INDEPENDENT EXPERT REVIEW GROUP (iERG)

FIRST MEETING OF THE IERG
21-22 November 2011
Ottawa, Canada

Proceedings of the Meeting with main Action Points

Background

The first face-to-face meeting of the independent Expert Review Group (iERG) took place in a closed session on 21-22 November 2011 in Ottawa, Canada, in parallel with the second International Stakeholders Meeting on Implementing the Recommendations of the Commission on Information and Accountability for Women's and Children's Health (CoIA)[1], Ottawa, November 20-22, co-hosted by WHO and Canada at the occasion of "Delivering Results for Women and Children" Forum.

The purpose of the first iERG's meeting was to agree on methods and process of the oversight work and outline immediate priorities for action, including preparation of the outline of the first iERG's report. The present document summarizes the discussions and action points at the first meeting of the independent Expert Review Group.

Participants

iERG members: Dr Carmen Barroso, Prof Zulfiqar Bhutta, Prof Richard Horton, Prof Dean Jamison, Mrs Joy Phumaphi, Prof Marleen Temmerman, Prof Miriam Were
WHO Secretariat: Dr Marie-Paule Kieny, Mrs Ramesh Shademani, Dr Natasha Shapovalova

Opening

The WHO Secretariat welcomed the members of the iERG and introduced the co-chairs of the group: Ms Joy Phumaphi of Botswana and Prof Richard Horton of the United Kingdom. As recommended by the Selection Panel for the iERG, and with the agreement of all iERG members, it was decided that Richard Horton would assumed the Chair responsibilities for the first two years, to be followed by Joy Phumaphi for the next two years.

iERG terms of reference (ToR): rules, principles, procedure

The iERG was reminded of its mandate as well as of ToR for the group. The output of the iERG's work will be reflected in a form of annual report to the UN Secretary General (UN SG).

- **Independent Expert Review Group:** It was suggested and agreed to keep the lower-case "i" before the capital letters ERG – "iERG" – which stands for the "independent Expert Review Group" and highlights the autonomous nature of the experts.
- **The iERG's focus on the CoIA's Recommendations:** The UN Commission on Information and Accountability for Women's and Children's Health is a catalyst for the implementation of the Global Strategy. Upon the termination of the CoIA, its 10 Recommendations should be regarded as the coordinates for the iERG.
- **Participation at external events:** the iERG identified major events where members can present on behalf of the group. Examples of such events are the IPU assembly in Kampala in March 2012, the XIX International AIDS Conference in Washington DC in July 2012, and the 21st session of the Human Rights Council group on maternal mortality in Geneva, September 2012.

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[1] More information on CoIA: http://www.everywomaneverychild.org/resources/accountability-commission/about-the-commission

- **Travel:** the iERG discussed and commented on how they could possibly minimize travel costs
- **Next iERG meetings:** the iERG will meet virtually monthly through teleconferences and will hold its second face to face meeting the XIX International AIDS Conference in July 2012 in Washington DC.

Action points:

The iERG agreed on the following:
- Richard Horton will act as the iERG's Chair for the first two year until 2013, subsequently transferring this role to Joy Phumaphi to chair the group until the end of mandate in 2015.
- Members are requested to provide the WHO Secretariat with their updated complete bios.
- Members will resubmit their DoIs annually and immediately inform the WHO secretariat of any changes.
- All agreed to manage the iERG's budget in effective way.
- iERG's meeting reports will be prepared by the WHO Secretariat and made publically available on the web.
- The WHO Secretariat will compile a primary list of stakeholders with links to various networks and communities responsible for dissemination of iERG's products.
- The iERG will use the occasion of the WHA 2012 (25-26 May) in Geneva to meet with the key stakeholders to discuss progress related to the implementation of the Recommendations.
- The WHO Secretariat will facilitate the second iERG's meeting to be timed to the XIX International AIDS Conference in Washington DC, 22-27 July 2012.

The iERG communication strategy

The iERG members decided to implement a comprehensive communication strategy with four key elements: outreach strategy, publication strategy, media strategy, and web strategy.

The outreach strategy will ensure that the iERG fully engages with the community of stakeholders, and in particular policy makers and the civil society. One of the major components of the strategy will be the development of a specific visual identity for the iERG that will highlight its independent nature. In addition, the strategy implies presentation of the iERG's work at major global and national critical events and dissemination of outreach products via available networks of partners.

