



ACCOUNTABILITY IN UNIVERSAL HEALTH COVERAGE PROCESSES

A COMPENDIUM OF RESOURCES

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Before using this compendium

What is the purpose of this compendium?

This compendium presents a set of products and tools on accountability that have been developed through the African Collaborative for Health Financing Solutions (ACS) project. By developing this document, we aim to promote accountability in sub-Saharan health systems.

In this compendium, we provide materials to help the reader to understand:

- The motive, principles, and mechanisms of accountability in universal health coverage (UHC) ecosystems.
- Accountability strategies and approaches that are used currently within UHC processes across the sub-Saharan region.
- Tools that can be used to enhance accountability in UHC processes at the country level.

Through these, the reader should gain an understanding of the ACS project's vision concerning accountability and the rationale behind the development of each tool. We provided links to enable the reader to easily access each tool.

Who should use this compendium?

This compendium primarily targets various actors who are involved in UHC policies and processes in sub-Saharan Africa, such as policymakers, policy implementers, public and private health service providers, civil society organizations actors, and academics/researchers who would like to undertake and/or generate knowledge around accountability initiatives. It could also be useful for any health policy process.

How should one use this compendium?

This compendium is made up of three sections:

- The first section, titled "Understanding accountability for universal health coverage", presents some key concepts relating to accountability. It ends by highlighting the ACS vision and approaches regarding accountability.
- The second section, titled "ACS-supported accountability activities", presents how ACS developed and implemented its strategies for improving accountability in the ACS-supported countries.

- In the third section, titled “Application and lessons learned”, the reader will find some key practical applications of ACS products and tools, as well as the overall and specific lessons learned during the ACS support process.

To use this compendium, the reader may click on the map in Figure 1 below or browse the table of contents to access the section or the specific product or tool that they are interested in knowing more about. After reading the brief presentation of that tool, the reader may access its full version by following the link provided.

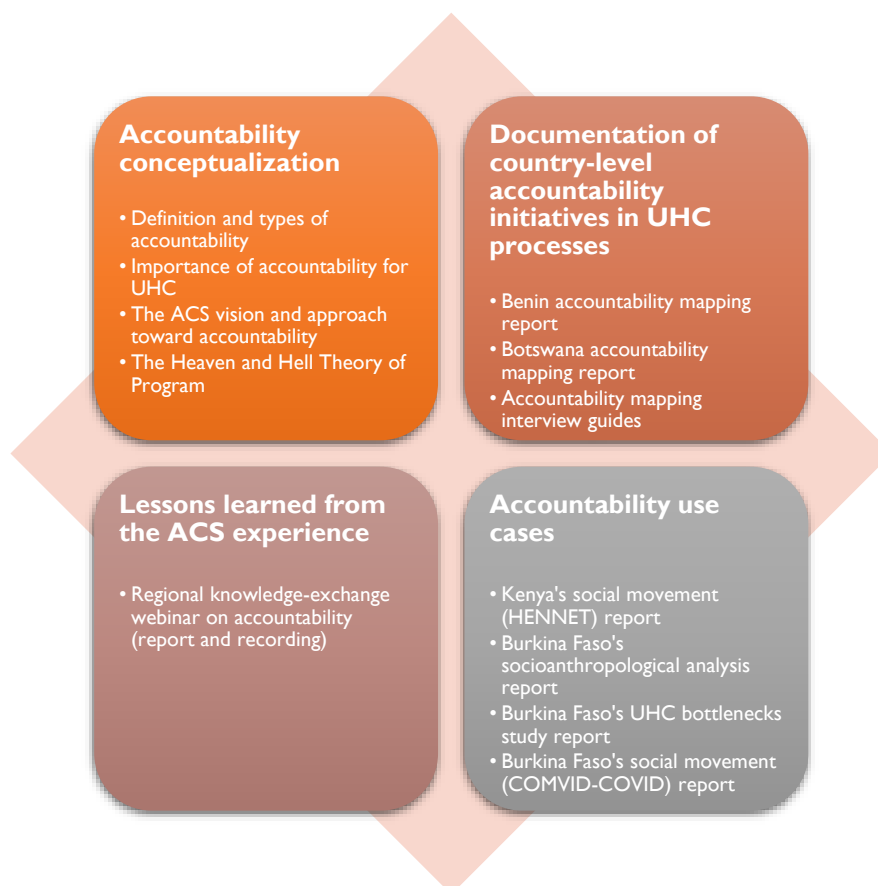


Figure 1: Map of ACS accountability products and tools.

