GLOBAL CONSULTATION ON FUTURE STRATEGIC DIRECTIONS OF COPASAH

Date: 19th November, 2016 (Saturday)

Venue: Hotel Marriott Downtown

Time: 10.30 a.m. – 5.30 p.m.

DRAFT REPORT

Preface

This report is an outcome of a Global Consultation on COPASAH's strategic future directions convened in Vancouver in November, 2016. The Consultation was enriched by discussions carried on with an array of experts on social accountability including academicians, researchers, and accountability practitioners.

Locating within the context of the SDGs, the deliberations in the meet enriched by critical insights from experts in research, academia and accountability practitioners focused upon visioning for COPASAH, prioritizing and identifying directions the way ahead for the network.

While recognizing COPASAH as a Southern led global network of organic intellectuals in social accountability the inputs articulated by the experts suggested for integrating multiple approaches for COPASAH based on structured review and veering to influence the global agenda, by exploring thematic hubs and forging alliances with networks, alliances, civil society, researchers, academia and other potential allies.

We are thankful to all the experts for the insightful discussions which would be helpful in furthering the pathways and strategic directions for COPASAH charted out during the meet.

Table of Contents

Preface	1
Session I: Introduction and Setting the Context	3-4
Session II: Visioning Round Table I: The Field of Social Accountability, issues and challenges	5-9
Session II: Visioning -Roundtable II: COPASAH –Dilemmas, Options & Pathways – An in-depth discussion	10-13
Session II- Participatory Strategizing Exercise	13-15
Session III- Moving Forward	16-17
Concluding Session	17
Annexure 1- Agenda	18
Annexure 2- Participants List	19
Annexure 3- Bios of Invitee Members	20-21

DRAFT REPORT

Session I

Introduction and setting the context:

The Global Consultation on COPASAH's strategic future directions began with the welcome address by Abhijit Das, Global Convener, COPASAH. In his welcome address he laid the context of the Social Accountability in Health and the challenges faced by COPASAH as a global network.

COPASAH or Community of Practitioners on Accountability and Social Action in Health was started informally in July 2011.The practitioners who got together to form COPASAH were all working at the community level on health issues, finding ways of contributing with communities' empowerment processes to seek accountability from state authorities for better and more effective health services. Today COPASAH links over 600 practitioners through its listserv and over 300 organisations and individuals across the world are members of COPASAH. In five years COPASAH has been able to establish itself as a dynamic CoP with a very strong communication mechanism where there are vibrant conversations and sharing of practice and lessons. In these five years COPASAH has set up a robust sharing and communication mechanisms, built a case for a bottom up and peer based learning and knowledge building process as well as linking ground level practice to that of knowledge making. The idea of accountability, including the important component of social accountability is now an acknowledged approach in international development including in the health field.

Today the work of COPASAH is coordinated by a Global Secretariat hosted by Centre for Health and Social Justice (CHSJ), in New Delhi through the three regional practice nodes in South Asia, East – Southern Africa and Latin America. Relationships have developed with organisations in Eastern Europe. The Steering Committee comprises of leading practitioners from these different regions and they guide the Secretariat through an annual face to face and quarterly virtual meeting. Financial Support for COPASAH has been made available very generously by Open Society Foundation, New York.

The Global Community has adopted the Sustainable Development Goals(SDGs)within which Health continues to an important component. The ideas of equity and participation are also key to the SDGs and are included separately as SDG 10 and SDG 16. Much of future development interventions will include a focus on SDGs, and COPASAH provides a unique opportunity to integrate multiple SDGs to strengthen an inclusive health governance agenda within the overall framework of health interventions. This is possible because the core principles of participation, transparency and accountability have gained credibility and traction in the field of health, even though globally determined development action continue to be emphasised and some government officers still evidence little understanding on the role of citizen participation and accountability.

In this reality we at COPASAH believe it is important not only to continue but to strengthen the work that has begun. We fear that otherwise in the name of evidence based practice there may be under-valuing and delegitimisation of community based experiences, knowledge and practice. In the pursuit of scalable solutions, the unique contexts in which marginalisation takes place and varied dimensions of empowerment could be ignored. Taken together this can further lead to instrumental participation of the community without a sufficient shift in the 'power balance' between state authorities and the communities. Through COPASAH we can find more effective ways of building

DRAFT REPORT

capacity and sharing grounded practice, as well as build knowledge from practice as well. Considering the current trends it is important to also influence the global policy processes which are talking of social accountability and citizen engagement, but not necessarily investing enough on community empowerment processes, nor on installing effective governance mechanisms.

