

USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

Improved Access. Improved Services. Better Health Outcomes.

A Call To Engage Civil Society Through Social Accountability To Improve Access To Medicines *A Primer for Donors and Implementers*

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INTRODUCTION

Although global trends in maternal and child health had been increasingly positive, COVID-19 likely set progress back, and strengthening maternal, newborn, and child health (MNCH) services remains a country and donor priority. To deliver effective MNCH services, a country must supply high-quality health services and products; equally important, women and children's caretakers must actually seek the services. To have successful MNCH programs that improve health, investments must focus on strengthening both supply and demand for quality services and products in a virtuous cycle.

Poor accountability in a health system weakens MNCH services, including access to and appropriate use of quality medical products.¹ At the highest level, entities such as parliament or other legislative bodies can hold authorities accountable for the use of funding and the implementation of regulations and public policies; however, ordinary people must also act to influence public accountability in health service delivery. This direct participation of people who are not in authority positions, but who are ultimately impacted by health care decisions and who take collective action to demand change in health policies or services is called *social accountability*. To attain this influence, citizens must mobilize, build alliances with civil society organizations, and direct their actions toward different levels of government. Examples include a local women's group that monitors health care facility opening hours or a nongovernmental organization (NGO) that tracks the use of a public budget for medical products at the provincial level.^{2,3} In addition, technological advances—especially inexpensive and increasingly sophisticated mobile phones and social media—have fostered an explosion of social accountability tools and approaches.

ORDINARY PEOPLE MUST ALSO DEMAND ACCOUNTABILITY IN THE HEALTH CARE SYSTEM.

The US Agency for International Development (USAID) Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program developed a [discussion paper](#) to 1) review lessons learned in engaging civil society through social accountability approaches in health—particularly for access and use of MNCH, medical products 2) identify the lessons' implications for policy and practice, and 3) use lessons learned to propose an approach to improve civil society engagement and social accountability in MNCH medical products.

This document summarizes key action steps for donors and program implementers, and while this discussion paper highlights social accountability to improve access to MNCH medical products, the lessons learned and propositions are also relevant to other areas of effective health care delivery for priority populations.

¹ World Bank (2003). World Development Report 2004: Making Services Work for Poor People, Washington, DC.

² Frisancho A, Vasquez ML (2014). "Citizen Monitoring to Promote the Right to Health Care and Accountability," CARE/Forosalud/COPASAH.

³ Nosotr@s por la Democracia (2021). Mapeo del desabasto de medicamentos en México. Informe de Transparencia en Salud 2019–2020.

Key action steps to engage civil society through social accountability to increase access to essential services including medical products:

1. Map and analyze the **accountability ecosystem** before designing social accountability interventions.
2. Diagnose the problem area’s **capacities, gaps, and bottlenecks**.
3. Design and implement **strategic social accountability** interventions with multiple tactics geared to the characteristics of specific accountability ecosystems and build capacity and mobilize users of services.
4. Design and implement **vertically integrated** interventions that act at different levels of the health system.
5. Engage and form coalitions with a broad set of stakeholders **beyond policymakers** such as journalists and health activists.

MAP THE ACCOUNTABILITY ECOSYSTEM

An *accountability ecosystem* is the set of complex interrelationships among government, citizen collective action, civil society advocacy, and institutions (figure 1). The accountability ecosystem influences government responsiveness, which in turn, affects the success of social accountability interventions.

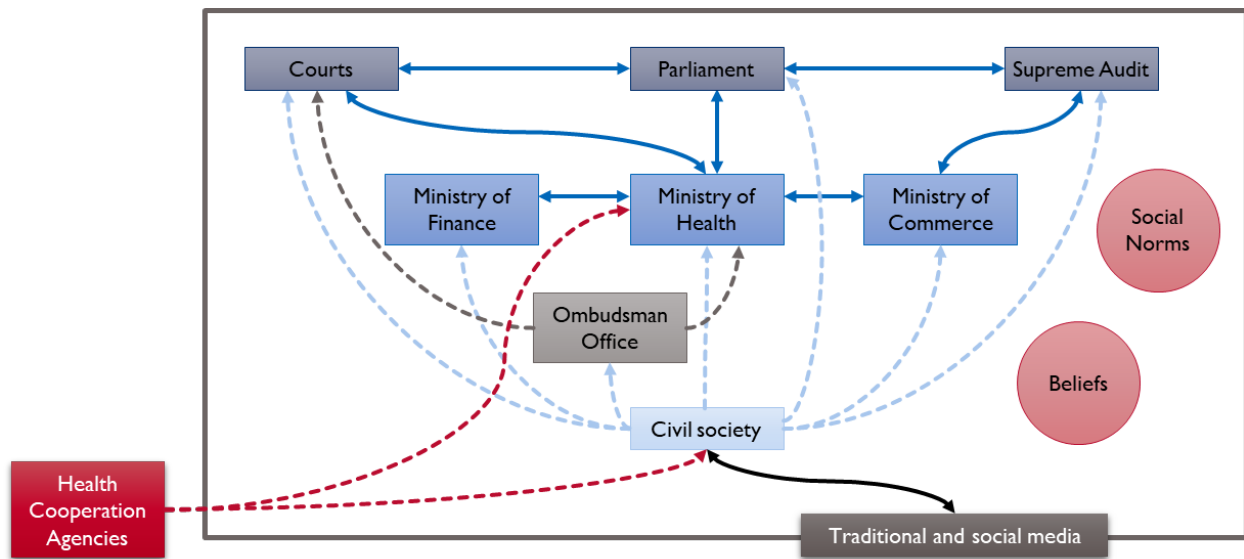


Figure 1. Generic representation of an accountability ecosystem for medical products

