

Summary report on the

Intercountry meeting on the development of the accountability framework in the Eastern Mediterranean Region

WHO-EM/WRH/092/E

Cairo, Egypt
2–4 September 2012



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Summary report on the

**Intercountry meeting on the development of
the accountability framework in the Eastern
Mediterranean Region**

Cairo, Egypt
2–4 September 2012



**World Health
Organization**

Regional Office for the Eastern Mediterranean

© World Health Organization 2013

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Distribution and Sales, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: PMP@emro.who.int). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: WAP@emro.who.int .

CONTENTS

1.	INTRODUCTION.....	1
2.	CONCLUSIONS	2
3.	RECOMMENDATIONS.....	4
Annex		
1.	RESULTS OF THE COUNTRY ACCOUNTABILITY FRAMEWORK.....	8

1. INTRODUCTION

An intercountry workshop on the development of the accountability framework in the Eastern Mediterranean Region was organized by the World Health Organization Regional Office for the Eastern Mediterranean, in collaboration with WHO headquarters, from 2 to 4 September 2012. The overall objective of the workshop was to bring together key stakeholders from ministries of health, parliamentarians and the partner community to discuss and develop country roadmaps to further enhance results and accountability for women's and children's health, in particular, and the health sector as a whole.

The specific objectives of the meeting were to:

- orient key stakeholders on the context and implications of the recommendations of the Commission on Information and Accountability for Women's and Children's Health;
- assess the current situation in terms of progress and plans, opportunities and challenges for implementing the recommendations and identify priority actions;
- build on existing plans and frameworks, develop country roadmaps for enhancing accountability with costed activities for the next 4 years outlining how gaps and priorities will be addressed and implemented; and
- establish a shared understanding of the work required and the roles and responsibilities of each partner in implementing the roadmap.

Almost 80 representatives of 10 countries – Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan, South Sudan and Yemen – attended the workshop. Representatives included maternal and child health, health system planning, monitoring and evaluation, health information systems and financing focal points from ministries of health, programme officers from WHO country offices in participating countries, civil society organizations, UN agencies, bilateral partners and donors among others. Regional and country level partners and included participants from: the Arab Regional Office of the International Telecommunication Union (ITU/ARO), Canadian International Development Agency (CIDA), International Planned Parenthood Federation (IPPF), United Nations Children's Fund, Regional Office for the Middle East and North Africa (UNICEF/MENARO), and World Vision Development Foundation.

The expected outcomes of the meeting were to:

- increase awareness and understanding by country and regional stakeholders of the Commission's recommendations and opportunities/challenges for country implementation;
- develop a completed self-assessment and a proposed 4-year accountability roadmap for each country, identifying the priority actions to be presented and finalized in national stakeholder workshops;
- ensure shared understanding of the work required and the roles and responsibilities of all stakeholders in implementing the roadmap and a set of concrete next steps, including technical assistance requirements.

This intercountry workshop, one in a series of regional workshops that will ultimately cover 75 priority countries, is part of the action plan for implementing the recommendations of the

Commission on Information and Accountability for Women's and Children's Health. The Commission, which issued its final report in May 2011, outlined recommendations in three areas: better tracking of results, better tracking of resources, and better oversight of results and resources, nationally and globally.

The Chair was shared on a rotating basis. The results of the country accountability framework are included as Annex 1.

2. CONCLUSIONS

Background

In May 2011, the Commission on Information and Accountability for Women's and Children's Health (COIA) delivered its 10 recommendations to strengthen accountability for resources and results. The Commission's work draws on the International Health Partnership's (IHP+) related initiatives work on monitoring and evaluation, and endorses the principles of national leadership and ownership of results, strengthening country capacity in monitoring, evaluation and review, and reducing the reporting burden. Accountability has been defined by the Commission as a cyclical process of monitoring, review and action, linking accountability for resources to results.

A multi-stakeholder process, including a consultation in July 2011, resulted in the translation of the recommendations into a common strategic workplan. The workplan identifies priority areas of focus for strengthening country accountability based on these 10 key recommendations, these include:

- Monitoring of results
- Strengthening use of ICT
- Resource tracking
- Birth and death registration
- Maternal death review and surveillance
- National mechanisms for reviews and accountability
- Advocacy/action.

Results

Each country team completed a self-assessment of the current situation in their respective countries in the seven priority areas of focus of the workshop. The country accountability framework tool, with suggested criteria for progress in each of these seven areas, was used by the delegations to identify strengths and weaknesses and define appropriate actions for their country. While country-specific variations exist in the contextual factors that negatively affect accountability for women's and children's health, the priority areas are common across all countries.

