AIDS Accountability International has worked on holding leaders accountable on their commitments since the organization began in 2005. These commitments include:

- The Maputo Plan of Action (continental and national commitments to SRHR)(2012 MPOA Scorecard)
- Private company commitments to workplace programmes (Workplace Scorecard)
- Funding partner commitments to sexual orientation and gender identity development (Global Fund Country Coordination Mechanisms Project).

AAI has used quantitative and qualitative approaches to measure the performance of these various entities against their promises and in so doing has developed an expertise in determining how commitments can be improved.

These are recommendations for consideration as new commitments are designed:

1. **Many commitments are not sufficiently future forward** (by this I mean they are not liberal and ambitious enough in the long term). The progress on lesbian, gay, bisexual and transgender (LGBT) rights in Africa is moving rapidly; given that this movement is galvanizing, will the details of the commitment with regard to LGBT demands be outdated in five years? Commitments can also often get carried away with current and/or controversial issues and not reflect what is really easily yet desperately important to a country to improve. For example: focussing on abortion, dry sex or other less statistically significant but more headline catching areas of work often outweighs subjects like hypertension, haemorrhage, and pregnancy-related sepsis which together kill more than half of all mothers. Another instance is the tendency to ignoring HIV and STI treatment (10% of South Africans receive correct medication for STIs and the linkages between HIV and STIs is obvious) because it’s just not as “interesting” a topic.

2. **Many commitments do not include a quantitative element:** Asking leaders to commit to a reduction in maternal mortality is easy and any reduction can be viewed as being
successful. On the other hand, asking leaders to commit to reducing maternal mortality by two thirds (2/3) is a measurable commitment and progress can be determined using statistics.

3. **Commitments do not have time-bound deadlines:** Similarly to above, commitments are easy to avoid fulfilling and not pressing on the agenda of leaders if no deadline is promised. Including a deadline improves performance and assists in holding leaders accountable.

4. **Commitments do not mention quality:** It is all very well to commit to and achieve putting all girls through primary education but if the standards are so low that they complete with only alphabetization and not numerical literacy we have achieved nothing except the lowering of standards for all. Commitments need to have quality and standards as part-and-parcel of the deal.

5. **Commitments have no teeth without the money to back them up:** Many commitments have been made on SRHR (22 global and African commitments to SRHR exist as of 2013) and without money to ensure all players get involved they become toothless instruments. Funding is required by governments in order to roll out commitments. It is also needed by civil society in order to engage with the new commitment and understand how to use it as an advocacy and accountability tool. Other instruments such as regional and continental bodies (for example the Southern African Development Community (SADC) and the African Union Commission (AUC)) also require resources to ensure adherence to the commitment through capacity building, advocacy and campaigning.

6. **Commitments can allow leaders (politicians as well as funding partners and civil society) to look good yet do nothing:** They are seen to be doing something and given recognition for achieving development when in fact it is just smoke and mirrors but no real action at clinic level is required. We need to ensure that this does not happen and that signing a commitment does not replace real action steps to rolling out development. Defined goals, and active watchdogs (funding partners, civil society and media) help to avoid this happening.

7. **Commitments can be a vacuum for limited resources:** as they draw on financial as well as human resources in government, civil society and funding partners and development agencies, new commitments can indeed have adverse effects and take time and efforts away from implementing what has already been committed to in another declaration.

8. **Having commitments with no teeth undermines all other commitments:** If a commitment is left unfulfilled and unattained they become toothless, and this has a knock on effect for other commitments. Every commitment that is made and then ignored and not attained undermines the entire process of having commitments. It is better to have one good promise and see it achieved than five unachieved undermining the power that a true commitment is meant to have. Holding leaders accountable to their promises is easier if all promises are valid, important and enforced.
9. **Conditions under which governments sign commitments need to be ideal:**
   Sometimes due to pressure, governments sign on to a commitment but do so “with reservations” (specifying that certain paragraphs or sections do not apply to their governments or country’s commitment). This results in a disempowered commitment and the lost ground is impossible to catch up, and usually in important areas of work such as human rights and LGBT for example. Countries should be encouraged to sign but not forced to do so if it will be with reservations.

10. **Commitments can be misinterpreted:** A promise to roll out family planning to all women can be understood to mean sterilize all HIV women if proper guidelines and training at not in place at all levels through the bureaucratic system. Language needs to be clear and careful. Writers need to be wary of how conservative governments, funders, religious and faith-based groups, civil society organizations etc. will interpret the wording and possibly implement it.

11. **We need to be sure that what we are asking for really is the best thing to do!**
    For example, re-entry of girls into schools post giving birth is not a well-understood area. Do we truly understand what is best yet? Has sufficient research been done? Have we fully and thoroughly investigated what is being done in other regions of the world, and do we thus know without doubt what we want governments to implement or will we regret our recommendations in time to come?

12. **Government needs to be included into the drawing up of the recommendations early in the process:** In many countries government still sits with more knowledge of what is really happening on the ground and what can be realistically rolled out than any other group, including civil society and funding partners. They need to be consulted and their political buy-in secured from the early stages of the design of the commitment, if not the start.

13. **The impact and roll out of some commitments cannot be tracked, and progress cannot be ascertained:** This renders them useless tools for development may render such commitments as more of burden than a blessing. Using hard data is the best way to objectively track progress and being aware of what data is already available at country, provincial and municipal level is vital to designing a commitment.

14. **Using existing data indicators is vital:** Introducing a new indicator into a national demographic health survey can take up to ten years before it is included and the corresponding methodology is robust. Thereafter, several years of data collection and analysis need to happen before a trend can be spotted which tells us how much progress or regress is being made and accountability can be introduced.

15. **Ensuring that the commitment covers budget allocation and expenditure and tracking is also important:** Lack of budget is one of the most frequent (and it would seem logically justifiable) reasons for non-delivery (by both government and civil society!).

16. **The roles of implementing partners in the commitment should be clearly spelled out to reflect that government must do their job:** Civil society needs to understand that it is the responsibility of an accountable government to provide services whether it is health or education or housing, and that when civil society becomes a service provider
and does governments work for them we undermine the long term accountability mechanisms at play. Civil society may need to step in during emergencies and provide support but should always be holding government accountable for what they need to be doing as part of their job. This means that civil society needs to know whether they are requesting a paragraph in a commitment to secure their future funding and jobs or whether it really and honestly is applicable!

17. **We need to treat our elected bureaucrats as they civil servants they are:** Too many players (especially civil society) shows too much reverence for African government leaders and do not understand or engage with the very basic idea that these leaders are elected by the populace and need to serve our needs and not their own politics, careers, or financial agendas. Their salaries are paid by the people and “when the people will lead, the leaders will follow”.