**Center-staging Citizenship, Power and Communities in Accountability Discourses: Overview of critical discussions of the COPASAH Global Symposium on Citizenship, Governance and Accountability in Health**

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**Abstract:**

This paper culls out the key insights from the symposium thematic and inter-thematic deliberations. It describes the evolution of the symposium theme on linking accountability to citizenship and governance in health while providing an overview of the symposium. The paper then synthesizes the key discussions of the core-themes followed by laying out analytical reflections that have emerged from the deliberations that touch upon the issues of power and politics surrounding accountability, viz. civil society, democracy, power, civic space and the role of private non-state actors that affect health rights of the marginalised.

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**COPASAH – A Southern Network of Accountability Practitioners**

COPASAH (Community of Practitioners for Accountability and Social Action in health) was started in 2012 by a group of practitioners, who had been using *social accountability* approaches to strengthen the link between communities and health systems, to provide quality, accountable care. It was a convergence of various civil society streams that use social accountability to mobilise communities towards the realisation of the human right to health and health care. The network essentially grew as a learning network with a focus on marginalized communities, where practitioners learn from each other by distilling lessons from a practice based on a bottom-up process. COPASAH has four regional hubs in the global south, an active list of 1533 members, and a host of academic and policy associates.

Reproductive health care, health care of indigenous and other excluded communities and commitment to equity and accountability of private health systems are the three key practice hubs which represent the accountability praxis of the COPASAH community.

The core of COPASAH’s positioning of social accountability is based on community’s claim for human right to health for all. The realization of such a right is made possible by engaging with the transformative potential of community’s power in demanding accountability from state and non-state actors. The network has strongly argued for accountability as a means of changing power equations between communities and various actors and national-global policy processes, most importantly the state, which is vested with the constitutional obligation to ensure conditions for communities to be healthy. COPASAH has facilitated global solidarity between various actors—ranging from people-oriented community leaders, organic intellectuals, and institutions—towards a realisation of the transformative potential of accountability process. The symposium on citizenship, governance and accountability in health foregrounded this intention of forging global solidarity of practitioners through a process of sharing experiences and facilitating the process of building grounded knowledge.

**The Symposium Themes**

The symposium contextualised accountability in the broader context of citizenship and governance for health. The Sustainable Development Goals (SDGs) that have fashioned contemporary discourses on accountability sharpened this focus under the symposium’s sub-theme—*Leaving No One Behind- Strengthening Community Centred Health Systems for Achieving Sustainable Development Goals*.

This theme evolved through four policy-centred debates concerning health systems in the contemporary world.

**One**, the Alma Ata Declaration in 1978 and its call for ‘Health for All by 2000’ (1) and the Universal Declaration of Human Rights (UDHR) and its call for the ‘highest attainable standard of health’ (2), which set the benchmark for a shared aspiration for all citizens to reimagine the frameworks of universality and equity in health. Both the declarations articulated health as a human right while positing community participation as one of the core principles for such a realization.

**Two**, health care systems in developing countries in the global south are marked by a commonality in their non-accountability to citizens. Public health care systems, constitutionally mandated to protect and promote wellbeing of communities are increasingly rendered fragile, weak, and fragmented. Parallel to this, burgeoning commercial and for-profit health care systems are seen dominating health care provisioning and health policies while resisting any accountability and regulatory measures laid down by the state. The processes of privatization under neo-liberal economic frameworks have adversely affected patients as well as health care workers and their relationships with disadvantaged communities. The increasingly blurred boundaries between the public and the private as seen in public-private hybrid arrangements which have significant implications for practices and discourses on accountability.

**Three**, accountability deficits and complexities located in global alignments between private and non-state actors wield an undue influence on global health governance and provide legitimacy for the expansion of private health care. An overpowering presence of private non-state actors has resulted in the state increasingly evading its accountability to citizens and repositioning itself as a facilitator of private interests. As a result, accountability chains have become more complex in these countries.

**Four,** elitist techno-centricity has added additional dimensions and challenges to accountability discourses, which have come to be delinked from community experiences. Prominent accountability approaches are overwhelmingly expert led and narrow in their outlook as demonstrated by an overemphasis on efficiency and outcomes using technical details and digital mapping. These practices have undermined the transformative potential, power asymmetries and equity perspectives in accountability processes. Such limited, instrumental and reductionist accountability perspectives further exacerbate the alienation of communities and tend to absolve global actors of their influence on the continuing indignities and violations of rights that communities are confronted with.

