

Amplifying Voices and Enabling Action:

Stronger Accountability for Global Health in the Sustainable Development Goals



The new post-2015 era is upon us and with it the Sustainable Development Goals (SDGs) and a new paradigm for health development cooperation. These new goals are more numerous and arguably more complex than the Millennium Development Goals (MDGs) that pre-date them, with many more targets and indicators.¹ This gives the global health community cause to reassess the role of accountability for global health and reposition it as being as important as the goals and targets that will secure our planet, maximize healthy life expectancy and leaves none behind.

'Amplifying voices and enabling action: Stronger accountability for global health in the Sustainable Development Goals' draws from research, consultation and analysis of accountability processes and reviews in global health. It describes options to operationalize Mutual Accountability (MA) between countries and Development Partners (DPs)². It is supported by a companion publication **'Unpacking Accountability: Global Health in the Sustainable Development Goals'**, a research analysis paper that provides an overview and the over-arching context for global accountability with initial ideas and concepts based on an extensive literature review.

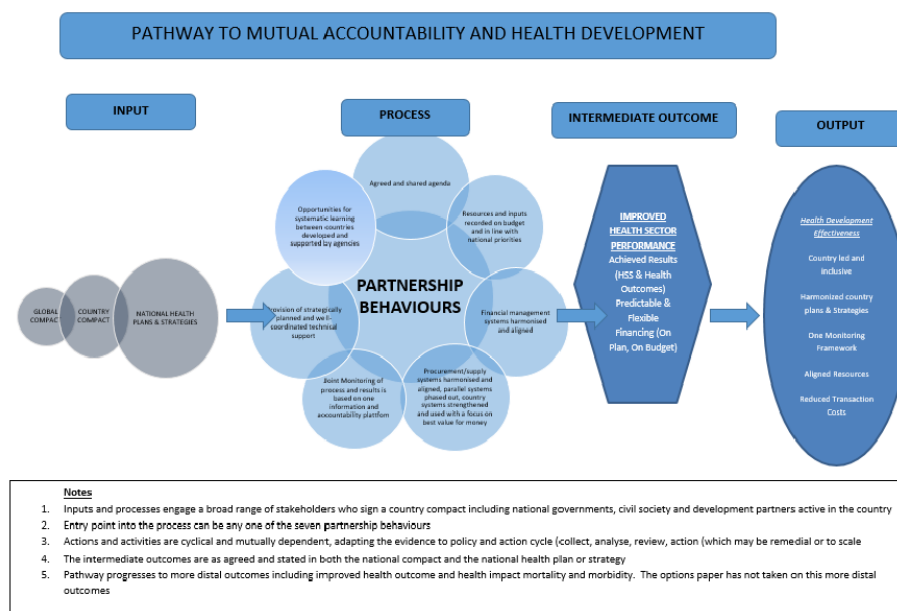
¹ There are 17 goals and 169 targets.

² In the paper we identify DPs as donor agencies of governments and foundations providing funding to national health systems.

The publication draws from several streams of work. These include the International Expert Review Group (iERG) on Every Woman, Every Child (EWEC); the International Health Partnership (IHP+); the Measurement and Accountability for Results in Health (M4AHealth) Summit (June 2015); The Partnership for Maternal, Newborn and Child Health (PMNCH) accountability reports³ in addition to evolving accountability processes in the updated Global Strategy 2.0 on EWEC⁴. Country consultation and engagement with civil society derive from the activities of the **‘One Voice Coalition’** bringing the voices of southern Civil Society (CS) actors and institutions in discussions on global health policy, measurement and accountability.

Key Messages

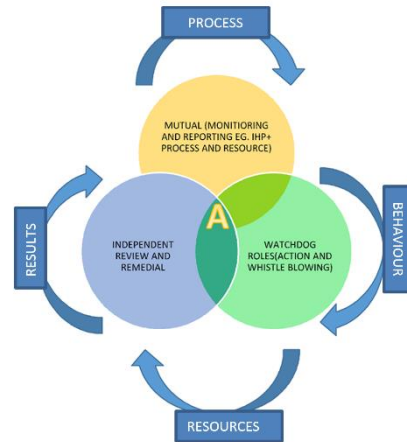
- Accountability must be operationalised across multiple stakeholders, sectors and levels. It needs to be fully understood as inter-operable, a shared goal and joint responsibility of all stakeholders in a ‘multi-sector platform’ that is a country. One sector alone will not deliver accountability on the aspirations for global health reflected in the Sustainable Development Goals, and will be inadequate to measure resources and reporting.
- ‘Amplifying Whispers’ makes the proposition for a ‘Pathway to Mutual Accountability (MA) and Health Development Effectiveness’ to achieve improved health outcomes and health sector performance. This pathway proposes to build on current efforts to improve the behaviour towards alignment and coordination of programmes, resources and measurements, particularly at the country level. It takes on board the body of work and progress on compacts, the development of a shared or common agenda and one results and financing framework. Additional investment is required to investigate and explore a ‘Theory of Change’ based on this pathway.