The Consultation brought together expertise from academia from the Universities including University of Washington, Columbia University, practitioners of social accountability from Guatemala, Peru, Uganda, Macedonia, India and researchers in the issue of social accountability.

The key questions that were explored through the discussions included the following. These questions were to enable COPASAH to identify priorities and directions for the future.

1. What is the need, relevance and strategic role of a COP like COPASAH in the current health and development scenario?
2. How can a network like COPASAH best address the needs of empowerment and accountability within the field of health governance at the global and national levels?
3. What are the key strategic interventions that COPASAH should undertake?
4. What should be the key strategic engagements? Who should be our key allies? How do we reach out to them?
5. How do COPASAH members could gain efficiencies on its advocacy practice linking pro-governance efforts with other health advocacy initiatives (both within countries and at the global arena)?
6. What kind of institutional mechanism could be adopted for a Global CoP which has its roots in community processes in the Global Southin order to be able to influence the actors and processes of health policies?

The day long Consultation was structured in two broad sessions. The morning sessions ideated upon a future for COPASAH (exploring questions 1-3) and the afternoon session were more focused on exploring practical directions for actions including collaborations and partnerships (questions 4-6).

The introduction and setting the context session ended with personal introductions by the participants and their thematic area of work.

DRAFT REPORT

Session II

Visioning:

Round Table 1: The Field of Social Accountability, issues and challenges

- What is the need, relevance and strategic role of a CoPlike COPASAH in the current health and development scenario?
- How best can a network like COPASAH best address the needs of empowerment and accountability within the field of health governance at the global and national levels?
- What are the key strategic interventions that COPASAH should undertake?

LOCAL TO GLOBAL: The Field of Social Accountability and Challenges

A free-listing and brainstorming session was facilitated to lay out the challenges that are seen in the sector of social accountability.

- Overemphasis on effectiveness: The general perception that is prevailing among donors is that that Social Accountability framework does not deliver. Many donors have already moved out of the social accountability framework or have reduced funding.
- De-politicized and positioning of social accountability without a 'democratic' framework: The emerging dangers that have begun to make appearance were spelt out by some experts. In relation to effectiveness, often China model is cited as being very effective and democratic-social accountability processes being less effective. The efficiency model of china is located in a non-democratic State where there is no democratic engagement of people with the State.
- Capture of the concept: The capture of the terminology of social accountability and it usage has led to misperceptions and misunderstanding. There is a challenge to ward off these misunderstandings and to spell out 'what is not social accountability'. Many usages are very narrow and leave out citizen participation, democratic governance and so on.
- Contested terrain: The practice of social accountability with a human rights perspective lies in the contested relationship between the civil society and the State. It intersects Human Rights, Marginalization of communities and inter-sectionalities of marginalisation, health system governance and deepening democracy. The relevance of COPASAH practice needs to be seen and reviewed in the context of what has changed in the context of health and development keeping in perspective these basic elements.
- Political context: Through country experiences it was stressed that transparent governance for anenabling political context for social accountability practice is necessary. Without transparent government no social accountability is possible.
- Yardsticks of change: Critically looking at the field of social accountability it was put forth that there is a need to set forth for parameters of influence. So far there is no substantial evidence for the influence of social accountability on governance and policies. However, that it promotes knowledge and awareness is discussed and recorded intensely.

DRAFT REPORT

Changing context and relevance of COPASAH

Some of the factors in the global and macro context were spelt out through the discussions which in turn reflect in the changing the local contexts. COPASAH's work is locally grounded but the reach is global, hence the local to global intersecting issues emerged through the discussions.

- Austerity policies all over the world are restricting the scope and reach of social security including health care and severe constraints are increasingly placed on these social welfare measures.
- Hardening of social exclusion in various social avenues is being increasingly seen.
- Fragmentation of communities is observed as an increasing phenomena
- Democracy which is only seen as election process without any substantial democratic and participatory substance and increasingly becoming authoritarian was described as a 'hollow/hollowing democracy'. The latest election of Donald Trump in USA exemplified such a phenomena.
- Expansion of 'corporatisation' of health care is a worldwidephenomenon where no accountability of any sorts, neither to the constitutional values nor to patients.

It was overall acknowledged that social accountability is becoming popular. COPASAH has an excellent opportunity for imbuing with 'meaning' globally and what is it going to move agenda 'locally'. Community of practice has the opportunity to facilitate social movements locally which is the political space for it to facilitate and support social movements. COPASAH is not an implementer. At a global level it gives chance for influencing discourse of social accountability.