The COPASAH symposium was conceptualised against the backdrop of such a complex policy context, one that compromised accountability to the health and wellbeing of citizens and communities. The moral and ethical values for the human right to health are undermined through policies which refuse to pursue the path of inclusive, community-centred and bottom-up processes and pathways. Realizing that a process of social accountability is only possible through strong bonds between community and global solidarity, the symposium firmly located accountability in the larger canvas of global solidarity towards a strengthening of citizenship and governance, and towards furthering the community’s role in building people oriented, equitable and accountable health systems in the pursuit of challenging inequitable power structures of society.

**A Brief Overview of the Symposium**

The symposium was held between 15th and 18th October, 2019 in New Delhi, India, and co-organised by People’s Health Movement (PHM), Azim Premji University (APU), Accountability Research Centre (ARC) –American University, Institute for Development Studies (IDS), Sussex and Program on Global Health Justice and Governance (PGHJG) of Mailman School of Public Health, Columbia University.

The Symposium Organising Committee consisting of the Steering Committee of COPASAH and the co-organisers, deliberated on the character of the symposium along with over a hundred national and international partners who were a part of the symposium. A diversity of practices, participatory methodologies, dialogical ethos, diverse learning spaces, multiple media of interactions such as films, performances and personal interactions were key to curating the symposium. The programme format of the four-day Symposium was to facilitate and stimulate learning through dialogue between and amongst participant practitioners, policy makers, academics, researchers, and activists working with various domains of health accountability.

The themes and their nuanced positioning were finalised through consultations and deliberations in a series of national and international meetings and workshops in the pre-symposium period.[[1]](#footnote-2) The five hundred delegates represented forty eight nationalities and diverse cultural geographies that included indigenous people from Latin America, members of the Roma Community from Macedonia, practitioners from fifteen African nations, Dalits and Adivasis*—*indigenous and marginalised groups from India, trans-gender persons and people with disabilities. While English speakers formed the largest contingent, Spanish, Portuguese, French and Hindi speaking delegates formed a substantial portion of the delegates. The entire symposium consisted of fourteen satellite sessions, five plenaries, three learning synthesis sessions, fifteen thematic sessions (on five thematic axes of the symposium), twelve inter-thematic sessions, three workshops, ten practitioners’ huddles, six regional assemblies, a general assembly of practitioners, and discussions facilitated through a curated selection of films and posters. The Code of Respectful Behaviour (4) was formulated by COPASAH as a pledge to be undertaken by all delegates as a precondition to participate in the Symposium. At the conclusion of the symposium, the Social Accountability Charter—with highlights from the four-day proceedings, was released. Two hundred delegates contributed to through presentations, posters, case stories, discussions and sharing of experiences.

**Thematic and Intersectional Deliberations on Accountability Practices**

**A w**ide range of issues concerning marginalised communities and accountability of the state and various healthcare institutions emerged during the symposium under five different themes. This paper highlights some of the critical aspects of these deliberations and discussions that were diverse and rich, based in the global context yet connected through a common global-south experience and through various accountability practices.

The five 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— Indigenous People, SRHR and Private Sector — were first laid down and nurtured by COPASAH and over the last five years discourses on the other themes were built. 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. This issue carries papers on each of the following themes.

***Community Participation in Accountability for Health Systems Strengthening***focused on the potential and power of communities to demand accountability. The deliberations of this theme were organised as three sessions over three days. The discussions positioned communities and civil society as central to the governance and accountability of health systems (both public and private). The importance of contextual analysis in defining strategies and interventions for demanding accountability emerged through the deliberations. The emphasis was on social accountability as a continuous process composed of local as well as global mobilisations. This theme highlights the varied strategies adopted at each level, ranging from organising mass movements, creating public awareness, to building coalitions, media advocacy and engaging in budget accountability. Upon evaluating the effectiveness and relevance of social accountability, practitioners arrived at a consensus on the need to capture incremental shifts while keeping the larger goal in mind and recognised that building social voices requires identifying structural issues, using multi-pronged methods, building citizenship, coalitions and movements, and generating and using evidence to engage with political, social and economic forces that perpetuate health inequities.

