Every Woman Every Child

Accounting for Results and Progress in Maternal, Newborn and Child Health

5

Global Strategy for Women's and Children's Health

EVERY WOMAN
EVERY CHILD

BACKGROUND PAPER FOR THE GLOBAL STRATEGY FOR WOMEN'S AND CHILDREN'S HEALTH:

ACCOUNTING FOR RESULTS AND PROGRESS IN MATERNAL, NEWBORN AND CHILD HEALTH

AUGUST 27, 2010

EXECUTIVE SUMMARY

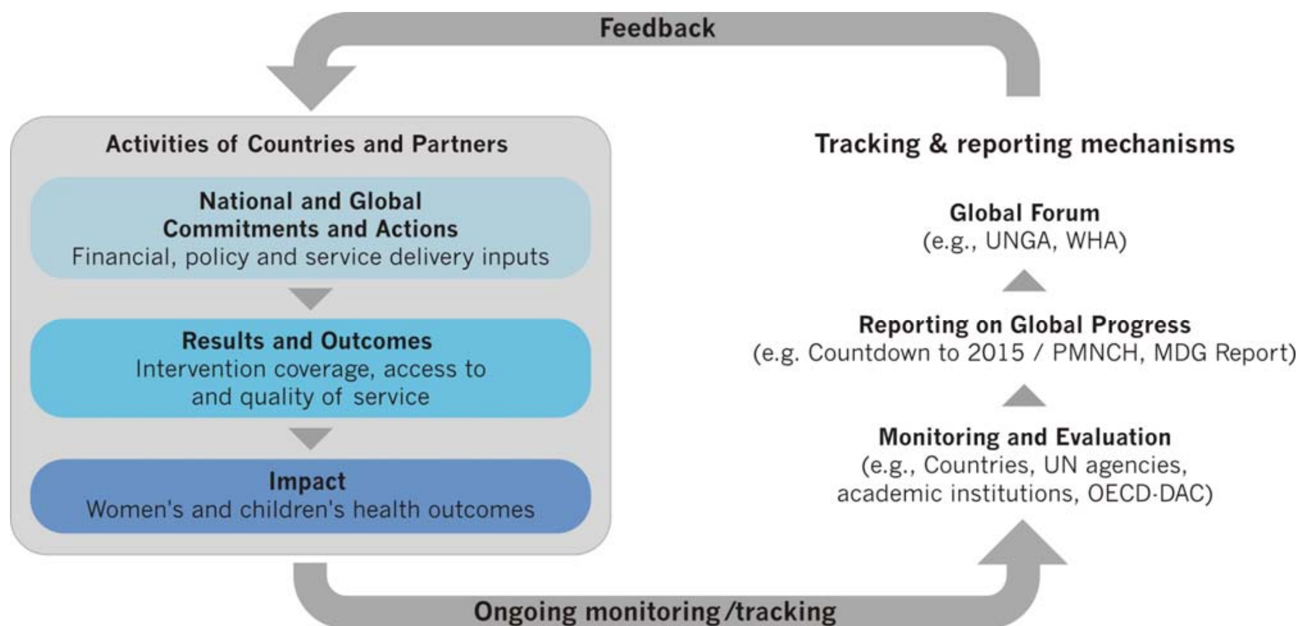
Accountability is essential to provide the evidence base, clarity and unity of purpose needed to achieve the objectives of the Global Strategy for Women's and Children's Health.

All partners must make a concerted effort if we are to strengthen accountability in support of the Global Strategy. The Accountability Working Group identified three core principles in its examination of current accountability efforts in maternal, newborn and child health (MNCH):

- First, accountability must be tied to ***measuring results, outcomes, and impacts***. This includes defining what success and progress are and assessing how collective actions contribute to improved MNCH outcomes
- Second, ***national leadership and ownership*** are the foundation of accountability, so partners should align their accountability efforts in MNCH to national health strategies and national monitoring and evaluation platforms
- Third, ***existing country- and global-level mechanisms and processes*** should be built on, enhanced, and strengthened. This could be achieved by harmonizing investments to strengthen national capacity, by enhancing and better integrating global mechanisms, and by reducing the number of reporting requirements on national governments

From these core principles, an approach to tracking progress has been developed that uses existing methods as its foundation. The purpose of the approach is to help coordinate existing efforts, while guiding future actions that aim to strengthen accountability in MNCH at the country and global levels. The approach to tracking progress has three core components:

- **Tracking the financial, policy, and service delivery** commitments made by all partners
- **Measuring progress and assessing** impacts in MNCH, including short- and long-term outcomes
- **Reporting on MNCH progress and** commitments at the country and global levels



Several key steps must first be taken to implement the approach to tracking progress:

