

Commission on information and accountability for
Women's and Children's Health

KEEPING PROMISES, MEASURING RESULTS



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HE Ban Ki-Moon
Secretary-General, United Nations
1 United Nations Plaza
New York, NY 10017

May 31, 2011

Excellency,

It is with great pleasure as Co-chairs of the *Commission for Information and Accountability for Women's and Children's Health* that we convey to you the final report of the Commission, on behalf of all Commissioners, Vice-chairs, and other stakeholders engaged in this process.

The *Commission* was convened by the World Health Organization at your request, in order to “determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health”. We believe that the successful adoption and implementation of the recommendations of the *Commission* by all stakeholders will act as a force multiplier for your *Global Strategy for Women's and Children's Health*, and for achieving the Millennium Development Goals by 2015.

Commissioners came together from a broad range of backgrounds, including governments, international organizations, civil society, foundations, academia, and the private sector, to work toward a common cause: to improve the health of women and children. The *Commission* studied the challenges and obstacles that have led to limited progress on improving maternal health, and prevented better progress on reducing child mortality. Lack of capacity for collecting and analysing data, and tracking resources allocated to health, particularly maternal, newborn and child health, weak civil registration systems, and duplication of efforts are some of the issues that have hampered progress.

Commissioners reached consensus on the need to take bold action to accelerate progress. In undertaking this work, they embraced the principles articulated by the *Global Strategy*, particularly:

- focusing on national leadership and ownership of results, as countries themselves are the foundation of accountability;
- strengthening and harmonizing existing country, regional and global-level mechanisms to build on existing efforts and avoid the proliferation of new initiatives; and
- linking accountability for resources to the results, outcomes and impacts they produce.

The *Commission's* ten recommendations focus on improving information for better results, improving tracking of resources, and stronger oversight of both results and resources at national and global levels.

In order to be successful in our commitment to improving the lives of women and children, we are inviting all stakeholders to join us in continuing to work together to improve accountability for resources and results linked to women's and children's health. We encourage them to integrate the principles of the *Global*

Strategy and the *Commission* into their work, and urge them to implement these recommendations, including the prioritization of the 11 core indicators recommended by the *Commission*.

These 11 core indicators on health outcomes and coverage were selected because they align with the indicators for the Millennium Development Goals and with the continuum of care for maternal, newborn, and child health. As well, indicators for resource tracking will allow for better monitoring of the impact those resources have on the lives of women and children.

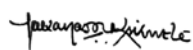
The *Commission* aimed to clarify and consolidate the current landscape in order to help accelerate progress for women's and children's health in a way that is inclusive, equitable, and sustainable. We can work smarter if we work together.

With regard to institutional arrangements, the *Commission's* report supports building upon and providing incentives to strengthen current institutional mechanisms in order to increase the impact of existing efforts. A small group of independent experts, supported by a small secretariat within the WHO will be charged with reviewing progress in the implementation of the *Commission's* recommendations. We encourage your office to work quickly, in consultation with the WHO, to start the selection process and to appoint experts for this group, so that they are equipped to take up their work early in 2012.

As we quickly approach the one year anniversary of the launch of your *Global Strategy*, we must work together to build awareness and mobilize support for this initiative. Outreach and engagement on the *Commission's* recommendations must align with other efforts made on behalf of the *Global Strategy*, in order to reinforce and build on the progress that has already been made.

We hope that the *Commission's* practical and action-oriented recommendations find momentum within the international community and unite us in fulfilling the moral imperative to improve the lives of the world's most vulnerable women and children.

Please accept, Excellency, the assurances of our highest considerations.



H E Jakaya Mrisho Kikwete
President, United Republic of Tanzania



Rt. Hon. Stephen Harper
Prime Minister of Canada

Executive summary

Of the eight Millennium Development Goals (MDGs), the two specifically concerned with improving the health of women and children are the furthest from being achieved by 2015. They are in urgent need of innovative and strategic actions, supported by political will and resources for greater impact. In September 2010, in an effort to accelerate progress, the Secretary-General of the United Nations launched the *Global Strategy for Women's and Children's Health*. The main goal of this strategy is to save 16 million lives by 2015 in the world's 49 poorest countries. It has already mobilized commitments estimated at US\$ 40 billion. However, commitments need to be honoured, efforts harmonized, and progress tracked. Actions need to address results and resources.

