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A SYNTHESIS OF THE BEST FOUR CASE STUDIES ON THE EMERGING ISSUES OF GOVERNANCE AND SOCIAL ACCOUNTABILITY IN HEALTH DURING COVID-19 WITHIN EASTERN AND SOUTHERN AFRICA COUNTRIES

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Background

The outbreak of coronavirus (COVID19) is not only a public health emergency causing loss of life and human suffering; it also poses a major threat to the global economy and extraordinarily impacts the social-economic lives of humanity. Health systems in both high and low-income countries have struggled to provide adequate COVID-19 testing and care with negative impacts on the continuity of services for non-COVID-19 health care. The COVID-19 outbreak is particularly detrimental to members of those social groups in the most vulnerable situations, including people living in poverty, older persons, persons with disabilities, youth, and indigenous persons. Populations are vulnerable to not only infections, but also negative impacts of national responses that have been dominated by lockdowns exacerbating poverty, domestic violence and mental health problems.There are tremendous concerns about such impacts on the healthcare system and social policy in a number ofAfrican countries.

Context

The COVID-19 pandemic got everyone, including governments by surprise. As a result of this, many countries have struggled over the past year to define their national response. Because things are happening fast, a number of mistakes have been made along the way. We have noted that processes like budget allocations and reallocations have been highly rushed and in an irregular manner in some cases. Parliament has for instance been in the spotlight for allocating itself UGX 10 billion without following proper procedure. Further to this development partners such as the World Bank and other multinational donors have provided COVID-19 emergency funds in addition to a number of loans that government has continued to approve. The dominance of the private sector as major players in the national response is widespread.

Practitioners on accountability and social action in health have gone through varying experiences during this COVID-19 period. While some were constrained by the lockdowns, others have been contributing to the national response. Maintaining the oversight role through social accountability remains critical even as countries begin to open up from the lockdowns. The current efforts towards vaccination and continued testing of COVID-19 calls for continued and renewed efforts towards social accountability.

The Case Studies

This paper reflects the practices and emerging issues of governance and social accountability during the COVID-19 pandemic within the Eastern and Southern Africa region borrowing from the experience of practitioners on accountability and social action in Health.

Eight (8) case studies were received from practitioners; countries including Tanzania, Uganda, South Africa, Kenya and Zimbabwe. Four (4) emerged as the best case studies for the award of USD2500 each and were presented during a regional webinar on Governance and Social Accountability in Health. The selected case studies were authored by; Moyo Tjedu (Zimbabwe), Tinashe Njanji (South Africa), Bukenya Denis (Uganda), and Dan Owala (Kenya)

1. INTRODUCTION ABOUT THE AUTHORS OF THE FOUR BEST CASE STUDIES.

Moyo Tjedu is a Zimbabwean working with the Community Working Group on Health (CWGH), a civil society group that identifies public discontent with the manner in which community participation is being expressed in Zimbabwe and the need to strengthen the mechanisms for participation, transparency, consultation and accountability within the health sector.

Tinashe Njanji is a South African working with the People's Health Movement South Africa (PHMSA). The organisation is crucial to the implementation of comprehensive Primary Health Care (PHC) in their communities and in supporting Community Health Workers (CHWs) as advocates and activists for health.

Bukenya Denis is a Ugandan working with the Human Rights Research Documentation Centre (HURIC); an indigenous, non-profit, research documentation and advocacy organisation promoting Human Rights research, implementation and reform approaches.

Dan Owala is a Keyan working with PHM-Kenya (People's Health Movement); an organisation that exists to track, defend and promote the realization of the right to health for all Kenyans. It challenges governments, partners, and all duty bearers to take bold steps towards reducing health and health-related inequalities.

2. AREAS OF FOCUS

The four case studies are based on the current situation; encompassed with stringent directives and restrictions on people. They focused on; the work of community advocates in advancing the right to health, sexual reproductive health rights violations triggered by gender-based violence and the Impact of commercialization of the health systems and the East and southern Regional Approach towards the attainment of social accountability in the times of COVID-19 Pandemic.

3. PROBLEM OR ISSUE

The COVID-19 pandemic was more than just a global pandemic. For the East and Southern Africa, the Pandemic was just a guiding force to expose the inequalities that citizens face. It hit when nobody was expecting and as such no one had an opportunity to prepare for anything, especially looking into the multiple total and partial lockdowns that followed. This unpreparedness exposed the general incompetence of the regions health systems leading to an increase in issues of accountability for different governments in the region.

The pandemic was associated with many negative consequences, including adverse physical and mental health challenges, limited access to education, increased costs relating to medical services, inadequate food and medical equipment, and issues of government

accountability towards controlling the pandemic as further elaborated below:

Mental health challenges increased during the lockdown where many people fell into depression. The general closure of health centers for non-COVID-19 treatment and cure meant that people could not access the basic health checkups and therapy. There was increased violation of people's Sexual Reproductive Health Rights like an increase in the violence against women and girls. School children also resorted to drug abuse as a way to deal with the depression since they were out of school for long. People generally did not have Personal Protective Clothing (PPE) such as masks and gloves. Sanitizers and soap were also too expensive as the private manufactures sold those at high prices knowing that the demand was high and the supply was low.

The Community Health Workers played a vital role of screening and educating in their communities. They did so with the help of partner orgnaisations. In Zimbabwe, the CHW managed to get a meeting with national leaders who coordinate CHWs and Community based Primary Health Care. The CHW strengthened the coordination and effectiveness of the health responses in Communities during the COVID 19 pandemic.