- **Involving all partners to ensure all investments and activities are accounted for.** Partners include national governments, traditional and emerging donors, multilateral agencies, non-governmental organizations, philanthropic institutions, health-care professionals and their associations, the private sector, and academic and research institutions
- **Strengthening of countries' monitoring and evaluation capacities.** This should include promoting the implementation of National Health Accounts and sub-accounts, through the joint efforts and harmonized investments of all partners
- **Identifying commitments that are clearly defined from the outset.** These should be time bound and tied to expected results and outcomes
- **Coordinating and integrating existing country- and global-level processes.** Partners should ensure that shared methodologies and definitions are used to track progress
- **Simplifying and harmonizing efforts.** Reporting requirements should be reduced, and indicators and data collection efforts harmonized, to ensure more effective, efficient, and timely collection and reporting of MNCH progress
- **Conducting regular national and international tracking of progress.** National reports should be undertaken regularly and be comparable across countries. This will facilitate the development of a global report and the assessment of overall MNCH progress

Although significant new action is necessary, many existing mechanisms and processes can be build on to help improve accountability. For example:

- **At the country level:** national monitoring and evaluation capacities; National Health Accounts and sub-accounts; national health reports and annual health sector reviews; and processes such as the International Health Partners Plus initiative

- **At the global level:** intergovernmental processes (e.g. OECD-DAC); inter-institutional consortia (e.g. PMNCH, Health Metrics Network); the Unified Health Model (involves UNAIDS, UNDP, UNFPA, UNICEF, WHO and the World Bank); research and academic institutions and organizations (e.g. Global Forum for Health Research, Institute for Health Metrics and Evaluation); and existing accountability and reporting initiatives (e.g. Countdown to 2015, MDG Assessment Report, and population and reproductive health reporting to the Commission on Population and Development)

To oversee ongoing and future work, the UN Secretary-General has requested that: “the World Health Organization chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women’s and children’s health, including through the UN system.” The continued involvement and dedication of all partners can deliver a strengthened approach to accountability, which will enable partners to be more responsive and proactive to the challenges faced in maternal, newborn and child health.

EVERY WOMAN EVERY CHILD

INTRODUCTION

Accountability will be a critical component in realizing the objectives set out in the Global Strategy for Women's and Children's Health. It will ensure that all partners deliver on the commitments and promises made, while providing the evidence base to prove that our actions and investments are leading to long-term progress. It will also guide future actions by showing us what works, what needs to be improved, and which areas require more attention.

However, there are significant challenges. First, accountability for maternal, newborn, and child health (MNCH) cannot be confined solely to MNCH-specific issues. Instead, a comprehensive approach is required, due to the complexity of issues that affect women's and children's health. These include the need to:

- Strengthen health systems
- Improve health human resources
- Prevent and treat leading diseases
- Improve nutrition, water quality and sanitation (respectively the subjects of Millennium Development Goals 6, 1c, and 7c)

In addition, action must be linked to social determinants (e.g. gender equality, equity and rights) because they are underlying causes of poorer health outcomes. To this end, accountability for the Global Strategy must track and measure progress across a wide range of issues that contribute to women's and children's health.

Second, due to the complexity of issues in health generally (and MNCH specifically), the global health landscape has become increasingly populated and diverse since the announcement of the MDGs. Many participants have scaled up their efforts, including donors, multilateral agencies, philanthropic institutions, non-governmental organizations, and other partners – increasing funding for health and introducing new programs and projects, which help countries and communities to address specific health issues. In addition, new actors and initiatives have emerged at the community, national, and global levels. These emerging donors, private foundations, philanthropic institutions, private actors and civil society organizations are filling gaps in existing efforts, or providing greater attention to specific issues.

Alongside this proliferation of actors and initiatives in health, new and additional reporting requirements, indicators, and processes have been introduced to enable donor countries and organizations to determine how their investments and actions contribute to better

health outcomes. This has increased the reporting burden for countries, because accountability for many of these initiatives is independent of other similar activities.

Third, another key challenge is to ensure that existing processes are inclusive and comprehensive. Currently many actors, including new donors and health-care professionals and community-health workers, are not involved with, or integrated in, any accountability processes. However, their participation is essential in order to provide more detailed, relevant information.

Fourth, accountability efforts have been hampered by the lack of coordination and harmonization across health initiatives. Many of these initiatives focus primarily on measuring the inputs and outputs of their activities, because these are easier to track and can be reported on immediately. This often means that longer-term results and outcomes are either not measured, or measured only inasmuch as they relate to specific health issues (as opposed to overall MNCH progress).

A final key challenge is that many developing countries lack the capacity to monitor, evaluate, and report regularly and rigorously. As global partners seek to implement an increasing number of reporting requirements, countries are often too stretched to report specifically on MNCH.

Working within the context of these objectives and challenges, this paper provides a summary of the work and analysis undertaken by the Accountability Working Group (AWG) for the Global Strategy. More specifically, this paper:

- Explains the core principles to guide accountability efforts
- Describes the approach to tracking progress for the Global Strategy; the key issues and gaps relating to its implementation; and opportunities for tracking commitments, measuring MNCH progress, and reporting on overall MNCH activities and results
- Summarizes the key issues for moving forward

EVERY WOMAN
EVERY CHILD

1. Core Principles for Improving Accountability

In developing an approach to tracking progress for the Global Strategy, the AWG identified three overarching principles. First, accountability must be tied to ***measuring results, outcomes, and impacts***. This includes defining what constitutes success and progress, and assessing how individual and collective actions contribute to improved MNCH outcomes.

