

**Updating the Global Strategy for Women's, Children's and
Adolescents' Health**

Background Paper on Accountability

24 March 2015

List of Acronyms Used

ALMA Africa Leaders Malaria Alliance

AU Africa Union

CoIA Commission on Information and Accountability

EWEC Every Woman Every Child

GFF Global Financing Facility

GS Global Strategy

GS2 updated Global Strategy for Women's, Children's and Adolescents' Health 2016-2030

GVAP Global Vaccine Action Plan

iERG Independent Expert Review Group

IPU Inter Parliamentary Union

PMNCH Partnership for Maternal, Newborn and Child Health

PPD Partnership for Population and Development

RMNCAH Reproductive, Maternal, Newborn, Child and Adolescent Health

SDGs Sustainable Development Goals

WHA World Health Assembly

WHO World Health Organization

UNGA UN General Assembly

Executive Summary

This background paper on accountability – the process of monitoring, review and remedial action - has been prepared by the Accountability Work Stream as part of the preparation for the revised Global Strategy on Women, Adolescent and Children’s Health. The paper draws on the lessons learned from the implementation of the 2010-2015 Global Strategy and in particular the implementation of the recommendations of the 2011 Commission on Information and Accountability (CoIA). There has been considerable progress on accountability since 2010, but serious challenges at the country and global level remain.

At the country level, there are still countries without functioning CRVS systems and many countries still lack national health accounts and functioning health management information systems. Any global accountability mechanism for women, adolescent and children’s health will only be as good as the sum of the country parts, so there needs to be accelerated progress to implement fully the CoIA recommendations. In addition to strengthening capacity and ensuring an inclusive process for all stakeholders, there is a need to agree on a minimum standardized reporting system that enables progress to be compared across countries and regions. The previous CoIA recommended indicators provide a still relevant starting point, but will need augmenting to encompass the much broader agenda of the revised strategy, including human rights. This work needs to be undertaken urgently in parallel with the development of the revised strategy and the proposed indicators should be rolled out at the launch later this year.

At the global level, the current accountability framework is spread over different agencies with separate budgets and reporting systems, resulting in less than optimal efficiency and coherence. While it is important to ensure continued independent reporting mechanisms, there is also a need to bring these together around an annual, or biannual “state of RMNCAH” report which reports on commitments, expenditures, outcomes and emerging issues. The proposed accountability framework adopts a more unified approach using existing institutions, as well an enhanced communication and dissemination effort with global, regional and national institutions to ensure widespread discussion, feedback and strengthened remedial action.

Background and Rationale

Stakeholders at a high-level stakeholder's meeting in Geneva, November 2014, agreed to update the Global Strategy for Women's and Children's Health (GS), launched in September 2010 by the UN Secretary-General. As part of the roadmap to update the Global Strategy, an accountability work-stream was established, led by the Governments of Canada and Tanzania with the following objectives:

- Update the accountability framework and mechanisms (country and global level) for the Global Strategy, including incorporating aspects of adolescent health and Social Determinants of Health (as guided by work on Conceptual Framework)
- Establish/confirm relevant indicators, and linkage with SDG goals and targets
- Provide input/recommendations on the overall architecture and/or governance for oversight of the global strategy as it relates to accountability.

This note discusses issues which will need to be addressed in constructing the accountability framework for the updated Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 (GS2). It draws on the literature and lessons learned in implementing the accountability framework in the 2010 Global Strategy, including a recent assessment of Every Woman Every Child (EWEC), reports from the independent Expert Review Group (iERG), the Commission on Information and Accountability (CoIA), the Partnership for Maternal, Newborn and Child Health (PMNCH) and other documents. The note attempts to outline issues and options for the following key questions

- Key lessons learned on EWEC accountability
- An updated Accountability framework, including linkages to the SDG Accountability Framework, the work of the Statistical commission, linkages to the Global Financing Facility (GFF) and the specificity required for the Global Strategy
- How will the Accountability Framework incorporate aspects of adolescent health, social determinants of health, sexual and reproductive health, human rights and humanitarian considerations?
- Governance of the accountability framework
- Mechanisms for global accountability – UNGA, WHA, IPU, human rights frameworks, others
- Mechanisms for country accountability – parliamentarians, social accountability mechanisms and civil society networks etc.
- Proposed measurement framework, building on CoIA recommendations, Global Health Agency leaders work on indicators, indicators for SDGs, and Global Strategy

Key lessons learned on EWEC Accountability.