The publication strategy is aimed at establishing efficient exchange channels with potential global, regional and country partners and comprehensive capturing examples of successes and good practices for further dissemination. The latter could be collected through a call for papers and evidence.

The media strategy will ensure that RMNCH (Reproductive, Maternal, Newborn and Child Health) accountability-related activities are properly covered in media and are correctly understood by different groups of stakeholders. Different media channels and events can help mobilizing the civil society. An initiative proposed by the iERG was annual UN SG Awards to be attributed to performing stakeholders, in particular member states, at the UN General Assembly. Among proposed nomination categories, the members of the group mentioned "the most innovative programme", "the most transparent donor", "the most transparent government", etc.

The web strategy has multiple targets, two of which are essential for efficient fulfillment of the iERG's mandate. As a component of the communication strategy, the web will facilitate information sharing and public consultation on activities related to the Global Strategy and to Recommendations 1-9.

The iERG agreed that its web site should be hosted by WHO but have a specific identity to indicate clearly the independence of the global oversight process. The iERG members welcomed the idea that the new visual identity of the group should be aligned with the Every Woman Every Child branding that is well known to all the stakeholders. Good visibility could also be obtained via dedicated iERG social media tools such as Facebook and Twitter.

First iERG's annual report - 2012

Information gathering

The iERG members identified a number of critical sources of information. These include primary data from national statistical databases and parliamentarian documentation, materials and reports developed by UN agencies, Countdown to 2015, the Partnership for Maternal Newborn and Child Health (PMNCH), the Health Metrics Network (HMN), and other key stakeholders.

It will be important to develop a procedure that enables effective collection and monitoring of data and its further review and reporting. The iERG agreed that the web-based monitoring tool that is currently being developed by the WHO Secretariat could facilitate data collection. An online progress tracking tool with a secure login is envisaged as an integral part of the proposed web site. This tool will allow country reporting for increased national ownership of the accountability process. The iERG will develop a protocol to mobilize country responses and to validate the data submitted. It will also define equity variables to be included in the tool such as gender, urban/rural residence, geographic location, ethnicity, education, marital status, number of children, HIV status, etc.

Immediate oversight priorities

The iERG identified four immediate oversight priorities for 2012 as outlined in the CoIA's report: Recommendation 2 (use of the 11 indicators), Recommendation 5 (country compacts), Recommendation 7 (national accountability) and Recommendation 9 (OECD-DAC). The members noted that, although they are charged with focusing on the 49 low-income countries identified in the Global Strategy and on the CoIA's list of 74 countries, they intend to analyze also progress in RMNCH area for marginalized populations that may not be citizens of the above lists, and who may be particularly vulnerable. These groups include young women, refugees/displaced populations, populations suffering humanitarian emergencies/disasters, and people living under occupation. All these populations present special problems of accountability and the iERG through its work can draw the world's attention to their needs.

The group considered a number of other important topics that should be addressed in the report such as human rights and public health equity, gender and family planning, stakeholders' commitments, best practices, and obstacles to implementation of the Recommendations. The iERG agreed further that human rights should be considered separately from equity, which encompasses an array of parameters such as socio-economic, age, gender, etc.

Challenges in implementation of the Global Strategy, especially in conflict areas, may require specific emphasis. The iERG agreed that the main approach in addressing these barriers should be action-oriented, i.e. transforming obstacles into actionable areas. To comply with its mandate, the group decided to focus its work on the 11 core of Recommendation 2, while keeping the freedom to draw on other indicators in the narrative of its report.

Draft outline

The iERG agreed on its key reporting principles and methodology. These include efficient and reader-friendly presentation of primary data (including matrices, graphs and other visual methods); synthesis and analysis; simple tools and pragmatic methods that can be used by countries.

On this basis, the following generic outline for iERG annual reports was suggested:

1. Introduction
2. Stakeholder Commitment
3. Progress on the Global Strategy
4. Progress on Commission of Information and Accountability Recommendations
5. A New Dialogue for Development, Obstacles to Global Strategy
6. Special topics
7. Recommendations
8. References
9. Appendices

Action points:

The iERG agreed on the following:
- The iERG annual report will be translated after its launch. The Executive summary will be made available in 6 official UN languages at the time of the launch.
- **Timeline:** closing of information gathering (June), first draft (July); final draft (mid August); launch (September).