Second, ***national leadership and ownership*** are the foundation of accountability, because most monitoring, evaluating and reporting takes place, or at least begins, at the country level. Partners should align their MNCH accountability efforts with national health strategies and national monitoring and evaluation platforms. This is consistent with the aid effectiveness principles of ownership, alignment, harmonization, results and mutual accountability. Coordinated efforts at the country level will enable all partners to track and assess the impact of their contributions to MNCH more effectively, and be held mutually accountable for their actions.

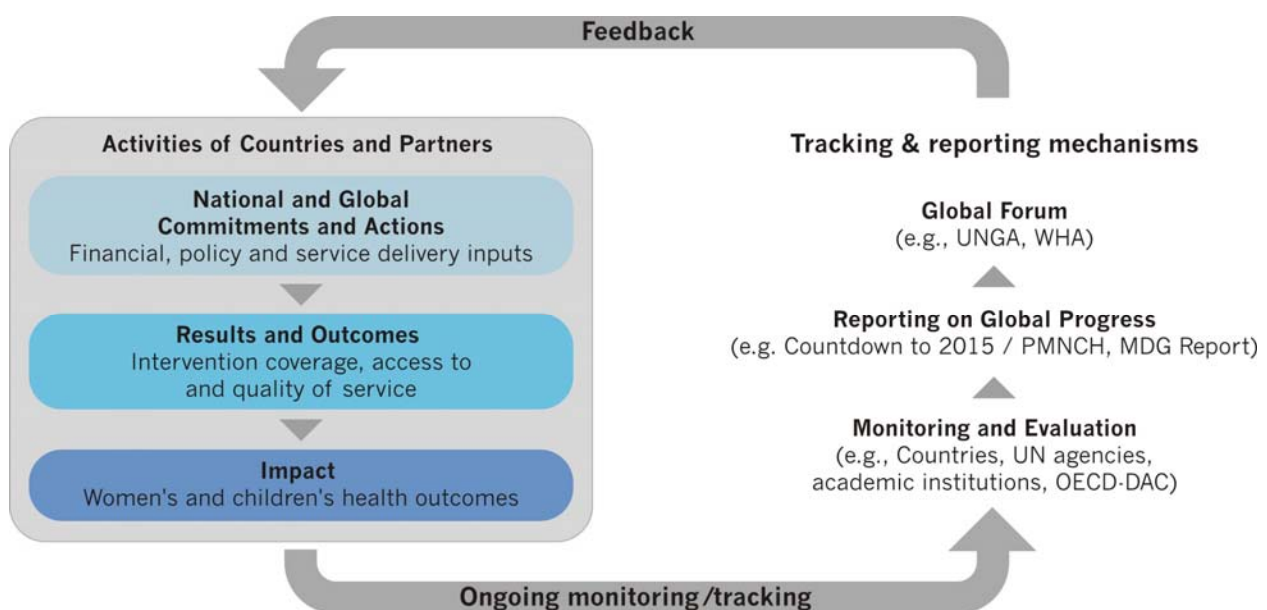
Third, ***existing country- and global-level mechanisms and processes*** should be built on, enhanced, and strengthened in order to accelerate and sustain momentum on current accountability efforts. The AWG, therefore, has developed an approach that brings different processes and partners together under a common framework for MNCH. Based on this overarching principle, there are three supplementary points:

- **Harmonized investments** are required to strengthen national monitoring and evaluation systems and to improve the availability and quality of data. These must support countries' efforts to strengthen their health information systems in line with the Call for Action on Health Information
- **Existing global mechanisms must be enhanced and harmonized** to support existing country-level accountability efforts and to track the commitments of global partners (e.g. donors, civil society organizations, private foundations etc.) and how they contribute to MNCH progress
- **Existing processes and methods should be harmonized, coordinated, or integrated** to the greatest degree possible, in order to reduce the number of reporting requirements on countries. This will contribute to more timely, effective and efficient monitoring, reporting and evaluation.

2. Approach to tracking progress, Key Issues and Gaps

In building upon these core principles, the AWG suggests an approach to tracking progress. This relates directly to MDGs 4 (reduce child mortality) and 5 (improve maternal health) and links to MDGs 1c (nutrition) and 6 (HIV/AIDS, malaria and other diseases). Figure 1 shows that accountability is a cyclical process that requires the involvement of all partners, the integration of existing processes, and the ongoing monitoring and evaluation of activities, progress and impact.

Figure 1: Approach to tracking progress for the Global Strategy for Women's and Children's Health



To this end, the approach to tracking progress has been designed to help coordinate existing efforts, and to guide future actions aimed at strengthening accountability in MNCH at the country and global levels. Three core components comprise the approach:

- Tracking commitments
- Measuring and assessing results, outcomes and impact
- Reporting on commitments and progress in MNCH

The following sections will describe each component of the approach, highlight some of the key issues and obstacles to implementation, and identify existing processes, approaches and efforts that could be built upon to advance and accelerate accountability.

2.1 Tracking Commitments

The Global Strategy identifies a wide range of financial, policy and service-delivery actions. It is seeking renewed commitment to these actions from all partners, including: governments and policymakers at all levels; donor countries; global philanthropy organizations; the UN and other multilateral organizations; civil society; the business community; health-care workers and their professional associations; and academic and research institutions.