The 2010 Global Strategy for Women and Children's Health (GS) was based on four accountability principles – focus on national leadership, strengthen country capacity to monitor and evaluate, reduce the reporting burden and strengthen and harmonize mechanisms to track progress on commitments. Based on these principles, the CoIA made 10 recommendations in 2011, including on vital registration, adoption of 11 health indicators for RMNCH, use of ICT, resource tracking, country compacts, reaching women and children, national oversight, transparency and reporting aid. The recommendations appear to be by and large still relevant in 2015. The CoIA also proposed the time-bound creation of

the iERG to report regularly to the UNSG on the results and resources related to the GS and on progress in implementing the CoIA recommendationsⁱ. The iERG's final report is expected in 2015.

Substantial Advances and Some Challenges. The 2014 CoIA reportⁱⁱ notes substantial progress on information, tracking of resources and oversight (Annex 1). The iERG's 2014 reportⁱⁱⁱ also notes advances, with three out of the 11 CoIA targets (vital events, reporting aid and global oversight) on track or already achieved, and the remaining eight showing progress. High-level political leadership, key public-private partnerships, increased resources and intensive civil society participation, to name but a few, have all contributed to increased accountability and accelerated progress. However, the iERG and CoIA reports note challenges, including a lack of country awareness of the GS and CoIA, weak national accountability mechanisms, lack of transparency of data and health systems under great pressure to deliver ambitious political goals with limited worker and management capacity. The CoIA report notes that "multiple information-collection systems have emerged, each with its own process for tracking financial and non-financial commitments...". The iERG report points out that "the success of the post-2015 agenda will be judged by the way the current rhetoric on accountability is translated into mechanisms for robust and independent monitoring, transparent and participatory review and effective and responsive action". It is also evident that a fragmented accountability system has emerged with different organizations responsible for different pieces of the accountability work.

The iERG also notes accelerated progress in RMNCAH outcomes, despite challenges and missed opportunities, particularly for maternal mortality – only a very few countries will achieve their MDG-5 target by 2015. In addition, the favorable RMNCAH data may conceal massive disparities in outcomes by income quintile, geographical location etc.

Taken together, the CoIA and iERG reports highlight a number of key lessons which should be taken into account when designing the post-2015 accountability framework:

- On the assumption that the revised GS will focus on overcoming disparities in access to health services and outcomes for women and children, as well human rights, a key lesson from EWEC is that the accountability framework, both at country and global levels, needs to have increased focus on the most vulnerable populations and income groups. The information and accountability cycle of "monitoring, review and action" needs to be disaggregated by gender, income level and geographical location to ensure that appropriate priorities and resources can be applied.
- Second and of paramount importance, country ownership is vital. There are still, despite many harmonization efforts, parallel initiatives and data demands by the development partners. The EWEC External Review^{iv} contains a number of direct quotes from respondents in this regard. As ever-increasing proportions of financing for women and children's health come from domestic resources, the demand for data must be home generated, researched and owned at the country level. The ALMA supported health scorecards used in a number of African countries, provide a promising innovation. The scorecard for Ethiopia, for example, is disaggregated to local level. Other countries such as Tanzania, Nigeria, Rwanda and Bangladesh have also developed accountability systems that focus on the local level and in some cases the engagement of civil society. Other countries have issued targets e.g. birth attendance by a skilled provider, which can be tracked by civil society.
- Third, evidence from the recent study of ten successful health MDG countries highlights the large contribution of "non-health" sectors to health outcomes for women and children^v. These critical health enhancing sectors e.g. WASH, girls' education, rural roads and electrification, need to be included in the accountability agenda. It should be feasible, for example, to

develop process indicators which measure the extent of partnership between the different ministries and agencies that have oversight of the “health enhancing” sectors. In addition, indicators that directly measure e.g. access to clean water and sanitation can be used as important proxy indicators for maternal and newborn health.

