



ACCOUNTABILITY EFFORTS TO DATE – DECEMBER 2019 UPDATE

This document provides updates on progress made so far to the accountability core group members since the last meeting in April 2019 in Nairobi. The document also provides insights on upcoming critical steps in ACS.

1. Identifying accountability actors and approaches for UHC

ACS is conducting an accountability mapping exercise in priority countries to identify the accountability actors, approaches as well as gaps that could hamper progress towards UHC. The goal of the exercise is to identify promising approaches and tools that could inform accountability efforts in the region. The countries to be covered in the exercise include Benin, Botswana, Namibia and Togo. ACS is also pulling experiences from countries that have made headway in navigating their journey towards UHC such as Kenya.

The objectives of the mapping exercise include identification of 1) key stakeholders (government, CSOs, Youth etc.), networks and movements involved in promoting accountability within the health sector in the region; 2) the processes, strategies, approaches as well as platforms that have and/or can be used to promote accountability in the specific country contexts and 3) the enablers and obstacles to efforts to promote accountability by the various stakeholders in the region.

The mapping exercise for each country is expected to have the following deliverables: i) a list of stakeholders to be prioritized for inclusion in the Accountability Learning Collaborative (ALC) and for project engagements, ii) accountability approaches and platforms that can be adapted to promote collaboration and learning in ACS engagements, iii) risk/hurdles matrix to inform the capacity development efforts and the ALC activities, and iv) knowledge products to promote learning across the region.

To date, data collection has been completed in Kenya and Benin. Both countries have taken a pilot approach in rolling out the health insurance program. Benin, for example, has recently rolled out the *Assurance pour le Renforcement du Capital Humain* (ARCH) health insurance program that supports the expansion of financial protection to the most vulnerable. The program is currently being piloted in three priority districts. Lessons learnt from the pilot phase will be used to inform scale of the health insurance program in the country. Plans are underway to have a similar exercise in Botswana, Namibia and Togo in February 2020. It is expected that all the mapping exercises in the ACS priority countries will be completed by March 2020. The findings will be shared with the ALC and disseminated through various stakeholder platforms in the region. They will also inform the design of accountability solutions for UHC to be tested in ACS countries.

To ensure success of the ARCH health insurance program in Benin, it will be critical that the citizens provide feedback on their experiences including quality of health service being provided. We will use satisfaction surveys to gather feedback on the citizen experiences.

Zonal Health Coordinator - Benin

2. Kick off of the accountability Research and Learning agenda

During the last core group meeting held in April 2019, members identified the following key learning questions for the ALC:

1. How do we improve and maintain citizen awareness, empowerment and engagement around accountability for UHC?
2. How do we strengthen capacity of different accountability actors to play their role effectively (CSOs, media, parliamentarians, policy makers, providers)
3. How do we communicate and message information for different stakeholders so that they understand their interest and engage?

These priority questions informed the scope of the accountability mapping exercise. ACS is therefore gathering evidence to answer these questions during the mapping exercise in each of the respective countries. The findings will be used to guide design or adaptation of accountability solutions to be tested in select countries, as well as to develop tools and to document experience for broader learning across the ALC.

In addition, one research and learning working group is structuring reflections around effective policies and processes likely to strengthen accountability for UHC. The research question is stated as below:

Which policies and processes can countries use to improve accountability around financial decisions for UHC in sub-Saharan Africa?

The working group has developed a programme theory on how accountability works as a part of health system governance for UHC called the “heaven-hell” theory. The ‘Heaven’ component of the theory is illustrated in Figure 1 below;