Note: COMVID-COVID, Communities Committed to Eliminating COVID-19; HENNET, Health NGOs Network

When is it relevant to use this compendium?

With this compendium, we intend to help users to know more about how accountability works in the UHC ecosystem and how it can be improved. Users may adapt and use the various products to suit their own context. Here are few situations in which these resources can be used:

- The Heaven and Hell Theory of Program (HHTP) is an overarching conceptual framework that supports analysis of the different levers or entry points within a health system while being able to tie back to how accountability fosters progress towards UHC. Users can use this theory of program to assess and improve the design and implementation of accountability in the health system, specifically for UHC. The framework can easily be used at all health system levels.
- The Benin and Botswana accountability mapping exercises highlighted the need to strengthen countries’ accountability approaches to improve their effectiveness and ensure they could be leveraged to contribute to advancing UHC. These reports and interview guides from the exercises may provide inspiration to conduct such mapping exercises in other contexts. They can serve as tools to advocate for the consideration and focus on accountability in the design of UHC policy documents, guidelines, and standards, in order to ensure that accountability is emphasized in the implementation of policies and strategies to achieve UHC.

- Social movements are important to improve social accountability around UHC processes. The reports on social movements present the achievements and challenges of such movements, with some useful recommendations. These recommendations could be used to inform the potential adaptation of similar social movements that work on other UHC-related topics in sub-Saharan African.

People to contact

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Section I: Understanding accountability for universal health coverage

Definition of accountability

While there is no one conventional definition, a widely accepted understanding of accountability is “the obligation of individuals or agencies to provide information about, and/or justification for, their actions to other actors, along with the imposition of sanctions for failure to comply and/or to engage in appropriate action.”^{1,2} An accountability relationship involves two parties (principal and agent) who are mutually and directly or indirectly committed to each other for something, whether it is an action, process, output, or outcome. These parties can be individual people, groups of actors, companies, governments, or local, national, or international organizations.^{3,4} For example, in a relationship between a health care provider and a health service user (patient or people), the provider is expected to provide high-quality care and the user is expected to contribute resources either directly (e.g., through an out-of-pocket payment) or indirectly (e.g., through resource pooling via health insurance).

As part of efforts to address the lack of clarity around accountability, Koppell⁵ proposed five distinct dimensions of accountability: transparency, liability, controllability, responsibility, and responsiveness. For each of these dimensions, there is a specific question to ask to assess whether an organization or individual is accountable or not:

- **Transparency:** Did the organization/individual reveal the facts of its performance?
- **Liability:** Has the legislation given the organization/individual obligations to perform?
- **Controllability:** Did the organization/individual do what the principal desired?
- **Responsibility:** Did the organization/individual follow the rules?
- **Responsiveness:** Did the organization/individual fulfill the substantive expectation (demand/need)?

Different types of accountability

In the context of health systems, there are three types of accountability among various stakeholders (people, providers, and decision-makers),^{1,2} as outlined below:

- **Financial accountability** concerns tracking and reporting on allocation, disbursement, and use of financial resources.
- **Performance accountability** refers to demonstrating and accounting for performance in light of agreed-upon performance targets (e.g., quality of care, equity).
- **Political accountability** relates to ensuring that a government delivers on its mandate, fulfills the public trust, and defends the population’s interests.

Besides this classification, social accountability stands as a key concept in universal health coverage (UHC) processes. **Social accountability** refers to efforts made through citizen and civil society organization (CSO) actions to hold government officials to account for the provision of public goods that are consistent with socially-accepted standards and norms, as well as government and other actors’ (media, private sector, donors) support for and responses to these actions.⁶ The rationale behind social accountability is to support citizens (service users) to express their needs, claim their rights, and hold accountable those responsible for providing high-quality services.⁷ This citizen-driven accountability is not meant to refer to a specific type of accountability, but rather to an approach (or set of mechanisms) for exacting accountability.⁸

Importance of accountability within UHC ecosystems

Accountability is a key enabling element for efficient relationships among health systems actors in situations where there are clear expectations from each other, capabilities of each actor to deliver on their duties, performance measurement, feedback, and consequences (positive or negative) derived from performance or lack thereof. A well-functioning accountability system is associated with improved

health system performance for UHC in every country¹. Among many advantages, effective accountability in UHC ecosystems⁹:

- Reduce information asymmetries regarding UHC-related rights between government and civil society, as well as between health service providers and their clients.
- Clarify responsibilities and hold each stakeholder answerable for UHC goals.
- Help identify and fill gaps in the availability of essential resources (money, health supplies, personnel).
- Contribute to improving the quality and coverage of health services.

