

Global

Consultation

on Future Strategic
Directions of **COPASAH**



November 19, 2016

Hotel Marriott Downtown, Vancouver

Setting the Future Strategic Directions of **COPASAH**

A GLOBAL CONSULTATION REPORT

November 19, 2016
Hotel Marriott Downtown, Vancouver



COPASAH GLOBAL SECRETARIAT
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Preface

It is often useful for networks to look at the present status of the locus of impact it has, and based on the areas that it impacts change, it also calls for pausing a bit, to relook and examine the future of the network. At Community of Practitioners on Accountability and Social Action in Health (COPASAH) it was an important time to look at the future in ways to innovate, evaluate, tweak approaches, and strengthen practices. Thus, in an effort to look ahead a global consultation to set the future strategic directions of COPASAH was held in Vancouver on November 19, 2016.

The future direction of COPASAH serves as a useful methodology for guiding day-to-day decisions and also for evaluating the progress made, and aligning the goals and vision to the changing world order, thus moving forward to augment change.

Setting the Future Strategic Directions of COPASAH: A Global Consultation Report is an outcome of the Global meet convened in Vancouver on November 19, 2016. The Consultation had participation from experts working in the field social accountability including academicians, researchers, accountability practitioners and human rights activists.

The deliberations provided critical and rich insights for COPASAH's future directions. The focus of

the discussions were on the vision of COPASAH, prioritizing and identifying strategic directions as the way ahead for the network, emphasizing that COPASAH is playing a key role in the global ecosystem of accountability and related discourses that is shaped by global policy processes such as millennium development goals (MDGs) and Sustainable Development Goals (SDGs).

There was a strong recognition and endorsement of COPASAH as a Southern led global network of organic intellectuals in social accountability. The strategic discussions suggested for integrating multiple approaches for COPASAH for its future growth, strengthening and consolidating its alliance organizations. Critical suggestions were made for a structured review of the growth and strengths of COPASAH, forging critical and strategic alliances (with networks, alliances, civil society, researchers, and academia) and thematic hubs as the tools for theme based configuration within COPASAH for it to be able to grow in strength and influence global policies.

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.

Dr. Abhijit Das

COPASAH Global Convener

Abbreviations

CHSJ	Centre for Health and Social Justice
CoP	Community of Practitioners
COPASAH	Community of Practitioners on Accountability and Social Action in Health
CSOs	Civil Society Organizations
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage

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Executive Summary

COPASAH has traversed a journey of five years since its genesis in 2011. These five years have laid the foundation of realizing the vision and aspiration of COPASAH, where in this time the COPASAH Steering Committee members, accountability experts and advisors to COPASAH felt a need for undertaking a strategic consultation to identify priorities for COPASAH as well envision the future pathways for the global network. Thus, a daylong Global Consultation was convened in Vancouver on November 19, 2016 to chart out COPASAH's strategic future directions. The global consultation brought together experts on social accountability from diverse arenas along with academicians, researchers, accountability practitioners and human rights activists. The Report presents the deliberations of the interactive dialogue from the array of experts. The dialogue was held in a participatory manner, allowing re-examining the vision of COPASAH.

The experts from the research, academia and field of accountability provided a vision for the future direction and priorities of COPASAH across four dimensions: ways to include a global agenda setting,

strengthening shared learning, building constituency to galvanize social change and building a partnership through alliance. The experts mooted for establishing 'thematic hubs' as a way forward for COPASAH in organizing and building itself and a way to influence practice and global discourse. The insights from the diverse expertise spelled out the need for a collaborative and collective strategic direction that is supported by rich community experience to touch both regional and global stakeholders. In addition, the invitee experts, deliberated that COPASAH continues with building, facilitating, exchanging and connecting with the regional realities, research and citizen led accountability processes leading up to the global level. Apart from this the consultative exercise enunciated two-fold direction for COPASAH as of enriching and strengthening existing constituencies and expanding its constituency ambit. Concomitantly, the deliberations advocated for COPASAH mapping diverse allies as well deepening and expanding the thread of accountability across different sectors, movements, stakeholders and actors as well diverse networks.