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Work to be commissioned

The iERG agreed to commission selected pieces of work to global partners. This collaboration will be formalized through bi-lateral agreements / memorandum of understanding based on detailed terms of reference. These agreements will be made publically available on the web and will enable selected counterparts to collect data formally on behalf of the iERG.

Among the key counterparts for collaboration agreements, iERG members identified the OECD, PMNCH, HMN, the Countdown to 2015 initiative, H4+ (UNFPA, UNICEF, WHO, the World Bank, UNAIDS) and the UN Secretary General's office (UNSGO).

PMNCH

The iERG welcomed the support offered by PMNCH with regard to commitment tracking and outreach through its network of 400+ partners. Out of an extensive menu of options proposed by the Partnership, the iERG agreed to concentrate on the following three items:
1. A review of stakeholder commitments to the UN Global Strategy and of the extent to which those commitments have been delivered (by early June 2012)
2. A review of good practices and obstacles to accountability for RMNCH (end of May 2012)
3. Assistance with dissemination, including both the final report and products of ongoing work (calls for evidence and submissions, communication items, etc.).

Subject to available funding, the PMNCH confirmed their availability to adjust timing of its 2012 Report due by September 2012 and provide the iERG with a separate report on key results earlier by June 2012. The PMNCH could also provide input on good practices and obstacles.

In addition to that, the PMNCH agreed to put the iERG on their calendar of critical event and support engagement of the iERG members with critical policy groups such as IPU at their upcoming assemblies in Kampala in March and in Quebec in October.

HMN

The iERG sees HMN as its main partner for submitting data relevant to Recommendation 1 of the Accountability Commission. These data will cover 75 countries and include progress on registration of births, deaths, and cause of death. The information required from HMN also comprises report cards on "well-functioning HIS that combine data from facilities, administrative sources, and surveys." HMN can also provide assistance with dissemination, including both the final report and products of ongoing work (calls for evidence and submissions, communication items, etc.).

Countdown to 2015

The Countdown to 2015 initiative is considered by the iERG as a critical entity for the evaluation of the UN Global Strategy. The iERG expects the Countdown to perform a quality check function for the reports on the 11 core indicators under Recommendation 2, and to provide a summary of findings by early June 2012.

The UN Secretary General's office

Assessment of the progress on the Global Strategy over the next 4 years is an important priority for the iERG. The group agreed to approach the UNSGO to request a data driven report on the implementation of the Strategy. This report is expected to cover baseline indicators (the first three indicators under Recommendation 2) and address other important issues around human rights and socio-economic determinants.

Other UN agencies

The iERG stressed that other UN agencies could also provide important data input. For instance, the International Telecommunication Union (ITU) might be helpful with regard to tracking progress on ICT innovations under Recommendation 3. H4+ agencies will be asked to provide information on the status of implementation of the multi-stakeholders workplan around the Commission's Recommendations.

Civil society networks

In addition to these assignments, potential contributions are also expected from other global and national networks such as International Planned Parenthood Federation (IPPF), World Vision, the White Ribbon Alliance, Action for Global Health, Interact Worldwide, Plan UK, Save the Children. These partners will play an instrumental role in mobilizing civil society and creating channels that could grant multiple stakeholders full opportunity to contribute to the iERG's work on a number of important oversight priorities such as social determinants, national accountability, nutrition, newborn care, health workers, and financial commitments.

Action points:

The iERG agreed on the following:
- The iERG with the support from the WHO Secretariat should ensure visibility of the iERG at the next IPU assemblies.
- The iERG will approach the Countdown 2015 initiative to assess their potential contribution on tracking progress of Recommendation 2 by early June 2012.
- PMNCH will produce a 2012 Report on the commitments to the Global Strategy, including analysis of best practices and obstacles to accountability for the commitments.
- HMN will provide a report on key indicators under Recommendation 1 by the first week of June 2012.
- The iERG will disseminate information related to its work through an established network of primary stakeholders linked to a broader RMNCH community.
- The WHO Secretariat on behalf of the iERG will approach the UN SG's office for a report on progress in implementing the Global Strategy (by March-April 2012).