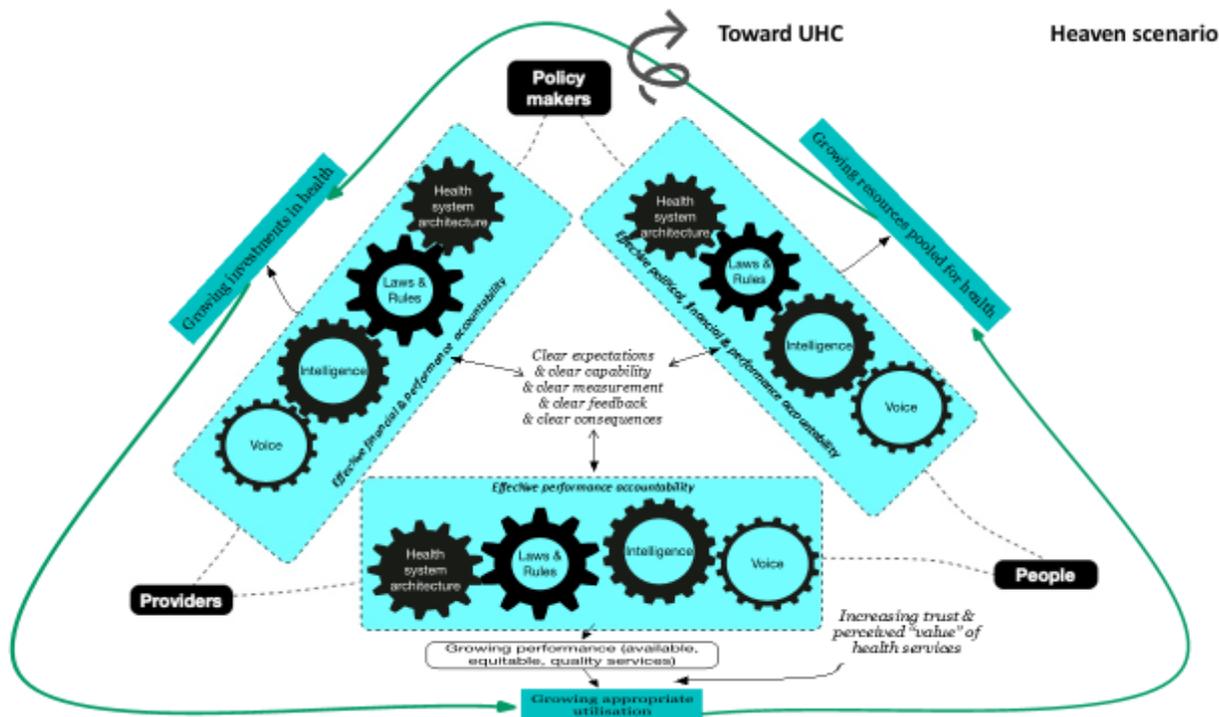


Figure 1 The Heaven component of the 'heaven-hell' programme theory

The ‘Hell’ component of the theory would entail ‘inverting’ the model, resulting in reduced investments in health, decreasing resources pooled for health and overall reduction in appropriate utilization of health resources. By improving our understanding of how accountability operates for UHC, this framework will support and facilitate the next steps, which include finalizing the research protocol followed by data collection in February 2020. Findings from the research will inform the accountability solutions developed and tested in ACS countries of interest, and shared through the ALC and through scientific articles.

3. Creation of a social movement in Burkina Faso

ACS has formally partnered with RAME (*Réseau d’Accès aux Médicaments Essentiels*), an advocacy civil society network in Burkina Faso that has initiated a process to bring together and catalyze the efforts of the various civil society actors involved in influencing public health policies to create a social movement for UHC. RAME has been pivotal in mobilizing the efforts of citizens, organised within civil society organisations, to achieve more appropriate policies and effective implementation in the health sector. Building from this experience and proven social mobilization techniques, RAME is supporting the creation of a social movement to ensure that all citizens understand UHC and their interest in it. It also mobilizes them to play an active role in ensuring all stakeholders are accountable for the decisions they make, the resources they manage and the results they achieve for UHC.

This experience of social movement building is being documented by RESADE, a Burkinabe research center and institutional ACS partner, in order to draw lessons and learnings for adaptation and use in other countries and as global evidence on accountability in the health sector, notably towards UHC. This activity moves into an operational phase in January. Updates and lessons will be shared through the ALC.

4. Strengthen capacity of identified stakeholder groups for more effective engagement in accountability for UHC

ACS is collaborating with UHC2030 in the development and testing of a budget advocacy training toolkit for UHC. UHC2030 is planning one anglophone and one francophone Training of Trainers workshop in the first quarter of 2020, which may be followed by piloting the toolkit in several countries. The target group for the toolkit includes a combination of civil society, media and parliamentarians/parliamentarian staff who are already engaged in health budget advocacy or are keen to do so, and committed to working together to influence resource allocation and use for UHC. ACS is aligned on this goal and will be one of the implementing partners to conduct the pilot exercise in Togo (and subsequently likely in Benin) later in 2020. The feedback from the pilot exercise will be used to revise and refine the UHC2030 toolkit and to document good practices for using it effectively at country-level, all of which will be shared through the ALC, before further roll out.

What do our next steps look like?

ACS is refining and activating the regional ALC for greater collaboration and learning on UHC in the region

A draft concept has been developed that further defines the ALC, including the membership composition. The ALC will draw membership from accountability actors and stakeholders from countries where ACS is providing direct support. The countries include Benin, Botswana, Burkina Faso, Namibia, and Uganda. The concept further defines when and how the ALC will engage with different country stakeholders as well as how we will ensure continuous learning around accountability for UHC in the region. ACS has begun to identify potential actors who could apply to join the ALC and will be the main producers, consumers and distributors of the knowledge products emanating from the mapping exercise and will be called upon to provide technical input in the design of accountability solutions in the countries.