Tracking commitments is a core component of accountability, because commitments indicate the planned "inputs" that all partners have pledged to undertake – from funding to key policies and legislation, to actions to improve service delivery and coverage. Without these investments or actions, progress on MNCH would be difficult to achieve.

2.1.1 Financial Commitments

Financial commitments, in particular, will be essential to improve the health outcomes of women and children. The Global Strategy estimates that improving MNCH outcomes requires US$14 billion in 2011, increasing to US$22 billion by 2015, for a total estimated cost of US$88 billion over five years. These estimates take into consideration the direct costs of programs relating to reproductive, maternal, newborn and child health (including malaria and HIV/AIDS) and the proportional health systems costs to support the delivery of key MNCH interventions. However, in order to track all partners' financial commitments, some significant challenges need first to be addressed.

a) Funding Flows from Donors at the Global Level

Several organizations already track the financial commitments and disbursements of donors. For example:

- The OECD-DAC tracks the Official Development Assistance (ODA) provided by its 24 member countries and 19 non-DAC donors (who voluntarily report their data to the DAC). The developmental outflows of more than two dozen multilateral organizations are also tracked, including the World Bank, Regional Development Banks, UN Funds and Programs, GAVI, and the Global Fund to Fight AIDS, Tuberculosis and Malaria[1]
- The Countdown to 2015 tracks donors' expenditures in MNCH by using OECD-DAC data and other data sources[2]

- The Netherlands Interdisciplinary Demographic Institute (NIDI) and UNFPA track donor flows for population and reproductive health. Their annual report is based on donor and country surveys, including OECD-DAC and other data sources[3]
- The Institute for Health Metrics and Evaluation (IHME) issues regular reports on health outcomes and financial disbursements for health[4]
- The Global Forum for Health Research tracks health research expenditures that are provided to developed and developing countries through its *10:90 Gap* reports[5]

Despite these significant efforts, two key issues require attention in order to ensure all donors' contributions are tracked. First, there is no common, coordinated process to track donors' financial commitments, which has resulted in gaps in data on overall donor contributions. Tracking efforts are diffuse, and those that exist tend to cover only a few countries and organizations. Consequently, the contributions of many donors – in particular new and emerging donors, civil society organizations (CSOs), the private sector and philanthropic institutions – are not being tracked.

Second, the lack of a common approach results in inconsistencies, ranging from how MNCH is defined to the methodologies used to track financial commitments. The lack of consistency in tracking commitments has resulted in different data being reported in MNCH. While the OECD-DAC and The Countdown to 2015 provide excellent templates for future work, they also illustrate some of the challenges in this area.

The OECD-DAC has established a comprehensive financial tracking methodology, which defines donors commitments as "firm obligations" to disburse money over time.[6] The OECD-DAC's approach does, however, have one limitation. It does not collect information specifically for MNCH, because it does not track financial flows based on beneficiary of aid (i.e. by gender or age). Instead, the OECD-DAC collects information based on country, sector (e.g. health, education, and agriculture) and channel of delivery (i.e. public sector, NGOs and civil society, public-private partnerships, or multilateral organizations).

To address this issue with the OECD-DAC's approach, The Countdown to 2015 analyzes all project data provided to the OECD-DAC and attempts to determine what proportion of ODA from donors is provided for MNCH purposes. While this takes time and effort, the approach has yielded important information about MNCH spending. However, there was also a significant shortcoming when the data-collection efforts of The Countdown to 2015 were focused on specific health issues related to pregnant women and young children. Information on cross-cutting issues and key social determinants (such as family planning,

nutrition, and water and sanitation) were not included in earlier reports. The Countdown to 2015 is taking measures to address these issues for future reports.

The lack of reliable, comparable, and high-quality data on MNCH spending has hindered the ability of countries and organizations to determine their "baseline" spending on MNCH (i.e. previous funding provided specifically to MNCH programs, services, and interventions). It is imperative to identify baselines in the context of the Global Strategy, and other processes that seek new and additional funding to support improved health outcomes for women and children.

In the absence of a common approach to track MNCH expenditures, partners will be required to establish their own methodologies. The G8, for example, developed a methodology specifically for its 2010 Muskoka Initiative on Maternal, Newborn, and Child Health. This methodology (developed in consultation with, and with support from, the OECD, the World Bank and The Countdown to 2015) utilized demographic and disease-burden data to estimate the proportion of health funding that benefits women and children.[7] The G8 recognized, however, that its methodology provided a temporary approach for determining its baseline, and additional funding for MNCH, until a longer-term solution could be developed.

To address the need for reliable, comparable and high-quality data, further consultations should be pursued among the key monitoring institutions (e.g. WHO, OECD-DAC, The Countdown to 2015), donors, national governments and other actors (e.g. the United Nations Population Division, UNFPA). Once achieved, a common approach on global-level expenditures will facilitate improved monitoring and tracking of financial flows, enable partners to determine their baseline spending and future funding, and contribute to tracking efforts at the country level.

b) Resource Flows within Countries

Analysis of resource flows at the country level will also be required, because development assistance and other external funding commitments may not necessarily reflect domestic resources allocated for MNCH purposes, or other sources of funding received by national governments. This information will be essential to inform national-level discussions on progress and further planning.

