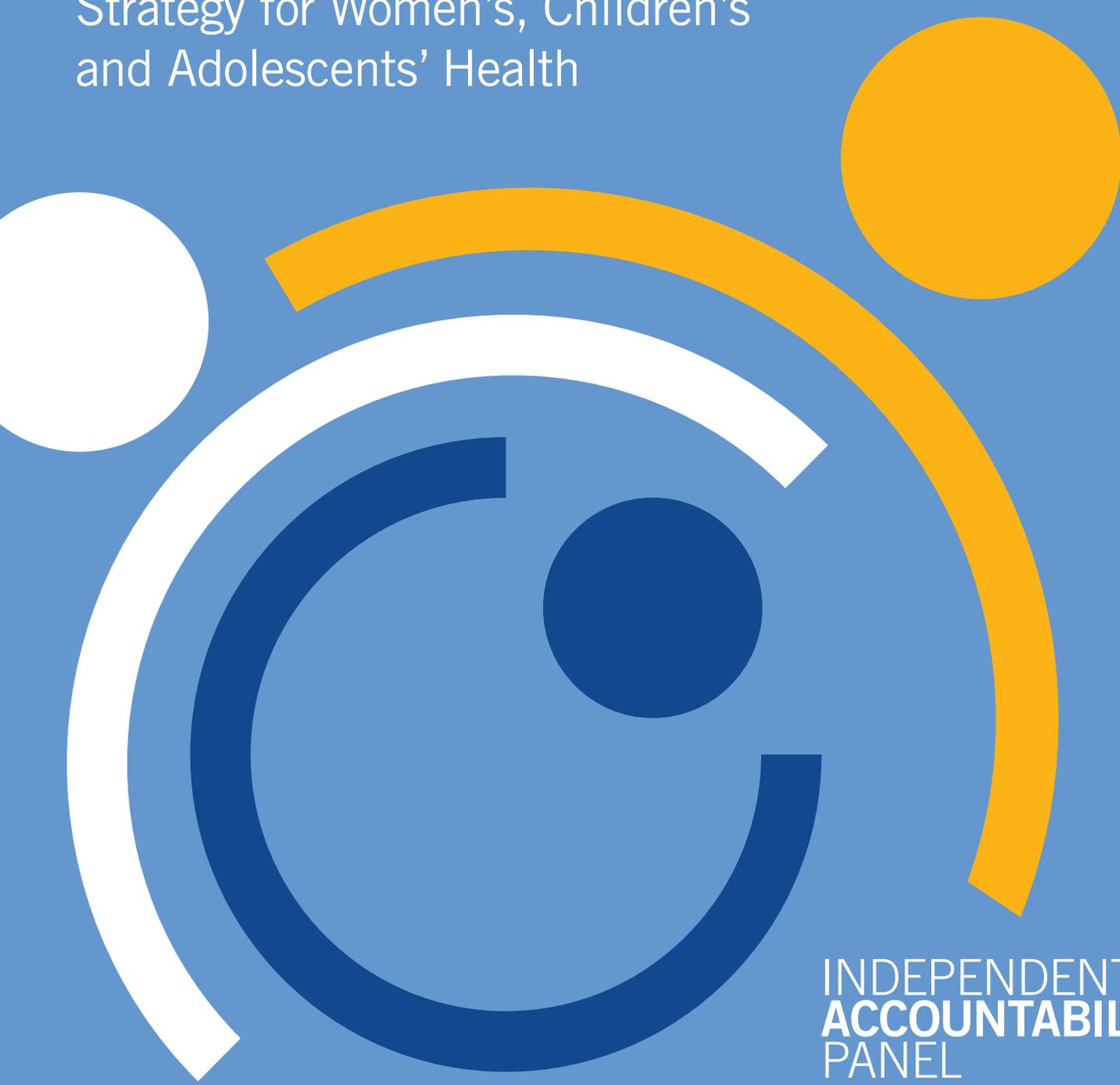


2016: OLD CHALLENGES, NEW HOPES

SUMMARY REPORT

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



INDEPENDENT
ACCOUNTABILITY
PANEL

EVERY WOMAN, EVERY CHILD, EVERY ADOLESCENT.

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EXECUTIVE SUMMARY

Undoubtedly, 2015 was a watershed year for the international community. The Sustainable Development Goals were adopted, with a new sense of ownership by Member States, along with an updated, more robust Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 and its associated unified accountability framework.

The Global Strategy has already galvanized enthusiasm worldwide to achieve better health outcomes for all, attracting 177 commitments, from governments, donors, civil society and the private sector, including financial commitments totalling US\$ 25.5 billion as of June 2016. But while the IAP welcomes these developments and the general clamour to put women, children and adolescents at the heart of the way we tackle public health, the overriding theme of this report is that much more can be done – must be done – and quickly.

The IAP has a mandate from the UN Secretary-General through the Global Strategy to report annually on progress and to use our expertise to ensure the strategies are being implemented effectively. We do not have a direct monitoring function: our role is to review and comment on the results of monitoring by others. The objective, therefore, is not to report all the latest data, but to provide a snapshot of progress in the Global Strategy and help harmonize reporting.

The international community must tackle deficiencies in public health with a heightened sense of urgency. Efforts under the previous Global Strategy, for example, helped reduce maternal mortality from 385 deaths per 100 000 live births in 1990 to 216 in 2015. But gross inequalities between countries and within countries remain, and to reach the global goal of no more than 70 deaths per 100 000 live births, the rate of progress will need to be three times faster than that achieved during the 1990–2015 period.