The African Collaborative for Health Financing Solution project’s vision and approaches for improving accountability

Accountability can often be perceived as having only negative connotations given the widely accepted understanding of the concept, as outlined above. However, one should not consider accountability only as a way to force or punish stakeholders. The primary aim of accountability is to contribute to creating a culture of collaboration and learning within organizations and systems. In line with this aim, the African Collaborative for Health Financing Solutions (ACS) project’s vision for accountability is to promote and improve accountability in UHC processes in sub-Saharan Africa through an iterative process made up of mutually reinforcing activities. These include:

- Conceptualizing accountability through the development of frameworks, such as the Heaven and Hell Theory of Program (HHTP), to deepen people’s understanding of how accountability works within a given country’s UHC ecosystem.
- Implementing the HHTP at the country level.
- Generating knowledge through evaluation of research and activities and sharing findings through knowledge-exchange platforms (multi-country collaboration, UHC resource centers, etc.).

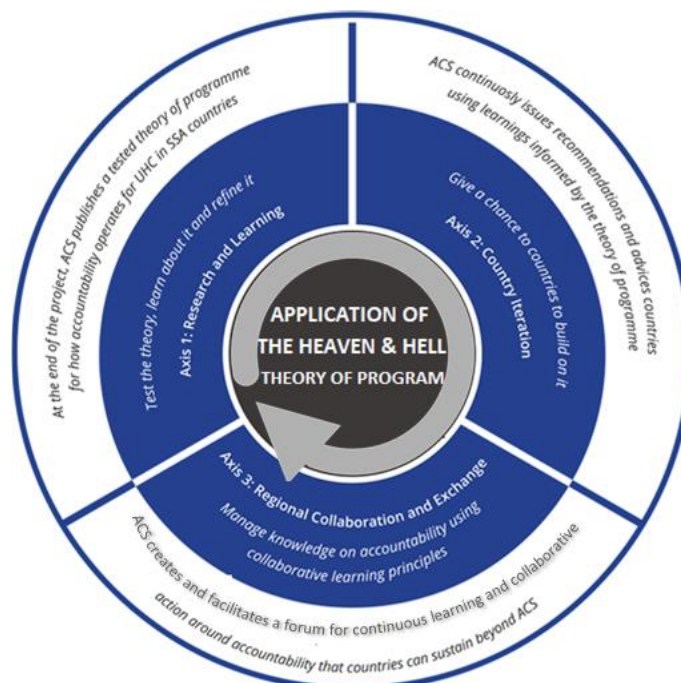


Figure 2: The African Collaborative for Health Financing Solutions project’s vision for accountability.

ACS approaches to promote accountability have included the following:

- Framing how accountability functions within the UHC ecosystem.
- Documenting country-level health system accountability initiatives.
- Supporting the development and implementation of accountability initiatives.
- Facilitating knowledge exchange and skills building among stakeholders in and among country policy dialogue platforms.

The following section will present several ACS activities that focused on these strategies. It will provide an overview of the activity where it was applied along with a link to a more detailed write-up of that activity for interested readers.

Section 2: ACS-supported accountability activities

This section introduces and describes accountability activities that the ACS project has supported, as well as the products and tools derived from each of these activities.

Framing how accountability functions within the UHC ecosystem: the HHTP

The ACS team developed the HHTP as a starting point for countries to conceptualize what accountability looks like and how it works in their UHC ecosystem. The HHTP is rooted in the [actionable health system governance framework¹⁰](#), the [Brinkerhoff framework on accountability in health systems¹¹](#), and Peter Bregman's five conditions for the [culture of accountability¹²](#). The theory is built on the triangular relationship among policymakers, health care providers, and people (health service users). Each binary relationship is conditioned by various components, including the health system architecture, laws and rules, voice and participation tools, and information and intelligence. These components, working together, can generate accountability if they are grounded in clear expectations, the actors' capabilities to deliver on those expectations, effective measurement of results, effective feedback processes, and clearly articulated consequences for the success or failure to deliver on the expectations.