This part of the discussion ended with positioning COPASAH between the local to global continuum, of influencing practice locally and discourse building locally.

Expert and critical insights:

Lynn Freedman, MasumaMamdani and Jonathan Fox were invited to provide their expert and critical insights to kick-off discussions on the practice of social accountability in the changing local to global contexts.

Lynn Freedman:

Freedman located the accountability context in a local to global continuum. The global dynamics and global actors affect the local health systems, lives of people locally in an unprecedented way. She outlinedthat global level of accountability should be the collective and fusion of the local experiences of accountability practice. Global advocacy work for accountability cannot be devoid of experiences of working locally. Much of the global work is missing lived reality of people. Hence sharing of skills, knowledge and experiences and solidarity are a great value addition to global network.

In addition building evidence and knowledge production is to be seen as also part of our own critical and self-reflection.

DRAFT REPORT

She also pointed to the coinage 'citizen-led' accountability as citizenship itself is contested as there are millions who are not considered citizens. Hence 'community centered' concept sounds more appropriate.

Masuma Mamdani:

Masuma brought in the development in the recent political processes such as Brexit and election of Trump in USA where an inward looking instead of global solidarity is emphasised. Hence value of global solidarity networks is extremely important to give platform to lend to inclusiveness and to engage with different players, to reach different actors and to bring in inclusiveness at a global level.

At the national level, the networks have a different role to function as 'watch-dogs' in national monitoring and to fill gaps in policies.

She pitched COPASAH as part of the process of building solidarity and alliances at different levels. Community practice has comparative advantage. It is important to reflect on how well it represents different constituencies and where does one to take it.

Jonathan Fox:

Prof Jonathan Fox deliberated on the question of how a network like COPASAH can best address the needs of empowerment and accountability within the field of health governance at the local national and global levels. He dwelled on the discussion by focusing upon three points i.e.

i) Distinguishing between networks and coalitions

ii) Reflecting upon certain distance between a central element of COPASAH's discourse and practice

iii) Distance between two distinct pathways that may or may not converge

1) Context: Networks, coalitions and movements :

Reflecting upon the context of networks, coalitions and movements he elaborated that this distinction is informed by experience of accompanying Mexican peasant and the Indigenous movement in the 80s, when autonomous regional organisations began to come together but very wary of the centralized top-down pyramidal structures, associated with both ruling party and the opposition. They came together but very cautiously, in an approach with three very distinct steps which are

- Exchange of experiences
- Mutual support
- Joint action

He added that embedded in this context the questions and discussions on the COPASAH network can be understood as part of a transition from the exchange of experiences/mutual support to joint action. In other words it can be explicated as transition from network to coalitions.

- Sustainable coalitions involve shared target and this raises the question for COPASAH as to what kinds of shared targets make sense to COPASAH.
- In this context here the classic challenge is the transition the civil society is facing across issue areas. The main advocacy targets are often national, but in order to sustain joint action and

DRAFT REPORT

mutual support there is a need for international or global targets so that there is something in common that all can work on it.

2) He highlighted that COPASAH's strong and consistent emphasis on community level work is appreciable but in practice many member organisations do multi-level monitoring and advocacy. This is effectively feasible if the central goal is empowerment and accountability. So far as the community arena is too small to either build countervailing power or to address systemic problems at scale. Prof. Jonathan Fox pointed that in his observation there is a bit of disconnect between the COPASAH discourse, that is mainly community-focused and in the actual advocacy strategies that are multi-level in practice. He added that, however, this actual practice is one of COPASAH's unique strengths

3) Responding to the questions on visioning for COPASAH about the need, relevance and strategic role of a Community of Practitioners (CoP) like COPASAH in the current health and development scenario; and how best can a network like COPASAH address the needs of empowerment and accountability within the field of health governance at the global and national levels; and the key strategic interventions that COPASAH should undertake, Prof. Fox reflected that in his perspective as an observer , two choices lie in store for the future pathways and priorities for COPASAH.

   He deliberated that COPASAH should continue to focus mainly on learning, to some degree focus on research, and continue building on huge strengths in alternative knowledge production and critical thinking. While noting the knowledge production strategy of COPASAH, he pointed that it is inclusive but also could mean diffusion and less impact on any one *specific* research issue or agenda as social action is quite a broad. Explaining the challenging scenario of not having a shared common agenda, he said, that each member organization in COPASAH has its own knowledge contribution to make. However in order to influence the global research and learning agendas as well to have more agenda-setting impact in the Global Health field, there is a need for focused agenda so that each interested member can contribute to a shared agenda, including specific intellectual interventions, he advocated.