Significant measures have been taken to track country-level resource flows. National health (NH) accounts have been the primary means of tracking the flow of all health funds (public, private and donor) from their financing sources to their end uses.[8] NH sub-accounts have also been introduced to provide greater detail on resource flows for particular sub-sectors of health, such as child health or reproductive health services.[9] According to WHO, more

than 100 low- and middle-income level countries (27 of them in Africa) have conducted NH account estimations.

Two other processes have attempted to track resource flows at the country level – the International Health Partnerships Plus (IHP+) initiative and The Countdown to 2015. Unlike NH accounts, which rely predominantly on country mechanisms and resources, these two processes look at a cross-section of partners (including national governments, donors, multilateral organizations, CSOs and philanthropic institutions) to assess whether they are meeting their financial commitments – such as providing long-term and predictable funding and meeting agreed financial goals and targets.

While efforts are underway to track resource flows at the country level, challenges exist. First, relatively few countries have taken steps towards conducting NH accounts on a regular and sustained basis, and far fewer have established NH sub-accounts, because capacity remains a significant challenge for many countries. As a result, the tracking of domestic and external funding for MNCH remains uneven across countries. The use of NH accounts, as well as sub-accounts for MNCH, will be key to achieving a greater understanding of the funding allocated for MNCH purposes.

Second, many of these processes focus on resources committed by a national government and the funds it receives from other donors; namely, traditional bilateral contributors and multilateral organizations. However, gaps exist in tracking funding flows from non-traditional donors (e.g. new and emerging donors, the private sector and philanthropic institutions) into national and community-level health systems and services. It is necessary to develop a more comprehensive approach to tracking all funding at the country-level, in order to determine the full amount of funding being provided to national and community-level health programs and services.

A final challenge is that gaps exist in the tracking of funding that is channelled directly to state-/provincial-/district-level governments and/or institutions. In many cases, there are no accountability mechanisms to track funding flows that bypass national governments, which could lead to the under-reporting of funding for MNCH purposes.

2.1.2 Policy and Service Delivery Commitments

As discussed in the financial commitments section, similar challenges apply to the tracking of policy and service delivery commitments. These include:

- Limited country-level capacity to track and monitor commitments regularly
- The absence of a common approach or framework to ensure that comparable and reliable data is collected through the different processes and approaches
- Insufficient recognition of the need to involve "non-traditional" donors in these processes or to establish a separate but comparable process to track their commitments

Process indicators should also be included in future accountability exercises. Specifically, it will be important to measure and assess whether partners are meeting their commitments to coordinate, collaborate, harmonize, integrate and align their efforts at the country-level and with country-led plans and processes. By ensuring partners are held accountable for these core policy and service delivery actions, efforts to improve MNCH outcomes can be accelerated. [10]

However, many national governments and global partners – including donors, multilateral organizations, CSOs and philanthropic institutions – have already put in place measures to improve the tracking of policy and service delivery commitments, specifically by implementing collaborative processes at the country level. The IHP+ process, for example, involves multiple stakeholders, and this initiative has developed a scorecard to monitor partners' performance in meeting their commitments.[11] The Countdown to 2015 includes key commitment indicators in its biennial report to describe the types of commitments and measures a country has taken to improve MNCH outcomes.

Some partners also produce one or two annual reports, which provide an overview and assessment of their performance in relation to the commitments and priorities they have set at the beginning of each year. Such reports could provide valuable information for future tracking efforts.

2.1.3 Current Efforts to Improve the Tracking of Commitments

To address some of the issues identified above, several partners have initiated efforts to improve the tracking of commitments:

- **The OECD-DAC and The Countdown to 2015** are examining options to track donors' MNCH financial contributions more effectively. This includes considering ways to improve the tracking of ODA (OECD-DAC) and reassessing how MNCH is defined and collected (The Countdown to 2015)

- **UNFPA and NIDI** are engaging through the **Countdown to 2015** to ensure that activities to monitor commitments in the area of reproductive health are better aligned
- **The WHO, the World Bank and other organizations** are currently working with countries to develop their capacity to use NH accounts and sub-accounts
- **World Vision International** is exploring a range of approaches to monitoring and review. The aim is to strengthen performance management and encourage the application of lessons learned across the CSO community
- **The IHP+** initiative continues to re-examine how to strengthen existing tracking approaches e.g. revising scorecards to reflect the key information required by all partners
- Finally, building from these efforts, the **AWG** has developed a set of matrices that identify the key financial, policy and implementation indicators that are being tracked and are required for MNCH

As efforts are undertaken to improve the tracking of commitments, recent accountability exercises have provided three significant lessons:

1. All partners must contribute and be actively engaged in order ensure commitments can be successfully tracked
2. Existing processes and approaches must be harmonized and coordinated. This could be achieved through greater collaboration and by establishing common methodologies and measurement approaches
3. Commitments must be defined from the outset to ensure that commitments can be achieved and tracked. They should be clear and time-bound, and tied to expected results and desired outcomes (i.e. what is “in” or “out” and what is “new”)

2.2 Measuring and Assessing Results, Outcomes and Impact

The second key component of accountability is ensuring that partners’ commitments, investments and actions lead to tangible results in the short and long terms. By assessing overall progress in MNCH, partners can better understand the extent to which their efforts contribute to, or hinder, MNCH progress, and what issues or areas require greater attention.

