review

The Universal Periodic Review (UPR) is a peer review process under the auspices of the Human Rights Council. It gives each State the opportunity to declare what actions it has taken to improve the human rights situation in the country and to fulfil its human rights obligations. Under the process, a State submits a national report on its performance. This information is complemented by information contained in the reports of treaty bodies (e.g. concluding observations) and special procedures (independent human rights experts and groups), and information from other stakeholders, such as civil society and national human rights institutions. At the end of the process, an "outcome report" is adopted. Providing a summary of the actual discussion, it consists of the questions, comments and recommendations made by States to the State under review, as well as that State's responses.[51]

While these bodies have a key role to play, they may not be suitable as principal review mechanisms for the Global Strategy for a number of reasons, including the following:

- States parties report to treaty bodies every three to five years, and every four years under the Universal Periodic Review. The timescale means that not every State will appear before treaty bodies in the period leading up to 2015, and that each State is likely to be scrutinized only once under the Universal Periodic Review.

- International human rights treaties primarily obligate States. While the treaty bodies and Universal Periodic Review encompass accountability for States, including partner countries and donors, they do not undertake reviews for other stakeholders.

- In their present form, neither the treaty bodies nor the Universal Periodic Review process can provide a forum for a comprehensive and in-depth review of States' and donors' commitments on women's and children's health. The bodies consider a wide range of human rights issues, and adopt a relatively short set of recommendations, so their approach is "broad-brush".

- The members of the bodies do not all have particular expertise in women's or children's health.

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[49] There are nine core international human rights treaties. All States have ratified at least one treaty, and most have ratified several.

[50] Including the Convention on the Rights of the Child (1989), the Convention on the Elimination of All Forms of Discrimination Against Women (1979) and the International Covenant on Economic, Social and Cultural Rights (1966).

[51] Universal Periodic Review: http://www.ohchr.org/EN/HRBodies/UPR/Pages/BasicFacts.aspx

iv. Reviewing a range of stakeholders

A wide range of actors have made commitments under the Global Strategy. Existing global review processes for women's and children's health primarily focus on States and donors.

The following paragraphs highlight examples of review processes in the fields of global health, development and human rights for the range of stakeholders which have made commitments in response to the Global Strategy. The examples show that there are limited existing possibilities for multi-stakeholder review. The examples also show that there are limited avenues for review on women's and children's health for, in particular, non-state stakeholders. However, examples also show that for some of these stakeholders there are international mechanisms in the fields of global health, development and human rights that provide useful precedents for global review of their commitments.

Governments

There is no shortage of international review mechanisms of States. While some are independent, others are non-independent. They include:

- **The African Peer Review Mechanism;**

- **The UNESCO Committee on Conventions and Recommendations;**

- **The ILO Committee of Experts and Conference Committee on the Application of Standards;**

- **Human rights treaty bodies;**

- **Universal Periodic Review;**

- **Special Procedures of the Human Rights Council**, which comprise independent experts, or working groups of independent experts, appointed to monitor human rights issues worldwide. They include the United Nations Special Rapporteur on the right to the highest attainable standard of health.

Donors

There are a small number of processes that review the implementation of donors' pledges, promises and commitments. The most prominent international mechanism is the **OECD-DAC Peer Review Mechanism**. Some United Nations treaty-monitoring bodies, most notably the **Committee on Economic, Social and Cultural Rights**,[52] which monitors the International Covenant on Economic, Social and Cultural Rights, review development cooperation of donors at the same time as reviewing their national implementation of human rights commitments during the State-party reporting process.

Multilateral agencies

There is a range of review processes for multilateral agencies, such as:

- **The Independent Inspection Panel of the World Bank**, which has a mandate to ensure that Bank projects comply with its operational policies and directives.

- **The World Health Assembly (WHA),** which provides a forum for review of the World Health Organization and Member States. WHA is not independent as decisions are reached about Member States and WHO by consensus amongst States themselves.

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[52] Committee on Economic, Social and Cultural Rights (2009). Concluding Observations of the Committee on Economic, Social and Cultural Rights – Australia. 12 June 2009. E/C.12/AUS/CO.4

- **Independent external review mechanisms,** which have been established for several departments within WHO. Membership is gender- and region-sensitive and comprises independent experts who assist the respective departments in reviewing their work and provide guidance on future directions.

Foundations

There is limited global oversight of foundations.

Non-governmental organizations

There is limited global oversight of non-governmental and civil society organizations.

Academic institutions

There is limited global oversight of academic institutions.

