Global Webinar Series:
Innovations and Opportunities for Social Accountability in Health

Executive Summary

In December 2022, the Community of Practitioners on Accountability and Social Action in Health (COPASAH) conducted a webinar on innovations and opportunities for social accountability in health, which served as a platform for sharing successes and challenges of the COPASAH network and practitioners.

The webinar featured representative panelists from the network's six regional and three thematic hubs. Panelists shared unique experiences from their respective regions, highlighting how they ensured health systems resilience throughout the COVID-19 pandemic. They also discussed the movement-building approaches they used to demand accountability from health systems, ranging from strengthening the capacity of civil society organizations (CSOs) to equipping community-based health rights advocates through education and technology.

This webinar was the first event in a series of reflective dialogues that COPASAH will convene in the lead-up to launching a new 2023-2026 strategic plan and convening the COPASAH 2024 Global Symposium.

Background

COPASAH is a bottom-up network of advocates and social accountability practitioners who are committed to ensuring health rights and health equity. This network aims to strengthen its members' ability to demand accountability from their health systems at the global, national and subnational levels. COPASAH provides a platform for its members to exchange resources, experiences and lessons learned; to jointly produce and disseminate conceptual, methodological and real-world best practices that advance the field of accountability for health; and to facilitate networking and capacity exchange among member organizations.

COPASAH is organized across six regional hubs[1] as well as three cross-cutting thematic hubs[2] under the leadership of a global secretariat, currently housed by the Africa Health Budget Network (AHBN) in Nigeria. PAI supports COPASAH by providing financial and technical support to regional and thematic hub leads. As part of this partnership, PAI is collaborating with COPASAH to conduct a series of global webinars to disseminate knowledge across the

network, the first of which took place on December 6, 2022, entitled "[Innovations and Opportunities for Social Accountability in Health](#)." The webinar tracked 104 registrants and 35 attendees for this closed, in-network event.

Innovations in Social Accountability

Expenditure Tracking

The COVID-19 pandemic posed a unique set of health access and accountability challenges to COPASAH and its hubs, demanding strategic

Top row: Eve Brecker (PAI), Nabeeha Kazi Hutchins (PAI), Christina Wegs (PAI), Darko Antik (ESE/COPASAH Europe) Middle Row: Dhananjay Kakade (SATHI/COPASAH Asia), Salisu Musa (AHBN/COPASAH West Africa), Aminu Magashi Garba (AHBN/Global Secretariat), Muhumuza Abdulkharim (Afya na Haki/COPASAH Eastern and Southern Africa) Bottom Row: Maimuna Abdullahi (AHBN/COPASAH West Africa), Benilda Batzin (CEGSS/COPASAH Mesoamerica) Missing: Ariel Frisancho (COPASAH South America)

shifts in the CSO sphere. AHBN Senior Advisor for Health Financing and Accountability, Salisu Musa, described one such challenge: ensuring accountability in government spending of aid resources entering West Africa during the pandemic.

AHBN noted that there was a large influx of donor funds to the African continent at the onset of the pandemic and that local CSOs were often not aware of what financial resources were available to them since they did not have suitable tracking mechanisms. For example, AHBN tracked this funding in Nigeria, Sierra Leone and Liberia and found that the Nigerian government had received between $400 and $415 million in COVID-response aid but information on this aid was seemingly unavailable to CSOs.

In response, AHBN coordinated with partner organizations in Nigeria and across the region to track these funds and subsequently establish accountability mechanisms to ensure transparent government expenditure as well as awareness of these funds by CSOs that serve leading roles in tracking community-based surveillance, addressing COVID-19 and risk mitigation and referral. In Nigeria, these tracking activities doubled AHBN's impact as they were dually applied to tracking broader FP2030 commitments made by the Nigerian government (eight total), including those that concern the national health budget's expenditures on family planning.

Civic Training

There are a multitude of political, environmental and health crises that exist concurrently across the world today. These crises have a disproportionate impact on at-risk populations, especially in low- and middle-income countries.