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 Social Accountability in Health and the challenges before COPASAH as a global network.

Community of Practitioners on Accountability and Social Action (COPASAH) in Health was started informally in July 2011. The practitioners who got together to form COPASAH were all working at the community level on various 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 has over 300 organizations and individuals across the world as members. In five years COPASAH has been able to establish itself as a dynamic Community of Practitioners (CoP) with a strong communication mechanism where there are vibrant conversations and sharing of best practice and lessons. In these five years COPASAH has set up a robust sharing and communication mechanisms, building a case for a bottom up and peer based learning and knowledge dissemination process thereby 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 the 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. CHSJ has further developed relationships with organizations in Eastern Europe. The Steering Committee comprises of leading practitioners from these different regions, where they guide the Secretariat through an annual face to face and quarterly virtual meeting. Open Society Foundation, New York offers financial support to COPASAH

The Global Community has adopted the Sustainable Development Goals (SDGs) within which health continues to be 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. It is envisioned that the future development interventions will include a focus on SDGs, and COPASAH will continue to provide 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 emphasized and some government officers in several regions show little understanding on the role of citizen participation and accountability.

The convener said that “In this reality, we at COPASAH believe it is important not only to continue but to



COPASAH Convener setting the tone for the discussion

strengthen the work that has begun. The latent fear one has is that in the name of evidence based practice there may be an inclination to under-value and delegitimize the rich community based experiences, knowledge and practices that keep the health of the community intact. In the pursuit of scalable solutions, the unique contexts in which marginalization takes place and the varied dimensions of empowerment could stand to 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.” He further added, “Through COPASAH one can find more effective ways of building 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 that are talking of social accountability and citizen engagement, but not necessarily investing enough in community empowerment processes, nor in installing effective governance mechanisms.”

The Consultation brought together the expertise from the academia of different 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.

Several key questions were explored through the discussions. These questions were pointers to enable COPASAH to identify priorities and directions for the future. The questions are:

1. What are the needs, relevance and strategic role of a Community of Practitioners (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 South in 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 the future for COPASAH (exploring questions 1 through 3) and the afternoon session was more focused on exploring practical directions for actions including collaborations and partnerships (questions 4 through 6). The introduction and setting the context session ended with personal introductions by the participants and their thematic area of work.

SESSION II

Creating a Vision for Strategic Interventions

ROUND TABLE 1:

The Field of Social Accountability, Issues and Challenges

- What is the need, relevance and strategic role of a Community of Practitioners (CoP) like COPASAH in the current health and development scenario?
- How best can a network like COPASAH effectively 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.

The challenges in the field of social accountability are:

- **Overemphasis on effectiveness:** The general perception that is prevailing among donors is that that the Social Accountability framework does not deliver and many donors have already moved out of the social accountability framework or have reduced funding.



Round Table Discussion on the social accountability ecosystem, challenges and opportunities

- **De-politicized and positioning of social accountability without a 'democratic' framework:** The emerging dangers that has begun to make appearance in the field of social accountability were spelt out by some experts. In relation to effectiveness, often the China model is cited as being effective and democratic-social accountability processes being less effective. The efficiency model of china is in a non-democratic State where there is no democratic engagement of people with the State.

- **Capture of the concept of social accountability:** The capture of the terminology of social accountability and its 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'. The usage of the word sometimes becomes narrow and leaves 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 intersectionalities of marginalization, 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 the country experiences it was stressed that transparent governance for enabling the 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 observed that there is a need to set forth the 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.

