Accountability and Compliance

Accountability

Community engagement: What targets, principles, or strategies could the FCGH promote or require to ensure community and civil society participation in developing, implementing, and monitoring and evaluating national and sub-national health-related plans and policies? What special measures might be required to ensure that members of marginalized populations are able to fully participate? What about women? How should these participation approaches link to government obligations to respond to civil society and community concerns about implementation of plans and policies? Should the FCGH define these attendant obligations, and if so, how?

Transparency: What are best practices in transparency that the FCGH could and should incorporate (e.g., requiring health [and other?] ministries to make public officials' private assets and use transparent; competitive bidding processes; publicizing at community-level health budgets intended for those communities, as well as other intended local health resources, such as number and type of health workers expected to be at health facilities)? Should these only address the health sector, or should the FCGH also include other health-related sectors or sectors that affect health? If so, which?

Grassroots organizations: How can the FCGH strengthen grassroots organizations, including by ensuring that they are able to access international health funds? [See question on the right to health capacity fund in sections on Right to Health and Capacity Building]

Community-based accountability strategies: How can the FCGH support community-based accountability strategies (e.g., community scorecards, village health committees, community health monitors, citizen journalists?)? What are the most effective strategies? Should the FCGH require countries to develop national strategies for supporting community-based accountability mechanisms?

Community-based health accountability capacity building and oversight: What are the national and international roles in building the capacity for and providing oversight to and ensuring effective functioning of community-based health accountability mechanisms? What role (if any) should an FCGH have in this capacity-building and ensuring effective oversight and functioning?

Overall good governance requirements: Should the FCGH address governance reforms required for good governance, in particularly combatting corruption, generally, beyond the health or related sectors (e.g., requiring independent anti-corruption commission or equivalent processes)?

ICT and accountability: Should the FCGH address the role of health information and communications technology for accountability purposes? If so, how?

FCGH compliance

Monitoring FCGH compliance: What are the best strategies to monitor compliance with the

FCGH? What are the best existing models? What besides state reporting on compliance? How can and should civil society and communities be involved in monitoring compliance? What about other independent monitors? Is there any support the FCGH can or should provide to the media in monitoring FCGH compliance? How might information technology be used to ensure honest reporting? What role should WHO or other international (or independent) institutions have in monitoring compliance?

Peer review of compliance: Should peer review be part of the process for monitoring FCGH compliance, and if so, how should this work? As a small compliance incentive, might a country or several countries in a region that have particularly strong compliance be recognized as regional right to health leaders and have the mandate for leading regional peer review process? Should peer review come with designated resources? If so, does the FCGH need to specify, or could these simply come from an FCGH Secretariat budget?

Responsibility for monitoring compliance: Should the FCGH establish its own monitoring institution or structure, as opposed to having an existing institution (e.g., WHO) fulfill this role? How should such a monitoring structure be designed? Should it be similar to human rights treaty bodies (e.g., Committee for the Elimination of Discrimination Against Women, Committee on Economic, Social and Cultural Rights)? How can and should civil society and communities be included in formal monitoring structures and processes?

Incentives and accountability for international funding obligations: What incentives, sanctions, and enforcement and accountability mechanisms could the FCGH include to ensure sustainable, predictable international funding, to ensure that states meet their international funding obligations under the FCGH?

Incentives and sanctions for compliance with obligations to own populations: What incentives and sanctions might the FCGH include to encourage countries to keep their funding and other commitments to their own populations?

Compliance and funding eligibility: Should certain global funds, or how they are delivered (e.g., outside government channels), be contingent on governments meeting their own commitments? If so, how can such approaches be designed to avoid harming the very people whom global health funding is supposed to help, who may already be among the most disadvantaged? Or would any conditioning of international funding on domestic compliance only harm countries' populations, such that this should not be part of the FCGH?

Other incentives or sanctions for compliance: What are other incentives or sanctions? Is one possibility worth considering suspension of eligibility for WHO Executive Board membership or of other WHO rights? Conversely, might regional leaders on FCGH compliance and the right to health receive special rights at WHO, such as a guaranteed place on the WHO Executive Board, possibly for an extended term or for several terms? What about incentives or sanctions that go beyond the health sector (e.g., trade-related sanctions or incentives, or targeted financial or travel sanctions?)? Could sanctions include participation in FCGH governance structures or monitoring processes (e.g., eligibility to be a peer reviewer)?

Compliance mechanisms in international law: What compliance mechanisms can be adapted for the FCGH from other areas of international law (e.g., trade)?

Domestic financing and justification for receiving international funds: Should the FCGH require states to provide justifications for needing international health funding before and after receiving it? (For example, if a state is spending only 1% of GDP on health, then the state would, before receiving funding, need to give reasons for spending so little and account for what it is planning to spend it on. After receiving funding, the state would have to show whether it was able to meet targets and, if not, why not.)

Required national court jurisdiction for FCGH: To encourage compliance with the FCGH, could and should the treaty encourage or require states parties to grant national courts jurisdiction to hear cases brought by their populations involving FCGH violations? (This would be akin to the obligation in the International Covenant on Civil and Political Rights to an effective remedy, including "that any person claiming such a remedy shall have his right…determined by competent judicial, administrative or legislative authorities, or by any other competent authority provided for by the legal system of the State, and to develop the possibilities of judicial remedy.")[1]

FCGH implementation strategy: Should the FCGH require countries to develop FCGH implementation strategies, which would include targets, benchmarks, timelines, and indicators? Would the FCGH then include a review process for these strategies? What sort of process? A review by the FCGH Secretariat? A special multi-stakeholder body that the FCGH could establish for this review process? Some form of peer review by other countries? A process similar to the Joint Assessment of National Health Strategies, where the countries stakeholders involved in developing the national health strategies, along with and individuals and institutions not involved in the planning process (e.g., local consultants, international agencies, regional partners), jointly review national health strategies? Should there also be an ongoing review of progress on implementing these strategies? [Note this question also in the Targets, Timelines, and Indicators section.]

Information and communications technology: Should the FCGH have specific measures related to information and communications technology to promote accountability? What measures, and how should these be incorporated? Are there other ways that recommendations of the Commission on Information and Accountability for Women's and Children's Health and its accountability framework (which included ICT) (http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf) could be adapted to use in the FCGH?

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[1] International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), art. (2(3)(b) (1966), http://www1.umn.edu/humanrts/instree/b3ccpr.htm.