- Fourth, those countries which have been successful at achieving the health MDGs have obtained greater effectiveness and better targeting of resources, as well as spending more money for health^{vi vii}. This suggests that the accountability framework post-2015 should have an enhanced focus on “value for money” data on factors including governance, equity and performance. The evidence suggests that these factors greatly affect outcomes.
- Fifth, the private non-and for-profit sectors provide the bulk of health services and even financing in many countries. The next GS needs to develop an accountability framework that explicitly monitors the role and contribution of the private sector.
- Sixth, data needs to be transparent and freely accessible, in usable formats. Whereas some global agencies and countries have taken important steps to ensure open access to data and scorecards, progress has been uneven. In addition, further efforts are needed to ensure consistency of data between for example, Countdown, WHO and IHME.
- Seventh, the monitoring and review framework in GS2 needs to be closely aligned with the final SDG framework in regard both to specific SDG health goals and indicators and broader SDG goals and indicators which have an impact on health.
- *Finally and of critical importance, there need to be much stronger linkages between the three parts of the accountability framework: monitoring, review and remedial action.*

An Updated Accountability Framework

This note does not attempt a full description of the issues surrounding governance options for the accountability framework at global, regional, country and sub-national levels. Although these are linked, different mechanisms are needed and these mechanisms need to be harmonized so that data is compatible at the different levels¹.

The updated accountability framework needs to take into account the considerable work undertaken elsewhere, both on data needs and also governance models. By the time that the GS2 is announced, it is likely that agreement will have been reached on the SDGs, including the overall accountability framework. To date the UN Statistical Commission has published draft indicators for the proposed SDG Goal 3: Ensure healthy lives and promote wellbeing for all at all ages. The Commission has proposed a set of 18 tier 1 and 34 tier 2 indicators. The SDGs cover health broadly and are therefore more extensive than the CoIA’s eleven indicators for women and children’s health. It is clear however that the SDG and the GS indicators (and other indicators such as GFF – see below) need to be harmonized to minimize overload of weak data collection systems and confusion between competing data needs. The same point applies to ongoing (and any future) RMNCAH initiatives, such as FP2020, GVAP, Child Survival, Call to Action etc., each of which has created additional demands for data and monitoring. In addition, care needs to be taken to ensure that data is collectible and verifiable.

¹ For a fuller discussion, see the recent EWEC Accountability Review¹ and the submission of the iERG to the Review included as an Annex.

Household survey data will likely be a main source for both the SDG and the CoIA indicators and as the 2014 CoIA report notes, many countries still lack reliable and up-to-date household data.

A key question going forward will be the need for specific global indicators outside the SDGs. To the extent that the SDG indicators can accommodate the revised GS indicators, it may be preferable to avoid separate databases, or to make explicit that the GS indicators are a subset of the SDG indicators.

The proposed Global Financing Facility^{viii} embeds accountability in two of its key objectives – to finance RMNCAH scale-up plans and measure results and to strengthen CRVS systems. Through its support for performance based financing and UHC and the intent to reduce fragmentation of financial systems, the GFF can play an important role in supporting accountability under GS2. Again, coordination within EWEC and PMNCH will be key.