***Rights of Indigenous People and Accountability***focused on their accessibility to public services as the key point of deliberations. Globally, indigenous populations are diverse and present in countries. The symposium recognised their shared histories of marginalisation and oppression and provided a platform for the community members to share their experiences of exclusion from social and economic processes as compared to the non-indigenous inhabitants. This theme explored how health accountability for indigenous populations can help to tackle the situation of poor services in indigenous territories and communities and how accountability is an exercise that allows people to improve their knowledge, skills and strategies about the workings of government and state institutions. It also discussed the importance of healthier populations that contribute to advance indigenous people demands. Over seventy participants from more than twenty five different countries participated in three sessions over the three days and discussed current practices around health accountability for indigenous and marginalised populations and the intersectional issues that are emerging from that practice. Participants also brainstormed about strategies to improve health accountability for the short and mid-term.

***Sexual and Reproductive Health Rights***is acknowledged as a deeply contested domain for accountability. The stakeholders to be held to account are beyond the framework of the state and permeate through societal constituencies. SRHR are indivisible aspects of human rights, and deeply linked with the fulfilment of all other civil, political, economic, and social rights. This theme was conceptualised in the context of the global attention drawn to these issues through SDGs, but the scope of such discourses have been limited, fragmented, and overtly focused on narrow targets, with grave implications for women’s autonomy, their access to determinants of reproductive health rights and quality, affordable healthcare free from coercion. This theme centre-staged community-led social accountability practices that negotiate the politics of sexual and reproductive health rights. The presenters from communities interrogated how societal inequities hurt sexual and reproductive health rights and discussed components that were integral to the accountability practice, both at the interface of communities with health systems as well as within health systems and communities themselves. There were discussions on global actors and their impact on SRHR accountability and global accountability mechanisms that are needed to negotiate the power of donors. The stories of increasing disrespect, abuse and coercive treatment of women during maternity care, the tension between population control and access to contraception, abortion rights, menstrual hygiene management, the right to express ones gender and sexual identity and so on were shared by participants from diverse countries.

***Setting the Framework and Agenda for 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 presentations of experiences from South Asia and Africa 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 shared as an effective strategy to demand accountability of the private and corporate health care institutions. Insights from these deliberations are intended to contribute to a global counter-narrative and provide activists with the tools to create awareness and engage with this critical issue.

***Forging Alliance Between Health Care Workers and Community***focused on marginalisation and the conflicts between the health care workers and community. The common perception of their role is as ‘lackeys or liberators’—as if they mere service providers or 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 focussed on building positive alliances between the two towards building community centred health systems.The theme consciously focused on those sets of workers who engage with communities directly on provision/facilitation/promotion of health care. To explore their diverse contexts, the session mapped the increasing ambiguity in their role in the wake of several policy interventions often leading to collision among health care workers themselves, potentially conflicting expectations of service providers, skewed recruitment processes as well as the role of training programs in the wake increasing privatization of education. The theme noted that understanding the structural locations that are steeped in power dynamics for different kinds of health care workers was important for appreciating the challenges as well as opportunities for fostering accountability.

**Critical Discourses Emerging from the Symposium Deliberations**

***Defining Accountability, language, and tools***

COPASAH[[2]](#footnote-3) was initiated in 2011 by a group of practitioners of accountability in health from the global south as a critique of accountability as a technocratic, tool-based method, de-linked from power perspectives and the marginalisation of people. Prof. Jonathan Fox from Accountability Research Centre of American University outlined in the plenary that the linguistics and terminology in the accountability field are still ambiguous and based on technocratic control and a top-down approach. Accountability has been used more as tool for tactical outcomes and some practitioners use it as strategic tool with a long-term impact in perspective. (6) The discussions in the plenaries as well as inter-thematic sessions acknowledged these ambiguities, the lack of a cohesive definition of accountability and the reality of it being reduced to mere tools and checkboxes in the forms of score cards and audits.

One of the key propositions of the symposium was concerning communicating accountability strategies and developing conceptual and cross-cultural translation of the term ‘accountability’. In the inaugural plenary, Ms. Aruna Roy of Mazdur Kisan Shakti Sanghatan, a premier people’s collective in the field of transparency and accountability, instrumental in the enactment of Right to Information Act in India, raised the slogan, ‘Our rights, Your accountability’ and said “today we’re all here to speak truth to power, as accountability is nothing else but speaking truth to power. ” She emphasized that social accountability is the next step to taking forward the citizens right to information.