In this, our inaugural report, the IAP presents its **conceptual framework** (chapter 2), inspired by human rights principles and extending the aspects of monitoring and review, with a particular emphasis on actions and remedies in their various forms – administrative, political, legal and social – which are not merely remedial actions that re-establish the state of affairs prior to an alleged violation, but must be the key instruments in transforming the underlying situation and dismantling entrenched resistance to change.

In chapter 3 on **monitoring**, we describe the welcome progress in data collection and analysis but note that a dramatic improvement is still required in national statistical offices and administrative data collection agencies. The availability of solid, effective data is crucial to progress on the Global Strategy and the Sustainable Development Goals but we are some way from having the disaggregated data needed for a more accurate picture of the realities on the ground. It is imperative that monitoring exercises are coordinated in ways that promote transparency and accountability of all stakeholders, rather than leading to fragmentation or duplication of efforts, and unnecessary burdens on national governments.

Similarly, **in a world of inequality** there is an urgent need to accelerate progress in **women's, adolescents' and children's** health, as described in chapter 4. The IAP has made inequality the centrepiece of its review of results. The focus is on economic, gender and age



inequalities where appropriate, and where disaggregated data is available. We note that while there has been some progress in closing gaps between the richest and the poorest groups within countries – especially in neonatal and under 5 mortality – such progress is slow in stunted growth among children and in the demand for family planning satisfied, and in other areas the gaps are increasing, such as in the adolescent birth rates which have decreased among the wealthiest groups but not among the poorest.

In this part of the report, we also highlight the unique opportunity to engage the largest generation of **adolescents** in history to be both the primary beneficiaries of the new international development agenda and a force driving it. The opportunity must be grasped. Using the resourcefulness and determination of young people will bring tremendous social, political and economic benefits for whole societies, a prospect fully appreciated by outgoing UN Secretary-General Ban Ki-moon, who said adolescents can be a key driving force in building a future of dignity for all.

For each of the three age groups of women, adolescents and children, we review the results of indicators in the four dimensions of survive, thrive, transform and legal rights.

In chapter 5 we describe the **actions and remedies required to achieve the world we want**, one where women, children and adolescents have the capacity

to lead healthy and rewarding lives. The chapter presents the challenges of accountability specific to **humanitarian settings** and how these impact women, young people and children, who are particularly vulnerable in such environments.

Resources, both human and financial, are the key to achieving results and accountability. In chapter 5 we describe the gap in human resources and the need to fully implement the Global Strategy on Human Resources for Health: Workforce 2030, the monitoring of which we plan to include in future reports. In chapter 6, we turn to financial resources, including the commitments to the Global Strategy for Women's, Children's and Adolescents' Health. We recommend that donors earmark resources for civil society and national accountability mechanisms.

New, inclusive and participatory national mechanisms are essential, but they must complement existing ones – parliaments, branches of government, the judiciary and human rights institutions – to provide remedies for the inequalities and inequities that prevent disadvantaged groups from enjoying the health benefits that are their right.

We conclude with a call for **action** in three key areas. For women, children and adolescents to survive and thrive, and for the environments that produce poor health outcomes to be transformed, such action is required on three fronts: leadership, resources and institutional capacity-building.

EXECUTIVE SUMMARY

1. LEADERSHIP – A transformational agenda such as the Sustainable Development Goals requires strong institutional leadership. The IAP applauds the key role the UN Secretary-General has played in positioning the health of women, children and adolescents at the forefront of global efforts towards better health and well-being for all the world's population.

The IAP urges the UN Security Council and General Assembly to choose, as the next Secretary-General, a candidate who has a clear commitment to vigorously promoting and implementing the Global Strategy; to making sure mechanisms at the global, regional and national level are in place to make accountability much more than rhetoric; and to powerfully support the achievement of the Sustainable Development Goals and the centrality of the health of women, children and adolescents to the 2030 agenda. Similarly, we urge the World Health Assembly to elect a candidate with a strong commitment to the Global Strategy, to advancing meaningful accountability and to robust collaboration across sectors.

2. RESOURCES – To ensure that women, children and adolescents survive and thrive will require more resources than are currently available. But more than that, an investment framework, with more precise estimates of the costs and potential benefits of various investments, is needed, along with a clear plan from world leaders and UN agencies to tap additional resources. Both domestic resources and greater international aid are necessary, but a clearly defined roadmap is crucial. All governments must work together to set new expectations for policies on tax collection and use, and to combat tax evasion, within and between countries. Donors, meanwhile, must

reassess their aid eligibility criteria, which excludes two thirds of the world's poor who live in middle-income countries. It is crucial for governments to have sufficient fiscal space to pursue the goals of the Global Strategy, such as reducing disparities across populations in access to reproductive, maternal, newborn, child and adolescent health care.

3. STRENGTHENING INSTITUTIONS – Achieving the transformative changes that the Global Strategy envisions also requires institutions, with appropriate mandates, capacity and sustained financing, including accountability and oversight institutions. Mechanisms that need to be strengthened include national statistical offices, administrative data collection entities, independent judiciaries, national human rights institutions and regional and global human rights bodies. The many different actors in the private sector, professional associations and accreditation boards should also be engaged in moving forward collaboratively. Civil society activities, such as citizen hearings, should be supported and enabled through freedom of information and association protections.

The international community has the opportunity to operate under the most comprehensive agenda. An opportunity to renew the way we work, to involve all countries, from the global North and South. But to achieve the desired outcomes, we need to change our working methods. Our ambition should know no bounds. We must be creative in the way we tackle the problems that drive poor health.

We have an opportunity. We must take it.