This approach will also enable partners to determine whether their collective actions support the desired targets, results and outcomes identified by national governments and, specifically, the health of women and children. For example, the Global Strategy states that coordinated action by all partners could, by 2015, save the lives of more than 15 million children under-five and 740,000 pregnant women, and prevent 33 million unwanted pregnancies. A further 88 million children under-five would be protected from stunting, and an additional 120 million children from pneumonia. To monitor and assess progress in MNCH, various national and global tracking mechanisms are required.

2.2.1 Country-Level Approaches

Countries have varying technical and resource capacities for gathering, analyzing, disseminating and using health data. However, *regularly provided* country-level data is core to any accountability effort. Therefore, it is essential to build and maintain functioning and sustainable country health information systems in order to increase the availability and use of timely and accurate evidence. This is necessary both to inform country plans and priorities for improving MNCH and for monitoring and evaluation at the global level.

Partners have made efforts to strengthen countries' monitoring and evaluation capacities. However, these initiatives have often occurred in isolation, which has led to overlap and duplication, and occasionally competition. In July 2010, WHO organized a meeting of developing countries, donors, multilateral organizations, philanthropic institutions and other experts to discuss how partners could collaborate and coordinate their efforts to support capacity-building efforts.

The report generated by WHO[12] after the July 2010 meeting has led to several recommendations for guiding the actions of global partners and countries on monitoring and evaluation:

- **Align efforts to improve accountability for MNCH with country-led monitoring and evaluation of national health strategies.** This should be based on the increased use by partner countries of a common platform/framework for strengthening monitoring and evaluation of national health plans and strategies. This platform is referred to as Country Health Systems Surveillance (CHeSS). It aims to improve the alignment of country and global M&E systems in order to enhance the monitoring and assessment MNCH efforts[13]
- ***Invest in country data collection and analysis***. Weak health information systems in partner countries hamper the monitoring of progress. Therefore, MNCH monitoring activities

should include significant investments in the strengthening of data collection and analysis. To address data gaps at the country level, priority investments are required to:

- Ensure well-functioning birth and death registration systems based on existing civil registration systems, demographic surveillance sites and hospital statistics
- Support regular health surveys, providing objective data that documents progress in coverage indicators
- Support the improvement of data generated by facilities (such as hospitals and clinics), providing reliable information on access to, and coverage of, key interventions at the regional, district and community levels
- Create better systems for tracking financial flows and expenditures for the entire health system. These should focus on priority diseases affecting MNCH, and on key constraints in the health system (e.g. human resources for health and regular availability of essential medical supplies)
- Create inclusive systems that involve communities and health workers. The latter could collect data at the local level (e.g. by undertaking quality of care assessments) and provide information on whether services and resources are reaching underserved areas and populations
- Increase the collection and use of disaggregated data (e.g. by gender, age, income quintile, geographical location etc.) for use in the monitoring of equity of access to services and coverage of interventions

- **Strengthen country institutional capacity for monitoring and evaluation of national health strategies and global reporting.** This should focus on data quality, analysis and communication, and on how results are used to support evidence-based decision-making
- **Build in prospective impact evaluation**. This is an integral part of accountability. Evaluation should build upon a country's existing systems for monitoring and for analyzing data in depth, and should be complemented by prospective implementation and evaluation research studies. The approach should also support country ownership, transparency, coordination and collaboration.

It is important to build upon, and accelerate, the ongoing work by health partners to identify methods, opportunities and innovations for improving country capacity in monitoring and evaluation of MNCH and health systems. The WHO-led meeting provided some key guidelines on how partners can collectively advance efforts to strengthen the monitoring and evaluation capacities of developing countries.

2.2.2 GLOBAL-LEVEL ACTIONS

Global efforts are also important to support the monitoring and evaluation of MNCH progress and to build country-level capacities. Two core actions were identified as important steps by the AWG and discussed at the multi-stakeholder meeting that WHO hosted in mid-July.

First, countries are currently required to provide data for numerous (often dozens) of reports and surveys, which have been requested by various partners. As many countries possess limited capacity and resources, these reporting requirements further overstretch the resources they can dedicate to accountability. In addition, many of these reports seek similar information or ask for data applicable to the partners' own accountability requirements, but which may not be relevant to a country's day-to-day operations.

Partners could, therefore, significantly help accountability efforts by reducing the reporting burden on countries. They could achieve this by harmonizing their reporting demands to ensure that information requests are not duplicated. They could also integrate their accountability processes (where a single report could be used for multiple purposes) and seek information over a longer timeframe (e.g. every two years). Furthermore, reporting requirements should align with countries' reporting cycles, which would improve the reliability and quality of data.

A second important measure would be to harmonize indicators. When a new health initiative or strategy is established, countries are often asked to collect and report on new information. This practice has led to the proliferation of hundreds of health indicators, including MNCH, so significant time and resources are required to collect the required information.

