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EVIDENCE FOR ACTION

Strengthening accountability for improved maternal and newborn health: A mapping of studies in Sub-Saharan Africa

Adriane Martin Hilber [a,b,*], Carolyn Blake [a,b], Leah F. Bohle [a,b], Sarah Bandali [c], Esther Agbon [d], Louise Hulton [c]

[a] Swiss Tropical and Public Health Institute, Basel, Switzerland
[b] University of Basel, Basel, Switzerland
[c] Evidence for Action, Options Consultancy Services Ltd, London, UK
[d] Evidence for Action, Options Consultancy Services Ltd, Abuja, Nigeria

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ABSTRACT

Objective: To describe the types of maternal and newborn health program accountability mechanisms implemented and evaluated in recent years in Sub-Saharan Africa, how these have been implemented, their effectiveness, and future prospects to improve governance and MNH outcomes. *Method:* A structured review selected 38 peer-reviewed papers between 2006 and 2016 in Sub-Saharan Africa to include in the analysis. *Results:* Performance accountability in MNH through maternal and perinatal death surveillance was the most common accountability mechanism used. Political and democratic accountability through advocacy, human rights, and global tracking of progress on indicators achieved greatest results when multiple stakeholders were involved. Financial accountability can be effective but depend on external support. Overall, this review shows that accountability is more effective when clear expectations are backed by social and political advocacy and multistakeholder engagement, and supported by incentives for positive action. *Conclusion:* There are few accountability mechanisms in MNH in Sub-Saharan Africa between decision-makers and those affected by those decisions with both the power and the will to enforce answerability. Increasing accountability depends not only on how mechanisms are enforced but also, on how providers and managers understand accountability.

"Health should be at the center of sustainable development… Accountability will be an important part of the new development agenda."

Ban Ki-Moon, UN Secretary General, May 2014

1. Introduction

"Accountability" has taken the place of "political will" as a silver bullet to improving maternal and newborn health (MNH) in Africa. Like political will, it is a part of a larger construct or health systems thinking that depends on structural, managerial, and financial, as well as power interests (among others) to transform the health sector to deliver better quality of MNH care. Programmatic efforts to increase accountability for MNH as presented in the literature are filtered through a national lens and can only be realized when efforts to measure accountability evolves to include both local and global concepts of transformative change.

Power holders and decision-makers in MNH are increasingly being monitored and held to account through a variety of institutions and processes [1] to meet the challenge of accelerating progress in MNH through the Millennium Development Goals (MDGs) and, since 2015, Sustainable Development Goal (SDG) 3, targets 3.1 and 3.2, with an additional eight targets directly affecting the health and well-being of pregnant women and newborns. As evidence has emerged that maternal and newborn mortality rate reductions are largely not being achieved in Sub-Saharan Africa, or being achieved inequitably, the importance of accountability within health systems, and governance in general, has become a rallying call [2]. Improving MNH quality of care and outcomes is seen as dependent not only on commitments and investments generally, but also increasingly on the strength of accountability for investments in relevant, evidence-based strategies [2]. Although there is a heightened attention to accountability for the delivery of quality services [2,3], there is a lack of systematic study of the various types of accountability in MNH, how they have been operationalized in Sub-Saharan Africa, and the effects of applying different accountability mechanisms in a range of contexts. It has also been argued that accountability as a mechanism (rather than as an organizing principle) focuses on "superficial demonstrations of accountability" including answerability, enforcement, and sanctions between two

* Corresponding author at: Swiss Centre for International Health, Swiss Tropical and Public Health Institute, University of Basel, Socinstrasse 57, P.O. Box, CH-4002, Basel, Switzerland. Tel.: +41 61 284 83 37.
E-mail address: adriane.martinhilber@unibas.ch (A. Martin Hilber).

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parties, rather than on transformative change of norms that are internal to individuals (providers and clients alike) and institutions—whether supported by policy or not—that can shift power dynamics and create true accountability in the delivery and use of MNH services [4].

For the purpose of this mapping, a conventional definition [5] of accountability is used as reflected in the majority of articles reviewed. Using World Bank nomenclature, the formalized and institutionalized processes that can help to ensure answerability for progress in MNH are defined in this paper as accountability mechanisms. Accountability mechanisms can be political, legal, social, financial, managerial, or professional; formal or informal; and vary in strength depending on the reach of their recourse or sanction processes. Accountability exists when "…an individual or body, and the performance of tasks or functions by that individual or body, are subject to another's oversight, direction or request that they provide information or justification for their actions" [6]. This requires both *answerability* with regards to decisions made, and the possibility of *enforcement* of sanctions or remedy should the power-holder not fulfil its obligations. Accountability can be *diagonal*: when citizens oversee government institutions' actions by engaging in activities such as policy-making, budgeting, and expenditure tracking; *horizontal*: when public officials' actions are overseen by other government agencies; or *vertical*: when public officials are held accountable to citizens, for instance through elections, free press, and an engaged civil society [7]. Public shaming by civil society groups or the media, for example, can also be an effective change agent if those being called to account are dependent on having a positive public image to maintain their power base or position.