   For a network like COPASAH to transition towards becoming an advocacy network with some kind of global institutional framework, the nework needs to find its linkages with others with global agenda or choose a theme to align with an existing global agenda as a goal, for example SDGs. The global scenariao is too amorphous for anyone to have an actual shared target and therefore would be difficult to sustain coalitional action in the long run.
   The following questions were set for COPASAH to introspect:

   - So what criteria would inform the selection of an institutional target ?
   - Internally, how might that affect membership dynamics, since this idea may be much more relevant to some members than to others
   - In terms of possible external allies, when considering an "advocacy turn," what doors would that open and what doors would that close…?

Summarizing the possible pathways for COPASAH in addition to the continued peer learning which meets needs of network members, Prof. Jonathan Fox suggested for

DRAFT REPORT

- A more focused research agenda, to pursue the long term strategic goal of influencing global agenda-setting in the field and for
- A "turn" towards becoming a targeted advocacy coalition

He further suggested that for the two pathways to be feasible, the consequent focus should be on exploring how both can be bridged to find synergy. He said that there would be a need to explore the aspect of how the research agenda could be most effective in supporting a shared advocacy agenda. In addition, How can the selection of advocacy targets inform research questions, and how can the questions inform the targets?

DRAFT REPORT

Round Table 2: COPASAH - Dilemmas, options and pathways: An in-depth discussion

An in-depth round table discussion followed the inputs on the pathways that COPASAH should adopt for the future along with the dilemmas faced and issues confronted by COPASAH. The key issue was framed as current dilemma; COPASAH is facing – i.e. local boundedness v/s global engagement or local practice vs. global advocacy. This tension was palpable in the discussions at the roundtable. Some of the participants framed the question as: "how can we jump from local to global when we are still limited locally?"

- The primacy of grounded experience as sine-qua-non: The global work should be guided and informed by grounded experience, informed by local realties in health and health care. One of the ways of overcoming the dilemma of local-boundedness vs. the global work is that what is done at multi-level should represent the local level realities, engagement and practice.
- Expanding the network: There are continuing challenges at the local, national and global level as well. But that COPASAH should focus on expanding its scope by reaching out to different organisations and networks was voiced. Building the strengths of networks to address these challenges was suggested as one of the way out. Alliances have to be sought with the academia, other networks with commonality of perspectives, media. We need to do a global mapping of various actors.
- To reinvigorate COPASAH, one suggestion that was mooted was to identify champions in different settings and also to find ways of working with media.
- Engaging with the traditional advocacy processes: The need to engage at all levels, local to national in the least, was expressed by some. One of the ways suggested was to engage with the ongoing international or national advocacy processes such as preparing 'shadow reports'. However concerns were raised as engaging with the global advocacy was a specialized work and needs internal capacity.
- Influencing discourse vs. influencing policy: In the realm of advocacy, a nuanced difference was flagged by differentiating between 'influencing discourse' vs. 'influencing policy'. The latter is known common parlance as policy advocacy. COPASAH's praxis suits better the former compared to the latter.
- Balancing the local and global: A note of caution was sounded by a few saying there should be a balance between the global and the local. It needs mapping advocacy actors at both the levels, more importantly the former (i.e. global).

Goal of engagement: Some of the comments tried to bring back the attention of participants to the ultimate goal of COPASAH in the context of understanding what to do and how to do.

- Expanding the horizons from accountability to Justice: We use the concepts and language of accountability to drive home the issue of right to health care. Accountability is a tool or medium but the central concern is health justice issue.
- Deepening democracy: The practical need of people needing services vs. the discourse of accountability and need to build a community centred accountability discourse is real. The marginalized communities which are deprived of health care services do need access to

DRAFT REPORT

these services to fulfill their human rights. This would be very much in line with deepening democracy.

Prof. Jonathan Fox: Clearing the Contours of Advocacy:

1. Articulating about advocacy,Prof. Jonathan Fox said that, while referring to advocacy he would mean not attempting to influence policy documents of UN but would refer to the kind of advocacy that makes efforts to change what some specific international institutions are actually doing for example- the World Bank –Citizen Engagement and explore how this is playing out on health loans in respective countries?