Healthcare professional associations

There is limited global oversight of healthcare professional associations. However, it is worth emphasizing that there is extensive review of health professionals at the national level, including through their regulatory bodies (e.g. national health-professional councils).

The private sector

There is limited international review of the private sector in terms of health commitments. However, some initiatives serve as useful precedents and/or are helping to develop accountability:

- **The United Nations Global Compact** is a policy initiative for businesses that sign up to 10 universally accepted principles in the areas of human rights, labour, the environment and anti-corruption. The Global Compact incorporates a transparency and accountability policy known as the Communication on Progress (COP). The annual posting of a COP is an important demonstration of a participant's commitment to the Global Compact and its principles. Participating companies are required to follow this policy as a commitment to transparency, and disclosure is critical to the success of the initiative. Failure to communicate will result in a change in participant status and possible delisting.[53]

- **Special Procedures of the Human Rights Council** are able to review the activities of the private sector. Also, importantly, John Ruggie, the Secretary-General's Special Representative on business and human rights, has developed the Respect, Protect and Remedy framework on business and human rights, and is currently developing a set of Guiding Principles for its implementation.[54] The framework is intended to help enhance accountability for human rights among business.

Multi-stakeholder review mechanisms

Since the Global Strategy generated commitments from a range of stakeholders, a review body should have a mandate to review commitments made by a range of stakeholders. There are some examples of multi-stakeholder reviews. For example, the mandate of the **International Health Regulations**

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[53] United Nations Global Compact: http://www.unglobalcompact.org/AboutTheGC/index.html

[54] The Protect, Respect and Remedy framework: http://www.business-humanrights.org/SpecialRepPortal/Home/Protect-Respect-Remedy-Framework

Review Committee includes reviewing the global response to H1N1, including the response of States, WHO and pharmaceutical companies.

v. Key gaps and challenges

It is usually good practice for review mechanisms to take account of the findings and recommendations of other review bodies, because this tends to increase overall accountability.[55] It is also beneficial for international reviews to take account of national reviews and policies [56]

Processes already exist that review, in general terms, the commitments of States in relation to women's and children's health. However, for the reasons given, these are unsuitable for reviewing detailed, specific commitments of States in relation to women's and children's health – including those arising from the Global Strategy. With very few exceptions, existing processes do not review, even in general terms, progress on the commitments made by non-state actors - including multilateral organizations, non-governmental organizations, donors, foundations, healthcare professional associations, academic institutions and the private sector - in relation to women's and children's health.

Therefore, a new review body is needed, which gives rise to a number of questions. For example, should a new review body be independent or non-independent? Or should there be a hybrid process, whereby a small group of independent experts conveys its views to a body of delegates representing all stakeholders? In other words, should an independent review feed into a process of peer review and mutual accountability?

Whichever form it might take, any new arrangement should coordinate with, and reinforce, existing processes that review, in general terms, the commitments of States, and others, in relation to women's and children's health, and feed into national, regional and global policy-making processes.

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[55] The principle is established in the field of human rights where, for example, a Colombian Constitutional Court decision on liberalizing Colombia's abortion law took into account recommendations by the Committee on the Elimination of All Forms of Discrimination Against Women.Constitutional Court of Colombia, decision C-355/06.

[56] National accountability mechanisms could usefully take into account the recommendations of international bodies such as the United Nations Committee on the Rights of the Child. Committee on the Rights of the Child. General Comment 5: general measures of implementation for the Convention on the Rights of the Child, 2003. UN doc. CRC/GC/2003/5 (para. 29).

C. Remedy or action

Remedy is a critical, but often neglected, component of accountability. A remedy is a measure or measures to put things right, as far as possible, when they have not gone as promised or planned. The process is sometimes referred to as *redress*. Global review bodies may make practical, constructive, remedial recommendations, not only for the stakeholder under review, but also for other bodies that might be able to assist the stakeholder, such as a donor or an agency providing technical assistance.

There are many different forms of remedies and redress, including:

- Revisions to a policy, budget, programme or law;

- The provision of medical and social care and legal and social services, which may be required for rehabilitation;

- Training for relevant staff or sectors;

- Financial reward;

- Other measures, including public disclosures of information and apologies. [57]

A proposed remedy is often a good practice learned from the experience of another stakeholder. This may have been brought to the attention of a review body during an examination of this other stakeholder, or in other ways, such as through information provided by civil society or international organizations.

It is up to the stakeholder under review to implement a remedial recommendation. At the next review, the review body will have an opportunity to ask whether or not the recommended steps were taken.