Darko Antik, the COPASAH Europe Hub coordinator and budget monitoring and advocacy coordinator with Association for Emancipation, Solidarity and Equality of Women in Macedonia (ESE), highlighted that ethnic minorities and other marginalized groups (e.g., rural women, those experiencing domestic violence, LGBTQ, drug users, sex workers, etc.) share similar challenges when it comes to accessing health care.

However, CSOs and individuals often lack access to information on their health rights as well as an understanding of how they can participate in changing the system to better serve communities. It was noted that without access to information, community voices and needs often go unheard. While public institutions are well positioned to improve transparency and accountability in health, involving citizens in the decision-making process when they lack both motivation and procedural knowledge on how to do this prevents them from advancing any significant change.

To address these challenges, the COPASAH Europe Hub works through a multiprong strategy of trustful collaboration, organized actions and a unified approach. One particularly innovative example implemented by COPASAH Europe is its work to institutionalize social accountability

in the public health care and employment systems in North Macedonia in 2021. As hub lead for COPASAH Europe, ESE trained more than 20 organizations and 200 CSO representatives on social accountability mechanisms and approaches; educated over 2,000 Roma people about their health rights; gathered more than 40 public health institutions' representatives to discuss the importance of community feedback; and facilitated over 20 joint discussions among community members and public institution representatives.

Through its Open Government Partnership, the cumulative impact of these capacity-building efforts was realized when the government committed to:

- Establishing a working group of CSOs and representatives from the Ministry of Health and the State Employment Agency;
- Developing and implementing ongoing community feedback mechanisms;
- Strengthening education for Roma people and women on health and employment rights; and
- Providing access to information and opportunities for virtual dialogues on these topics.
- Another unique innovation highlighted by panelists was efforts to address challenges faced by specific at-risk populations — especially Indigenous communities — and how to overcome inequalities built into national health care systems.

COPASAH Steering Committee Member and South America Hub Lead, Dr. Ariel Frisancho, highlighted the fact that Indigenous communities in Peru and the Andean region face many barriers — not just financial but also geographic, linguistic and communication — that make it challenging to access health care. Dr. Frisancho stressed that many of these inequalities were highlighted and exacerbated by the COVID-19 pandemic, creating disproportionate harm to marginalized communities.

Further, COVID-19 pandemic policies evidenced that "one size does not fit all," especially related to the voices and demands of Indigenous communities. These policies revealed insufficient access and poor health care quality even among health systems that were considered on track for achieving the health-related Sustainable Development Goals.

Throughout the COVID-19 pandemic response, COPASAH initiatives and partnerships included Indigenous Quechua and Aymara leaders in civil society policy dialogues to build more responsive health systems and developed a series of webinars to address current citizen participation and social accountability initiatives and challenges.

Recognizing the need for bottom-up, community-driven advocacy to address these inequalities, Benilda Batzin, executive director of Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud (Center for Equity and Governance Studies in Health Systems [CEGSS]), described some of the efforts undertaken by the South America and Mesoamerica Hubs to meet those needs. In addition to the service inequities exacerbated by the pandemic, Benilda highlighted an information gap that depressed demand for health services among Indigenous communities in Guatemala.

The spread of misinformation during the pandemic has been well documented, but Benilda stressed that the impact of this misinformation was intensified in rural and Indigenous communities with limited access to wireless technology and the internet. In response, COPASAH's South America and Mesoamerica Hubs attempted not just to meet the service gaps, but educational and informational deficiencies as well.

CEGSS educated Indigenous citizens in hard-to-reach communities on their rights, strengthening their ability to make demands of the health care system, specifically related to maternal, newborn and child health. For instance, during the lockdown and the months thereafter, home births increased in rural, Indigenous areas. Initially, local registry officials denied parents the right to register their newborns since they were not delivered in a facility. Together with Mesoamerica Hub member Community Defenders, CEGSS developed short, animated videos and infographics informing expectant parents as well as those with newborns about the right to birth registration and what to do if it is denied by a public official. These educational resources were distributed through mobile phone chats to traditional birth attendants and other community-based organizations.