2) While mentioning about influencing the global discourse he emphasized that it is pertinent to reflect on 'whose' discourse is it and 'how' is it influenced and answering the 'whose' and 'how' questions would require strategic targets.

Informing about the value addition of COPASAH he said that COPASAH is a 'Global-South-led' network of organic intellectuals with the capacity to bridge grassroots, national and global arenas, as well as practice/learning and research and it is bringing grassroots/lived experiences to bear to pushback Vs. Technocratic hegemony.

Reflecting upon the brainstorming/priority-setting he added that the clustering around two main strategic directions – both involve tradeoffs between breadth and depth and focusing on 'Solidarity and Credibility.'

A) Solidarity- would focus on mutual support/peer learning among like-minded people-centered/accountability. In practice this means network-strengthening i.e. working towards

- Selective reactivation of passive members
- Targeted recruitment in new countries
- Continued peer learning

B) Credibility-

1) Potential for targeted global agenda-setting influence (especially through convened, semi-coordinated research on shared questions in different contexts)

a. The issue posed by one of co-invitee, Marta Schaff can be considered i.e. do agenda-setting efforts try to bring bottom-up accountability perspective to health systems/policies and/or to bring health/citizen action for accountability perspective to the governance field?

b. Focusing on bringing health-based action for accountability approaches to the governance field could be more distinctive. Specifically, new doors could open both nationally and globally, if corruption could be explicitly and strategically included in COPASAH's accountability agenda. This is also relevant for bolstering COPASAH's legitimacy and credibility in national contexts amidst the scenario of threat to civil society space.

DRAFT REPORT

(PS, it's curious that the focus of the discussion is exclusively on abuse and social exclusion w/o explicit reference to corruption, which is inextricably linked and part of the same systemic accountability failures when seen from below)

c. Criteria for selecting target institutions would be a tradeoff between potential accesses to them versus the clout of those mainstream institutions.

i. Contrast a target of trying to influence the agenda of the next Global Health Symposium conference, which is accessible, versus addressing the claimed citizen engagement mechanisms in World Bank health projects in respective countries.

ii. The latter institutional target is a bigger lift though not impossible

d. Criteria for selecting target issues and questions– Probably different research projects can address specific kinds of abuse, as well as the need for/role of people-friendly, public oversight institutions that can extract accountability and levy sanctions vs abusers and corrupt

e. The global agenda-setting/influence section of the future agenda needs its own process for developing the criteria for targeting and making choices. Following on Anuj's observations, a mutual update on who is working on which research questions would be valuable and it would also be to helpful in locating where current and future agendas cluster.

Prof. Fox surmised that further he would be interested in further brainstorming and collaboration on how can shared COPASAH-led or COPASAH-induced research agenda contribute to the targeted approach to influence global agendas.

Discussions and Comments: Comments and discussions followed the inputs of Jonathan. It was clarified that advocacy does not mean something to do in Geneva. It requires delineating tangible and shared targets rather than focusing on amorphous target which needs a keen eye on 'pressure points' or 'entry points'.

Discourse does not necessarily follow practice was another opinion that emerged, hence stressing the need for 'influencing practice'. The people centric practice means that people should not be only considered recipients or beneficiaries of services, but there is a need to re-emphasise to position them as the constituents of State, "people are the State".

Suggested practical pathways:

- ***Thematic hubs:*** COPASAH has proposed thematic hubs as the future way of organizing and building itself. Hence, addressing the issue of 'influencing practice' vs. 'influencing global discourse' will be different across different thematic hubs. There is a need for clarity and balance between the regional hubs and thematic hubs.
- ***Realities of the marginalized:***Reflecting the realities of the most marginalized and building in the discourse of democratization and transparency through this is emphasized as an important element.
- ***Solidarity model of COPASAH:*** COPASAH is different from other networks such as GPSA. COPASAH needs to articulate this model more clearly

- ***Utilizing available spaces:*** One of the pragmatic ways for COPASAH to strike the balance between various dilemmas and binaries of choices is to identify the overlapping thematic spaces. These could be Universal Health Coverage (UHC), Sustainable Development Goals (SDGs) and the like. COPASAH needs to articulate community centeredness in these spaces in the form of saying 'No UHC without people' or 'No SDG without people', for example.

