"Accountability" in the Context of World Bank's Health Sector Reform Agenda

For Independent People's Tribunal on World Bank, New Delhi, Sep 22, 2007

Adapted from a presentation by Ranjani.K.Murthy

Reference: Ranjani K. Murthy. Service accountability and community participation. In Ravindran TKS and De Pinho H (eds): *The Right Reforms? Health sector reform and sexual and reproductive health*, 2005.

Definition of accountability

Accountability refers to whether and how power holders at different levels engage with demands from other parties, respond to them, justify their decisions and actions, and are sanctioned for violation of rules to implement decisions.

Key questions:

- Who is accountable?
- To whom?
- With regard to what?
- When?
- How is accountability operationalised?
- What is the outcome of accountability processes?

A review of WB HSR project documents: Key findings -1

- The WDR 1993 views strengthening accountability in the public as well as private sectors as one component of HSR
- Of 44 World Bank initiated HSRs (1990s/early 2000s) in 33 developing countries, 28 include a component of community participation or accountability in the documents.

- Actual reforms have adopted the following strategies uniformly across regions and within India:
  - community health structures
  - District health structures ,
  - community financing
  - strengthening devolution or de-concentration

A review of WB HSR project documents: Key findings-2

- In a few places, the following have been initiated:
  - Stakeholder participation in policy
  - Strengthening professional associations ,
  - Maternal death audits
  - Client regulation-promoting patient rights charters
  - government regulation-superintendence

Community Accountability

As we understand it

Expand engagement of citizens in policy formulation, planning monitoring

Expand responsiveness of government

Expand answerability of government and private sector to citizens

Enforce penalties when not accountable

Sees vibrant democracy as prerequisite

In WB's documents

- **Financial contribution by clients, community voice, decentralization, community health structures,**
- **Co-production of services**
- **Views that accountability can be added on through reforms irrespective of contexts**
- **Privatization/competition**

Community accountability in WB's HSRs

- Community's role in HSRs has remained at the level of consultation
- Community: means clients, or local community as far as community health structures go, and NGOs, women's health groups as far as policy goes
- More examples of accountability at service delivery/programme management level, than policy level, i.e furthering managerial than political accountability
- Controversial health issues kept out of agenda: budget allocation to health, between rural and urban areas, user fee exemptions, rights to health

Community accountability enforced through civil society organisations: Examples

- Community health accountability strategies more diverse:
  - Using accountability legislation: Right to participation, Right to information, public interest legislation, patient rights bill, medical ethics
  - Using human rights instruments
  - Policy influencing, budget allocation and programme monitoring
  -
  - Citizens report cards
  - Mobile Ombudsman Centres run by government
  - Public hearings around health situation, implementation of policies and expenditure
  - More context specific- diverse across countries

Lowest order of accountability to communities in WB's HSRs

	Lower order of accountability	Middle order of accountability	Higher order of accountability
Accountability of whom	Health workers	Health workers, doctors, middle level managers	Health personnel at all levels, including policy makers
Accountability to whom	Higher ups	Higher ups and colleagues	Community members-marginalised groups
Accountability with respect to what	Input Managerial	Inputs, Outputs Expense Managerial	Impact and social relevance, and other variables Political
When accountable	Post implementation	Post implementation	Design and post implementation Non implementation
Purpose of accountability	To detect any error	To detect any error	To prevent any error, as well as detect
How accountability is operationalised	Bureaucratic rules and procedures	Self regulation	Pressures from below Legal accountability

Invited vs. Demanded spaces for ensuring accountability

- Most accountability structures created within HSRs have been “invietd” rather than demanded spaces

- Invited spaces are those created and substantively controlled by health planners and policy makers

- Demanded spaces are those demanded, created, claimed, or chosen by communities or the health movements themselves (Cornwall et al 2000)

Demanded spaces for enforcing accountability-1

- Financial contribution by client as a strategy for strengthening community accountability has never been demanded
- More examples of policy level and legislation influence
- Have raised controversial health issues: budget allocation to health, different components and levels of health
- Achieve higher level of community accountability, including space for marginalised communities

Demanded spaces for enforcing accountability -2

- Have been effective at protecting Sexual and Reproductive rights, putting a stop to violation of rights by the government, and implementation of progressive policies and legislation
- Issues of lack of representation of marginalised, institutionalisation, up scaling and reactiveness remain
- Democracy and vibrancy of movements, independent judiciary, good health system, and investment in capacity building seems pr-requisites

An agenda for action

- Engage with HSRs from inside:
  - shape reforms themselves (priority setting, financing, model of decentralization),
  - push reforms to further a policy on community accountability at national, provincial, district and lower levels
  - Promote progressive accountability strategies which are being implemented by civil society organisations in many countries common outside reforms (both for public, private, ppis)
  - Promote participation contracts between WB, government and CSOs
  - Budget for capacity building of civil society actors

An agenda for action-2

- Advocate accountability legislations nationally and signing of international ones (including optional protocols without reservation)
- Advocate that community contributions does not automatic promote accountability
- Broaden tools and strategies for public sector accountability, and also use them for enforcing accountability of the private health sector

An agenda for action-3

- Sensitise national governments, aid agencies, specialists working on HSRs on community accountability discourses and practices in HSRs and by civil society organisations, and their implications for health services

- Build capacity of NGOs, consumer groups, professional associations, consumer courts, trade unions, judiciary, government health superintendents on above

- In states/countries undergoing devolution, build capacity through NGOs of marginalised to enter these bodies, and sensitise elected leaders on accountability issues. Similarly with respect to community health structures and hospital boards