Creating accountability to improve MNH outcomes requires involvement of a wide range of actors including civil society organizations (CSOs), government, the health sector, the private sector, media, and the donor community. Accountability mechanisms should be context-specific and address health system as well as socioeconomic, political, and cultural barriers to MNH across the continuum of care [8]. Accountability for MNH, it should be noted, is not inherently rights-based and predicated on the paradigm shift in principles promoted by the International Conference on Population and Development of 1994 and its subsequent review processes and consensus statements of the international community. The context of the application of accountability for improved MNH needs to be negotiated through a political process in which ethics, rights, and functionality of the health system based on shared principles is mutually agreed by all stakeholders in the system for the changes requested to be transformative and sustainable [4]. The growing consensus that accountability can underpin progress was reinforced in the third report of the independent Expert Review Group of the Commission on Information and Accountability for Women's and Children's Health (CoIA) monitoring country progress on the Secretary General's Every Woman, Every Child Strategy. Its six recommendations were to strengthen accountability through greater political support to implement the global plan, "accelerate collective action," engage with civil society, establish results-based financing, and use human rights to monitor progress through the establishment of a Global Commission on Health and Human Rights of women and children [2]. While top down in nature, such global efforts to track and publicize progress against country commitments, targets, and goals set internationally assume public pressure (and shaming) can yield change in the delivery of health services through increased funding, political will, and public support for progress made. "Soft" recourse mechanisms, however, stand in stark contrast to the "hard" sanctions called for in other fields such as climate change where the Montreal Protocol imposed sanctions for noncompliance by States for the phasing-out of ozone depleting substances [9]. Moreover, recourse efforts in MNH remain, until recently in the new SDGs, one-sidedly focused on developing country progress or recipients of aid rather than on the nature, content, and structure of donors and UN organizations' effectiveness in their aid contributions.

In this Evidence for Action (E4A) Accountability Series, accountability mechanisms in MNH have been defined and categorized according to the Brinkerhoff 2001 health systems typology [9] used by WHO and which puts forward three categories of mechanisms: performance, financial, and political/democratic accountability [10]. In many of the mechanisms presented below there is a tension between accountability *for control* (with a tendency for blame) and accountability for improvement, which focuses on learning and incentives [10].

Performance accountability encompasses "public sector management reform, performance measurement and evaluation, and service delivery improvement. Performance accountability refers to demonstrating and accounting for performance in the light of agreed-upon performance targets. Its focus is on services, outputs and results [10]. Based on this broad health systems definition, the following MNH relevant mechanisms are taken into account in this series: maternal and perinatal death reviews; professional norms, standards and bodies; health facility committees; and monitoring and evaluation.

Political/democratic accountability refers to "the relationship between the state and the citizen, discussions of governance, increased citizen participation, equity issues, transparency and openness, responsiveness, and trust-building" [10].

The following MNH mechanisms are taken into account in this series: (1) social accountability-related mechanisms, such as tracking of government commitments in MNH, social audits and complaint mechanisms, petitions, campaigns and protests, and quality of services assessments (scorecards) with community participation; and (2) human rights, which has been increasingly used as a tool for the enforcement in accountability mechanisms: the possibility to avoid the majority of maternal and newborn deaths making it an evident human rights issue [11,12].

Financial accountability deals with "compliance with laws, rules, and regulations regarding financial control and management" [10]. The E4A Series reviews the following MNH accountability mechanisms: (1) financial/budget tracking; (2) performance-based financing; and (3) market dynamics.

This present article describes the types of MNH accountability mechanisms implemented and evaluated in recent years in Sub-Saharan Africa, with a focus on interventions and tools reported in peer-reviewed literature. It provides a conceptual framework to the articles that follow. The structured review sought to answer four research questions: (1) what accountability mechanisms and tools have been put into place to improve the delivery of maternal and newborn healthcare services in Sub-Saharan Africa; (2) how are the accountability mechanisms currently being applied; (3) how effective are these mechanisms; and (4) what are the prospects of future accountability work for improving MNH outcomes in the new 2030 Development Agenda.

2. Materials and methods

The structured mapping of studies focused both on quantitative and qualitative studies filtered by inclusion criteria. A further screening was carried out to select the articles fulfilling a pre-set search criteria.

2.1. Inclusion criteria, search strategy, and screening

The review was limited to peer-reviewed papers published in English, French, or Portuguese between 2006 and 2016 related to the Sub-Saharan Africa region. Only articles that describe an intervention or assess an MNH accountability mechanism or a process used to strengthen such a mechanism were included. The literature search was carried out on February 5, 2016, across five academic data bases: PubMed, Science Direct, Web of Science, IBSS, and JSTOR. The search terms included: "accountability," "maternal health," "neonatal," "newborn," "quality of care," "human right," "governance," "scorecard," "audit," "Sub-Saharan Africa." Further exploration for additional relevant articles was done through selected searches in Google scholar and relevant websites.