In an accountability ecosystem, civil society engages with public bodies including ministries; legislative bodies; courts; supreme audit, which audits government revenue and spending; and ombudsmen, who independently oversee public laws and policies. However, civil society’s influence is generally indirect, for example, through advocacy and building alliances with authorities sharing similar goals. In addition, media plays an important role in disseminating government information but also enhances transparency and accountability, including investigating corruption or mismanagement in the pharmaceutical sector that diminishes people’s access to medicines. Social media can rapidly disseminate people’s perceptions and experiences about medical products such as stock-outs or adverse effects of medicines, and positive

views about respectful and caring health care providers; of course, it may also be a source of disinformation.

A mapping of the accountability ecosystem for MNCH products should identify primary actors and their positions on making changes to improve access to and use of quality health care services and medical products. The mapping should also explore power dynamics and whether actors have the capability to influence decisions, using tools such as political economy analysis.⁴

DIAGNOSE SOCIAL ACCOUNTABILITY CAPACITIES, GAPS, AND BOTTLENECKS

Many users lack knowledge about their rights to quality services, while service providers may not have the procedures to receive feedback from users or the capacity to respond to feedback. These are barriers to effective use of MNCH services, including medical products; therefore, social accountability interventions must inform users and providers about standards for quality medical products and create space for and facilitate dialogue and shared monitoring and decision-making among users, frontline providers, and authorities. These efforts though can be stymied by other factors, such as lack of incentives to perform; public institutions' political and governance arrangements; and distrust among people and cultural, religious, and health authorities.⁵

Entry points for civil society engagement have to be based on a problem perceived by civil society and users of services. In social accountability, building a constituency motivated to tackle challenging issues and engage with authorities is vital. For example, if families do not see that a lack of oral rehydration salts (ORS) and zinc can lead to children dying from diarrhea, there is no strong constituency for a social accountability intervention to improve availability; therefore, many social accountability interventions begin with information campaigns targeting users of services to make them aware of issues as well as their health care rights. In addition, some actors may want to protect their interests by opposing change, such as the medical industry and officials in charge of procurement. For that reason, coalitions need to include stakeholders who support change and have the power to counteract opposition to change.

Table I presents examples of issues for which civil society can play a role, including the type of organization to engage and examples of interventions.

⁴ For example, see USAID resources on PEA: <https://www.usaid.gov/documents/1866/thinking-and-working-politically-through-applied-political-economy-analysis>

⁵ World Bank (2004). World Development Report: Making Services Work for Poor People, Washington, DC: World Bank, 2003 Overview chapter.

Table 1. Examples of potential roles that civil society can play to improve availability, affordability, and appropriate use of quality medical products for MNCH

Main issue/bottleneck	Potential role for civil society engagement on accountability	Example of interventions
Users do not accept ORS/zinc as best practice due to lack of information or trust in frontline providers	Grassroots organizations facilitate local trust-building and share information about the importance and proper use of ORS/zinc	<ul style="list-style-type: none"> ▪ Facilitate dialogue between frontline providers and users ▪ Use scorecards to monitor local clinic performance for example on product availability or use ▪ Develop user-friendly information to raise awareness on importance and use
Storage requirements for products such as oxytocin are not always followed and another problem is that products do not reach local clinics due to regional authorities' lack of prioritizing and/or funding distribution to lower levels	<p>Local frontline providers, users of services, grassroots organizations, and local nongovernmental organizations (NGOs) form an alliance to highlight the issue and demand better supervision and procedures to ensure timely distribution of medical products to peripheral facilities</p> <p>NGOs working at regional and national levels design a campaign to improve oxytocin storage (e.g., funding for refrigerators)</p>	<ul style="list-style-type: none"> ▪ Use audiovisual warehouse monitoring by stakeholders ▪ Produce audiovisuals with the problem, negative effects on people, and solutions implement ▪ Collaborate with media
National procurement agency is slow to include optimal pediatric formulations such as amoxicillin dispersible tablets on procurement lists, in treatment guidelines and training	<ul style="list-style-type: none"> ▪ Technically specialized NGOs explain to decision-makers the importance of more optimal pediatric formulations and help develop specifications ▪ Advocacy NGOs design a social media campaign ▪ Grassroots organizations contact elected representatives to support the procurement of more optimal products 	<ul style="list-style-type: none"> ▪ Conduct information campaign for procurement decision-makers ▪ Inform and build procurement capacity of civil society organization with interest in improving the issue ▪ Carry out campaign with grassroots organizations

