

Health-related Millennium Development Goals

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

Report by the Secretariat

1. This report summarizes the progress to date by the Commission on Information and Accountability for Women's and Children's Health.
2. WHO established the Commission at the request of the United Nations Secretary-General in order to accelerate progress on the Global Strategy for Women's and Children's Health. The Commission is chaired by H.E. Jakaya Kikwete, President of the United Republic of Tanzania and Mr Stephen Harper, Prime Minister of Canada, with the Director-General of WHO and the Secretary-General of ITU as Vice-Chairs. The Commission, which will propose a framework for reporting, oversight and accountability on women's and children's health, has 30 Commissioners.
3. The first meeting of the Commission was held on 26 January 2011 at WHO headquarters. The main agenda items for the first meeting involved presentations and discussions concerning the work to date of the two Working Groups, namely: the Working Group on Accountability for Results and the Working Group on Accountability for Resources. Commissioners examined landscape analyses prepared by the Working Groups, as well as recommendations for the development of the accountability framework that the Working Groups had proposed.
4. Commissioners agreed that the framework must be anchored at the country level, and that it should be practical and operational for all countries, building on existing tools and structures. The scope of the framework will cover the following Millennium Development Goals: Goal 1, Target 1c (Halve, between 1990 and 2015, the proportion of people who suffer from hunger), Goal 4 (Reduce child mortality), Goal 5 (Improve maternal health), and Goal 6 (Combat HIV/AIDS, malaria and other diseases). Commissioners endorsed three dimensions of accountability, namely: monitoring, review and remedy (action). Discussions focused on integrating cross-cutting factors such as equity, capacity building and the innovative use of information and communications technology. Commissioners proposed that human rights should be framed as an underlying principle of the Commission.
5. Since the first meeting, the Chairs of the two Working Groups, Dr Richard Horton (Chair of the Working Group on Accountability for Results) and Dr Anne Mills (Chair of the Working Group on Accountability for Resources) have held meetings and teleconferences with their respective members on the development of the framework. Based on the recommendations of the Commissioners at the first meeting, both Working Groups have made proposals for indicators to be included in the accountability framework. The Commission's final report will be informed by the papers of the Working Groups; it will also draw upon other sources of information.

6. Commissioners agreed that outreach to various stakeholders, international organizations, civil society, the private sector and national governments would be critical in garnering support for the accountability framework. In order to facilitate the involvement of stakeholders in the work of the Commission, a comprehensive outreach strategy was developed that included raising the Commission's prominence at key events. Briefings to Geneva-based missions were organized in March 2011 and briefings to the New York-based missions are due to be given in April 2011.

7. The report of the Commission will be finalized in May 2011, shortly after the Commission's second and final meeting. It is envisaged that the report will take the form of a short, high-level document of approximately 20 pages, addressed to the United Nations Secretary-General.

8. The second and final meeting of the Commission is due to be held on 1 and 2 May 2011 in Dar es Salaam, United Republic of Tanzania.

ACTION BY THE HEALTH ASSEMBLY

9. The Health Assembly is invited to note this report.

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