The GS2 accountability framework will also need to incorporate aspects of adolescent health, social determinants of health, sexual and reproductive health, human rights and humanitarian considerations. While critically important, this will be a serious challenge and again will need to avoid overloading already stressed country data and information systems. Currently, an expert group is reviewing a proposed WHO list of 32 core health indicators for adolescents.^{ix} WHO is also developing a policy framework to combat violence against women^x and this will hopefully also include indicators. The Global Nutrition Report provides baseline data and indicators on nutritional status^{xi}. The issue again will be to balance completeness with reliability, affordability, functionality and access to data systems and their links with the broader SDG system.

The GS2 global framework should also take into consideration outcomes of the broader debate on SDG accountability, as well as governance models in other sectors, including the Education for All Global Monitoring Report¹ and the new Global Progress Report on Nutrition¹. Finally there are also lessons from the past decade on developing an accountability framework for work on HIV/AIDS.

The proposed GS2 accountability framework comprising monitoring review and remedial action is summarized in fig. 1. and described in more detail below.

Fig. 1. Accountability – Monitoring, Review and Remedial Action

	Monitoring	==>	Review	==>	Remedial action
	<i>Regular, timely, good quality, transparent, international standards</i>		<i>Inclusive, transparent, multiple inputs</i>		<i>Evidence based, transparent, timely</i>
Country	Data collection; Annual performance reports and scorecards; Special studies; CSO and academic reports; Social accountability reports		Health sector reviews, RMNCAH reviews; CSO, academic reports and other reviews; Media reports; Parliamentary committees		Government plans and programs; CSO and private sector plans and programs
↓↑					
Regional	Regional monitoring report and scorecards; Social accountability reports		(Sub) Regional country peer review mechanisms; regional UN reviews (e.g. WHO regional committee, UN regional commission); Regional groups such as AU		Country action; Regional initiatives;
↓↑					
Global	UN monitoring reports; CSO, academic reports (e.g. Countdown); Commitment /expenditure reviews; Social accountability reports; Annual/biannual “state of RMNCAH” review		e.g. UNGA, WHA, PPD, IPU; Expert groups; Stakeholder groups; "Open" mechanisms		Country action; Global initiatives and advocacy; Funding decisions

Country Accountability Mechanisms

Preparation of a revised country measurement framework for women, children and adolescent health which incorporates the complex range of data on health outcomes, service delivery, health finance and expenditures, social determinants, human rights, adolescence and contributions from non-health sectors, disaggregated by income, gender and location will be challenging. The measurement framework for RMNCAH also has to be situated and compatible with the wider measurement framework for UHC and the even wider framework of the SDGs, as summarized in fig 2. It also must avoid over-burdening low-income countries with demands for data. All development partners need to buy in to the process to avoid duplication.

Despite progress, there are still countries without a functioning CRVS system, or quality national health accounts, HMIS, management scorecards and other data systems crucial for determining progress. ***The global accountability system can only be as good as the sum of its country parts.*** The 2011 CoIA recommendations on strengthening country capacity therefore need to be fully and urgently implemented. In addition, there needs to be greater attention to strengthening in-country capacity for monitoring, evaluation and research so that the data can be translated into policy and action. CS2 needs to include an agreed set of country indicators for resources, outputs and outcomes.

Each country has its own system of governance and accountability, depending on many factors including the degree of centralization/decentralization of health finance and delivery, the public-private interface, legal statutes, parliamentary oversight, the role of audit bodies etc. Nevertheless, and whatever the system of government, it is proposed that there should be a baseline standard of reporting from each country according to the principles outlined in Annex 2 that enables progress to be compared across countries and regions. The CoIA recommended indicators provide a still relevant starting point, but will need augmenting to encompass the much broader agenda of the revised strategy. *This work needs to be undertaken urgently in parallel with the development of the revised strategy and the proposed indicators should be rolled out at the launch later this year.*

Each participating country should report regularly on how the country accountability function is being carried out. Development partners should be ready to enhance support for country efforts to strengthen country accountability mechanisms, including collection and analysis of data and participatory review processes that allow for active and meaningful consultation and involvement by non-governmental bodies, including professional associations and civil society.

