**Editorial**

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The COVID19 pandemic has exposed the vulnerability of the health systems not only in emergency situations such as those unfolded in 2020, but also the gaps in meeting the average health needs of the populations and its systemic deficiencies which the accountability practitioners have been pointing out for several years. Accountability is the key to measure the progress towards meeting various goals set out in the development goals and those that are set in various international human rights commitments. United Nation’s Independent Accountability Panel has set forth four pillars as the core of accountability, viz. commitment and responsibility, justification and evidence, institutionalization as part of implementation, and continuous progress as part of progressive realization.[[1]](#endnote-1) While the lack of enhancement of the wellbeing of citizens and communities points to the glaring gaps in State accountability to its citizens and to several mandates, the discourse on accountability itself being top-down, technocratic and tool-centric driven by elites while leaving out the practice and processes of social accountability Relating to the latter, a group of practitioners in the praxis of social accountability driven by community leaders and citizens, and a pathway to elicit learning from those practice formation of COPASAH – Community of practitioners on accountability and Social Action on Health. The practitioner centred and modelled on a dialogical pedagogy of participation, discussions privileging the practitioner symposium was hosted by COPASAH on a broader theme of *Citizenship, Governance and Accountability in Health*, woven around five core themes of practice.

The five core themes that formed the axes of the symposium deliberations are—community participation in accountability for health systems strengthening (Henceforth, Community Participation), rights of indigenous people and accountability (Indigenous People), sexual and reproductive health rights (SRHR), setting the framework and agenda for people centred accountability of private and corporate healthcare sectors (Private Sector), and forging alliance between communities and health care workers (Healthcare workers). Three themes, viz. Indigenous People, SRHR and Private Sector, were nurtured by COPASAH over the five years preceding the symposium as thematic hubs. The themes of Community Action and Healthcare Workers evolved through pre-symposium deliberations and consultations with partners and acquired significance due the leadership shown by practitioners in anchoring these themes. Accountability practitioners from Latin America, Africa, South East Asia, South Asia and South Eastern Europe presented their practice and learnings on respective themes. This issue carries synthesis papers on some of these themes.

*Community Participation in Accountability for Health Systems Strengthening* focused on the centrality of community participation and its power for negotiating through governance and societal structures to bring about changes in power equations of community with the health systems. In the backdrop of accountability being reduced to highly technical tools of survey and report cards, the presentations by experienced social accountability practitioners highlighted the processes and strategies adopted at various levels of governance aimed at re-negotiating community’s power to demand health rights. The learnings demonstrate the critical role these strategies in leveraging social accountability (SA) opportunities for making health care accessible to the marginalised populations. The key insights of this thematic deliberations underscore the need of capturing incremental shifts in power equations of community with the power wielders and of building collective civil society voice for SA through multi-pronged strategies for bolstering citizenship.

*Rights of Indigenous People and Accountability* themerecognized the shared histories of marginalisation and oppression of the diverse indigenous populations across the globe and focused on the barriers to accessing public services as the key point of deliberations. The community representatives from Latin America, Roma community members from South Eastern Europe and indigenous and Dalit communities from South Asia, shared both their experiences of exclusion from social and economic processes as well as the strategies they have employed to reclaiming their public spaces. The deliberations highlighted that SA process deepens community’s knowledge of rights and their skills of navigating through the state institutions. The insights through intense deliberations proposed that health accountability processes could be the strategic prototype for indigenous populations to claim accountability for other public services as well.

*Sexual and Reproductive Health Rights (SRHR)* theme acknowledged the theme as a deeply contested domain for accountability as the stakeholders to be held to account included both the state authorities but also include societal gender and patriarchal power wielders. Given the context of limited, fragmented and narrow focus of SRHR discourses as reflected in the global SDGs, the presentations focused on community-led social accountability practices strategically employed in negotiating the politics of sexual and reproductive health rights. The presenters from communities with hands-on experiences of navigating through such strategies interrogated how societal inequities adversely impact SRHR. Amongst others, key deliberations analyzed global actors and their impact on SRHR accountability, global accountability mechanisms required to negotiate the power of donors, the tension between population control and access to contraception, abortion rights, and the inherent challenges to one’s right to express ones gender and sexual identity. Key insight was the acknowledgement that SRHR accountability could not be a standalone focus as this is intertwined with the politics of women’s lives and therefore had be integrated with other strategies employed both at the interface of communities with health systems as well as within health systems and communities themselves.

*People Centered Accountability of Private and Corporate Healthcare Sectors* is an emerging theme in the global health discourses. It is now globally recognised that the commercialization of health systems and the transition of health from a public good to a marketable commodity takes place at the cost of publicly funded health care in developing countries. The experiences of practitioners brought out the implications of the lack of state regulation and oversight in enabling the profit driven private healthcare sector to exploit vulnerable people through unchecked malpractice and violations of patients’ rights. Advocacy for patients’ rights was presented as an effective strategy to demand accountability of the private and corporate health care institutions. Insights from these deliberations will contribute to a global patient centred narrative on health care rights and will equip the civil society with tools to critically advance patient rights.

*Forging Alliance Between Health Care Workers and Community* focused on marginalisation and the conflicts between the health care workers and community. The depiction of their role as ‘lackeys or liberators’ summarise if they are mere service providers or also agents of change. (5) Within health systems with strong hierarchies of power, community health care workers and women health workers form a voiceless and disadvantaged community. Within the context of fragile and fragmented health systems, the symposium recognised the tension that exists between health care workers and the community and this theme focused on building positive alliances between the two towards building community centred health systems. The deliberations and the analytical discussions that ensued explored their diverse contexts, mapped the increasing ambiguity in their role in the wake of several policy interventions often leading to collision among health care workers themselves, and recognized potentially conflicting expectations of service providers, skewed recruitment processes and the role of training programs in the wake increasing privatization of education. The key insight of this theme noted that understanding the structural power dynamics determining the constraints on the rights of varied health care workers was important for appreciating the challenges as well as opportunities for fostering accountability.

The uniqueness of the symposium was marked the experience of practitioners from 48 countries contributing to the knowledge of social accountability processes greasing the interface of communities with policy structures. The paper on *examining women’s health through psycho-social lens* provides a peek into the several other inter-related themes with in-depth deliberations by practitioners in the symposium.

This issue focuses on the key learnings on the praxis of such accountability to enhance citizenship and governance towards strengthening the fundamental human right to health for all.

1. United Nations Secretary-General’s Independent Accountability Panel (IAP) for Every Woman Every Child. 2020 report. Caught in the COVID-19 storm: women’s, children’s, and adolescents’ health in the context of UHC and the SDGs. Geneva: World Health Organization; 2020. <https://iapewec.org/wp-content/uploads/2020/08/IAP2020Report_web_sp.pdf> [retrieved 11 August 2020] [↑](#endnote-ref-1)