



COPASAH Charter and Call to Action for Social Accountability for Health

With Slogan: “Health for All, Grounded in People”

Adopted on October 18, 2019 at New Delhi, India

PREAMBLE

We live in a world of health inequalities. Even though overall life expectancies have improved over the years, there are persistent differences in health outcomes between population groups, and within and among countries. These inequalities are unfair, avoidable, and can be remedied. The International Bill of Human Rights (1948), the ‘Health for All’ declaration endorsing the Right to the highest standard of health for all which was adopted at Alma Ata in 1978 talked about 3 accessible, available and affordable and the SDG pledge to ‘leave no one behind’, call for urgent attention to addressing these inequalities.

Poor health outcomes of marginalised populations and communities are rooted in the unequal and unfair distribution of resources, opportunities, and power both within countries and internationally. These differences between communities are a result of unequal social relations coupled with unfair and poorly implemented policies and programmes.

With this **charter**, we set forth our broad vision of how citizenship, governance and accountability processes must contribute towards better health and the well-being of all, including marginalised and deprived communities. We call upon Governments, international and intergovernmental agencies, donors, private sector/corporate bodies, researchers, civil society including community-based practitioners, community leaders and all other concerned stakeholders to strengthen the global movement for accountability in health. All accountability processes must be inclusive and incorporate an intersectional analysis of the different axes of marginalisation including gender, sexuality, caste / race, disability and apply to both state and non-state actors.

Over 500 practitioners, activists, professionals, and researchers gathered in New Delhi from 15th to 18th October 2019, for the Global Symposium on Citizenship, Governance and Accountability in Health convened by COPASAH. The Symposium provided an opportunity for sharing experiences and concerns and devising fresh strategies for strengthening the engagement

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of marginalised communities as empowered citizens in health systems governance. **This Charter shares our common concerns, affirmations and commitments, and our Call to Action.**

WE BELIEVE ...

That all human beings have equal rights, including the right to the highest attainable standard of health.

That accountability, transparency, inclusion, participation and democracy along with adequately resourced public services are essential for health, sustainable development and social justice.

However, we are concerned that:

1. Social hierarchies and oppressive structures continue to prevent myriad communities and populations from fully enjoying their range of civil, political, economic, and social rights. These inequities are related to differences in class, gender identity, race, caste, ethnicity, sexual orientation, geographical origin, language, ability, age and other forms of social stratification. The historically high number of internally displaced persons and refugees face particular social, economic, and political marginalisation.
2. Powerful forces are eroding democratic structures and constraining many populations, especially marginalised communities from enjoying their basic rights and entitlements. Many people are prevented from enjoying their human rights and many core entitlements, across the world. These forces include state and non-state actors at the country and global level, who weaken, under-resource, privatise, fragment, manipulate, and distort public systems and institutions. Sexual and reproductive health services continue to be constrained by regressive forces at country and global level.
3. The space for communities and civil society to engage in governance processes is shrinking in various contexts. Many political actors are focussing on short-term economic growth. These regimes often restrict fundamental rights like those of free speech and association. These strategies promote exploitation of land and other natural resources, abuse of labour, and other further marginalisation of deprived communities.

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4. Multilateral processes to uphold human rights and accountability mechanisms are being rendered meaningless. Powerful governments increasingly belittle (or violate) International conventions and covenants on human rights that reflect global consensus on the inalienable human rights of all, particularly of vulnerable communities.
5. Shallow practices of transparency and accountability constrain meaningful participation of marginalised communities. In the name of promoting transparency and accountability, multiple international platforms promote tokenism and other shallow accountability practices, which lack meaningful engagement of the affected communities. Many such practices are promoted by international development agencies and accepted by national governments.
6. Dominant practices of evidence-based policy making trivialise the lived experiences of ordinary people. Prevailing approaches favour aggregate data over more complex narratives that better represent the lived reality of marginalised people.
7. Private actors are given opportunities to intervene in health care without regulation and oversight despite indulging in unethical, irrational and exploitative practices. This includes large corporate private healthcare providers, pharmaceutical companies, medical equipment manufacturers, agricultural and food companies, and other commercialised private actors. This expanding and unregulated engagement of the private sector with marginalised communities and public systems needs to be urgently addressed.

WE AFFIRM OUR COMMITMENT TO ...

1. Accountability being a core obligation of people in authority within responsive public systems who must take responsibility for their actions. It provides a necessary check to the abuse of power by political actors, service providers, and functionaries. Marginalised communities are especially vulnerable to abuse of power.
2. Social accountability that provides marginalised communities access to governance processes in organic, accessible, and direct ways that enable community and citizen groups to engage with public authorities. It must be supported and encouraged by all actors engaged in development and governance processes, both nationally and

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internationally. Meaningful social accountability recognises structural marginalization; and promotes solidarity, empowerment and leadership.

