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AS, BC, and SG declare no competing interests. JLC is affiliated with M2S Inc, which provides data services to Vascular Quality Initiative.

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New hopes for accountability for women, children, and adolescent health



2015 was a watershed year for the international community. All member states adopted the Sustainable Development Goals (SDGs) in which health is a cross-cutting theme through all goals. Additionally, the global health community came together behind an updated, more robust Global Strategy for Women's, Children's and Adolescents' Health.¹ It is possible to achieve these ambitious targets. Progress during the past 15 years is proof of that. During the era of Millennium Development Goals (MDGs) child and maternal mortality was reduced substantially, although many challenges to equity remain. But progress now needs to be much faster.

The political, social, and economic landscape has changed. We live in a world with humanitarian crises and intense competition for tightened resources. We, therefore, need to work harder to deliver on the promises made to women, children, and adolescents, and also to change the way we work to enable them not only to survive, but also to thrive and transform the conditions of their lives.

A new report, by the Independent Accountability Panel (IAP) on Every Woman Every Child² presents a stark picture of old challenges and new hopes for

achieving the health-related SDGs. The IAP has a mandate from the UN Secretary-General to report annually on progress, to identify gaps to effective implementation, and to suggest ways to improve health outcomes and accountability at national, regional, and global levels. The IAP does not have a direct monitoring function: its role is to review and comment on the results of monitoring by others. The objective, therefore, is to provide a snapshot of progress in the Global Strategy and help harmonise reporting. We must hold all actors accountable for the commitments they have made to the Global Strategy to translate these goals into reality.

The Global Strategy objectives of survive, thrive, and transform are grounded in human rights law and principles. The Global Strategy upholds the right to participation, the principle that no one should experience discrimination, and that everyone is "born equal in dignity and rights".³ In keeping with the updated Global Strategy, the IAP has adopted a human rights accountability framework that recognises both preventive and corrective functions. The continuous learning and improvement necessary to achieve the Global Strategy goals are fostered through a circle

of accountability—in the health sector and beyond.⁴ The IAP has extended the monitor, review, and act framework previously articulated by the Commission on Information and Accountability for Women's and Children's Health⁵ to monitor, review, act, and remedy, underscoring the importance of access to justice and the rule of law at all levels in accountability.

Monitoring is essential because the availability and effective use of information is a cornerstone of progress on the Global Strategy and the SDGs. The IAP applauds the renewed energy with which monitoring is being undertaken as part of the Global Strategy. However, it is a scandal that in an era of rapid technological progress we do not have hard data directly collected from sources and must rely on estimates for basic indicators, such as maternal mortality. However, meaningful accountability requires going beyond monitoring data. It also requires strengthening health management information systems and capacities of civil society and mechanisms of national accountability to ensure that data are used for adoption of effective and equitable policies.

To review progress the IAP has selected indicators in the three Global Strategy objectives of survive, thrive, and transform, and for the three groups of women, children, and adolescents. It has made inequalities the centrepiece of its review of results, with a focus on economic, gender, and age inequalities where appropriate, and where disaggregated data are available. Although there has been some progress in closing gaps between the richest and the poorest groups within countries—especially in neonatal and under-5 mortality—such progress is slow in other areas (eg, met demand for family planning), while in other indicators the gaps between highest and lowest quintiles are increasing (eg, adolescent birth rates).²

Experience with the MDGs shows that appropriate methods for transparently collecting data can be achieved with political will. We now need to make sure that we have all the relevant disaggregated data on health, as well as the information about legal rights that we need to make a transformative change.

The IAP's report recognises that we must go beyond acknowledging the need for greater coordination by governments, international organisations, the private sector, and other stakeholders. For this coordination to happen, we need political will to prioritise joint

mobilisation of resources and joint action, and joint implementation of cross-sectoral approaches.

Donors, the private sector, and domestic governments need to support the meaningful engagement of young people and civil society as a whole. However, without resources—financial and human—accountability is just empty rhetoric. We need to increase resources, and spend resources for efficient and equitable policies. Governments, donors, and the private sector need new ways for mobilising resources and spending them in accountable ways.

For all of this to happen, we need strong leadership at the global, regional, and local level. The UN Security Council and UN General Assembly should be accountable for selecting a UN Secretary-General who remains committed to the health of women, children, and adolescents everywhere, to accountability, and who will make cross-sectoral work a reality. The IAP calls for similar leadership at WHO's World Health Assembly in their choice of the new Director-General of WHO. Lastly, we all need to ensure that women, children, and adolescents are at the centre of the sustainable development agenda, for we are all accountable for the promises we have made to every woman, every adolescent, and every child everywhere.

Carmen Barroso, on behalf of the Independent Accountability Panel

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