Changing Context and Relevance of COPASAH

Some of the factors posing challenges to the understanding and practice of social accountability in the global and macro context were spelt out through the discussions. It was overwhelmingly felt that both the local as well as the global contexts of social accountability were fast changing. 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 increasingly seen.
- Fragmentation of communities is observed as phenomena raising phenomenon.
- Democracy is seen as an election process without any substantial democratic and participatory substance and increasingly becoming authoritarian was described as a 'hollow/hollowing democracy'. As an illustration, some of the experts referred to the election of Donald Trump in USA for the surprises that election process can hold for citizens. (The presidential election in USA had been completed a few weeks before the current meeting).
- Expansion of 'corporatization' of health care is a worldwide phenomenon where there is little



Participants Discussing the Contours of Social Accountability

accountability, neither to the constitutional values nor to patients.

It was unanimously acknowledged that social accountability is becoming popular. COPASAH has an excellent opportunity for imbuing with ‘meaning’ globally and what is it going to move as an agenda ‘locally’. Community of practice can engage with the local politics of accountability through social movements. In turn, it further strengthens social movements and deepens the space for social accountability. COPASAH is not an implementer. At a global level, it provides a chance for influencing discourse of social accountability.

The Roundtable 1 discussions concluded foregrounding the critical role of COPASAH both at the local as well as global levels. Both these dimensions form the continuum of the discourse on social accountability as the global discourses influence local practice and on the other hand such local practice reinforces the discourse globally. The discussions reinforced that COPASAH was in a unique position to focus on citizen-led and community-centred social accountability practice to build such a discourse globally.

Expert and Critical Insights

Lynn Freedman, Masuma Mamdani 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 and global contexts.

Lynn Freedman:

Freedman located the social 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 outlined that 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 on social accountability lacks the element of lived reality of people. Hence sharing of skills, knowledge, experiences and solidarity are a great value addition to strength then global solidarity through the networks such as COPASAH. In addition, building an evidence based understanding of the different nuances of social accountability to counter the dominant discourse and developing a knowledge repository is vital to our own critical self-reflection as an organization. She also pointed to the challenges in the coinage ‘citizen-led’ accountability as citizenship itself is a contested term, as there are millions of people who are not considered citizens in the country they reside. Hence the term ‘community centered’ sounds more appropriate.

Masuma Mamdani:

Masuma highlighted the recent developments of political processes such as Brexit and the election in the USA with of Trump being elected as President; these trends show a country looking inward instead of looking outwards for global solidarity. Hence, value of global solidarity networks is extremely important to give a platform that lends to inclusiveness and to engage



Expert and Critical Insights

with different players, in order to reach different actors towards bringing inclusiveness at a global level.

At the national level, the networks have a role of a 'watch-dog' in national monitoring to help fill the gaps in health 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 take it, she highlighted.

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 on three critical reflections:

- Distinguishing between networks and coalitions.
- Reflecting upon the distance between a central element of COPASAH's discourse and practice.
- Distance between two distinct pathways that may or may not converge.

Networks, Coalitions and Movements

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

- Exchange of experiences
- Mutual support
- Joint action

He added that 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, there is an opportunity for a transition from network to coalition.

Sustainable coalitions involve shared target and this raises the question for COPASAH as to what kinds of shared targets make sense to COPASAH. Civil society all over the globe is facing a serious challenge in this transition. The main advocacy targets are often national, but in order to sustain joint action and mutual support there is a need for international or global targets so that there is something in common that all can work on it.

He highlighted that COPASAH's strong and consistent emphasis on community level work is appreciable. This is effectively feasible if the central goal is empowerment and accountability. He added that this actual practice is one of COPASAH's unique strengths. However, compared to the global processes that mould the social accountability discourse, the community arena is too small to either build a countervailing power or to address systemic problems at scale. There is a disconnect between COPASAH's main discourse and its focus in practice, in that the discourse is mainly community-focused, while its members' actual advocacy strategies are multi-level in practice. Prof. Fox observed that in practice many member organizations of COPASAH themselves play an active role in conducting multi-level monitoring and advocacy.

He responded to the questions on creating a vision 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.

He reflected that in his perspective as an observer, two choices lie in store for the future pathways and priorities for COPASAH. COPASAH could continue to focus on learning (through research and exchanges), and continue building on the strengths in alternative knowledge production and critical thinking.