3. Inclusive meaningful participation of the marginalised that is based on recognition of hierarchies within and beyond communities, and need to create opportunities where the voices and interests of the marginalised are brought centre-stage.
4. Mobilisation and solidarity within marginalised communities in the form of collectives, organisations, and movements that are crucial for empowerment and participation in governance processes. Meaningful participation in governance and accountability processes requires enabling circumstances and mutual support and synergy between different collectives, organisations and social movements. This includes strengthening the leadership of women and other disadvantaged people.
5. Civil society playing an important role in mobilisation and, together with empowered community groups, stimulating more effective and responsive governance and accountability processes.
6. Social accountability measures that effectively engage marginalised people and communities, along with enabling policy frameworks at multiple levels. Advocacy, social mobilisation and interface with political processes for strengthening public systems, ensuring adequate budgets, and preventing their weakening or privatisation, can help to ensure that social accountability efforts are successful.
7. Protecting social accountability activists who may face threats of repression, stigmatisation, and even violence, since they challenge the status quo and confront the powerful. Social accountability practitioners need to build wider coalitions and multi-level alliances, and should develop strategies for protection. Public programmes supporting social accountability must be mindful of these possibilities and the need for protective measures.
8. Subjecting private services and public-private partnerships in the health sector to systematic and effective transparency and accountability processes. These arrangements often introduce opportunities for profit maximisation and erosion of the public good, which can adversely affect people's health rights. Private provisioning of healthcare is

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expanding across many low- and middle-income countries, usually not accompanied by effective regulation. Both public and private actors in the health sector must be regulated, and they must comply with appropriate standards for care, to ensure that this is rational, appropriate and of adequate quality. Social accountability processes can provide an important way for ensuring compliance to such standards and ensuring patients' rights.

9. Building alliances with frontline healthcare workers, who are often blamed for service deficits that arise from health system weaknesses that constrain their ability to do their work
10. Community health workers, nurses, paramedics, and doctors in community level facilities often deal with poor working conditions, inordinate workloads due to understaffing, lack of essential medicines and facilities, as well as lack of support.
11. Promoting improvements in the planning and delivery of services, through changes at level of implementation as well as policy. Social accountability processes enable communities to collect and analyse information about their own lives, which can be an empowering process that fosters meaningful change when supplemented by advocacy and political engagement.
12. Adapting social accountability practices to complex and evolving realities, especially at the community level. The field of social accountability can be strengthened with careful documentation and analysis of such field level practices and iterative learning. Community leaders and practitioners of social accountability need to be engaged participants in all such learning processes.
13. Adopting accountability for the social determinants of health, while moving towards **health for all**. Coordination and collaboration between collectives and groups of socially marginalised communities and civil society, social activists, social movements, researchers, and other interested stakeholders is important to build a stronger field of practice.

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A CALL TO ACTION

We call upon all those working in health to step forward:

- To build solidarity among social organisations, movements, coalitions and networks of community-based organisations;
- To engage communities in health governance,
- To promote gender and social equity in social accountability processes and mechanisms,
- To promote transparency, inclusion, participation and accountability for all, particularly with the engagement of marginalised communities.

We call for further actions from specific constituents:

Community-based organisations and social movements

We call on leaders of community based organisations and practitioners of social accountability to strengthen and promote the leadership of women and marginalised people. We need to build solidarity between social organisations and movements to mobilise greater support for the engagement of marginalised communities in the overall governance process. Practitioners should make use of the existing global instruments such as the Political declaration on UHC, Astana declaration on PHC, Global action plan on SDG3, Global strategy for RMNCAH and demand social accountability and actions from country level governments.

Frontline workers in health and social sectors

Recognising the information asymmetry between providers and patients and community and the often urgent and distressing conditions in which health care services are sought, we call on all frontline workers to provide people the necessary information in a manner which is both clear and easily understood. Patients and clients must be made partners in their treatment process by providing necessary information and supported to make informed choices. Patients/ clients/ members of the community are often distressed and lack the adequate information to make appropriate choices. Coercion, disrespect and abuse must be avoided in all situations especially in situations of hesitations. Frontline health workers including community healthcare workers, nurse-practitioners, midwives and doctors should create opportunities for patients and

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communities to provide evidence-based feedback. Health workers should also share the difficulties that they face in providing quality services, due to inadequately resourced or poorly managed public systems. Communities and frontline workers should together advocate for better services including necessary infrastructure, staffing, medicines, supplies, and support systems for workers.

