International Journal of Gynecology and Obstetrics 127 (2014) 113–116

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo

EVIDENCE FOR ACTION

The Nigeria Independent Accountability Mechanism for maternal, newborn, and child health

Aminu Magashi Garba [a], Sarah Bandali [b,*]

[a] Evidence for Action, Abuja, Nigeria
[b] Evidence for Action, Options Consultancy Services, London, UK

ARTICLE INFO

Keywords:
Accountability
Evidence for Action (E4A)
Maternal, newborn, and child health
Nigeria
Transparency

ABSTRACT

Since the 2010 launch of the UN Secretary-General's Global Strategy for Women's and Children's Health, worldwide political energy coalesced around improving the health of women and children. Nigeria acted on a key recommendation emerging from the Global Strategy and became one of the first countries to establish an independent group known as the Nigeria Independent Accountability Mechanism (NIAM). NIAM aims to track efforts on progress related to Nigeria's roadmap for the health of women and children. It includes eminent people from outside government to ensure independence, and is recognized within government to analyze and report on progress. The concept of NIAM received approval at various national and international forums, as well as from the Nigeria Federal Ministry of Health. This experience provides an example of connecting expertise and groups with the government to influence and accelerate progress in maternal, newborn, and child health. Engagement between government and civil society should become the norm rather than the exception to achieve national goals.

1. Background

Since the launch of the UN Secretary-General's Global Strategy for Women's and Children's Health in 2010, worldwide political energy coalesced around improving the health of women and children through several initiatives, including A Promise Renewed [1], Family Planning 2020 [2], and the Commission on Life-Saving Commodities [3]. Simultaneously, accountability and transparency came to the forefront of the discourse on maternal and newborn health in 2011, with the work of the Commission on Information and Accountability (CoIA) for Women's and Children's Health [4]. The emergence of new commitments and resources cemented the need to ensure transparency of results and accountability regarding the use of resources to improve outcomes for women and children. Often, however, translating this discourse into practical action is a challenge. The case of Nigeria has some experience to offer.

Nigeria is one of the countries in Sub-Saharan African with a high maternal mortality ratio (MMR). Although the MMR decreased between 1990 and 2013, from 1200 to 560 per 100 000 live births [5], Nigeria will not reach its Millennium Development Goal (MDG) target of 275 by 2015. Coverage of key maternal, newborn, and child health (MNCH) interventions is abysmally low: met family planning need is at 29%; four prenatal care visits is at 45%; and skilled attendance at delivery is at 39% [6]. Child mortality decreased between 1990 and 2010, from 213 to 143 per 1000 live births, but the MDG target of 71 is far from sight [6].

Nigeria endorsed the Global Strategy for Women's and Children's Health and is implementing related interventions through its national and state health sector plans and strategies. It pledged to have government funding for the health sector at 15% in line with the 2001 Abuja Declaration, and has promised to allocate not less than 1% of its consolidated revenue fund under the National Health Bill to primary health care [7]. Despite these promises, the current average government budget allocation to health is 5% (compared with the 15% Abuja target) and the National Health Bill—passed by the Senate and House of Representatives—is awaiting assent by the President (as of June 2014). Concerted action to improve resource allocation and use for MNCH outcomes in accordance with commitments is needed.

A specific CoIA recommendation was "all countries to have established national accountability mechanisms that are transparent, that are inclusive of all stakeholders, and that recommend remedial action" by 2012 [8]. For global oversight, CoIA also recommended setting up an independent Expert Review Group (iERG) that would report regularly on results and resources related to the Global Strategy and on progress in implementing CoIA's recommendations.

* Corresponding author at: Evidence for Action, Options Consultancy Services, Devon House, 58 St Katharine's Way, London, E1W 1LB, UK. Tel.: +44 20 7430 5158; fax: +44 20 7430 5191.
E-mail address: s.bandali@options.co.uk (S. Bandali).

http://dx.doi.org/10.1016/j.ijgo.2014.07.004
0020-7292/

Nigeria acted on these recommendations and became one of the first countries to establish an independent group known as the Nigeria Independent Accountability Mechanism (NIAM). As one of 75 countries facing high maternal and newborn mortality, Nigeria participated in a multicountry workshop in Harare, Zimbabwe, in October 2012, to find solutions to the crisis. In subsequent discussions in Abuja, Nigeria, this led to the development of a roadmap to advance progress on women's and children's health [9]. NIAM emerged as the accountability mechanism—an iERG equivalent at national level—to monitor the implementation status of the roadmap developed for Nigeria.

The present paper describes how NIAM was established and its envisioned role in strengthening national level accountability in maternal, newborn, and child health.

2. Establishing accountability in Nigeria

The Nigerian government has taken steps to address the challenges in MNCH. The National Strategic Health Development Plan (NSHDP) for 2010–2015 is a guiding document for health interventions that includes a costed framework for action, as well as an essential package of care for reproductive, maternal, and infant health [10]. In 2007, the country also adopted the Integrated Maternal, Newborn, and Child Health (IMNCH) strategy with assistance from UNICEF [11]. The strategy takes an integrated approach across all levels of government, strengthens the continuum of care for women and children and includes an essential childhood medicines scale-up plan.