Regional Mechanisms

As summarized in fig. 1, key regional country groupings and international organizations play a major role with regional peer review mechanisms and regular regional meetings to review progress and propose remedial action.

Global Accountability Mechanism

Background. Since 2010, various institutions have reported on achievements of the global strategy: the iERG has issued an annual progress report with accompanying recommendations; Countdown to 2015 has provided annual reports of country progress on specific health indicators; and PMNCH has prepared an annual report on achievement of financial commitments. Each has helped maintain focus on and mutual accountability for women and children's health and has highlighted issues for attention. However, each accountability process has its own governance, finance and administration mechanism and there is insufficient linkage between them. For example, the annual PMNCH reports on

commitments, while useful, do not link commitments to results. Experience has also shown the need for stronger processes to facilitate follow-up actions. There could be significantly greater cost-effectiveness and impact in GS2 if a single framework were adopted, drawing on an agreed set of country and development partner data for expenditures, outputs and outcomes, with global and regional bodies providing reviews and facilitating remedial actions.

Operating principles. The revised Global Strategy (GS2) accountability framework should take into account the experience gained since 2010 in implementing the current global strategy and should be established according to principles agreed by the global health community²:

- **The purpose, functions and deliverables** of the accountability mechanism in terms of monitoring, review and remedial actions must be clear and unambiguous.
- **Legitimacy:** the global accountability mechanism should have political legitimacy; preferably arising from a formal intergovernmental body such as the UNGA, as well as representative international organizations such as the Inter-Parliamentary Union (IPU) that endorse and support its creation, work-program and the implementation of its recommendations. Regional bodies such as the African Union and global assemblies such as the World Health Assembly also need to be engaged.
- **Strong linkages:** The accountability mechanism will need to coordinate its work with other relevant established review mechanisms enacted by OHCHR, PPD, AU, MDG Health Alliance etc. It should also learn from other current, or planned global accountability mechanisms e.g. for education and nutrition, as well as the overall accountability mechanism for the SDGs. It should make use of relevant reports prepared by other institutions, e.g. Countdown.
- **Independence:** the accountability mechanism should, to the extent feasible, be independent. Both real and perceptions of conflict of interest should be avoided.
- **Established procedures:** the accountability mechanisms should have procedures in place to enable open and transparent engagement with key constituencies.
- **Regular and open reporting:** data, scorecards, reports etc. should be accessible, usable and verifiable. Monitoring should increasingly focus on outputs/outcomes, rather than inputs.
- **Resources:** the accountability mechanism should be appropriately resourced for data collection, report preparation, publication and dissemination.
- **Monitoring impact:** the accountability mechanism of monitoring, review and remedial actions should itself be regularly reviewed.
- **Open accountability:** Accessible, usable and verifiable data also enable civil society and researchers to carry out their own investigations and to feed these investigations into the accountability process. “Open accountability” is no less important than any formal global accountability mechanism to be adopted post-2015.

A unified accountability mechanism. It is recommended that there should be a more unified accountability mechanism under GS2 that combines the best elements of the current accountability framework, while attempting to improve overall coherence, cost-effectiveness and impact.

The existing institution which appears best placed to facilitate the accountability mechanism according to the above principles is PMNCH, a partnership of about 600 countries, UN organizations, CSOs, foundations, the private sector, professional and academic associations and youth organizations, which together comprise the major stakeholders in the global RMNCAH community. PMNCH also has a network of partner organizations and links with other established partnerships and regional and international organizations. Through its monitoring of global financial commitments, the Partnership has gained some expertise in monitoring and evaluation. This expertise has been augmented by various studies the Partnership has sponsored in recent years. The PMNCH secretariat

² Many of these principles also apply to the country accountability mechanism – see also Annex 2

currently hosts Countdown and is in a position to collaborate with whatever post-2015 structure and hosting relationship emerges from the ongoing Countdown review. The Partnership has its own Board of Directors, which represent the different PMNCH constituencies.