While noting the knowledge production strategy of COPASAH, he pointed that it is inclusive but also noted that its diversity could diffuse its focus, with less impact on any one specific research issue or agenda as social action. Each member organization in COPASAH has its own knowledge contribution to make. However, a more focused, shared agenda would have more potential to influence the global

research and learning agendas, as well to have more agenda-setting impact in the Global Health field.

For a network like COPASAH to transition towards becoming an advocacy network with the goal of some kind of global institutional impact, the network needs to target specific global agendas or choose a theme to align with an existing global agenda as a goal, for example Sustainable Development Goals (SDGs). Without a focused, shared target, the global scenario is too amorphous to sustain coalitional action in the long run.

The following questions were set for COPASAH to consider:

- 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 it open and what doors would it close?

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

- 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 is a need to explore the aspect of how the research agenda can most effectively support a shared advocacy agenda. In addition, how can the selection of advocacy targets inform research questions, and how can the questions inform the targets?

SESSION III

Creating a Vision for Strategic Interventions

ROUND TABLE TWO:

DILEMMAS facing COPASAH and options, pathways for COPASAH: An in-depth discussion

An in-depth round table discussion followed the inputs on the pathways COPASAH should adopt for the future along with the dilemmas and issues that COPASAH is confronted with. The key issue framed is local boundedness vs. global engagement or local practice vs. global advocacy. 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 realities in health and health care. One of the ways of overcoming the dilemma of local-boundedness vs. the global work is that the work done at the multi-levels of engagement should represent the local level realities, engagement and practice.
 - **Expanding the network:** There are continuing challenges at the local, national and global level. COPASAH should focus on expanding its scope by reaching out to different organizations and networks. 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 level, 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 than the latter.¹
 - **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 the network should do and how it should do it.

¹ In South Eastern Europe the work is equally focused on both, with emphasis on policy advocacy: Borjan, ESE

- **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 centered accountability discourse is real. The marginalized communities which are deprived of health care services do need access to these services to fulfill their human rights. This would be very much in line with deepening democracy.

Clearing the Contours of Advocacy

1. Articulating on advocacy, Prof. Jonathan Fox said that, by advocacy he meant 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 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.

The value addition of COPASAH, he said, is 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:

Solidarity focuses 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:

Credibility is the 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 Schaaf 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. Focus to bring in accountability in health based action in governance needs to be distinctive. Specifically, new doors could open both nationally and globally, if the issues/or the impact of corruption is 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. It was noted even the social exclusion or corruption is inextricably linked to and is part of the same systemic accountability failures when seen from below.
- c. The criteria for selecting target institutions would be a tradeoff between potential accesses to them versus the clout of those mainstream institutions. For example, 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. The latter institutional target is a bigger lift though not impossible
- d. The criteria for selecting target issues and questions: It was suggested that different research projects can address specific kinds of abuses in governance, as well as the need for/people-friendly, public oversight institutions that can extract accountability and levy sanctions on the violators and the corrupt.
- e. The global agenda-setting/influence section for future agenda needs its own process to develop the criteria for targeting and making choices. A mutual update on knowing who is working on what research questions would be valuable and it would also be too helpful in locating where the current and future agendas cluster.

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

Discussions and Comments: Comments and discussions followed the inputs made by Prof. Fox. It was clarified that advocacy requires delineating tangible and shared targets rather than focusing on amorphous target that need a keen eye on ‘pressure points’ or ‘entry points’.