***Citizenship, Exclusion, and social accountability***

The symposium was taking place in India even as citizenship crisis was discussed and debated in relation to several global political happenings. This included the Rohingya refugee crisis in Myanmar, the crisis of conflict and displacement in Syria, the influx of refugees and ceiling of borders in some of the European Union countries, the heightened discussions in USA on Mexican migrants and in the context of India, the issue of National Citizenship Register exercise in Assam which was targeted to identify the Muslim immigrants and ended up excluding 1.9 million people from being citizens. The issue of citizenship and treating the marginalised as non-citizens without any rights resonated through the symposium sessions. The accountability of states, international human rights bodies and other ombudsman bodies and national policies was questioned by the community leaders and discussions were also juxtaposed with the issues of dwindling state, fragmentation of governance systems and elusive accountability as experienced by communities of the disadvantaged globally.

The delegation of Roma People from Macedonia, Bulgaria and Romania placed before the symposium their examples of living as non-citizens and how it has furthered their marginalisation. The Roma people brought into sharp focus the responsibility of any nation state towards people who do not have clear statehood. They face marginalisation and discrimination in every sphere of life and particularly in health systems. Such experiences were echoed by participants from Dalit and indigenous communities in South Asia.

Through the course of the symposium, the exclusion and discrimination of minorities, of Muslims, of diverse ethnic communities in Africa, refugees and internally was spoken about in depth. There emerged a great concern over the political processes such as in India where right wing and neo-liberal governments devise mechanisms to create disruption in societies by declaring some people as non-citizens. Citizenship forms one of the firm foundations for the moral claims of accountability from the State. That citizenship itself is questioned is a matter of grave concern as expressed by many participants.

***Dwindling State, overpowering markets, and accountability of non-state actors***

The speakers in the plenaries and in inter-thematic sessions located the accountability discussions within the discourse of the state becoming fragile, abdicating its responsibilities to citizens, and overtaken by market logic and corporate powers. The precedence of marketisation is seen in the shift from buildings systems to tackling problems and from comprehensive systems to target-oriented system building. Moses Mulumba, a human rights lawyer from Uganda, stated that a global perception of the state in global south has been painted as ‘entities that cannot deliver’ and hence making a rationale for non-state actors to subvert governance in the name of delivering services. Several examples were provided to explain the global agenda setting is done by non-state and private-corporate actors as seen in funding of WHO which minimizes the power of nation-states. The overall impact is a compromise in establishing accountability. Examples were cited from various African countries such as Uganda where basic services such as water, electricity, and transportation facilities to citizens have been privatized, and many other such services are done through ‘private public partnerships. Through these, large amount of public money is being diverted to private actors and the role of the state is lost and is no more ‘accountable’ to citizens. Experiences of the social movements of the most marginalised in India, such as the *Safai Karmachari Andolan*, admitted that privatization of services has ‘knocked out’ rights from the lives of the poor. While the rich do not pay to use toilets in hotels and luxury spaces, the homeless, destitute and slum dwellers must pay to use toilets in slums and homeless areas in cities. Marginalised communities are deprived of even the bare minimum entitlements even as the discourses go on human rights.

There was an agreement that that the state is regularising the private players rather than regulating them. The discussions that ensued deliberated on the need of practitioners of accountability to understand how the state works, need to start looking at human rights on global solidarity and obligations beyond borders as the need of the hour. It was suggested to have global accountability dialogues and also to set global processes to hold the non-state actors accountable.

***Closing civic spaces and accountability***

The symposium centrally focused on the paradox of citizen participation which is central to accountability and the shrinking civic and democratic spaces. The political context of rising authoritarianism even within elected democracicies, rise of right-wing politics, religious polarisation which affect the foundations of citizenship was noted as the key contemporary political context within which accountability has to be located.

Authoritarianism which leverages centralisation of political and economic power, creates narratives of poliarisation on the basis of nationalism and is seen to conflate with religion and citizenship. Globally, neo-liberalism with crony capitalism has created a world of inequity and poverty. So, the question was centrally posed to consider – how to how to expand participation in times of the crisis of citizenship and how to expand civic space. It was also noted that the right-wing fascist regimes have successfully created deep divides in civil society and within civil society there is a compromise on democratic values which furthers the culture of impunity and non-accountability of the ruling classes and state. Accountability, in that sense, was explained as conversation about politics, democratic and liberal values, and above all about how we define society itself.

The discussions also related to the developments in India itself with the experience of National Register of Citizens (NRC) that was being exercised in Assam. It unfolded in targeting Muslims based on their religion and excluding them from citizenship.