The PMNCH secretariat would need to have appropriate technical and administrative and financial resources to carry out the accountability function. Under the oversight of an independent advisory panel (see below), the Secretariat would make use of many data sources and reports (fig 2), as well as contracting, as needed, appropriate expert organizations and individuals to undertake additional reports and recommend actions to hold GS2 stakeholders accountable. Combining the currently fragmented accountability functions under one roof should allow some efficiency gains. Through its' current and developing linkages with UN and regional organizations, the Partnership can also facilitate appropriate remedial actions.

Independent advisory panel. To ensure the maximum degree of independence from any one of its sponsors or partner organizations in its accountability work, a panel of advisors, whose members would be appointed by, and report to, the PMNCH Board Chair, would guide the Secretariat in its Accountability work. The approximately seven-member panel would be selected to be broadly representative of the RMNCAH community on the basis of their expertise and track record in the key pillars of GS2. Members would rotate out after three years to allow for diversity and new ideas.

The expert panel would be asked to agree the scope of an annual or biannual "state of RMNCAH" progress report to be prepared by PMNCH, peer review the draft report and take a leading role in disseminating the report to the RMNCAH constituencies. An open consultation process would engage the widest possible number of stakeholders and the report would make extensive use of other relevant independent studies including for example, Countdown reports, academic studies, and civil society reports. In order to ensure transparency, the proposed scope of work for the report should be widely disseminated in advance for feedback. Working with the PMNCH Board chair and executive director, the chair of the panel should have the stature to be able to communicate the results of the annual review at the highest levels of government, regional bodies and international agencies.

Dissemination and action. A key lesson from GS1 is to ensure that the accountability process is linked/embedded in inter-governmental mechanisms. In this regard, key intergovernmental and regional bodies include the UNGA (via the EWEC office of the UNSG), the World Health Assembly, the Africa Union and the Partnership for Population and Development (PPD)³. The recommendations in the annual (or biannual) reports could be sent to one or more of these bodies for endorsement through a resolution. Other multinational representative bodies, such as the Inter-parliamentary Union (IPU), and UN regional economic offices should also be engaged to ensure that the accountability reports are widely disseminated, discussed and acted on by key decision makers at the national and international levels. PMNCH will need to augment its communications processes to ensure widespread dissemination and discussion by the global RMNCAH community and to facilitate follow up actions. The proposed global accountability framework is summarized in fig. 2.

³ If the proposed "Global Commission on Health and Human Rights" comes to fruition, this could be an additional venue for high-level action.

Fig 2: Measurement frameworks for the SDGs, UHC and Women and Children's health are linked and have to be carefully harmonized.