However, COVID-19 pandemic created a vast Information gap in the between the governments and the people thus limited awareness and control of the effects on COVID-19, and Family Planning issues etc which have been greatly neglected and led to the Commercialization of the Health system in the region. People have been drawing from pocket expenditure thus calling for an urgent need for a well-defined Universal Health Care (UHC) model. The eastern and southern region however lacks a well laid out plan on the implementation of UHC.

As mentioned earlier, the pandemic caught the governments in the region unaware. The public sectors were not ready to curb the pandemic alone; hence soliciting private sector help. It's no science that governments aim at maximization of access to health care but the privatisation of the health services aim at profit maximization. Thus making it hard for governments to account for the increase in health equipment and medicines during the pandemic. A case in point is the donor driven agenda of the PPPs. PPPs are not new, they are increasingly aggressively promoted by donors and international institutions, like the World Bank, the OECD and the United Nations (UN). PPPs are also specifically encouraged under Social Development Goal (SDG) 17, target 17 that calls on governments to:

"Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships"

Donors have actively promoted PPPs through the provision of advice and finance for PPP projects, and even promoted changes in national laws. Donors are increasingly promoting PPPs both as a solution to the 'financing gap'

and as a response to cuts in services and infrastructure under austerity. In so doing, they are failing to acknowledge that these problems are a direct result of the macroeconomic policies they themselves have imposed on other governments as part of conditionality packages.

In search of foreign investment - heralded as a panacea for the so called 'financing gap' - governments have been persuaded to provide costly and unnecessary incentives to corporations that then fail to deliver tangible benefits.

To achieve the SDG of Universal Health Coverage to combat the pandemic, and other social goals, governments had ensure public services and social infrastructure meet the needs of all users including those that are in the hardest to reach areas. The promotion privatisation was a much more considered method at the time and seen as a part of a broader agenda for the advancement of health needs of their populations. However, unlike governments, private sector providers are ultimately accountable to their shareholders - not citizens or communities. They have to put profit first, with limited incentive to meet social goals.

This paper seeks to show how governments need to add more domestic funding for the promotion of health in their constituencies. Most of the governments in the Eastern and Southern Africa region have failed to reach up to the 15% of their Gross Domestic Product as agreed during the Abuja Declaration for health. This has resulted in shortages of hospital equipment such as lack of beds in COVID-19 quarantine centers despite the spike in COVID cases as not as many people could not get admitted to hospitals.

4. METHODOLOGY/APPROACH/ MECHANISM

Different methodologies / approaches / mechanisms have been used by the different social accountability practitioners in the region during COVID-19. These included;

Online engagements: The use of info graphics, twitter hashtags, webinars and WhatsApp discussions became an effective tool of monitoring progress taken and achieved in advancing health needs of the people in the region. However, Africa has for long time lagged behind in terms technology for quite a long time. This was harder to implement and adapt during the lockdown since many communities do not own technology devices like smartphones. Young people in as much as they wished to participate faced challenges of data as it is expensive.

Strategic partnerships: Organisations and practitioners in this trying time of the pandemic have taken part in various engagements with different partners like; donors, line ministries, and healthcare facilities to establish the impact of the pandemic on the already vulnerable health systems in the East and Southern region of Africa. The common approach was conducting desk review research and publications on the challenges posed by the private sector engagement in

the public health system, forming critics around the World Health Organisation (WHO) strategic approach towards the involvement of the private sector in public health systems and also drafting sign-on letters that detail the challenges in commercialization of the health systems.

Community engagements: Engagement forums were created in the communities due to transport restrictions imposed by the governments as a means to curb the pandemic. Community health workers were equipped with all the necessary information, hygiene kits that consisted of sanitation buckets, visibility materials, sanitizers, soap and face masks. These were given to them such that they may be able to teach communities about basic hygiene since they were closer to the masses. And their movement was within their communities hence not hindered by the government directives.

Advocacy and budget consultations: practitioners carried out advocacy and accountability authorities accountable by working together with other practitioners on social accountability in health to carry out budget consultations which were done virtually. The budget consultations are a mechanism that seeks to influence domestic health financing.

5. LESSONS LEARNT

Messaging: Need to share coded messages through audio and audio visual animations to inform the masses in the badly affected communities as a means of conducting grassroots awareness in order to include them in the fight against the pandemic by holding their government official, police, and non-state actors accountable for a better functioning health system.

A Local and Regional common voice: As activists working with the health movement, there is need for a common voice locally in the and regionally in the East and Southern region of Africa in a bid to regulate the synergies with the private players by advocating for fair Memorandums of Understanding. That these Memorandums of Understanding should be hinged on the principles of equity and be subjected to critical public scrutiny. This will help regulate and curb the health rights inequities among the private players whilst interacting with the public.

Strengthen the Community Health Workers: The health of a nation depends on the emphasis put on primary health care. Community health workers are the cornerstone of preventative health and behavioral and social change. Therefore, there is need for sufficient funding for community health workers. There is need to strengthen these Community workers intruder for them to engage their local governments and the national governments on issues of social accountability. These play a fundamental role in curbing the spread of pandemics through information dissemination and positive peer to peer learning. Communities and community structures are therefore the first line of defense needed against pandemics.

6. CONCLUSION

Practitioners on accountability and social action in health have gone through varying experiences during this COVID-19 period. While some were constrained by the lockdowns, some were doing work with the communities, and others have been contributing to the national response. The pandemic has constantly exposed the failure by governments to continuously strengthen and prioritize their health systems, hence need to continuously hold them accountable. The current efforts towards curbing the effects of COVID-19 therefore, calls for continued and renewed efforts towards social accountability

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