Delegates from Civicus, a civil society organisation from South Africa presented their study and reports (7) (8) which noted r*ise of authoritarian regimes* as the key factor which suppressed civic space. The report notes that 111 countries in the world have serious civic space restrictions. Such restrictions are manifested in backlash to organisations providing fundamental lifesaving services, journalism censorship, preventing people from accessing news, internet shutdown etcetera. The organised civil society groups that are harrassed and targeted include women’s groups, labour unions, groups working on environmental and indigenous people’s issues. Attack on human rights defenders was reported from participants from Guatemala and Columbia.

Researcher from Accountability Research Centre (USA) based on her work in Brazil, Camboaida, Ethiopia, Nepal, Pakistan, and Zimbabwe, she expressed that civic space is changing, rather than closing. Such a change can be seen in the new actors especially right-wing actors occupying public space with their unruly politics, usage of digital public space changing public discourses. Leaning towards authoritarianism, intolerance of diverse opinions coupled with populist politics and polarisation was noted as common feature across the world whether the country is poor or rich. This is about political elites taking power from social actors. Informal means for threats and intimidation to close the space is a common experience across these countries as civil society divide is created in the name of ‘protecting our values’ against ‘foreign values’, shutting down NGOs, suppression of all dissent. The presentations noted the overall pattern in the move to authoritarianism that includes exclusionary policies crafted without people’s participation and shutting down civic protest to deliver rapid economic social transformation. Elimination of civil society space for questioning and dissent is seen as the primary strategy to circumvent any accountability.

The discussions that ensued broadly had a common agreement in the understanding that SDGs and the principle of ‘leaving no one behind’ is unlikely to be achieved with the closing of closing civic spaces. On a positive and hopeful note, it was stressed that accountability discourse has to be broad based beyond health sector, move beyond situation of fear and intimidation, coalitions have to be formed and strengthened and stressed the need to build a global movement for social accountability. The presentations and studies underscored that there is also a rise of people’s power in an unprecedented manner and civil society is getting organised in in nontraditional spaces and outside the formal civil society spaces. In Guatemala and Peru, larger civil society coalitions were formed to bring about substantial changes. The symposium endorsed the need for building broad based alliances, engage with donor and global spaces to build global solidarity of citizens and to have innovative methods of strengthening civic voices and mobilsing resources for accountability.

***Systemic diagnosis, analysing power to reclaim accountability***

While the political and social analysis of accountability gaps and repositioning of state vis-à-vis citizens as a facilitator of markets continued, parallelly the discussions on reclaiming accountability and approaches were discussed. A plenary consisting of an international panel deliberated on this issue of ‘how do we reclaim accountability and what is the role of the local and global actors.

Delegate from the International Budget Partnership (IBP) engaged at the global level in analyzing budgets to demand for fiscal and budget accountability provided the framework of analysis for such a task. The approach require a diagnosis based on the nature of the problems to understand if accountability gap is due to a technical or wrong policy based on lack of evidence or if it is a system-based outcome. In the latter, we must use systematic approaches. Presenter from Latin America closely engaged with the indigenous populations elaborated that those who have been left behind is not an accident but is a result of deliberate action or an outcome of non-compliance.

The presentations brought the power discourse as an important element in diagnosing the issue and to strategise action. The omissions to the compliances of human rights demands show abuse of power on a grand scale. These issues cannot be addressed just by improving the data quality or indicators. The strategy is to force those in power to stop misuse of power. Understanding accountability bottlenecks is more about power and power relationships, and we need to think about how people can be instrumental as citizens agency or as a core part of the strategy. It was pointed out that working through the system lens facilitates the deployment of strategies and tools, skills, space, resources, and information that are critical to buttress citizens action.

Practitioners, however, are always confronted with the dilemma of choosing between a confrontational or a co-operative approach. The latter approach works well in collecting appropriate and critical data as evidence to negotiate with authorities. Practitioners do have to think of how to engage the service providers to obtain critical information as quite often some of them are sympathetic and at times they too are victims of certain policies or the system. The Latin American experiences narrated that they could be at best used as whistleblowers. These are some examples of strategies to negotiate with power structures. At the same time, citizens and civil society also need strategies to protect themselves as there can be a backlash.

A delegate spearheading the African Health Budget Network in West African region from his experience of engaging both at the local and global level stressed the need of connecting the two where a considerable gap exists. It was pointed out that there are going to be backlashes at all levels, including the local, national, and global levels, and hence a solidarity at multiple levels of engagement is necessary. In addition, it was said that global is not a monolithic entity and there was a need to work with allies and various proactive institutions with similar perspectives while having our feet grounded in local priorities. A Ugandan speaker, in addition, foregrounded the need to work vertically and horizontally with all sectors beyond health sector such as trade, investment, GMOs, food system and debt and aid as well as climate change to strengthen accountability in health.