In future, partners should endeavour to develop and adopt an agreed set of core health indicators, which should be included within a country's monitoring and evaluation capacity. Supplemental sets of core indicators could also be identified should a country subsequently choose to collect more information.

Finally, global partners should complement the first two measures with efforts to harmonize data collection by integrating the multiple instruments (e.g. surveys and reports) used to collect information and report on MNCH. This would enable more effective, efficient and timely collection of data. When requesting new information, partners should use or adapt existing approaches rather than establishing new instruments and processes.

Harmonization could also help reduce the number of reports global partners provide, because use of common information and mechanisms would provide a basis for integrated reports for donors, UN agencies, multilateral institutions etc.

UN agencies, multilateral institutions and donors have begun work on these issues, and discussions are continuing. Should the reporting burden be reduced and indicators and data collection efforts be harmonized, countries would be able to collect and report on information more systematically. Furthermore, they could potentially dedicate more time and resources to strengthening their own national monitoring and evaluation capacities, helping to ensure that accountability becomes an established part of their work in MNCH.

A key next step will be to ensure that these efforts are seamlessly integrated into existing monitoring and reporting mechanisms and lead to meaningful reporting. To this end, implementation strategies should be developed to assist the full range of partners – including national governments, donors, multilateral organizations, NGOs etc. – to begin quickly and easily using the harmonized indicators. The strategies could delineate a short-term approach that focuses on implementing any new measures immediately, or outline a longer-term approach that proposes a series of measures to strengthen partners' capacities to develop a wider range of activities (e.g. collect a larger number of indicators). In addition, technical support will be required to guide the interpretation and dissemination of such measures and their effective integration into planning and implementation strategies.

2.3 Reporting on Commitments and Progress in MNCH

Reporting is the third and final component of the approach to tracking progress. Like the other two components, national or country-level reports are the core of all reporting efforts. They provide baseline data and information, which can then be aggregated at the global level. As such, it is important that country-level reporting on MNCH should provide comparable, reliable and high-quality data and information – whether through a stand-alone MNCH report or integrated into existing national health reports. The work to develop common tracking approaches, reduce the reporting burden and harmonize indicators will help facilitate efforts to ensure comparability.

Country-level efforts will contribute to the development of a global report to support the Global Strategy, providing comprehensive analysis and description of overall MNCH progress. Discussions are continuing to determine the process, structure and content of the global report. However, it is clear that it should be built upon existing information, including aggregated country-level information and information obtained from other, complementary processes (e.g. the MDG Assessment Report, The Countdown to 2015 and reports produced by other partners). In addition, the report could describe how all partners are meeting their commitments to the Global Strategy and where additional efforts are required. The report could be developed as a brand new document, or based on an existing global-level report.

3. Summary of Key Issues, Gaps and Next Steps

Table 1 summarizes some of the key issues and gaps relating to the three components of the approach to tracking progress.

Table 1: Summary of Key Issues and Gaps in Accountability

Component of the approach to tracking progress	Key Issues and Gaps
Tracking Commitments	▪ Absence of a common, coordinated approach at the global level to track all donors' financial commitments ▪ No common methodology for determining MNCH spending by donors ▪ Capacity levels vary at the country level to track commitments; in particular the use of National Health Accounts and sub-accounts on MNCH ▪ Not all partners are involved in existing country- and global-level processes (e.g. IHP+, OECD, PMNCH and G8), which leads to gaps in data and information ▪ Commitments must be defined from the outset to enable them to be tracked more easily: clear and time-bound, and tied to expected results and desired outcomes
Measuring Progress and Assessing Impacts	▪ Countries' monitoring and evaluation capacities need to be strengthened in order for key MNCH progress indicators to be collected, reported and analyzed ▪ External partners must align their activities to national plans and provide harmonized investments dedicated to strengthening countries' health-information systems ▪ To help improve accountability at the country and global levels, global partners should strive to reduce reporting requirements and to harmonize indicators and data collection efforts. Integration into existing accountability mechanisms should be aided by the development of implementation strategies and the provision of technical support
Reporting on MNCH Progress and Commitments	▪ National reports should be comparable to permit the aggregation of data and to facilitate the assessment of global progress. Work in the other two components will strongly contribute to comparability ▪ There is potential for a single global report on MNCH (building on national and other reports e.g. MDG Assessment Report, The Countdown to 2015, IHP+ etc.). It should report on the progress being achieved in MNCH and how all partners are collectively meeting their commitments

While significant time is needed to address many of these issues, existing processes at the country and global levels provide foundations for strengthening accountability (see Table 2 below). As this paper has highlighted, country-level capacities and reporting are the keys to effective accountability. Countries lead on accountability, so they require the resources, time and mechanisms to ensure that regular and rigorous accountability activity takes place.

Meanwhile, global efforts must support country-level processes, while also creating the environment that enables countries to take the necessary steps to implement accountability measures. This requires global partners to collaborate increasingly, and to coordinate and harmonize their efforts.