Participatory Strategizing Exercise

A group- cluster exercise was conducted to chart out the future pathway for COPASAH. The invitees including COPASAH Steering Committee members and social accountability experts, researchers and academicians collectively discerned the roadmap for the future course of COPASAH. Based on the ideas mooted by the invitees the future strategies of COPASAH were collated into four large categories including

1. Global Agenda Setting
2. Shared Learning
3. Constituency Building
4. Social Change and Alliance Building

1. <u>Global Agenda Setting</u>

Under the theme of the global agenda setting for COPASAH,the members elucidated different pathways for COPASAH which spell out collaborative and collective strategic directions backed by rich community experience and advocate for touching upon a different set of actors both at regional and global levels including researchers, donors, private sector entities, other professional associations etc. The reflections include:

- COPASAH should aspire to influence through targeted, coordinated research intervention
- COPASAH should project collective and collaborative leadership at the global level to challenge , to posit counter-narrative
- COPASAH should leverage the global agenda to inform (influence) prioritized global processes
- COPASAH should strengthen its regional level advocacy, through strategies for increased participation and cooperation of the civil society in all regions
- It was mooted by members that COPASAH should engage with global processes and institutions calling attention to community realities, including reducing and redressing harm by commission or omission
- COPASAH should delve into working with friends in the research community to bring out the 'whole greater than the sum' pieces to influence discourse on accountability. Corroborating this stance another member reflected that 'Making the whole greater than sum of its parts' should be pathway for COPASAH y engaging in united strategies, joint actions –informed by the community experiences at the regional and global level. The targets of these actions need not be governments and could include donors, other communities (e.g. democracy promoting entities or professional associations) and the private sector.

DRAFT REPORT

2. Shared Learning

Dwelling on the earlier experiences of COPASAH of shared learning through peer learning and facilitated learning led approaches, it was deliberated by the members that COPASAH should aim to continue upon building, facilitating, exchanging andconnecting – regional realities; research and citizen led accountability processes to the global level. The deliberations include:

- COPASAH should continue facilitating learning and from citizen led accountability
- COPASAH should develop an approach to organisations learning in the accountability field
- Facilitate practitioners to influence local, national and global agenda's through peer learning and sharing
- Build solidarity, commitment, confidence, visibility, expertise by engaging in locally informed joint learning research and exchange. This could be done within the same country, regionally or internationally
- Pursue on innovative research to distill learning about social accountability that can be shared in order to build solidarity and constituencies and strengthen practice that can ultimately influence how health systems function – for people especially marginalized. Provide space for developing analysis of global –local dynamics – issues that are difficult to see from one locality. The purpose is to strengthen local/national work. A secondary purpose is to help bring local realities to global processes.
- Working as a 'learning and synthesis network' –drawing on experiences of diverse members and drawing out common strands, lessons as well and promoting interaction and strengthen strategies and update members on ways of dealing with emerging challenges.

3. Constituency Building

Reflecting upon the pathway of constituency building the invitee members, delineated upon enriching and strengthening the existing constituencies including practitioners at local, regional and global level and advocated for expanding the constituency ambit of COPASAH to a range of diverse actors and players including variety of Civil Society, social movements, networks and suggestions also came into involve elected political representatives also.

The reflections include:

- Mutual support through peer learning and broadened base, bring more CSOs to talk about people centeredness in health care, networks, social movements
- Finding concrete ways of expanding the practice, practitioners, both locally and regionally , increase visibility, defining agendas around thematic hub
- Provide space for practitioners both at individual and organization level. Joint strategies, entry points with common agenda to influence practice at all levels.
- COPASAH should build its constituency base taking into account regional contexts. The goal should be increasing number of organizations that directly benefit from COPASAH activities like cross visits and targeted technical assistance

DRAFT REPORT

- COPASAH should steer for politicization of health and health care agenda, engage with various political party members on this and involve elected political party members in the work
- COPASAH should strengthen its members in order to get understanding on which level are the main causes of an identified problem :local, national, international , funding (budget) through and established platform for sharing experience

4. **Social Change and Alliance Building**

   Towards the pathway of alliance building the invitee members elucidated upon mapping diverse allies and taking on the thread of social accountability across movements, forging alliances with diverse networks working on governance, indigenous rights,marginalized groups and right to information etc.; health sector unions, research entities and movements.

   The deliberations include:

   - Mapping allies at each level to find out value addition of COPASAH and then forging alliances to increase solidarity

   - COPASAH should work closely with social movements strengthening them with shared learning platforms, and strategic research at the national and global level.
   - Developing alliances with movements working in parallel areas such as health movement,networks on governance and right to information, rights of indigenous peoples and socially excluded groups, health unions etc. leading to exchange and promoting the social accountability agenda in these movements.