A discourse does not necessarily follow practice was another opinion that emerged, hence stressing the need for ‘influencing practice’. People centric practice means that people should not be only considered recipients or beneficiaries of services, but there is a need to re-emphasize 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 to chart out the future pathway for COPASAH was charted out following the second session. The invitees including COPASAH Steering Committee members and social accountability experts, researchers and academicians discerned the roadmap for the future course of

Based on the ideas mooted by the invitees, the future strategies of COPASAH were collated into four categories:

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

1. Setting Global Agenda

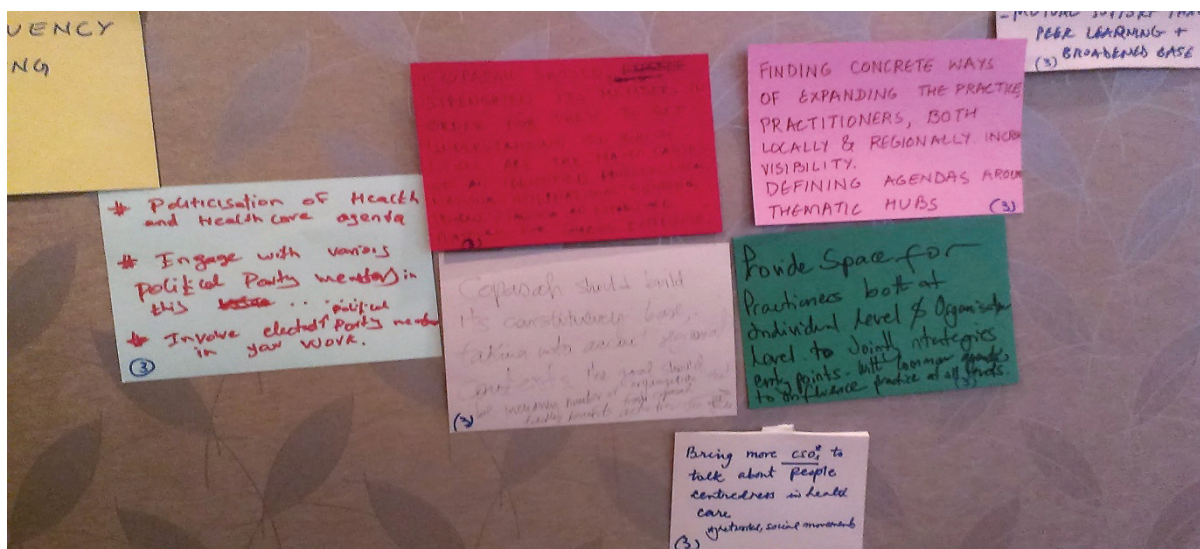
Under the theme of setting global agenda for COPASAH, the members elucidated different pathways for COPASAH that spell out collaborative and collective strategic directions. Backed by rich community experiences, these measures will touch upon different set of actors both at the regional and global levels in the course of advocacy. The actors/or stake holders can include researchers, donors, private sector entities, other professional associations etc.

The reflections suggested that COPASAH can:

- Aspire to influence through targeted, coordinated research intervention.
- Project collective and collaborative leadership at the global level to challenge , to posit counter-narrative.
- Leverage the global opportunity (such as SDGs) for influencing such processes global processes.
- Strengthen its regional level advocacy, through strategies for increased participation and cooperation of the civil society in all regions.
- Engage with global processes and institutions calling attention to community realities, including reducing and redressing harm by commission or omission.
- Working closely 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



Participants keying in thoughts in the strategizing exercise



Thoughts shared by members in cluster exercise

COPASAH while 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.

2. Shared Learning

Dwelling on the earlier experiences of COPASAH on shared learning through peer learning and facilitated learning led approaches, it was deliberated that COPASAH should aim to continue building, facilitating, exchanging and connecting with regional realities; research and citizen led accountability processes to the global level. The suggestions made are:

- COPASAH continues facilitating learning and from citizen led accountability.
- Develop an approach for the organizations' learning in the field of accountability.
- 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 can be achieved 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 on the pathway of constituency building the invitee members delineated upon enriching and strengthening the existing constituencies including practitioners at local, regional and global level. They advocated for expanding the constituency ambit of COPASAH to include a range of diverse actors and players including variety of Civil Society, social movements, networks and to further involve elected political representatives.