The objectives of the country accountability framework tool are to:

- provide an overview of the current status of the different components of a country accountability framework for the health sector, with a focus on reproductive maternal newborn and child health
- lay the foundation for the development of the roadmap with specific activities to implement/strengthen country accountability.

This tool is available at: www.who.int/woman_child_accountability.

Items within each of the sections in the tool were scored using a Likert-type scale and an overall score was generated for each section. Each group was able to provide a consensus score for each item and complete the Excel sheet provided. Country accountability framework results are included as Annex 1. While participants were asked to score themselves in the priority areas, the purpose of the scoring was less an absolute measure of performance but more an indicative measure of areas requiring further action. These scores are a self-assessment subject to change when presented to other stakeholders at the national workshops. Based on the scoring of the priority areas and the situational analysis, a scorecard was generated for each country.

In addition, the teams were asked to initiate the development of a roadmap to implement the accountability framework according to their specific needs and priorities. This initial self-assessment round serves as a spring board for a national stakeholder workshop in which all relevant partners in the country will meet to discuss and finalize the results, situational analysis and priority actions proposed in the initial self-assessment.

The last part of the workshop focused on the review and finalization of their country situation assessment and priority actions for the accountability roadmap.

Next steps

Country participants were tasked with convening national stakeholder workshops to present the results of the assessment, get feedback and agreement on the contextual analysis, and discuss priority-setting. The national stakeholder workshop will produce a completed roadmap which will be submitted to WHO. Catalytic funding for US\$ 250 000 is available to all countries to support priority activities. Other in-country resources will need to be mobilized for the key priority actions.

The assessment and the roadmap will be published on the web site of the Commission on Information and Accountability for Women's and Children's Health to ensure transparency. Countries should also ensure the publication of the assessment and roadmap on their ministry of health web site.

3. RECOMMENDATIONS

To WHO Regional Office

1. Review and finalize the accountability and information tool and share it with the national focal points by 20 September 2012.
2. Translate the finalized tool into Arabic and share it with Arabic-speaking countries by 11 October 2012.
3. Send briefing letters to WHO Representatives, ministers of health and partner agencies by 20 September 2012.
4. Guide the road map finalization process and conduct necessary preparation for national workshops by 30 October 2012.
5. Facilitate the conducting of national workshops to adopt the road maps and develop plans of action between November and December 2012.

To WHO country offices

6. Assign a focal point in the country office, by 20 September 2012.
7. Communicate with the ministry of health to designate a national focal point by 30 September 2012.
8. Approach stakeholders and partners and orient them on the recommendations of the Commission by 30 September 2012.
9. Coordinate with the Regional Office to organize national workshops from October to December 2012.

To WHO headquarters

10. Collaborate with the Regional Office in conducting national workshops from November to December 2012.
11. Ensure timely provision of financial support allocated to each country's plan of action from November to December 2012.

To Member States

12. Designate a high-level decision-maker to lead the process of implementing the recommendations of the Commission in the country by 30 September 2012.
13. Designate a national focal point to finalize the country road map and prepare for the national workshop, in close coordination with the country office and concerned stakeholders, by 30 September 2012.
14. Specify dates by 15 October 2012 for the conducting of national workshops during November–December 2012.

ANNEX 3

COUNTRY ACCOUNTABILITY FRAMEWORK RESULTS

Table 1. Civil registration and vital statistics systems

	ASSESSMENT AND PLANNING	Conduct rapid CRVS assessment and use results for advocacy /mobilization key stakeholders	Conduct full CRVS assessment and develop improvement plan	COORDINATING MECHANISM	Establish / strengthen interagency coordinating committee involving all key stakeholders	HOSPITAL REPORTING	Improve hospital reporting, use electronic reporting system	Training of doctors in ICD 10; regular quality control of certification; improve coding practices	COMMUNITY REPORTING	Strengthen community reporting of births and deaths, implement innovative approaches	VITAL STATISTICS	Strengthen the analytical capacity of vital statistics office, including data quality assessment	LOCAL STUDIES FOR MORTALITY STATISTICS	Develop/ expand the HDSS system
Afghanistan		1	1		1		2	2		2		1		1
Egypt		3	3		4		2	2		2		3		2
Djibouti		1	1		2		2	1		2		3		3
Iraq		2	1		3		2	3		2		3		2
Morocco		2	3		3		2	1		2		2		2
Pakistan		2	1		2		2	1		2		2		1
Somalia		1	1		1		1	1		1		1		1
South Sudan		1	1		1		1	1		1		1		1
Sudan		1	1		3		3	3		1		1		1
Yemen		1	1		1		1	1		1		1		1