Some of the key take away of this session were

(1) The need to 'bring various networks together, emphasise learning from each other and then collectively contribute to the advocacy processes';

(2) Though there are several dilemmas which are posed as challenges, it is not a 'either-or' situation. Strengthening regional networks and community of practice is a sine-qua-non for the role that COPASAH wants to play locally, nationally or globally;

(3) Building learning into network building: It was emphasised that learning is fundamental to building networks and networking. The learning process should include a deconstruction of how ideological capture is happening and strategizing how to engage with northern solidarity spaces and agenda of intersectionalities.

DRAFT REPORT

13.30 – 14.15Lunch

Session III:

14.15 – 15.45 Moving forward:

In the post-lunch session, more practical and operational aspects of COPASAH were dealt with. Some of the key questions that were kept for the discussion included the following:

- What should be the key strategic engagements? Who should be our key allies? How do we reach out to them?
- What kind of institutional mechanism could be adopted for a Global CoP which has its roots in community processes in the Global South in order to be able to influence the actors and processes of health policies?
- How do COPASAH members could gain efficiencies on its advocacy practice linking pro-governance efforts with other health advocacy initiatives (both within countries and at the global arena)?

Most of the discussions, comments and opinions tended to be self-critical review of COPASAH and its operations and the Steering Committee members engaged themselves in challenging each other and bringing back the attention of the entire house to the goals and objectives of COPASAH.

Learning and Review:

It was very strongly expressed by many that COPASAH has not done any self-critical review and which is a need of the hour. There is a need to clarify and articulate the core values of COPASAH in the changed context. This should also lead COPASAH to reach out to other constituencies with newer and appropriate messages.

A structured review of COPASAH by a third party was proposed by Renu. It should include existing situation of COPASAH, funders, resources and the current context.

The structure review should include a region specific review without which we will not be able to go ahead as COPASAH.

Ideas and thoughts for strengthening COPASAH

- Listing of people with whom COPASAH can engage, work with and be called upon for support
- Write a position paper to deconstruct, clarify ideas of COPASAH perspectives
- Why others should join COPASAH and what do they want from COPASAH are important questions to be considered. Probably, developing COPASAH as a learning space could be thought about.
- 'Accountability' as a concept is a 'means' or an 'end' is to be thought deeper in COPASAH
- Invitation to develop and strengthen COPASAH in South Eastern European region (Borjan)

Reflections on the core ingredients of COPASAH:

DRAFT REPORT

Network building – Solidarity	Critical factors of COPASAH
• Peer support, • Strengthening network • Continued peer learning • Targeting new countries • Selectively activating members • Distinguish between most successful organisation vs. most powerful organisation. These two are different. • Setting research agenda – think critically n how the COPASAH led and COPASAH influenced research agenda looks like • Mapping agenda within network	Bottom up practice and advocacy Targeted global agenda setting

A key idea that resonated and emerged on articulating COPASAH as a ***Southern led global network of organic intellectuals in social accountability***

Concrete suggestions and offer of support: Global convener Abhijit Das requested all friends, especially those from academia, to support COPASAH in varied ways. Some of the suggestions and offer of help included the following:

- Making available time of some students to support review documents and review process (Marta)
- Plan for review and commenting on drafts (Lynn, Marta, Jonathan)
- Structured review: Renu to take charge and anchor
- Review to be completed by June end, 2017.
- A short term plan to strengthen COPASAH through thematic hubs. It was proposed that each thematic hub to make a short concept note how to take the themes forward and to strengthen COPASAH.

17.00- 17.30 Concluding Session

Abhijit Das thanked all friends who had participated in this strategic discussion to take COPASAH forward. He invited all to engage with this process of COPASAH strengthening and in the review process a well.

DRAFT REPORT

ANNEXURE- I

CONSULTATION ON COPASAH'S FUTURESTRATEGIC DIRECTIONS

Date: 19th November, 2016 (Saturday)

Venue: Hotel Marriott Downtown

Time: 10.30 a.m. – 5.30 p.m.

We look forward to your thoughts, suggestions and partnership.

Regards

Abhijit Das

Global Convener – COPASAH

Tentative agenda:

10:00 – 10:30 Introduction of the participants and their in-country initiatives

10.30 – 11.00 Introduction and setting the context (Abhijit)

11.00 – 13.30 Visioning:

- What is the need, relevance and strategic role of a COP like COPASAH in the current health and development scenario?
- How best can a network like COPASAH best address the needs of empowerment and accountability within the field of health governance at the global and national levels?
- What are the key strategic interventions that COPASAH should undertake?