The reflections include:

- Create mutual support groups through peer learning and broadened base, bring more CSOs to talk about people centeredness in health care, networks, social movements.
- Find concrete ways to expand the practice, practitioners, both locally and regionally, increase visibility, defining agendas around thematic hub.



Members deliberating on clusters

- Provide space for practitioners both at individual and organization level. Joint strategies, entry points with common agenda to influence practice at all levels.
- 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.
- 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.
- 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 Building Alliance

The members of this group felt building alliance are a certain pathway to strive towards realizing the health rights of people. The members suggested mapping diverse allies and taking on the thread of social accountability across movements, forging alliances with well-known and credible networks such as those working on governance, rights of indigenous people, marginalized groups and right to information, working with health sector unions. The other constituencies could be research entities and those involving in varied kinds of social movements.

The suggested pathways are the following:

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

Key Takeaway of the Strategizing Exercise

1. The need to 'bring various networks together, emphasize learning from each other and then collectively contribute to the advocacy processes';
2. Though there are several dilemmas that are posed as challenges, it is not an '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 strengthening: It was emphasized that learning is fundamental to networking. The learning process should include a deconstruction of how ideological capture is happening in the transparency, participation and accountability domain and strategizing how to engage with Northern solidarity spaces and agenda of intersectionalities.

SESSION III

Moving Forward

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

- 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 a 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:

Many strongly expressed that COPASAH has not conducted any self-critical review thus far and is the 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 COPASAH SC member Renu Khanna. It should include existing situation of COPASAH, funders, resources and the current context.

The structured 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).

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

Reflections on the Core Ingredients of COPASAH:

Network building – Solidarity	Critical factors of COPASAH
Peer support	Bottom up practice
Strengthening network	Advocacy
Continued peer learning	Targeted global agenda setting
Targeting new countries	
Selectively activating members	
Distinguish between most successful organisation vs. most powerful organisation.	
Setting research agenda – think critically on ways that COPASAH led and influenced research agenda	
Mapping agenda within networks	

those from academia, to support COPASAH in varied ways. Some of the suggestions and offer of help included the following:

- Making time available of students to support in the review of documents (Marta).
- Plan to review and make critical comments 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.

Abhijit Das, Global Convener, concluded the session for the day and 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 as well.

ANNEXURE- I

Consultation on COPASAH's Future Strategic Directions

Concept Note: Abhijit Das

Date: 19th November, 2016 (Saturday) | Venue: Hotel Marriott Downtown | Time: 10.30 a.m. – 5.30 p.m.

The Context

COPASAH or the 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 organizations 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 CHSJ, in New Delhi through the three regional practice nodes in South

Asia, East –Southern Africa and Latin America. Relationships have developed with organizations 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.

COPASAH Making a Leap

The Global Community has adopted the Sustainable Development Goals within which Health continues to an important component. The idea 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 emphasized 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 delegitimization of community based experiences, knowledge and practice. In the pursuit of scalable solutions, the unique contexts in which marginalization 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 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 Consultative Exploration: Against this backdrop COPASAH seeks your support to help us identify priorities and directions for the future. Some of the key questions that we seek to address are as follows:

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 South in order to be able to influence the actors and processes of health policies?

The day long Consultation is going to be structured in two broad sections. In the morning we expect to ideate a future for COPASAH (exploring questions 1-3) and in the afternoon we are looking for more practical directions for actions including collaborations and partnerships (questions 4-6). A tentative agenda is proposed (see following page).

We look forward to your thoughts, suggestions and partnership.