Importantly, a review body should consider the range of actors involved. So, while it might make a recommendation to the stakeholder under review, it may also recommend remedies relating to other stakeholders. For example, a review body might not only recommend that a State trains more skilled birth attendants, but also recommend that donors provide financial support to the State for this purpose, and that WHO, UNFPA or other PMNCH partners provide technical assistance to help the State introduce the most appropriate policy and programmatic measures.

i. Remedial recommendations for a range of stakeholders

A number of international review bodies can make remedial recommendations for a range of stakeholders. The following sections, organized by stakeholder, provide illustrative examples of mechanisms that can make such recommendations.

Governments

- **The African Peer Review Mechanism** process and report concludes with a programme of action, which the State under review has the primary responsibility to implement; [58]

- **Human rights treaty bodies** recommend remedies to be adopted by the State under review in their concluding observations during the State party reporting process.

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[57] Potts H. (2008). Accountability and the Right to the Highest Attainable Standard of Health. Colchester: Human Rights Centre, University of Essex.

[58] African Peer Review Mechanism (2010). Country Review Report No. 12: Kingdom of Lesotho. Midrand: African Peer Review Mechanism (p.i).

<u>*Donors*</u>

- **OECD-DAC Peer Review.** The peer review document for each country includes future considerations, which are recommendations made to the country under review. These include recommendations to support the implementation of international and national development targets and policies;

- **Human rights treaty bodies.** Treaty bodies recommend remedies in their concluding observations, which they adopt as part of the State-party reporting process. When examining the reports of donor countries, as well as making recommendations regarding remedies at the domestic level, treaty bodies can make recommendations to donors. These have included reminders of the need to meet their international development commitments, and particularly financial commitments. An example is the target of devoting 0.7% of gross national income to official development assistance – a longstanding commitment made by donor States with respect to financing for development - with related recommendations made by Committee on Economic, Social and Cultural Rights and in other forums.

<u>*Multilateral organizations*</u>

- **World Bank Management**. Bank management can recommend remedial actions to the Executive Board of the World Bank in its response to the investigation report of the independent Inspection Panel. The board usually meets to consider the Panel investigation report, including its findings – together with the management's recommendations made in response – and decides whether to approve the recommendations;[59]

- **United Nations Human Rights Special Procedures**. These mechanisms have sometimes made recommendations to international organizations during official missions. Some Special Rapporteurs have undertaken missions to international organizations. For example, the Special Rapporteurs on the rights to food and the highest attainable standard of health have both undertaken missions to the World Trade Organization.[60,61]

<u>*Foundations*</u>

At the global level, there is very limited opportunity for any review body to make remedial recommendations for foundations.

<u>*Non-governmental organizations*</u>

At the global level, there is very limited opportunity for any review body to make remedial recommendations for non-governmental and civil society organizations. The UN Special Rapporteur on the right to the highest attainable standard of health has, on select occasions, made remedial recommendations to civil society during official missions.[62]

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[59] World Bank (2003). Accountability at the World Bank: The Inspection Panel 10 Years On. Washington D.C.: World Bank.

[60] De Schutter O. (2009b). Report of the Special Rapporteur on the right to food: Annex – Mission to the World Trade Organization. 4 February 2009. UN doc. A/HRC/10/5/Add.2.

[61] Hunt P. (2005). Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Annex – Mission to the World Trade Organization. 1 March 2004. UN doc. E/CN.4/2004/49/Add.1.

[62] Hunt P. (2005). Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Annex – Mission to the World Trade Organization. 1 March 2004. UN doc. E/CN.4/2004/49/Add.1 (p. 22)

Academic institutions

At the global level, there is very limited opportunity for any review body to make remedial recommendations for academic institutions.

Healthcare professional associations

At the global level, there is very limited opportunity for any review body to make remedial recommendations for healthcare professional associations.

The private sector

At the global level, there is very limited opportunity for any review body to make remedial recommendations for the private sector with respect to maternal, newborn & child health.

Multi-stakeholder recommendations

- **The African Peer Review Mechanism** primarily addresses its recommendations to the stakeholder under review. However, it also recommends that all key stakeholders work together for the successful implementation of the programme of action emanating from the exercise.[63]

- **United Nations Special Procedures** can recommend remedies in their reports on official missions to countries or other bodies, such as donors, pharmaceutical companies or international organizations. Their reports may make recommendations to more than one stakeholder depending on the impact of their actions, e.g. a partner country and the donor community and/or an international organization.[64,65]

ii. Key gaps and challenges

There are currently limited mechanisms for remedial recommendations for women's and children's health at the global level. Any independent review body for women's and children's health commitments, including those arising from the Global Strategy, should have the mandate to make practical, constructive remedial recommendations for all stakeholders.