Nigeria's Midwives Service Scheme (MSS) is one example of a national policy that reflects a relatively high level of harmonization among tiers of government, including clear roles and responsibilities for federal, state, and local authorities. The National Health Bill, which is yet to be assented to by the President, is perhaps the most promising policy development in recent years. When signed into law, the Bill would transfer a substantial amount of funds from the country's consolidated revenue fund to improve health services.

State accountability for MNCH in Nigeria beyond free health care, however, is minimal. A number of civil society organizations (CSOs) in Nigeria are promoting voice and dialogue between state actors, healthcare providers, and citizens; improving governance; and involving the media to strengthen accountability within the health system. However, transparency of MNCH commitments at all levels calls for greater coordination among different stakeholders. Building on global lessons and country level work, NIAM was established, under the aegis of a larger network—Accountability for Maternal, Newborn, and Child Health in Nigeria (AMHiN)—to help ensure that civil society actors become an inherent part of the MNCH dialogue in Nigeria.

3. Accountability mechanisms and networks: Global lessons

Substantial evidence suggests that accountability and transparency processes can have a positive impact on services [12]. In Brazil, for example, participatory governance councils helped to improve access to health services and their quality [13]. In India, an evaluation of citizen engagement through report cards noted an increase in public mobilization and awareness, and greater disposition by decision- makers and political leaders to make information more transparent to citizens [14].

In general, the term accountability can be explained through two concepts, answerability and enforceability [15], which helped define NIAM's formation. Answerability refers to information that should be provided to various stakeholders to keep them abreast of issues. However, as mere information dissemination is not enough for change to ensue, enforcement mechanisms are needed when there is lack of or ineffective action so that those in positions of power respond to concerns [15,16]. Compared with the long route of accountability that enables citizens to exercise their vote in the electoral process to influence wider social and political change [17], the preferred method in this context has been the short route, which links providers and users directly (through dialogue and negotiation) and can be effective if improved transparency is promoted as a crucial mechanism to improve health services [12,18].

Examples from India and elsewhere show that citizens can influence positive change when they are empowered to become active players in their own health care, are represented in various forums [19], and have the power to demand investigations and responses [15]. A civil society alliance of organizations in Odisha, India, found that operationally this translated to generating demand for better rights and services through information transmission, building on the expertise of mediators to legitimize citizen concerns through dialogue, and sensitizing providers and leaders to the health of women through negotiation [20]. Health center committees in eastern and southern Africa, which include a heterogeneous group of citizens, monitor public health systems and ensure plans and implementation strategies are responsive to community needs [21]. Networks built among civil society, media, donors, and advocates, for example, helped to establish accountability in the global response to HIV [22]. However, responsiveness among accountable partners depends on local social and political environments [23].

While vertical accountability mechanisms (such as civil society action, elections, complaints procedures, and laws) are important to hold governments accountable, evidence also shows that for effective accountability, these need to be combined with horizontal mechanisms within and between levels of government, such as internal procedures for administrative review or financial auditing [24]. Such hybrid forms of accountability (such as public sector-supported regulatory and supervisory bodies, e.g. independent commissions) would be more effective if they gave citizens a continuous presence and legal standing within them, as well as provided structured access to official documentation [24,25]. The accountability mechanism for Nigeria was conceived based on this understanding—that it would be citizen led but linked to government processes. The sections below describe this process and its outcome.

4. Citizens form the network: Accountability in MNCH in Nigeria

A group of civil society organizations and health professional bodies gathered for a meeting in Abuja in June 2012 to discuss the question "Why accountability in maternal and newborn health in Nigeria?" An earlier study tour to Mexico by five Nigerian nongovernmental organizations (NGOs) and a health professional body prompted this question and the meeting. Study tour participants included Advocacy Nigeria, Civil Society Legislative Advocacy Center, the Society of Gynaecology and Obstetrics of Nigeria, Women Advocates Research and Documentation Centre, Women's Health and Action Research Centre, and Community Health and Research Initiative. The Nigeria contingent learned from the experiences of Mexican NGOs about how they engaged with their government and the policies that promoted accountability.

At the June 2012 meeting, critical barriers to saving maternal and newborn lives in Nigeria were explored. Insufficient funds to implement the full range of strategies, inadequate commodities (such as magnesium sulfate, oxytocin, misoprostol, and antibiotics) at the facility level, and weak national data on maternal health were identified as some key issues to be addressed.

Several key questions about Nigerian policies were raised with regard to the level of implementation of the policies and their impact across the country. Participants at the meeting also recognized the lack of publically available information about these policies. It was unclear whether and how programs and policies were monitored and whether there were any efforts toward accountability.

Participants at the Abuja meeting felt strongly that a national accountability platform was needed. Participant NGOs mobilized other national NGOs and called for a series of meetings to make this possible. AMHiN was established and was charged with monitoring, advocating, and tracking progress based on agreed MNCH indicators. By creating a