

The accountability framework

This note explains the framework presented in the accompanying power point. The private sector accountability framework was developed for the session “UHC in jeopardy: is rethinking private sector accountability the answer?” at the HSR2018 by WHO & UHC2030.

The framework has been adapted from several sources for the purpose of our work on the private sector and UHC. It has been deliberately simplified as it is intended to help quickly stimulate discussion in our session, and help participants navigate the complexity of the different accountability arrangements, forums and perspectives in health systems.

Nota bene: About accountability

One meaning relates to financial accountability: checking that health funds are being spent as they should be.

Another, relates to the performance of different health sector actors: demonstrating and accounting for performance in light of agreed upon indicators and objectives (for example, it can describe, the standards and processes used to hold health workers to account for the quality and safety of their practice).

It can also be understood in a political sense: the presence of institutions, procedures, and mechanisms to ensure that the government delivers on its electoral promises, represents citizens’ interests, and responds to societal needs and concerns.

There is also the concept of the ‘short route to accountability’, where it is understood as a means to increase the power of civil society to demand better services.

However, none of these of these approaches directly address the specific accountability issues relating to the private sector and universal health coverage (UHC).

WHO and UHC2030 have developed the simple framework described in the accompanying power point to help unpack the different situations where private sector accountability arises in different contexts in country’s health systems and in the global context.

We intend to use this simple framework, and the results of our simulation exercise, as a starting point for developing a new purpose built framework to help better understand and address accountability issues associated with the private sector and UHC.

Key terms

Accountability: the concept that individuals, agencies and organizations (public, private and civil society) are held responsible for reporting their activities and executing their powers properly.

Account giver: the people or organizations that have an obligation to be accountable.

Account holder: individuals or organizations that are responsible for ensuring that the account giver is held to account, based on certain standards, and using accountability mechanisms.

Standards: define how an account giver is supposed to behave and provide a benchmark to review the conduct of the account giver.

Mechanisms: refers to the tools at the disposal of an account holder.

Professional Fora: the “space” where individual health professionals are held accountable to professional colleagues and patient account holders for their technical competence and legal and ethical conduct.

Government Fora: the “space” which governs the relations between state, citizen and the private sector concerning accountability through political, judicial and administrative means.

Market Fora: in this “space” accountability relates to owners and shareholders holding private providers managers to account for their performance, where health system users hold the private sector to account using market mechanisms, and where governments and regulators may intervene to address health market failures such as anti-competitive behaviors.

Civic Fora: refers to the “space” where CSOs, individuals, media and international organizations access information, organize and participate in health system policy dialogue, decision making and critique.

The concept of “**Space**” refers to a different health system contexts where issues of private sector accountability might arise.

Universal health coverage Universal health coverage means that all people are able to receive needed health services of sufficient quality to be effective, without fear that the use of those services would expose the user to financial hardship.

Health markets:

- ✓ The starting points for our framework are health markets: the various products and services provided by the private sector in these markets, and private sector's behavior and performance.
- ✓ Accountability standards, processes, mechanisms and interventions influence private sector behavior and performance and are needed to help steer private sector behavior and performance towards UHC.
- ✓ We are interested in exploring accountability gaps and deficits and their impact on efforts towards UHC.

The main component of the framework: account givers, account holders, standards and mechanisms:

- ✓ Account givers are those individuals and organizations under an obligation of accountability.
- ✓ Account holders are individuals or organizations that are responsible for ensuring that the account giver is held to account.
- ✓ Accountability standards describe how account givers are expected to behave. There are three main types of standards against which an account giver can be held accountable: legal standards, political standards and social standards.
- ✓ There are four main types of mechanisms that account giver can use to ensure standards are respected: financial mechanisms (i.e. auditing), public mechanisms (i.e. social media, civic actions), regulatory mechanisms (i.e. judicial courts) or political mechanisms (i.e. elections).

Thinking about how accountability works in different fora:

- ✓ The framework works as follow: in all fora, the account holder uses standards and mechanisms to hold the account giver accountable. Those mechanisms and standards are used by the account holder to monitor, act, review and remedy on all accountability issues.
- ✓ For example, in the civic fora, the account holder is civil society and the general population while the account giver is the private sector and the government.

For the scenario we want to look at:

- ✓ How each of the different elements of accountability in the four different fora described in the framework work in practice in a country like Erehwon.
- ✓ Any shortcomings in the accountability systems in each fora.
- ✓ How to support countries to identify these shortcomings in their own context.
- ✓ How to approach the task of fixing accountability gaps and problems in different contexts.
- ✓ How the research community can help, identifying evidence gaps, discussing whether the research community is meeting the needs of policy makers in this area (and if not why not), whether the right kind of research is being done and right research methods used, whether more collaboration is needed between different research disciplines (public health, law, political science etc.) and whether it's time for a new approach and research innovation.