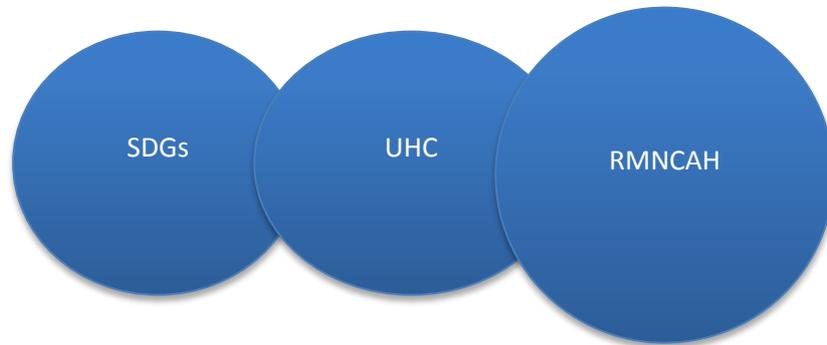
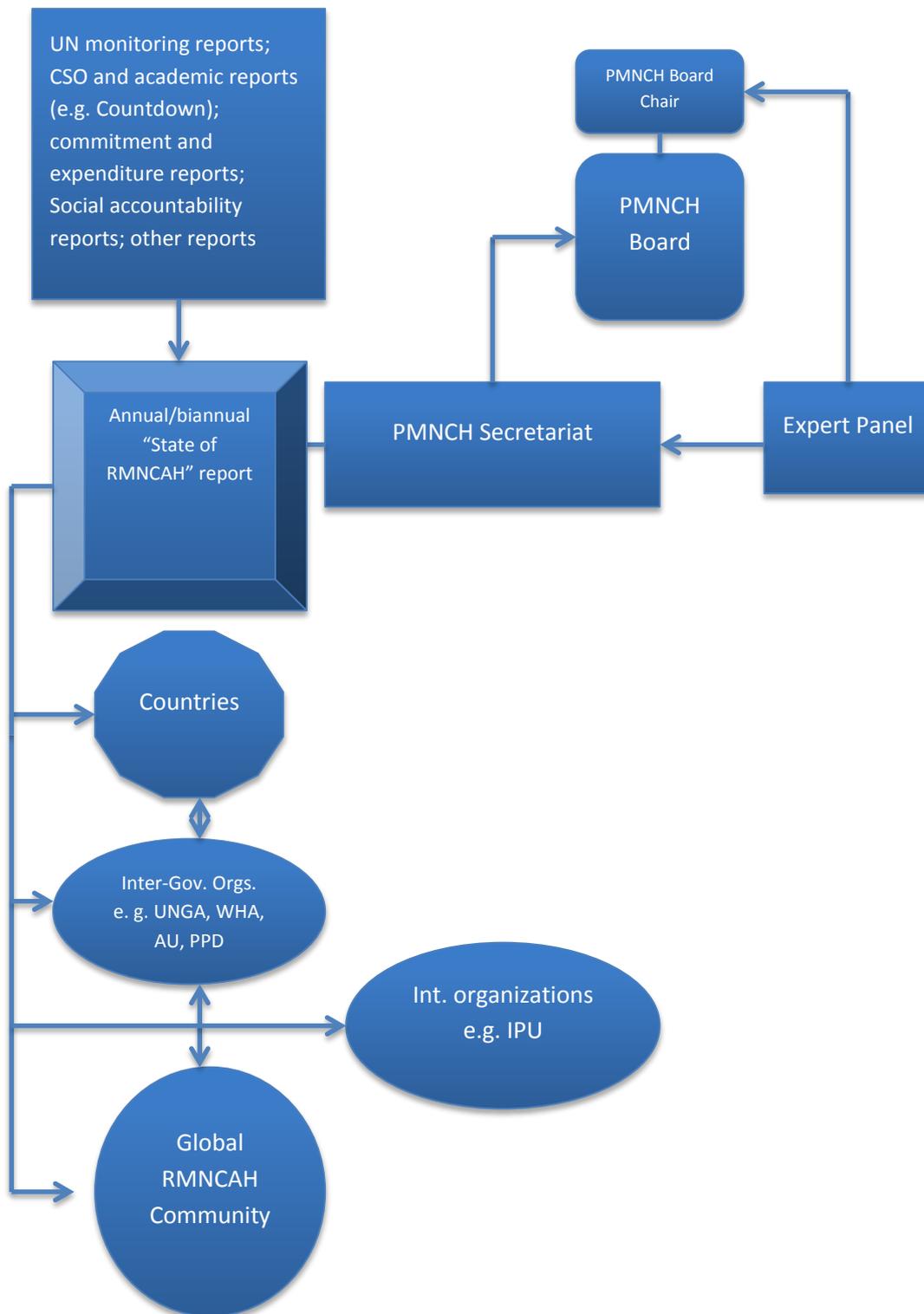