³ <http://www.who.int/pmnch/activities/accountability/reports/en/>

⁴ <http://www.everywomaneverychild.org/global-strategy-2>

- Ultimately, the plethora of partner behaviours and processes in accountability must constitute ‘One Voice in Shared World’ – where there is universality and equity, a mosaic of different perspectives that come together with this shared goal. For this to happen innovation and greater transparency are required in processes and transformational shifts in behaviour, particularly of development partners at the country level, so that accountability can be more impactful. Stakeholders need to be accountable across the interacting spectrum of process behaviour, resources and results.



- To date accountability has focussed mainly on the reporting of goals, indicators and improving measurement as well as data quality. The importance of these technical processes to monitoring, evaluation and impact assessment remains central to accountability. However, to achieve success, stakeholders need collectively to interrogate the space at a political level where ‘behavioural issues’ beyond the numbers begin to matter. This is the space for incentivising political will and behaviour change towards greater accountability. Behaviour and process are critical; DP behaviour change completes the missing piece of this puzzle.
- Accountability should be country-led and stakeholders (national governments, DPs, CS) must all have a sense of ownership. There must be clearly defined stakeholder roles and entry points in the process, as well as a mutual understanding of respective roles and the political context and needs of a country. All stakeholders should be ‘equal partners’, ensuring that CS is on the same footing as other stakeholders and that no person or country is left behind. In addition, there must be trust ensuring that no one stakeholder will be sanctioned for holding others to account.
- Accountability for global health needs in the post-2015 era to transition from a sector-level ‘attribution for contribution’ to a multi-sector contributory system, since the incentive structure of most agencies constrains accountability which cannot easily be linked to tangible results and lives saved.

Priority Actions

- As part of the post-2015 development agenda, discussions on accountability for global health must adhere to development cooperation principles, in particular how to improve the quality, impact and effectiveness of health development, with the need to better explore the theory of change that drives political will and incentivize the behaviour change of development partners, technical agencies and global programmes for improved alignment and coordination.

- There is an urgent need to align accountability processes for health to mitigate fragmentation. Alignment and improved coordination should be at the center of accountability mechanisms at the global and country level. Commitments for national plans and strategies and global programs and initiatives need to be better harmonized more so within multi-sector investment in the 17 goals and 169 targets of the sustainable development goals

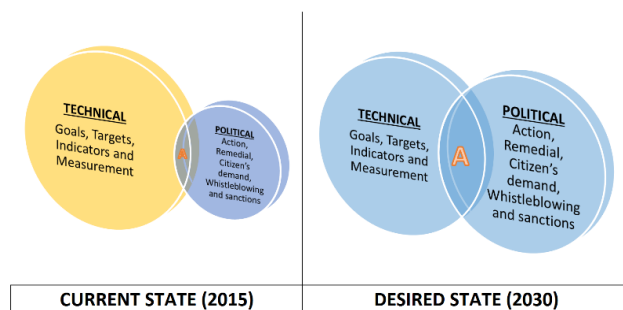
- There needs to be a balance between the supply side and the demand side of accountability. We need to invest in the technical side of results, resources and reporting. At the same time, we need to incentivise political will and behaviour change, in particular of Development Partners (DPs)



towards greater accountability at country level. This can be achieved through meaningful, resourced and enabled CS engagement in accountability frameworks across programs and at all operational levels.

- The role of CS in watchdog accountability must be meaningful and resourced for it to achieve the desired impact on the demand side accountability functions. Brokering and remediation within the politically nuanced environment of mutual accountability is a function civil society is well placed to play at both global and country levels, and to promote the inclusion of perspectives from citizen’s engagement in national and regional health policy dialogues on resources and results.

- Support and enable civil society organizations at global and country level to contribute to the development of a robust accountability framework that focusses on assuring the balance between the technical (goals, indicators, measurement and reporting) and political components of accountability (action, remedial, whistle blowing and watch dog functions), engaging and resourcing CS action at country and regional levels



A copy of the full report is available on [www.http://chestrad-ngo.org/communications/publications-reports/](http://chestrad-ngo.org/communications/publications-reports/)

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