With better accountability in the relationship between health care providers and people, performance of health service delivery will likely improve and result in more people-centered and higher-quality health care. As a result, people will be more likely to trust in the health system, which increasingly will attract users and result in more pooled financial resources for UHC either through taxes, premiums, user fees, or co-payments. If policymakers mobilize more resources due to stronger political support for UHC, they will be more likely to increase investment in health service delivery; this in turn will improve the quality of service. These conditions then will generate a virtuous cycle that will accelerate country progress toward UHC in the heaven scenario in the HHTP.

In the opposite (hell) scenario, poor accountability between providers and people will lead to nonresponsive and poor-quality service delivery. People will move away from using health facilities. Subsequently, fewer resources will be mobilized to support health system strengthening. Underfunding in health likely will undermine the availability and quality of services that people need. The full presentation of the HHTP is available through this [link](#).

Documenting country-level accountability initiatives in UHC processes: accountability mapping exercises in Benin and Botswana

ACS conducted country mapping exercises in Benin and Botswana to gather evidence on the status of accountability in UHC processes (including information on key accountability actors, approaches, tools, and processes) in order to identify opportunities for strengthening accountability in the region. Prior to conducting the mapping exercises, the ACS team developed tools to capture various perspectives on the inventory of accountability initiatives. These tools served as data collection tools during the exercises. They may be accessed through this [link](#).

The mapping exercises identified and described the roles of the different actors involved in various accountability initiatives, such as policymakers, public health care providers and managers, community members or representatives, CSOs, and the media. Reports of the exercise findings showed that participatory policy formulation, public hearings, service users' complaint boxes, results-based financing, and public broadcasts (through radio and dashboards) were some of the main approaches used to strengthen accountability. The reports also discussed corrective actions that stakeholders found pertinent to improving the efficacy of each specific accountability strategy. Finally, these studies drew lessons and opportunities for strengthening accountability in Benin and Botswana that could be useful more broadly.

ACS used the findings of these mapping exercises to inform initiatives to reinforce the capacity of stakeholders, particularly CSO movements, to play an active role in promoting accountability for UHC.

The Benin accountability mapping study report is available through this [link](#), and the one for Botswana is available [here](#).

Supporting the development and implementation of accountability initiatives: the case of social movements in Burkina Faso and Kenya

Social movements are large-scale groupings of individuals or organizations, connected through a shared interest, that focus on specific issues in order to carry out a social change. They are seen as a crucial means for building vertical accountability within a country UHC process. Dynamic social movements are catalyzing transformation within communities by raising awareness and facilitating communities' engagement in key health systems issues and policies across the continent, including their participation in the planning and use of limited public resources. ACS undertook studies to support and/or document social movement initiatives, especially in two sub-Saharan African countries: Burkina Faso and Kenya.

Role of the Health NGOs Network in promoting accountability in Kenya

The Health NGOs Network (HENNET) is an umbrella organization of 107 member CSOs that are active in the health sector in Kenya. Since its inception in 2005, HENNET has played a coordinating role in Kenya to ensure CSOs speak with one voice and maximize their collective impact to improve health. HENNET is also a platform for collaboration and knowledge sharing that enables members to advocate for issues and build capacity.

ACS conducted a case study on the HENNET to build better understanding of how a social movement performs in the health sector. ACS built the case study through interviews of some of HENNET's key actors. The lessons learned from their experience contribute to the knowledge base on effective ways to establish and/or improve other social movements in the UHC space across sub-Saharan Africa. The full version of the report of this case study is available [here](#).

Development and implementation of a social movement for UHC in Burkina Faso

Despite the efforts of Burkina Faso's government over the last few years, the country's progress toward UHC is still slow. Réseau Accès aux Médicaments Essentiels (RAME) —a well-established CSO in Burkina Faso—led a process to bring together various civil society actors' efforts to influence public policies in health. This process culminated in the establishment of the Plateforme Démocratie Sanitaire et Implication Citoyenne (plateforme DES-ICI, or Health Democracy and Citizen Involvement Platform) to channel citizen efforts to advocate for appropriate health policies that are implemented more effectively. It is a platform that is meant to hold all actors involved in actions contributing to UHC accountable for the decisions they make, the resources they manage, and the results they achieve to ensure that the best interests of the population are taken into account at all stages of the UHC process.