Key

1. Needs to be developed/done.
2. Needs considerable strengthening.
3. Needs some strengthening.
4. Already present/no action needed.
- N/A

Table 2. Monitoring of results

	M&E PLAN	Strengthen the M&E component of the NHS	Review the RMNCH M&E plan(s) and align with the M&E of the NHS	M&E COORDINATION	Establish or strengthen M&E coordinating body	HEALTH SURVEYS	Develop 10 year health survey plan	Plan for a national coverage survey 2012–13, that includes RMNCH interventions	FACILITY DATA (HMIS)	Strengthen analytical capacity, annual compilation of statistics from facilities with data quality assessment	Conduct annual facility survey for data verification and service readiness	ANALYTICAL CAPACITY	Strengthen analytical capacity, involve key institutions; review contents, analyses and presentation	EQUITY	Strengthen equity analyses for reviews	DATA SHARING	Develop/ strengthen national data repository with all relevant data and reports
Afghanistan		2	2		1		1	1		3	3		2		2		2
Egypt		3	3		2		3	3		2	2		3		2		4
Djibouti		3	2		2		1	4		2	1		1		1		2
Iraq		2	3		2		4	4		2	1		3		1		3
Morocco		2	2		2		3	3		2	1		1		2		3
Pakistan		2	2		2		1	2		2	1		1		2		1
Somalia		2	2		1		1	1		2	2		1		1		1
South Sudan		2	2		2		1	1		2	1		1		1		1
Sudan		3	2		1		3	1		2	1		2		2		2
Yemen		1	1		1		2	1		2	1		2		2		2

Table 3. Maternal death surveillance and response

	NOTIFICATION	Advocate/ develop national policy on maternal death notification	CAPACITY TO REVIEW AND ACT	Strengthen national capacity through training in MDSR	Strengthen district capacity through training in MDSR	HOSPITALS/FACILITIES	Improve reporting by hospitals; training in ICD certification and coding (links with CRVS)	Strengthen hospital capacity and practices, including private sector	QUALITY OF CARE	Support a regular system of QoC assessments with good dissemination of results for policy and planning	COMMUNITY REPORTING AND FEEDBACK	Develop/ strengthen a community system of maternal death reporting and response, using ICT	Develop/ strengthen a system of maternal death reporting and response initiation by electronic devices	Develop/ strengthen VA for maternal deaths in communit ies	Develop system of involving communities in review and response	REVIEW OF THE SYSTEM	Support and strengthen review system, including dissemination and use of the report
Afghanistan		3		2	1		2	2		2		2	1	1	1		1
Egypt		4		3	2		3	4		3		1	2	1	2		2
Djibouti		1		2	1		2	2		2		2	1	1	1		2
Iraq		3		2	1		3	3		2		3	1	1	2		2
Morocco		3		3	2		3	3		3		3	1	3	2		2
Pakistan		1		1	1		1	1		2		2	2	2	1		1
Somalia		1		1	1		1	1		1		1	1	1	1		1
South Sudan		1		1	1		1	1		1		1	1	1	1		1
Sudan		3		2	2		2	2		2		2	3	2	1		1
Yemen		1		1	1		1	1		1		1	1	1	1		1

Table 4. Innovation and eHealth

	POLICY	Develop a national eHealth strategy with country leadership and broad buy in	INFRASTRUCTURE	Determine desired outcomes and priorities for infrastructure deployment to support health services delivery and information flows	SERVICES	Determine the eHealth services required to support the country's priority programmes and goals, particularly with respect to information flow.	Create effective data sharing between systems (e.g. facility data on child health workload with health worker information)	STANDARDS	Determine the eHealth standards and interoperability components required to support eHealth services, applications and infrastructure, and to support broader changes to health information flows	GOVERNANCE	Develop and support a strong effective coordination mechanism	PROTECTION	Assure health sector, ministerial and government leadership and support. Ensure that the required programme development skills and expertise are available	Enforce compliance to data protection policies													
Afghanistan															1	2	2	1	1	1	1	1	1	1	1	1	1
Egypt															2	2	2	2	2	2	2	2	3	2	2	2	2
Djibouti															1	3	2	2	2	2	2	1	1	1	1	1	1
Iraq															2	4	2	2	2	2	2	2	1	3	4	4	4
Morocco															1	2	2	2	2	2	2	1	1	1	1	1	1
Pakistan															1	3	2	2	2	2	2	1	1	1	1	1	1
Somalia															1	1	1	1	1	1	1	1	1	1	1	1	1
South Sudan															1	1	1	1	1	1	1	1	1	1	1	1	1
Sudan															2	2	2	2	2	2	2	2	2	2	2	2	2
Yemen	1	1	1	1	1	1	1	1	1	1	1	1	1														