Fig 3. Schematic of Accountability Framework at Global Level



Annex 1. Progress on the 10 CoIA recommendations as of May, 2014

Better information for better results

- Civil registration and vital statistics (CRVS): 51 countries have conducted an assessment of their CRVS systems; 25 countries also have a multisectoral plan and high-level steering committee; several have developed long-term investment plans. Political momentum for CRVS is growing in many countries, supported by UN Regional Commissions and other partners.
- Maternal death surveillance and response (MDSR): 45 countries now have maternal death notification policies, 46 have facility-based death reviews, and 23 have community-based death reviews; all of these lead to a greater emphasis on the quality of care.
- The 11 Commission indicators are used in almost all countries for tracking progress. Web-based facility information systems are now implemented in 40 countries, and 20 have conducted facility assessments. Leaders of the global health agencies are working together to reduce the reporting requirements for countries and to improve measurement of results.
- 65 countries have completed eHealth profiles and 27 have eHealth strategies. Half of the strategies include eHealth initiatives in support of women's and children's health.

Better tracking of resources

- 18 countries have begun implementing the System of Health Accounts 2011, which provides detailed expenditure data on reproductive, maternal, newborn and child health (RMNCH) and other programmes.
- Results are available for eight countries; an additional 33 countries intend to conduct a national health account exercise in 2014-15.
- Partners such as UNAIDS, UNFPA, GAVI, the Global Fund and WHO have adopted the System of Health Accounts 2011 approach.
- 44 countries have compacts or similar partnership agreements in place, which include text on budget transparency for partners. Non-state and civil society actors are increasingly signing compacts.

Better oversight

- 58 countries are conducting annual health sector reviews to assess progress and performance and improve the following year's implementation. Almost all cover RMNCH issues. Over 80% of countries report broad participation in the reviews.
- The Inter-Parliamentary Union is playing a vital role in raising the profile of RMNCH in many countries, including the establishment of parliamentary committees on RMNCH.
- The progress in implementing commitments is assessed regularly by the Partnership for Maternal, Newborn & Child Health; progress on indicators is assessed by the Countdown to 2015.
- OECD has adapted its system on tracking Official Development Assistance and will report for the first time on RMNCH resource flows in 2014.

Annex 2. Proposed Country Accountability Principles and Processes

- Ensure full implementation of CoIA recommendations with a particular focus on establishing “national accountability mechanisms that are transparent, that are inclusive of all stakeholders, and that recommend remedial action, as required”.
- Development partners should support the strengthening of country accountability mechanisms and processes, including through CoIA recommended country compacts.
- Accountability mechanisms should be institutionalized with involvement of stakeholders outside of the Ministry of Health, including civil society.
- National reviews should span the various administrative levels where the services under review are delivered and should be linked to relevant national and sub-national planning and budget cycles. This will be facilitated through strengthening capacity for participatory monitoring and accountability at the local, sub-national level and national levels.
- Accountability is a dynamic process of “monitor, review and action”. Countries need the capacity and funding to carry this out.
- This dynamic process needs the free, active and meaningful participation of citizens, particularly women and youth, at all stages (vs. citizens merely being consulted or being recipients of information).
- The institutions carrying out the accountability process should collect data from a variety of sources. Health systems data as well as independent (e.g. citizen collected) data on access, quality and equity of health services should be reviewed.
- Accountability mechanisms should emphasize rights and equity with appropriate reference to human rights instruments and treaty monitoring bodies.
- The highest levels of political authority, including the President or Prime Minister and national parliaments, are crucial to ensure progress and to ensure that the findings of the accountability process are used to shape subsequent investments, budgets, policies and programs.
- Country reports into the Global Accountability Mechanism should include resources, specific actions e.g. to address gaps in equity, access and quality and health outcomes. A report should also be provided on the functioning and outcomes of the country monitoring and accountability processes.

References

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^{vii} Ref V Ibid

^{viii} World Bank. A Global Financing Facility in Support of Every Woman Every Child Concept Note, 2014.

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http://www.who.int/maternal_child_adolescent/topics/adolescence/second-decade/en/

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<http://www.who.int/reproductivehealth/topics/violence/en/>

See Also: <http://www.thelancet.com/series/violence-against-women>

^{xi} <http://www.ifpri.org/sites/default/files/publications/qnr14.pdf>