Through the symposium deliberations, there was considerable agreement that strategizing for accountability requires robust system analysis, alliance building at multiple levels and sharpening the strategic approaches in addition to strengthening bottom-up voices demanding change. Through the symposium deliberations, strategising for accountability was summarised as navigating power, working politically and redesigning systems.

***Shrinking rights of the disadvantaged and the paradoxes in state accountability***

Two sets of experiences of working closely with the government in India were placed for discussions that brought out the differential behavior of the state in varied policy contexts. The representative of an organisation located within the state accountability system closely anchoring the processes of transparency and accountability in the state of Telangana, outlined that social audits conducted twice in a year in every panchayat helped to bridge the gap and the disconnect between citizens and the government (encountered by citizens as local service providers). This process has institutionalized every citizen’s right to be heard. The processes of social audits leverage Government’s own need to project a transparent image. Based on her decade long experience of working with the government and institutionalizing accountability protocols, she narrated that the transparency and accountability are complementary. In India, social accountability has been able to address matters which the transparency law (Right to Information Act) has not been able to answer. Now, a stage has come where social accountability must become a legislation to legalise citizen’s right to hold governments accountable. Such processes however yield positive dividends only under the gaze of a watchful civil society.

*Safai Karamchari Andolan (SKA)* in India stands for the campaign for the eradication of manual scavenging in India and to uphold their rights as municipal sanitation workers (*Safai Karamcharis)*. Most of the people who are engaged as street sweepers, toilet/sewer tank and manhole cleaners, night soil carriers in India belong to the most marginalised community of Dalits in India. Most of these people are not even accorded the status of a worker and are hired as daily wage labourers by contractors. Acknowledging the fact that there is upward (vertical) accountability in the state and no accountability towards citizens, National Convener of SKA, –Bezwada Wilson narrated that the manual scavengers are not even accorded the status of citizens in India. When *safai karmacharis* in the movement pose questions, they are ignored or reviled at and when the organised questioning assumes collective strength, they are labelled as ‘being against the government’. In 2019, there were reported deaths of 1878 of manual scavengers engaged in cleaning sewer tanks and it did not create any headlines in the media or any national outcry. The presenter narrated that government of India has launched clean India campaign (*Swachh Bharat Abhiyan*) and had declared several areas in the country as Open Defecation Free which is a myth. It is the manual scavengers who are cleaning these areas and keeping them clean. Governments do not hold any accountability to the lives and rights of sanitation workers who are cleaning the faeces from the same toilets that it is constructing on a spree under the clean India campaign nor it is addressing the accountability of anyone for the deaths of manual scavengers, despite the enactment of the law (9) after a long struggle to eradicate manual scavenging. On the other hand, in several places, the aggressive Clean India Campaign has resulted in upper caste people lynching and murdering two Dalit persons for defecating in the open as they do not have place of their own to build their toilets.

These two presentations brought out the very contradictions that are inherent in Indian society where the caste-based discrimination is a social norm. The discussions that followed in the symposium unanimous in agreement that human rights of the marginalised have to be upheld, governments need to be accountable for the rights of each and every citizen and a stronger civil society solidarity as the need of the hour. The symposium also endorsed that fact that civil society needs to leverage spaces of engagement with the State to safeguard human rights and to hold state accountable

***Unmasking slogans of global policies and elusive health care***

Symposium theme was contextualised within the goal of leaving no one behind and making health care accessible and affordable to all. Number of participants were also deeply engaged in various geo-political contexts in monitoring SDGs and global policy processes. However, the symposium raised several questions on the positioning of SDGs and Universal Health Coverage (UHC) in the context of increasing inequities, conflicts, and stifling of civil society voices. Several concerns were raised in this regard as UHC has slowly morphed into universal insurance coverage focused only on facilities and not people, lack of access to resources which is critical for UHC, varying opportunities for people, lack of allocation of resources for health systems strengthening. It was strongly voiced that inequities are masked by national averages.