NGOs and other Civil Society Organizations

We call on national and domestic support agencies to include strengthening of community mobilisation and social accountability within the framework of support for all projects and interventions that they support. They should encourage participation of and leadership of marginalised communities within health and development interventions. Development support agencies must promote transparency, inclusion, participation and accountability for the engagement of marginalised communities in strategies and projects related to the public and the private sector. Such agencies must also advocate with the Government and support interventions which encourage full provision of services with community engagement and address exclusionary measures which take place within the larger governance framework, e.g., for internally displaced persons and undocumented migrants. Such organisations must engage with coalitions and networks of community-based organisations.

Researchers and Research Organisations:

We call upon researchers and research organisations to recognise that knowledge production can reinforce the existing exploitative and unequal relations in society. Researchers should be responsible that their research reflects the reality of the communities that their research is representing. Health related research needs to be based on the principle of ‘doing no harm’ to the most affected communities. Social science research in health needs to consult with communities all levels including conceptual, data collection and analysis phases, and promote community participation in research priority setting. Communities have a right to the information collected from them and research results need to be communicated back to the community so that they can make meaningful use of these results. Researchers need to work with communities to help them develop simpler ways of collating and interpreting information about their own lives and make use of this information to negotiate better services from the state.

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Private Sector Actors including Private Health care providers

We call upon all private sector actors in the health sector, including private healthcare providers, to fully accept and collaborate in implementing socially responsive regulation, social accountability, and patients' rights in all their work. This includes legally binding frameworks to ensure appropriate restrictions on margins of profit making, rate transparency and rate standardisation, implementing standards for treatment protocols and quality of care, observation of comprehensive patients' rights charters, operationalising patient friendly grievance redressal mechanisms, and avoiding various unethical and unfair marketing and promotional practices. All public-private arrangements in healthcare must be held accountable, including social accountability provisions, in similar manner as public provisioning. In such processes, under no circumstances should private actors replace, weaken or dilute the role of public health system and public provisioning.

Further, we recognise major diversity within the private healthcare sector, as well as the adverse impacts of commercialisation and corporatisation, and hence proceed with a differential approach while dealing with private healthcare providers. We call upon individual practitioners, various charitable healthcare providers, and smaller providers working closely with low income, rural and remote communities with low operative margins – who work in a social embedded manner to significant extent - to join hands with the movement for social accountability in health, while accepting the publicly funded and regulated framework of Health Services. We also recognise that predominantly for-profit-providers, especially larger private and corporate establishments, may resist socially responsive regulation and social accountability due to the nature of their investments and operations which must be tackled through a range of appropriate public policies.

Media Practitioners

Recognizing information gap related to social accountability work as well as strategic reporting and communication in issues related to abuse, malpractices, inadequate accountability, and transparency in the health sector by many stakeholders and inadequate fulfilment of financial and non-financial commitments by respective governments and by many regional and global institutions ; we call on the media practitioners both traditional and new media to be vigilant and engage in investigative reporting to expose abuses and malpractices in the health sector, celebrate champions promoting social accountability and strengthen partnership with NGOs and human right groups to deepen social accountability.

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Governments, including parliamentarians

Health Care has to be recognised as a universal need for all persons and communities. It requires setting in place mechanisms which enable all persons, including citizens and non-citizens to be able to access and enjoy the necessary services and financial risk protection for the health care services that they require. Government's must make available the most cost- effective, quality-assured, people-centred, gender- and evidence-based interventions that meet the health needs of the people, with a focus on marginalised communities. We call on Governments to include social accountability measures within all such services and for all public services delivery mechanism related to social determinants of health at all levels. Such measures should be made mandatory for all publicly funded schemes and programmes including those where there is private provisioning.

International development aid agencies and donors including multi-lateral and regional bodies

Include substantive, funded and independent social accountability within their development projects, led by affected communities, use community generated data for monitoring progress and fund social accountability alongside development assistance for health.

United Nations and Regional Intergovernmental Bodies

Ensure the emergence and strengthening existing multi-stakeholder and multi-sectoral national social accountability platforms as review mechanisms and establish an International Mechanism for Social Accountability which serves as a watch dog and supports and funds CSOs, in partnership with national governments, to undertake social accountability interventions.

International, Regional and National Human Rights Bodies

Actively elicit information from and with marginalised communities regarding their experiences of health including their financial vulnerability and grievance redressal mechanisms and proactively share country-level reports and analyses with in-country civil society mechanisms including those which represent the interests of marginalised communities, especially those focused on SRHR and LGBTQI interests.

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