Regards,

Abhijit Das
Global Convener – COPASAH

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	Creating Vision for COPASAH <ul style="list-style-type: none"> • What are 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 – 14.15	Lunch
1415 – 15.45	Moving Forward: <ul style="list-style-type: none"> • 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	Synthesis17.00- 17.30 Concluding Session

ANNEXURE II

List of Participants

S. No.	Name	Institution/Organization
1	Ariel Frisancho	CARE, Peru
2	Masuma Mamdani	Ifakara Health Institute, Tanzania
3	Renu Khanna	SAHAJ, India
4	Abhay Shukla	SATHI, India
5	Abhijit Das	CHSJ, India
6	Jonathan Fox	American Research Centre
7	Opio Geoffrey Atim	Transparency accountability Practitioner
8	Lynn Freedman	Columbia University
9	Marta Schaaf	Columbia University
10	E. Premdas Pinto	COPASAH Secretariat (CHSJ, India)
11	Borjan Pavlovski	ESE, Macedonia
12	Walter Flores	CEGSS, Guatemala
13	Vijaya Kumar S	Karnataka Janaarogya Chaluvali, India (independent filmmaker)
14	Anuja Kapilashrami	University of Edinburgh
15	SurekhaDhaleta	COPASAH Secretariat, (CHSJ, India)

ANNEXURE- III

Bios of Participant Members

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 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 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, Health Right, the Open Society Foundation, and the World Health Organization. Marta has lived in Burkina Faso, Kosovo, 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.

Anuj Kapilashrami is a Lecturer in Global Public Health, longstanding PHM member and Associate

Director of Global Development Academy at the University of Edinburgh. She has an interdisciplinary background in sociology and public health with a specialization in policy and systems research. She works at the intersections of health politics and development praxis, with particular interest in their interface with gender, human rights and development. Over the last seventeen years she has worked in academia and with various development actors and social movements in India and the UK in varying capacity. Currently, she is chair of Gender Rights and Development (GRAND), an international network of academics and practitioners working on Gender, Rights and Development issues, which has membership in Africa, Europe and India. She convenes People's Health Movement Scotland and is a Steering group member of the UK PHM.

Masuma Mamdani is a public health specialist with extensive experience in health systems strengthening and social policy research, focusing on issues of vulnerability, access, equity and quality, with particular attention to gender equality and practical policy analysis and processes in support of change. She has worked in several low- and middle-income countries, has taught post-graduate medical and public health students and continues to be involved individual & institutional capacity development initiatives. Masuma joined the Ifakara Health Institute (Tanzania) in early 2010 as a Chief Research Scientist and is presently a senior technical consultant adviser to the Institute. She is a member of national technical working groups (Nutrition, Social Protection, Health Financing, Public Finance Management) and regional bodies (WHO Afro Health in All Policies, Women in the Informal Economy under Globalisation and Organisation (WIEGO), Health Systems Global and the EQUINET Steering Committee); and an editorial committee member of the THINK SDGs Project.

Borjan Pavlovski is the coordinator of the program for public health and women's health in Association for Emancipation, Solidarity and Equality of women in Macedonia (ESE). ESE develops and assists the women's and civic leadership (especially that of Roma community) for development and implementation of human rights and social justice in Macedonia using approaches of monitoring and budget analysis, monitoring of human rights and providing assistance and information.

Vijaya Kumar S is an independent film maker and activist. He received Master's degree in Art and Public Spheres from Hochschule Luzern, Switzerland. Currently working with Karnataka Janaarogya Chaluvali (KJC), a people's struggle for health rights, dignity and well-being of all citizens, with a focus on the most disadvantaged and marginalized communities. He is engaged with Earthworms Pictures, which is a creative collective/critical collective of filmmakers, theatre practitioners, writers, photographers, visual artists, designers, social science researcher and activist who view the world from below, as though the observer were a worm; a third perspective.

Opio Geoffrey Atim is a Governance, Transparency and Accountability Practitioner. He strives to contribute to a society where resources are used effectively and equitably to meet citizen's needs and does this by promoting policy and practice that contributes to more open – transparent, participatory and accountable – governance. He has 10 years of experience of working with civil society, engaging with government and participating in various communities of practice.