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[63] African Peer Review Mechanism (2010). Op. cit. (p.i).

[64] Erturk Y. (2008). Report of the Special Rapporteur on violence against women, its causes and consequences: Annex – Mission to Ghana. 21 February 2008. UN doc. A/HRC/7/6/Add.3. (p.25).

[65] De Schutter O. (2009a). Report of the Special Rapporteur on the right to food: Annex – Mission to Benin. 22 December 2009. UN doc. A/HRC/13/33/Add.3. (pp 18-19).

Conclusions: Key challenges and recommendations

The following paragraphs highlight a selection of the current challenges for monitoring, review and remedies for women and children's health – particularly in relation to the commitments made in response to (and key commitments included in) the Global Strategy for Women's and Children's Health. They draw on this, and on examples of accountability procedures from the broader fields of international health, development and human rights, and make recommendations accordingly.

i. Monitoring

There is a significant body of global data on States and women's and children's health. However, there are also important gaps, e.g. on legal, regulatory and policy frameworks. There is a paucity of data collection and monitoring tools for the women's and children's health-related commitments of other stakeholders, namely: multilateral organizations, non-governmental organizations, foundations, healthcare professional associations, academic institutions and the private sector. There is an urgent need for an instrument or initiative focused on monitoring the commitments made by the range of different stakeholders specifically in response to the Global Strategy. Within the short timeframe available (until 2015), a process should be created to collate the existing data on women's and children's health and identify what is missing for monitoring the implementation of the Global Strategy.

There are also overarching problems. The lack of vital registration and health information systems in many countries, lack of coordination between different monitoring efforts, unreliable data and data gaps hamper effective monitoring of women's and children's health worldwide. The Global Strategy commits to a focus on equity and the health of the most vulnerable groups of women and children: the poorest, those living with HIV/AIDS, orphans, indigenous populations, and those living furthest from health services. Current data collection methods often fail to address the situation of these groups and stakeholders need to make a concerted effort to ensure that accountability indicators include a focus on these groups.

The Commission for Information and Accountability for Women's and Children's Health will propose an accountability framework and action plan to address these overarching issues. The PMNCH progress report on commitments to the Global Strategy will help address specific gaps through voluntary, structured reporting on a core set of questions from multiple constituencies.

ii. Review

In the fields of global health, development and human rights, there are numerous review bodies, in the United Nations and elsewhere, which review the degree to which States, and some other actors, are upholding their commitments. These bodies have varying characteristics. Some of these bodies are independent. Some are non-independent, such as peer review mechanisms. Some bodies involve mutual accountability. Most of these bodies provide constructive, practical and remedial recommendations.

There are existing processes that review, in general terms, the commitments of States in relation to women's and children's health. However, for the reasons given, these existing processes are unsuitable for reviewing detailed, specific commitments of States in relation to women's and children's health, including those arising from the Global Strategy. With very limited exceptions, there are no existing processes that review, even in general terms, the commitments of non-state actors - including multilateral organizations, non-governmental organizations, foundations, healthcare professional associations, academic institutions and the private sector - in relation to women's and children's health.

An independent review body is needed. The type and constitution is open to debate, but it should complement, and build upon, existing review processes for women's and children's health.

iii. Remedy or action

In response to recommendations made by a review body remedial actions should be implemented by the stakeholder under review and by others concerned. An international review body dedicated to the Global Strategy should have the mandate to make practical and constructive remedial recommendations. These remedial recommendations then should be reported to a body, or bodies, representing all the different stakeholders. These include the United Nations General Assembly and other bodies such as non-governmental organization coalitions, healthcare professional associations and private sector forums. Technical and financial assistance will be required to strengthen health information systems and to help implement and monitor the activities of the multiple stakeholders that made financial, policy and service delivery commitments to the Global Strategy.

In summary, global accountability arrangements are urgently needed to ensure that:

- a core set of quantitative and qualitative data and information is collected to monitor the general and specific commitments of all stakeholders under the Global Strategy for Women's and Children's Health;

- an independent review body assesses the monitoring data, commends good practices, signals where there is room for improvement, and makes constructive, practical, remedial recommendations;

- the independent review body's observations and recommendations are then considered by a body, or bodies, representing all the different stakeholders, so they can take the required remedial actions.

In short, monitoring, independent review and remedy or action mechanisms should feed into a cyclical process that holds all stakeholders accountable – individually and mutually – for their commitments to women's and children's health.

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