Table 5. Monitoring of resources

	NHA FRAMEWORK	Develop NHA framework	Organize a meeting with decision-makers and technical staff to develop institutional arrangements and team	COMPACT	Organize a meeting to engage government and development partners and work towards "compact"	COORDINATION	Set up a steering committee, officially approved, with institutional support, and functioning using results-based management methods	Ensure inclusion of all key stakeholders in resource tracking /NHA	PRODUCTION	Train staff on system of health accounts 2011; train district and regional staff	Map government codes to NHA codes and develop IT conversion tool for NHA	Develop /strengthen database for production of NHA	ANALYSIS	Strengthen analytical capacity in government and other institutions	Disseminate report and analyses on public web site	DATA USE	Advocate for /promote use of NHA data in policy-making process				
Afghanistan		3	2		3		3	4		3	2	2		2	2		2	2	2	2	2
Egypt		3	2		2		1	4		2	1	1		2	1		1	1	3	1	
Djibouti		2	2		2		1	1		2	1	1		2	1		1	2	1	1	
Iraq		2	2		4		1	3		2	1	1		2	1		1	1	1	1	
Morocco		2	2		3		1	2		2	1	1		2	1		1	1	1	2	
Pakistan		2	2		2		4	3		2	2	2		2	2		2	2	2	2	
Somalia		1	1		1		1	1		1	1	1		1	1		1	1	1	1	
South Sudan		1	1		1		1	1		1	1	1		1	1		1	1	1	1	
Sudan		3	3		1		3	3		2	1	1		2	1		1	2	1	2	
Yemen	3	2	2	4	3	2	1	1	2	1	1	2	1	1							

Table 6. Review processes

	REVIEWS	Advocate for annual reviews that are based on the goals, targets of the NHS	Define at country level a calendar events to ensure better quality of the annual review process	Ensure that the RMNCH appraisals are held and that findings feed into the health sector reviews	SYNTHESIS OF INFORMATION AND POLICY CONTEXT	Strengthen the capacity to prepare analytical reports prior to the reviews	Develop/strengthen mechanism to compile all policy/ qualitative information to inform annual reviews	FROM REVIEW TO PLANNING	Strengthen the use of review results for planning purposes	Ensure greater involvement of all stakeholders	COMPACTS OR SIMILAR MECHANISMS	Ensure the existence of a single M&E framework that fits into the single national health plan	All major development partners are committed to the country "compact", aim to align their resource allocations and adjust their budget allocation according to country review and planning outcomes
Afghanistan		3	3	2		2	1		2	2		2	4
Egypt		1	1	2		1	1		2	1		3	1
Djibouti		1	2	2		1	1		2	1		1	1
Iraq		2	4	4		3	2		3	3		3	3
Morocco		2	1	3		2	2		2	2		2	2
Pakistan		3	2	2		1	1		3	3		2	2
Somalia		1	1	1		1	1		1	1		1	1
South Sudan		1	1	1		1	1		1	2		1	1
Sudan		3	3	3		2	1		3	3		-	-
Yemen	1	4	1	2	3	3	2	3	1				

Table 7. Advocacy and outreach

	Parliamentarians are mobilized to engage in RMNCH accountability, especially on financing	Facilitate the organization of public hearings/forums for sharing of information on RMNCH		Establish/ support /strengthen civil society coalitions	Support capacity of civil society to synthesize evidence and disseminate messages		Work with the media to strengthen their capacity to report on RMNCH related issues	Work with the media to strengthen their capacity to report on the monitoring the implementation of the Global Strategy	Improve information flows to media		Countdown Coordinating Committee, UN agencies (H5), and other partners encourage/ support national stakeholders to plan national countdown	Prepare countdown report/ profile using all evidence
	PARLIAMENT ACTIVE ON RMNCH ISSUES		CIVIL SOCIETY COALITION			MEDIA ROLE				COUNTDOWN EVENT		
Afghanistan	2	1		2	1		2	2	2		1	1
Egypt	1	1		2	1		1	1	1		1	2
Djibouti	2	1		3	3		3	2	2		3	3
Iraq	2	4		2	2		2	2	3		4	2
Morocco	2	2		2	2		2	2	2		3	3
Pakistan	1	1		1	1		2	1	2		1	1
Somalia	1	1		2	1		2	1	1		1	1
South Sudan	1	1		2	2		2	1	1		1	1
Sudan	3	2		1	2		2	1	2		1	1
Yemen	1	1		2	2		2	1	1		3	3



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int