Given that accountability for financial resources and health outcomes is critical to the objectives of the *Global Strategy*, the Secretary-General asked the Director-General of the World Health Organization to coordinate a process to determine the most effective international institutional arrangements for global reporting, oversight and accountability on women's and children's health.

The work of the Commission on Information and Accountability for Women's and Children's Health is built on the fundamental human right of every woman and child to the highest attainable standard of health and on the critical importance of achieving equity in health. All accountability mechanisms should be effective, transparent and inclusive of all stakeholders. In addition, the Commission's work has embraced the *Global Strategy's* key accountability principles:

- focus on national leadership and ownership of results;
- strengthen countries' capacity to monitor and evaluate;
- reduce the reporting burden by aligning efforts with the systems countries use to monitor and evaluate their national health strategies;
- strengthen and harmonize existing international mechanisms to track progress on all commitments made.

Accountability begins with national sovereignty and the responsibility of a government to its people and to the global community. However, all partners are accountable for the commitments and promises they make and for the health policies and programmes they design and implement.

The accountability framework's three interconnected processes – monitor, review and act – are aimed at learning and continuous improvement. The framework links accountability for resources to the results, outcomes and impacts they produce. It places accountability soundly where it belongs: at the country level, with the active engagement of governments, communities and civil society; and with strong links between country-level and global mechanisms.

The Commission's 10 recommendations

Ten recommendations have been agreed by all Commissioners. They focus on ambitious, but practical actions that can be taken by all countries and all partners. Wherever possible, the recommendations build on and strengthen existing mechanisms.

Better information for better results

1. **Vital events:** By 2015, all countries have taken significant steps to establish a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys.
2. **Health indicators:** By 2012, the same 11 indicators on reproductive, maternal and child health, disaggregated for gender and other equity considerations, are being used for the purpose of monitoring progress towards the goals of the *Global Strategy*.
3. **Innovation:** By 2015, all countries have integrated the use of Information and Communication Technologies in their national health information systems and health infrastructure.

Better tracking of resources for women's and children's health

4. **Resource tracking:** By 2015, all 74 countries where 98% of maternal and child deaths take place are tracking and reporting, at a minimum, two aggregate resource indicators: (i) total health expenditure by financing source, per capita; and (ii) total reproductive, maternal, newborn and child health expenditure by financing source, per capita.
5. **Country compacts:** By 2012, in order to facilitate resource tracking, "compacts" between country governments and all major development partners are in place that require reporting, based on a format to be agreed in each country, on externally funded expenditures and predictable commitments.
6. **Reaching women and children:** By 2015, all governments have the capacity to regularly review health spending (including spending on reproductive, maternal, newborn and child health) and to relate spending to commitments, human rights, gender and other equity goals and results.

Better oversight of results and resources: nationally and globally

7. **National oversight:** By 2012, all countries have established national accountability mechanisms that are transparent, that are inclusive of all stakeholders, and that recommend remedial action, as required.
8. **Transparency:** By 2013, all stakeholders are publicly sharing information on commitments, resources provided and results achieved annually, at both national and international levels.
9. **Reporting aid for women's and children's health:** By 2012, development partners request the OECD-DAC to agree on how to improve the Creditor Reporting System so that it can capture, in a timely manner, all reproductive, maternal, newborn and child health spending by development partners. In the interim, development partners and the OECD implement a simple method for reporting such expenditure.
10. **Global oversight:** Starting in 2012 and ending in 2015, an independent "Expert Review Group" is reporting regularly to the United Nations Secretary-General on the results and resources related to the *Global Strategy* and on progress in implementing this Commission's recommendations.

The work of the Commission has concluded with this report. To realize the accountability framework for women's and children's health set out here, all stakeholders must take bold and sustained action as part of their own work as well as collectively through collaboration on the *Global Strategy*. We urge all stakeholders to remain ambitious, and to channel their aspirations into implementing our recommendations.

We believe the framework, the recommendations and the actions we have set out are the best ways to ensure that the commitments pledged through the *Global Strategy* make a tangible difference in the

"All partners are accountable for the promises they make and the health policies and programmes they design and implement. Tracking resources and results of public health spending are critical for transparency, credibility and ensuring that much-needed funds are used for their intended purposes and to reach those who need them most. Ultimately, the recommendations made by this Commission are

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