13.30 – 14.15Lunch

1415 – 15.45 Moving forward:

- What should be the key strategic engagements? Who should be our key allies? How do we reach out to them?
- What kind of institutional mechanism could be adopted for a Global CoP which has its roots in community processes in the Global South in order to be able to influence the actors and processes of health policies?
- How do COPASAH members could gain efficiencies on its advocacy practice linking pro-governance efforts with other health advocacy initiatives (both within countries and at the global arena)?

15.45- 16.00 Tea break

16.00 -17.00 Synthesis

17.00- 17.30 Concluding Session

ANNEXURE II

LIST OF PARTICIPANTS

DRAFT REPORT

S. No.	Name	Address and Email ID	Contact No.
1	Ariel Frisancho	afrisancho@cmmb.org	+51978283770
2	MasumaMamdani	masuma.mamdani@gmail.com	+255754050630
3	RenuKhanna	sahajbrc@yahoo.com	+919427054006
4	AbhayShukla	abhayshukla1@gmail.com	+919422317575
5	Abhijit Das	abhijitdas@chsj.org	
6	Joathan Fox	fox@american.edu	851-535-8965
7	OpioGeofferyAtim	geoffopio@gmail.com	+256778910559
8	Lynn Freedman	lpf1@cumc.columbia.edu	+12123045281
9	MastaSchaaf	mls2014@cumc.columbia.edu	+12123047057
10	E. Premdas Pinto	e.premdas@chsj.org	+919999067140
11	BorjanPavlovski	bpavlovski@esem.org.mk	+38970268714
12	Walter Flores	walter@cegss.org	40341393
13.	Vijaya Kumar	vijayvins@gmail.com	+919535368657
14	SurekhaDhaleta	surekha@chsj.org	+918527028117

DRAFT REPORT

Annexure III

Bios of Invitee Members

Jonathan Fox

Jonathan Fox is a professor in the School of International Service at American University. He studies the relationships between accountability, transparency and citizen participation. He directs the new AU Accountability Research Center, which is an action-research incubator. His most recent publications include articles in World Development and the IDS Bulletin, a background paper for the 2016 World Development Report and reports published by the Transparency and Accountability Initiative. His books include Accountability Politics: Power and Voice in Rural Mexico (Oxford 2007) and Mexico's Right-to-Know Reforms: Civil Society Perspectives (co-editor, Fundar/Wilson Center 2007). He was a founding member of the International Expert Panel of the Independent Reporting Mechanism of the Open Government Partnership and currently serves on the boards of directors of Fundar (Mexico) and the Bank Information Center (DC).

Lynn Freedman

Lynn Freedman is Professor of Population and Family Health at Columbia University Medical Center and Director of the Averting Maternal Death and Disability (AMDD) program at the Mailman School of Public Health, Columbia University. AMDD is a global program of research, policy analysis, and technical support that, since 1999, has worked with UN agencies, NGOs, and governments in more than 50 countries in Asia, Africa, and Latin America to reduce maternal mortality. The current focus of Prof. Freedman's work is on promoting inclusive health systems that can ensure equitable access to quality maternal and newborn health care. Drawing on insights and methodologies from implementation science, recent work has examined social accountability and health governance; disrespect and abuse and quality of care in maternal health care; referral in maternal and newborn health systems; urban health, especially in slums, including the challenges and opportunities of informal systems; and issues surrounding human resource management, such as task-shifting, and posting and transfer practices in the health sector.

Marta Schaaf

Marta Schaaf is the Deputy Director of the Averting Maternal Death and Disability Program at the Mailman School of Public Health at Columbia University, where she manages the "Accountability on the Frontlines" project as well as research on the implementation of emergency obstetric care programs. In this role, she develops program research to promote accountability for maternal and other health programs. Marta comes to AMDD having worked in health and human rights for 15 years. Most recently, she managed pediatric HIV care and treatment and drug supply chain programs for the Clinton Foundation in several countries of West Africa. She has also conducted research and policy analysis and implemented programs on minority health, health and social exclusion, tuberculosis, and health systems for the World Lung Foundation, HealthRight, the Open Society Foundation, and the World Health Organization. Marta has lived in Burkina Faso, Kosovo,

DRAFT REPORT

and Macedonia. She has a Masters in International Affairs and an MPH from Columbia University, and a BA from Smith College. She is currently pursuing a doctorate in public health at Columbia University.

Rest (to be filled in)

DRAFT REPORT