RAME, with ACS support, used the Health Democracy and Citizen Involvement Platform DES-ICI to create of a social movement in Burkina Faso through a codified four-step process: (1) building shared values, (2) creating a network of committed citizens, (3) documenting and capitalizing on the social dynamics, and (4) sharing knowledge at subregional and continental levels. RAME performed two studies to inform the first two steps. A socio-anthropological analysis looked at how health is perceived within communities, exploring current dynamics around individual and collective behaviors regarding health issues management. This study helped to understand the many ways that citizens appreciated health and illness. A second study identified structural barriers that are slowing down or impeding implementation of UHC initiatives in Burkina Faso, as well as opportunities for civil society and community engagement to help accelerate progress. RAME used the findings of these studies to develop specific messaging to support the creation of shared values that communities would uphold to realize UHC. The report on the socio-anthropological analysis is available through this [link](#), and the report on the structural barriers identification is available [here](#).

Facilitating knowledge exchange and skills-building among stakeholders: regional knowledge exchange webinar on accountability

In February 2021, ACS organized a learning exchange called “Tackling accountability in the UHC ecosystem in Africa: ACS tools, approaches, and findings from Benin and Botswana” to share experiences and engage in thought partnership with African health system strengthening experts from the [FORCE community](#) about ACS’s accountability efforts. The objectives for this webinar were to:

- Review and improve the accountability mapping tools and approach that ACS developed.
- Link the findings of the accountability mapping exercises and the research studies to country-level technical assistance for UHC.
- Identify dissemination opportunities for selected accountability assessments (Benin and Botswana mapping exercises and study on conducive accountability policies and processes in sub-Saharan Africa).

This webinar allowed African health system strengthening experts to discuss ACS’s accountability approach in action, identify gaps in accountability around health financing decisions and policies/processes, and discuss how the approach could be adapted to any country context. The full webinar recording and the report are available [here](#).

Section 3: Application and lessons learned

Application

ACS's activities and products for promoting accountability informed some key interventions within ACS-supported countries. In this subsection, we present some of the applications of these approaches.

Use of the HHTP

The HHTP is a useful tool to assess and improve the design and implementation of accountability-strengthening initiatives in the health system, specifically in the UHC space. ACS employed this tool to guide the design of a research study on the health insurance component (AM) of the Assurance pour le Renforcement du Capital Humain (ARCH, or Insurance for Building Human Capital) project in Benin. This study is titled "Documentation of good practices in innovative policy processes for UHC in sub-Saharan Africa: case of the ARCH Health Insurance component in Benin." The HHTP guided the design of various units of analysis, including the (1) inclusiveness and effectiveness of policy dialogue platforms around the AM-ARCH policy; (2) purchasing practices in the AM-ARCH policy; 3) user complaints management in AM-ARCH pilot areas; and 4) delegation of AM-ARCH implementation to the National Health Insurance Agency.

ACS also used the HHTP to analyze the political economy context of the development of an integrated UHC road map in Togo. The HHTP proved helpful to effectively map the different actors involved in UHC in that country. It then helped ACS to identify the main levers that actors could use to accelerate the country's progress toward UHC.

Analysis of the implementation of the Communities Committed to Eliminating COVID-19 initiative as a springboard for the social movement for UHC in Burkina Faso

The Communities Committed to Eliminating COVID-19 (COMVID-COVID) movement is a civil society initiative created by plateforme DES-ICI in April 2020 to contribute to the COVID-19 response in Burkina Faso through the mobilization of community participation. This movement was implemented with ACS support to serve as a springboard for the development of a social movement for UHC.

The COMVID-COVID movement is organized around a secretariat and Cellules Citoyennes de Veille Sanitaire (CCVS, or Citizen Health Watch Cells). The secretariat is responsible for coordinating the CCVS' activities, advocating for the mobilization of resources and the inclusion of the movement in the national response mechanism, and monitoring the governance of the resources mobilized. The CCVS are responsible for implementing the activities of the COMVID-COVID movement at the community level, including (1) sensitization, (2) capacity-building of populations to apply transmission protection measures, (3) monitoring of contact cases, (4) mobilization of domestic resources; (5) provision of vulnerable households with protective equipment; and (6) monitoring of the management of donations received at the local level for the fight against COVID-19.