DESIGN AND IMPLEMENT STRATEGIC SOCIAL ACCOUNTABILITY INTERVENTIONS

Building on an understanding of the MNCH medical product accountability ecosystem, the next action is to design and implement strategic social accountability interventions. Many social accountability interventions only target local-level issues and a small number of inputs—addressing symptoms but not their underlying structural causes upstream—which has been called the low-dose approach.⁶ By not

⁶ Fox J. How can a rethink of lessons from field experiments inform future research in transparency, participation, and accountability? May 19, 2019. International initiative for impact evaluation. <https://3ieimpact.org/blogs/how-can-rethink-lessons-field-experiments-inform-future-research-transparency-participation>

considering structural factors affecting medical product access, such as importation barriers, poor procurement regulation, or weak storage and distribution systems, low-dose interventions are unlikely to succeed no matter how broadly they are implemented.

In contrast to **tactical** interventions that rely on a single tool such as scorecards to improve access to MNCH medical products and services, **strategic** social accountability uses several complementary tools and strategies (e.g., scorecards, budget tracking, social media campaigns) and mobilizes and builds the capacity of constituents (understanding what essential medicines are and how to improve quality and appropriate use of medical products; providing transport and food subsidies to attend meetings with health authorities). These strategic approaches build alliances and coalitions across the ecosystem—among users of services (mothers whose babies have diarrhea); NGOs (service providers and think tanks with expertise in medical products); progressive politicians; and decision-makers. A meta-analysis showed that strategic social accountability interventions have a more positive impact than tactical social accountability interventions, which have low or mixed impact.⁷

DESIGN AND IMPLEMENT VERTICALLY INTEGRATED INTERVENTIONS

Vertical integration of social accountability is the construction of linkages among national, subnational, and local civil society structures to advocate for systemic change that addresses bottlenecks at different health system levels and embeds an intervention in the accountability ecosystem. Consequently, health cooperation agencies who want to improve access to and use of quality medical products may need to widen their usual engagement targets (table 2). It is important to note the need for coordinating mechanisms at each level to monitor implementation of strategies and activities.

Table 2. Examples of multilevel organizations that projects can support to implement vertically integrated interventions

Level	Organizations to support	Vertically integrated intervention
Local	Grassroots organizations, health committees, and other community-based organizations	<ul style="list-style-type: none"> ▪ Raise users' awareness of their entitlement ▪ Monitor availability, use, and quality of MNCH medical products such as oxytocin, amoxicillin, ORS, and zinc ▪ Upload information to a website ▪ Dialogue with frontline providers
District	Local media, NGOs, community-based organizations	<ul style="list-style-type: none"> ▪ Analyze monitoring reports from facilities ▪ Identify issues of MNCH product-related concern ▪ Produce quarterly scorecard report for the district ▪ Dialogue with district authorities

⁷ Fox J (2015). Social accountability: what does the evidence really say? *World Dev* 72:346–61.

Level	Organizations to support	Vertically integrated intervention
Provincial	NGOs, media	<ul style="list-style-type: none"> Track budgets Facilitate capacity building for district-level actors Disseminate quarterly reports through media and social media
National	International and national NGOs, grassroots national delegates, representatives from social movements, national media and investigative journalists, parliamentarians, other actors that may share the goal of improved access, quality, and use of medical products	<ul style="list-style-type: none"> Analyzing provincial reports and producing a quarterly scorecard report Monitor budgets, procurement, and distribution Dialogue with national-level authorities Disseminate national-level reports through media and social media Establish coalitions to push for new policies or policy reforms

ENGAGE WITH A BROAD SET OF STAKEHOLDERS AND COALITIONS

In addition to engaging with multilevel vertical stakeholders, successful social accountability interventions build coalitions that go beyond those traditionally seen for MNCH medical products, such as policymakers. For example, human rights activists may be powerful influencers for social accountability interventions for MNCH, while traditional and social media can play a central role in disseminating information on social, political, and cultural issues related to medical products. This means that purely technical arguments around MNCH medical products may not engage these kinds of actors, so broadening the rationale for taking action can attract new coalition members and lead to more robust change advocacy. For example, building a coalition about comprehensive primary care services that includes essential medical products may interest more organizations than establishing a coalition for a narrow subset of services, such as postnatal care, or for one specific product, such as oxytocin. This broad approach would include stakeholders interested in monitoring postnatal care and oxytocin together with stakeholders interested in other primary care services and essential medical products.

Many social accountability tools and approaches are available, but interventions often fail to reach their potential. Effective social accountability interventions must be designed for the accountability ecosystem in which they operate. By following these steps, donors and implementers will be more likely to invest in and design interventions that substantially and sustainably improve access to and use of quality MNCH medical products.



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