The UHC was couched in confusing language and yet appealing language. There is a confusion in pitching UHC if the way forward is moving to universal health care or the universal health systems as it has implications to addressing inequities. UHC is understood differently across countries. Panelists in sessions especially on SRHR raised the concern that some critical issues such as abortion do not figure out in UHC and there is no clarity where several issues related to reproductive rights squarely fit in the UHC agenda. As civil society across the globe are co-opted in the SDG and UHC discourses, participants overwhelmingly suggested that from an accountability lens, a critique of this approach needs to be strongly foregrounded. It was commonly agreed that an uncritical acceptance of UHC, especially in a non-responsive health system, is designed to pave the path for the private health care sector. It was expressed that there is a need for robust evidence for the potential pitfalls of UHC and consolidated civil society pressure through its alliances for a robust critique as to how such an approach is detrimental to the rights of the marginalised communities.

Though couched in an appealing language, UHC is invariably takes the form of health insurance that does not address physical and economic access to the margainlised populations and on the other hand ends up siphoning of state resources to the private sector. Latin American health advocates raised the issue that accountability is located in such complex contexts of corruption in the system and retaliation against accountability advocates. Speaker from Uganda highlighted the unaddressed issues that surround UHC that included rising dominance of the private sector both in health and other sectors, involvement of transnational corporations and continued withdrawal of governments from the provision of health services. Even within the health sector, increased shift in resources from preventive to curative services, investment in infrastructure and technology rather than in human resources and shelving citizen participation are needed to be questioned and addressed if SDGs and UHCs were to be a reality for the marginalised populations.

The discussion on UHC centrally focused on eliciting accountability of the private health care sector. Researcher from Tanzania acknowledged that increasing role of the private sector is a dangerous phenomenon and accountability in this context is quite complex. The practitioners and alliances need to reflect on two key points, i.e. interrogate what is going on across national and global levels with the involvement of private sector and there is a need to know how to forge a win-win partnership with the private sector, even as we explore ways to regulate it.

***Asking the right questions – shifting the paradigm in research to bolster accountability***

The field of accountability closely interfaces with evidence generation, research, monitoring and evaluations and social audits which adopt rigorous methodologies. The symposium deliberations factored in raising critical questions such as ‘who undertakes research? What kind of research resonates with accountability? And, what kind of research promotes citizen centred bottom-up accountability?’ Raising critical questions on contextualising research for accountability was spread across the symposium sessions, and a practitioner huddle and an inter-thematic session devoted to it delved deeper into issues related to research. Researchers from premier research institutions such as Institute for Development Studies (IDS) Sussex, Accountability Research Centre (ARC) Washington DC, Azim Premji University (APU) India, Mailman School of Public Health (New York), Ifakara Health Institute (Tanzania) and Queen Mary University, London, spearheaded the introspection of the research community even as they gave a call for more relevant research as a key to unlock many of the issues that are troubling the issues of citizenship and accountability.

Research has so far focused on donor-funded priorities, where the focus is on finding lessons for interventions which has provided less scope for research that can help practice- the dismantling of power structures. A lot of action-oriented work has gone undocumented and un-analysed. A responsible research tries to fill gaps, helps develop relevant agendas, and work with practitioners to analyse their own experience. It was pointed out that research often does not capture the power shifting aspects of a practitioner work as it tends to focus on simplest theories of change. Very locally bound methodologies that do not capture variations will miss the point. Even in the methodologies, the deeper problem is that indicators chosen for research are not adequately reflective of the issue in focus. As much of the research is focused on publication, most of it is not relevant or useful for practitioners.

Donor and academic emphasis on RCTs which are robustly funded tend to crowd out other research methods. Research should capture the relevance of multi-level approaches to change that included comparative research. The panelists agreed that civic leadership and training is of utmost importance to be able to add to power-shifts and bolster citizen empowerment for accountability.

In general, funding for research and the influence of donor-driven research came up very prominently in the presentations. Researcher from Colombia University contended that research agendas are dominated by donor priorities instead of community priorities, and they are under pressure to create a narrative of success. Raising money for research and the donor stake compromises research. There are also policy restrictions on research on issues which are of the communities. An example of Global Gag Rule was cited. The global gag rule is a United States government policy that blocks U.S. federal funding for non-governmental organizations that provide abortion counseling or referrals, advocate to decriminalize abortion, or expand abortion services. It is well known that the Global Gag Rule has the opposite effect of what it intends. It was discussed that accountability focused research needs to be innovative in way that instead of focusing on researching the effect of the Rule, it could focus on how donors and researchers can mitigate the impact of the Rule.