In the earlier stage of the COVID-19 pandemic, this movement actively contributed to raising awareness about COVID-19 and preventing the disease in Burkina Faso. The initiative's midterm report explained further its key achievements, as well as its successes and challenges. Report is available [here](#).

Application of accountability mapping exercises

The Benin and Botswana mapping exercises highlighted areas of countries' specific accountability mechanisms that needed to be strengthened in order to improve their effectiveness in advancing UHC. For instance, in Benin, the results of the accountability mapping exercise helped to advocate for the redesign of a complaints management system, since the previous strategy (complaint boxes in health centers) was not effective. This study also motivated the reorganization and empowerment of CSOs around UHC, with a capacity-building plan and the implementation of the 2S-CPS approach (health policy strategic citizen monitoring). It also contributed to improving the inclusivity of the AM-ARCH *cadre de concertation* (consultative committee) by deepening the involvement of civil society. All of these

efforts aimed to increase the performance of the Benin flagship health insurance scheme through enhanced social accountability.

In Botswana, the accountability mapping findings are serving currently as a directory of major actors involved in promoting accountability for UHC and the roles they play. The findings also are being used as one of the key resources for informing the review of the Botswana national health policy.

Lessons learned

Overall lessons learned

The ACS team has identified several lessons from the development and application of these activities. The salient learnings include:

- Civil society is often poorly engaged in UHC policy design and implementation in sub-Saharan Africa, although its significant role in these processes is widely acknowledged. Building its capacity and engagement could help to push for better social accountability in UHC process.
- Improving accountability needs strong leadership and political support. This is important to create an environment where every stakeholder is effectively playing their role within the UHC ecosystem and to ensure the proper enforcement of consequences (positive and negative).
- Proper planning and coordination are crucial to the success of every initiative to improve accountability for UHC. It is especially critical to ensuring all stakeholders participate and effectively play their role in advancing UHC.
- Before developing tools, it is essential to first identify a good communication and dissemination plan for any accountability-related results or findings. Disseminating results is necessary for the findings to be used for change. The tools need to be made as practical as possible to promote and enable their common use. This means that the language and presentation style of the tool should be suitable for the targeted audience so that they can easily understand and use it. Finally, it is also important to train stakeholders on how to use those tools to meet their ongoing needs.

Specific lessons from each activity

- The process of designing and applying the HHTP demonstrated that good conceptualization is imperative for the success of any accountability initiative. Such conceptualization allows for clarity on the functioning of the initiative and the outcomes that can be obtained reasonably from a given initiative.
- The accountability mapping exercise reports highlighted the necessity of increasing and enhancing the involvement of civil society in UHC processes. Civil society actors are key advocates for the consideration and focus on social accountability in the design and implementation of policies and strategies to achieve UHC.
- The reports on social movements were important for informing the extension of such social movements in other countries and regions, since they laid out the achievements and challenges of such movements across several contexts with useful recommendations. These recommendations were also applicable to social movements targeting other issues or policies in sub-Saharan Africa.
- Finally, the implementation of learning activities surfaced that a combination of both conceptual and applied tools (concrete examples, cases) is needed to effectively share knowledge and engage in dialogue about a subject as complex as accountability in the UHC space.

Section 4: Resources

- [Description of the Heaven and Hell Theory of Program](#)
- [Data collection tools for accountability initiatives mapping](#)
- [Study of the state of accountability for Universal Health Coverage \(UHC\) in Benin](#)
- [Benin accountability mapping matrix](#)
- [Accountability efforts for Universal Health Coverage in Botswana](#)
- [Botswana accountability matrix](#)
- [Role of social movements in promoting accountability in the health sector](#)
- [Perceptions of health and the pathways to safeguard or restore it](#)
- [Structural barriers to achieving universal health coverage](#)
- [Tackling accountability in the UHC ecosystem: Tools, approaches and findings from Benin and Botswana](#)
- [Brief analysis of the implementation of the COMVID COVID-19 movement](#)

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