As a result, denial of birth registration dropped significantly in the areas targeted by CEGSS' communications campaign. In hard-to-reach communities, CEGSS emphasizes that residents have the right to make demands of the health care system in the first place — previously unknown to many — and then move on to discussing the community's advocacy agenda. This training to build literacy about health rights, as well as tactics for monitoring and advocating for rights, was particularly important for advocates accompanying residents to clinics.

Privatized Health Care Research

A final critical issue addressed by the panel was the increasing commercialization and/or privatization of health care systems. Director of Anusandhan Trust's Support for Advocacy and Training to Health Initiatives (SATHI), Dhananjay Kakade, explained some of these challenges within the context of the South Asia Hub. Reiterating a common theme, he explained that COVID-19 exacerbated an accountability crisis that the private health care sector was already facing. Weak regulatory architecture, overall policy tilt toward privatization or corporatization of health care, lack of standards and chronic lack of billing transparency are some key vignettes of the current private health care system in India.

In response, COPASAH South Asia is pursuing research within the state of Maharashtra to highlight transparency failures among the regulations developed during the COVID-19 pandemic and the effect that those failures had on patients. Panelists also cautioned against the over-corporatization of health care delivery systems and, specifically, the risk of excluding low-income and socially marginalized people from profit-driven health care systems. It was recognized that the trend of health care privatization is likely rooted in global economic shifts that will continue and that it is critical for COPASAH members to prioritize approaches and systems that ensure accountability within private sector health care.

Key Takeaways

Panelists collectively shared that one of the highlights of COPASAH's recent work is the need to support coordinated health rights advocacy at subnational, national and global levels.

The regional hubs described the importance of subnational and "micro-level" work, such as accompanying patients to hospitals to ensure they know their rights. This subnational work is complemented and strengthened by national and "macro-level" efforts to support sexual and reproductive rights, such as litigation supporting access to pregnancy termination in Uganda.

Presenters noted that universal health coverage cannot be achieved when efforts are focused on a single advocacy theme and highlighted that COPASAH must continue to engage in a multilevel approach to generate high-quality health services and outcomes. COPASAH should disseminate information and enhance learning in ways that increase inclusion and participation of its global/regional knowledge sharing network(s) by considering and addressing practitioners' diverse living contexts and challenges.

A second key takeaway was the long-lasting impact of COVID-19. Already acutely aware of health care system shortfalls in their regions, panelists stressed that the pandemic revealed additional systemic weaknesses such as increased reliance on the private, for-profit health sector and how accountability efforts can be threatened by external shocks. It also highlighted where advances are needed to ensure continued progress toward universal health coverage. The range of innovative and contextually specific approaches advanced by COPASAH members during the COVID-19 pandemic demonstrates the networks' resilience and ability to drive health accountability even in the face of health shocks and resource constraints.

Next Steps

This webinar exhibited the diverse set of accountability practices that can be directly applied to advocacy efforts, from the accompaniment of patients, rights literacy and platforms for citizens groups, to strategic litigation, inclusive/participatory policy dialogue and regulatory frameworks. To advance these collective efforts, the COPASAH network will engage in the following steps:

- Develop linked subnational or national accountability systems to include guidance for how to address failures in accountability.
- Aggregate a collection of tactics and tools across the network to strengthen community–oriented mechanisms and create better conditions for citizens in the face of corruption.
- Provide mentorship to member organizations in adapting effective methods and tools developed by COPASAH hubs.
- Build a series of social communication strategies to strengthen access to COPASAH resources and promote experiences/knowledge sharing within regional and global levels.
- Grow institutional CSO capacity for demanding increased political will, particularly related to establishing a rigorous regulatory framework over the private health care sector, where regionally relevant.

Through these next steps, COPASAH and its hubs will continue advancing a multiprong approach to ensuring accountability in health by amplifying the voice of communities most affected by disparities in the health care system.

Endnotes

1. Mesoamerica (south of Mexico and Central America), South America, West Africa, East and Southern Africa, Europe and South Asia

2. Private and Corporate Health Care Sectors; Indigenous, Excluded, Vulnerable Communities and those in Fragile Contexts; and Sexual and Reproductive Health Rights