Table 2: Existing Mechanisms and Processes to Support Ongoing Accountability Efforts

COUNTRY-LEVEL MECHANISMS AND PROCESSES	▪ National monitoring and evaluation capacities, including health information systems ▪ National Health Accounts and sub-accounts ▪ National health reports and annual health sector reviews ▪ IHP+ process, including country-level compacts and the Country Health Systems Surveillance initiative
GLOBAL-LEVEL MECHANISMS	▪ Inter-governmental processes, such as the OECD-DAC ▪ Inter-institutional consortia, such as PMNCH and the Health Metrics Network ▪ A Unified Health Model being developed by an inter-agency working group, composed of UNAIDS, UNDP, UNFPA, UNICEF, WHO and the World Bank ▪ Research and academic institutions and organizations, such as the Global Forum for Health Research and the Institute for Health Metrics and Evaluation ▪ Existing accountability and reporting initiatives, such as The Countdown to 2015, MDG Assessment Report and the population and reproductive health reporting to the Commission on Population and Development

To oversee ongoing and future work, the UN Secretary-General has requested that: "the World Health Organization chair a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health, including through the UN system." The continued involvement and dedication of all partners can deliver a strengthened approach to accountability, which will enable partners to be more responsive and proactive to the challenges faced in maternal, newborn and child health.

Every Woman
Every Child

Acknowledgements

This paper has been prepared by the Accountability Working Group. Members include:

Chairs:

- Dr Agnes Binagwaho, Permanent Secretary, Ministry of Health, Rwanda
- Margaret Biggs, President, Canadian International Development Agency
- Dr Ties Boerma, Director, Health Statistics and Informatics, World Health Organization

Members:

- Partnership for Maternal, Newborn and Child Health – Dr Andres de Francisco and Shyama Kuruvilla
- Organization for Economic Cooperation and Development – Federico Bonaglia and Simon Scott
- UN Population Fund – Dr Luc de Bernis, Stan Bernstein and Laura Laski
- World Bank – Irina Nikolic
- CIDA – Heather Cameron, Benjamen Yung, Jean Touchette and Courtney Hood
- Department for International Development, United Kingdom – Jo Nicholls, James Droop and Desmond Whyms
- Norwegian Agency for Development Cooperation – Unni Silkoset
- World Vision International – Stefan Germann and Sara Schulz
- The Countdown to 2015 – Professor Zulfiqar Bhutta and Dr Mickey Chopra
- Boston Consulting Group – Abigail Moreland, Heidi Boyd and Johanna Benesty

Special thanks to all individuals who have provided advice and contributions to the Accountability Working Group since April 2010.

Layout by Roberta Annovi.

Every Woman Every Child

References

1 Information on the OECD-DAC's methodology can be found at http://www.oecd.org/document/0/0,3343,en_2649_34447_42398912_1_1_1_1,00.html

2 Additional information on The Countdown to 2015 can be found on their website - http://www.countdown2015mnch.org/

3 The Resource Flow Project conducted by NIDI and UNFPA can be found at the following website: http://resourceflows.org/.
A copy of the 2010 report can be found at:
http://daccess-ods.un.org/access.nsf/Get?OpenAgent&DS=E/CN.9/2010/5&Lang=E

4 Information on the Institute for Health Metrics and Evaluation can be found at http://www.healthmetricsandevaluation.org/

5 Global Forum for Health Research – http://www.globalforumhealth.org/

6 The OECD-DAC defines a commitment as a firm obligation, expressed in writing and backed by the necessary funds, undertaken by an official donor to provide specified assistance to a recipient country or a multilateral organisation. Bilateral commitments are recorded in the full amount of expected transfer, irrespective of the time required for the completion of disbursements. Commitments to multilateral organisations are reported as the sum of (i) any disbursements in the year reported on which have not previously been notified as commitments and (ii) expected disbursements in the following year.

7 The methodology for determining baselines for the G8 Muskoka Initiative can be found at: http://g8.gc.ca/g8-summit/summit-documents/methodology-for-calculating-baselines-and-commitments-g8-member-spending-on-maternal-newborn-and-child-health/

8 Additional information on National Health Accounts can be found at http://www.who.int/nha/en/

9 Reproductive health subaccounts include the main reproductive health activities, such as family planning, antenatal care, and obstetric care.

10 Levels of coverage of single interventions set bounds on cumulative coverage over the range of the continuum of care. Measurement of service integration provides additional understanding of the contributors and barriers regarding impacts. Some measures of integration in the area of HIV/AIDS and reproductive health were included, for example, in WHO, 2008. **National-level monitoring of the achievement of universal access to reproductive health: conceptual and practical considerations and related indicators – report of a WHO/UNFPA Technical Consultation, 13–15 March 2007, Geneva.**

11 More information on the IHP+ can be found at: http://network.human-scale.net/community/ihp

12 WHO. Enhancing Accountability of the Scaling up for Maternal, Neonatal and Child Health. Technical Meeting Report. Geneva, July 16, 2010.

13 WHO, Strengthening Monitoring and Evaluation of National Health Plan and Strategies: Operationalizing the CHeSS Framework, Report of a Technical Meeting, Glion, 14-15 July 2010

The production of this paper, adaptation and layout has been managed by The Partnership for Maternal, Newborn & Child Health.

The Partnership for Maternal, Newborn & Child Health