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Accountability for improving maternal and newborn health

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In 2010, the United Nations (UN) launched the Global Strategy for Women's and Children's Health to accelerate progress on maternal and child health. A UN Commission on Information and Accountability, established to ensure oversight and accountability on women's and children's health, outlined a framework with three processes: monitor, review, and act. This paper assesses progress on these processes. Effective monitoring depends on a functional civil registration and vital statistics system. Review requires counting all deaths and identifying contributing factors. The final, critical step is action to prevent similar deaths. Maternal death surveillance and response includes these steps and strengthens accountability. Strategies are underway to improve accountability for severe maternal morbidity and perinatal mortality. The post-2015 agenda adds greater focus on reducing inequalities, increasing availability of quality, disaggregated data, and accountability for human rights. This agenda requires engagement with communities and health providers – the foundation of accountability for women's and children's health.

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In 2000, the heads of state convened by the United Nations (UN) committed to achieving a set of eight global goals by the year 2015. Known officially as the Millennium Development Goals (MDGs), three of them were related to health and two focused specifically on improving maternal and child health: MDG 5 aimed for a 75% reduction in maternal mortality and MDG 4 a 66% reduction of mortality in children under 5 years old.

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Ten years later, a notable lack of progress toward achieving these two goals led the UN to adopt a Global Strategy for Women's and Children's Health. The global strategy included a strong call for improved monitoring and evaluation to ensure the accountability of all actors for meeting the agreed-upon commitments [1]. It also mandated the World Health Organization (WHO) to chair a process to determine the most effective international institutional arrangements for ensuring global reporting, oversight, and accountability on women's and children's health – a process that led to the creation of the United Nations Commission on Information and Accountability for Women's and Children's Health (CoIA) [2].

In 2015, the heads of state came together once again and committed to a new set of 17 long-term goals for the next 15 years, called sustainable development goals (SDGs). SDG 3, “ensure healthy lives and promote well-being for all at all ages,” focuses specifically on health and includes targets to address the unfinished agenda of reducing maternal and child mortality [3]. These targets call for all countries to reduce under-five mortality to at least as low as 25 per 1,000 live births and neonatal mortality to at least as low as 12 per 1,000 live births and to reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births. In parallel, a new Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) was developed in alignment with SDG 3, which adds two additional targets for maternal and newborn mortality: all individual countries should have reduced their MMR to less than 140 and their stillbirth rate to no more than 12 per 1,000 live births [4]. The new strategy continues to emphasize the importance of accountability, with explicit focus on accountability not just for resources and results, but for rights as well.

This chapter will summarize the progress that has been made toward improving accountability for maternal and newborn health since 2011, when the CoIA recommendations were made, and it will also discuss critical challenges – both current challenges and those related to accountability for the new global targets for maternal and newborn health.

United Nations Commission on Information and Accountability for Women's and Children's Health

The first CoIA report published in May 2011, *Keeping Promises, Measuring Results*, outlines a clear and simple framework for accountability comprising three interconnected processes – monitor, review, and act – while at the same time linking accountability for resources to results [1]. This framework emphasizes the need to collect valid and accurate data, analyze and interpret the data to determine whether improvements have been made and commitments kept, and, finally, use the information and the evidence from the review as guidance to make recommendations that are actionable – all in tandem with tracking and reporting results. The reporting of progress is a fundamental component of accountability, and it needs to occur at many levels: health facilities, districts, countries, and regions. The institutions at these levels must be accountable for their results, or lack thereof, to stakeholders in civil society, to national and global partners, and, most important, to citizens, particularly women and their families.

This foundation of accountability will continue to apply to the SDGs and also to the agenda for the new global strategy for 2016–2030. The framework embraces the key principles of accountability contained in the global strategy, including national leadership and ownership of results and the strengthening of each country's capacity to monitor and evaluate. It is built on the foundation of the right to the highest attainable standard of health and equity in health. In keeping with the post-2015 agenda, it will incorporate a stronger human rights-based approach to accountability, while also continuing to focus on improving measurement, data, and harmonization, but with a greater emphasis on disaggregated data that will make it possible to address the equity concerns of the SDGs and the global strategy – to better identify who is being left behind and why [5]. Finally, there will be a greater emphasis on incorporating people and communities into the accountability dialogue.

The first step in the monitor–review–act cycle is to determine the extent of the problem. Assessing progress toward achievement of the maternal and child health targets requires monitoring how many women are dying from pregnancy-related problems, how many infants and children under five are dying, and how many infants are being born. Countdown 2015, launched in 2003, was a collaboration of more than 40 different institutions and organizations with the *Lancet* as a central partner. Its task was to provide information on global and national progress toward achieving MDG 4 and 5.

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