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## EVIDENCE FOR ACTION

## Using advocacy and data to strengthen political accountability in maternal and newborn health in Africa



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## ABSTRACT

Accountability mechanisms help governments and development partners fulfill the promises and commitments they make to global initiatives such as the Millennium Development Goals and the Global Strategy on Women's and Children's health, and regional or national strategies such as the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA). But without directed pressure, comparative data and tools to provide insight into successes, failures, and overall results, accountability fails. The analysis of accountability mechanisms in five countries supported by the Evidence for Action program shows that accountability is most effective when it is connected across global and national levels; civil society has a central and independent role; proactive, immediate and targeted implementation mechanisms are funded from the start; advocacy for accountability is combined with local outreach activities such as blood drives; local and national champions (Presidents, First Ladies, Ministers) help draw public attention to government performance; scorecards are developed to provide insight into performance and highlight necessary improvements; and politicians at subnational level are supported by national leaders to effect change. Under the Sustainable Development Goals, accountability and advocacy supported by global and regional intergovernmental organizations, constantly monitored and with commensurate retribution for nonperformance will remain essential.

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## 1. Introduction

In 2001, when 189 countries set themselves the Millennium Development Goals (MDGs), they initially focused on program development and implementation. Only several years later, accountability became an important agenda item as the UN and the international community sought to monitor implementation of international commitments. Accountability mechanisms were included in international declarations as a means to ensure those responsible for meeting the MDGs and national and international commitments actually made their promises a reality through changes in laws, policies, regulations, financing, or changes in organization and implementation of health systems and programs. Such changes are considered binding and enforceable through

social, political, and even legal means depending on the political structure of each country [1]. It is critical that power holders recognize that they are obliged to act to fulfill government commitments, for an accountability mechanism to function and that there are consequences or retributions should they not act. The right to demand and the obligation to account for justice is the core principle both of accountability and of democracy. This means that institutions and their representatives can be held accountable to laws and political pledges [2].

At the global and regional level, internationally agreed Covenants, Conventions, Treaties, Declarations, and Commitments are the instruments used to create consensus on how to mitigate or address social and political development challenges. Examples range from Human Rights Conventions such as the International Covenant on Economic, Social and Cultural Rights (which contains the Right to Health) to UN General Assembly Resolutions such as the MDGs and, most recently, the Sustainable Development Goals (SDGs) [3–5]. Common to all such consensus documents is the fact that signature by Members States

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obliges action in countries. Actions that would ensure that healthcare providers are present at their facilities when needed, managers pay their staff regularly, equipment and medication are available as needed, governments allocate funds to health systems, and political leaders prioritize health. Accountability for that action is therefore varied in nature and content and often depends on whether tailored monitoring mechanisms are in place.

This article is part of the Evidence for Action (E4A) series of article, and examines how some global and regional commitments and obligations have influenced government accountability in five (out of the six) countries where the E4A program has been active. We focus on three specific global initiatives: the Commission on Information and Accountability (CoIA) for MDGs 4 and 5, the Abuja Declaration, and the Campaign for the Accelerated Reduction in Maternal Mortality in Africa (CARMMA), because accountability has been an important component of all three, and because they are relevant to five E4A countries. We look at how calls for accountability are taken up at the national level, what kind of mechanisms are used, how these mechanisms link with other accountability initiatives, whether words are followed by action and what impact the mechanisms have had in the E4A countries. Our focus is on the period 2010 to 2015 to align with the E4A program timelines.

## 2. Global accountability initiatives

### 2.1. MDGs 4 and 5, and CoIA

MDGs 4 and 5 were two of the eight goals that were established to guide and monitor the implementation of the Millennium Declaration [4]—a global initiative that proposed eight universal development targets for low-income countries, to be achieved by 2015. The UN assessed and reported on their progress. The UN Secretary General presented an annual MDG report in 2005 at the first MDG Summit. At the second MDG Summit, in September 2010 the Global Strategy for Women's and Children's Health [6] and the Every Woman Every Child (EWEC) initiative [7] were launched, which emphasized the roles of multiple stakeholders in the joint implementation of MDGs. This brought in a strong focus on human rights and equity, through the creation of the accountability framework and the CoIA for Women's and Children's Health. Better accountability for mothers and their babies were now pinned on three core principles:

- (1) Better information for better results.
- (2) Political leadership and public momentum.
- (3) Better national oversight and transparency of the provision of maternal and neonatal health (MNH) services.

Progress against CoIA's 10 recommendations for action at national and global levels [8] was reported through the independent Expert Review Group (iERG) annual reports (2012–2015). These drew on national data such as vital statistics, donor commitments, and narratives of lived realities from as many sources as possible, including country visits, the Countdown to 2015 initiative [9] and through open invitations to all stakeholders to contribute information. These data helped to understand how country commitments to EWEC compared with performance against MDGs 4 and 5. Many stakeholders were eager to participate, and the recommendations were heard by national governments, often accepted and integrated into subsequent national work plans (Box 1).

It was important to not only track but also to make public countries' investments in MNH in the interest of transparency and to highlight concrete success stories that others could implement. iERG reports [10] were presented at global, national, and regional stakeholder meetings with international organizations and donors, NGOs, parliamentarians, civil society, local health workers, and mothers. iERG members also regularly participated in meetings and conferences around the world to share best practices. The World Health Organization (WHO) facilitated regional workshops to help countries create an action plan for

### Box 1 Nigeria and CoIA.

In Nigeria, CoIA was taken forward by a partnership between WHO and the Nigerian Federal Ministry of Health through the development of a Country Accountability Framework (CAF); and Nigeria's Roadmap for Accountability for Women and Children's health. A workshop was held in April 2013 [1] to bring together, UN agencies, government, and international NGOs, but civil society's voice was missing from this important dialogue. E4A successfully advocated for inclusion of civil society into this discussion and held a pre-meeting with civil society organizations (CSOs) to make them aware of CoIA so they were better positioned to strategically input and collectively advocate for priority actions at the meeting. The workshop produced a CAF that prioritized actions to accelerate progress toward MDG 4 and 5 aligned to the seven thematic areas under CoIA.

There was consensus that the national accountability mechanism on MNCH, comprised of CSOs, media, and advocates, would independently monitor the implementation of the CAF. In 2014, E4A supported the establishment of the Nigeria Independent Accountability Mechanism (NIAM) that is led by citizens with government approval and recognition to review health sector progress and performance, equitable distribution, and barriers to health services and ensures high-level action on its findings [2]. It served as the independent body to track progress on CAF implementation and produced a scorecard on progress or lack thereof under each of the priority actions [3]. There was no other report produced in the country on the status of CAF implementation, which highlights the important role of such accountability mechanisms in tracking progress and advocating for results.

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meeting MDG targets using national assessments so that a foundation for accountability was built, leading to broader discussions about accountability and the use of other tools such as the Service Availability and Readiness Assessment SARA [11]. iERG also had an active website with short informative videos.

### 2.2. The Abuja Declaration

The Abuja Declaration on HIV/AIDS, tuberculosis, and other related infectious diseases, was signed by Heads of State and Government of the Organization of African Unity, at the African Summit on HIV/AIDS, tuberculosis, and other related infectious diseases in Abuja, Nigeria in April 2001. It called for universal access to HIV/AIDS, tuberculosis, and malaria services [12]. State leaders committed to allocating at least 15% of their annual budget to improve the health sector, use tax exemption and other incentives to reduce the price of drugs, call for support in mobilizing additional resources, and call upon donor countries to achieve their target of dedicating 0.7% of GNP to official development

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