Researcher and accountability advocate from Guatemala emphasised that trying to bring into practice the idea of making research relevant to community. It is important to consider ‘who’ asks the question, ‘who’ decides what question is right and ‘what’ process and methods are in place to ensure that the approach to the response to the question ensures participation of people. The community centredness and participation in research was forefronted vis-à-vis the current practice of research which keeps academic paradigm of framing questions which alienates the participation of community. The method of data collection needs re-thinking and needs to be in harmony with the needs of the community. In a community centred accountability research, it was emphasised that communities must be involved in formulating research design.

Further, in the sessions that spread across the symposium, deliberations dwelt on the need to ask questions about systems and how they work, whose agendas get researched, whose methods are employed and who are the non- state actors and their pathways of influencing global policies. It was pointed out that the research needs to be relevant to the systemic issues as well as the local health issues. It was noted that knowledge to the right people is the key and knowledge is currently top-down and there is a need to re-focus on the bottom-up knowledge making process, to document, analyse and re-conceptualise what it means for accountability. The delegates were unanimous in agreeing that research has to support progressive allies for transformative change while research on the accountability ecosystem should cover what is happening and how and it requires more considerable attention to methods and methodologies in order to combat colonisation of knowledge, and work using alternative methods, and participatory action research.

The discussion on this issue in relation to accountability deliberated that it was important to prioritise research agenda based on the grassroots experiences to unpack the state as an organisation, and what is it and how does it work. Secondly, research has not yet prioritized the issue of private sector-and state relationship. There was resonance among participants across sessions that there is a need to acknowledge talking about the accountability of non-state actors and their role in setting global agendas in accountability discourses. It was pointed out that along with shrinking space for civil society, space was also shrinking for people oriented research as it is seen that such research focusing on inequalities hardly attracts funders’ attention as it invariably intersects the domains of politics, governance and democracy.

**Social Accountability Charter**

The deliberations of the symposium were encapsulated in the COPASAH social accountability charter. The formulation of the charter was taken through a participatory process before the symposium where inputs were sought by wider COPASAH community. The draft was discussed in the four regional and one thematic assembly in the symposium, viz. Latin America, South Asia, Africa, East and Southern Europe and the research community. Finally, on 18th October 2019, the general assembly of practitioners adopted and endorsed the final draft of the ‘COPASAH Charter and Call to Action for Social Accountability for Health’.

The charter sets forth the broad vision emerging and endorsed in the symposium on how citizenship, governance and accountability processes must contribute to better health and well being of all, most importantly of the marginalised and deprived communities. It outlines the core belief in equality and rights, affirms commitment to the processes of social accountability and includes a call for action from various stake holders from the civil society, government, media, and international agencies (10).

**Other key areas of deliberations**

Several formal sessions in the symposium covered varied accountability related themes, not restricted only to health care sector. They encompassed the broad social, political, economic, and cultural determinants of health. Such themes include fiscal accountability and citizen action, sexual orientations and gender identities, politics of health, politics of knowledge, resources for social accountability, water-sanitation and other social determinants of health, for-profit actors, and global governance. The practitioner huddle space comprised of shorter sessions and was intended to accommodate many critical themes such as mental health, various methodologies used for mobilising communities in the accountability processes such as using digital information communication technologies, photo-stories, films and street theatre. There were three specially designed workshops which used perfomance, forum theatre and films for participatory discussion on citizenship and accountability. The regional assemblies and Africa-Asia dialogue were special sessions which aimed at deepening both regional and global solidarity.

**Closing comments**

Number of participants and especially those who came from communities across the globe generously expressed that this was a symposium with a difference where they felt included and at home. Several limitations in the venue of food, restricted internet did not deter anyone from contributing to the deliberations and from drawing in from the discussions. The ‘Code of Respectful Behaviour’ which COPASAH formulated and was signed by each and every participant set a benchmark in creating safe space for all – women, indigenous populations and people with diverse sexualities and abilities. The prominent presence of participants from diverse sexual orientations and from ethnic linguistic communities challenged everyone in terms of accepting each other and communicating respectfully with everyone. The camaraderie was a testimony towards making conferences substantive in content and yet inclusive in nature.

All the participants have subscribed to the spirit and content of the charter. The *Charter on Social Accountability and Call to Action* is going to be the connecting point for all practitioners in the post-symposium period. The connect is going to continue through an active listserv, occasional social accountability dialogues organised by COPASAH and regional practitioner strengthening processing through regional and thematic hubs. The symposium facilitated the emergence of critical discussions on various issues within the larger framework of citizenship. It also showed areas for potential collaboration among practitioners both in terms of regions and themes, commitment to continuing dialogue and opened up various avenues for critical research.

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2. [↑](#footnote-ref-3)