COPASAH SC Members

Dr. Abhijit Das, COPASAH Global Convener and Director, Centre for Health and Social Justice (CHSJ), New Delhi, India. He is a doctor with training in obstetrics, pediatrics and public health and has over twenty years' experience in grassroots work, training, research and policy advocacy. He is founder member of the alliance on men and gender equality MASVAW, and the reproductive health and rights network Health watch Forum. He is also Clinical Assistant Professor of the School of Public Health and Community Medicine at the University of Washington, Seattle. CHSJ (in collaboration with Population Foundation of India) hosts the national secretariat to facilitate the Community Based Monitoring of Health Services under National Rural Health Mission (NRHM) in India. Abhijit also serves as a technical resource person for AMHI.

Dr. Ariel Frisancho, is the National Coordinator for CARE-Peru and Foro-Saludis. He is a medical doctor with a master's degree in health policy and planning (University of London, UK). He has worked in health and human rights and citizen's participation for the past twenty years. He has been an advisor for Peruvian Ministry of Health on various health system issues and for many

international cooperation agencies including to United Kingdom Department for International Development (DFID). He has published in international peer-reviewed journal and contributed with chapters to different books addressing health rights.

Dr. Walter Flores, Director, Center for the Study of Equity and Governance in Health Systems (Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud), CEGSS, Guatemala is a social scientist with over 18 years of professional experience. He holds a PhD and a Masters of Community Health from the Liverpool School of Tropical Medicine, UK. His undergraduate studies in Psychology were carried-out at California State University-Chico, USA and Universidad de San Carlos, Guatemala. Walter's professional work has been carried-out in more than 20 countries from Latin America, Africa, Asia and Europe. His areas of expertise are health policy analysis, health systems evaluation and development, implementation research, health equity, health and human rights, democratic governance of public policies and community participation in public health policies.

Renu Khanna, is an economist by training with a master's in business administration. Renu has over 30 years' experience in teaching, training and research in public health and women's health and rights. She is also part of several interdisciplinary groups working on Women's Health and Rights issues, some since late 1980s and early 1990s, and some more recent. Renu is very active in several people's health groups: The Jan Swasthya Abhiyan (People's Health Movement), the Indian Women's Health Movement, Medico Friend Circle, the Coalition for Maternal Neonatal Health and Safe Abortion and such others. Renu has published widely both in peer-review journals and books. She has also been a consultant for international cooperation agencies.

Dr. Abhay Shukla, Co-ordinator, Support for Advocacy and Training to Health Initiatives (SATHI), Pune, India is a medical graduate with a postgraduate degree in Community Medicine from the All India Institute of Medical Sciences, New Delhi. Since the last decade, he has been based

in Maharashtra working on health issues in association with people's organisations. He has extensive experience in training health workers, developing health training material and advocacy on Health Rights and Primary Health Care issues in Maharashtra and West M.P. He has co-edited the books 'Review of Health care in India' and 'Report on Health inequities in Maharashtra' and has co-authored the JSA booklet 'Health system in India – crisis and alternatives'. He is a member of the NRHM Advisory Group for Community Action. He is one of the National Joint Convenors of Jan Swasthya Abhiyan (JSA), the Indian chapter of People's Health Movement.

COPASAH Secretariat Coordinator

Edward Premdas Pinto coordinates the Global Secretariat for COPASAH. He is a human rights advocate and public health practitioner, actively engaged in processes and social justice issues of the communities of Dalit Women, rural unorganized laborers and other disadvantaged communities for the last 25 years in India. As Advocacy and Research Director at Centre for Health and Social Justice (CHSJ) he is facilitating the thematic area of Health Governance and Accountability which includes interventions, research and advocacy around the issues of social accountability in health, community action for health rights, reproductive and maternal health, and social exclusion and health (www.chsj.org). Areas of experience and expertise are health and human rights, human rights law, social accountability in public health, and court practice on areas of social rights.

Surekha Dhaleta is a mass communication professional and a journalist as well public health scholar by training. She has over ten years of experience in journalism and has worked with national daily and as a freelance journalist also, besides working briefly in the field of public health. Currently she is a team member of COPASAH Communication hub and also supports the COPASAH Global Secretariat team. Apart from coordinating the COPASAH Communiqué with the team she coordinates some of the COPASAH media platforms.

