



GLOBAL
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SOCIAL
ACCOUNTABILITY



GPSA NOTE 18

SOCIAL ACCOUNTABILITY FOR A STRONG COVID-19 RECOVERY

A Review and Analysis of the Role of Civil Society

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Global Partnership for Social Accountability

On June 12, 2012, the World Bank’s Board of Directors approved the Global Partnership for Social Accountability (GPSA) to support social accountability initiatives where civil society and governments work together on solutions to pressing governance and development challenges. Since 2013, the GPSA has provided grants to civil society in 34 countries that have helped to improve outcomes in health, education, social protection, water, public finance and more, with newly launched programs in anti-corruption, gender-based violence and biodiversity conservation. The GPSA augments the grants with technical and operational support to partners for effective, adaptive programming. This includes learning-by-doing, use of fit-for-purpose methods, monitoring and evaluation, knowledge, and learning.

According to its Theory of Action,² the GPSA seeks to contribute to country-level governance reforms and improved service delivery, through collaborative social accountability processes which engage citizens, communities, civil society groups, and public-sector institutions in joint, iterative problem-solving to tackle poverty and improve service delivery, sector governance, and accountability.

By engaging with both civil society partners and the public sector, and leveraging existing service delivery systems (e.g., programs, policies, delivery chains, decision-making arenas as well as in the frontline), the GPSA demonstrates practically the need for multi-stakeholder collective action and the capacities for it. The GPSA’s model blends:

- (i) flexible funding for civil society-led coalitions to work with public sector institutions to solve problems that local actors have prioritized.*
- (ii) sustained nonfinancial support to meaningful engagements, including implementation support, capacity building, facilitation, and brokering.*
- (iii) monitoring and evaluation, knowledge and learning functions for project and portfolio adaptive learning as well as strengthening the social accountability evidence base, including through strategic convening, and thought leadership, as exemplified in the Annual Global Partners Forum.*
- (iv) partnerships and networks that demonstrate the value of social accountability to development, help to strengthen its enabling environment at country and global levels, and that reinforce social accountability practice from their diversity through shared research, knowledge, and experience, while giving pre-eminence to global South constituencies.*

² Available here: <https://thegpsa.org/who-we-are/our-theory-of-action/>



Contents

BACKGROUND	4
INTRODUCTION	6
KEY CHALLENGES IN ENSURING EQUITY AND INCLUSION IN COVID-19 VACCINATION AND THE ROLE OF SOCIAL ACCOUNTABILITY	9
Factors Underlying Vaccine Exclusion and Inequity	11
Vaccine Development and Production	11
Vaccine Affordability	12
Vaccine Allocation	12
Vaccine Deployment	13
Addressing the Challenges through Collaborative Social Accountability.	15
Supplying the Population with Factual and Legitimate information about COVID-19 and Vaccination	15
Feeding Back Information to the Government	17
USING COLLABORATIVE SOCIAL ACCOUNTABILITY TO SUPPORT THE STRENGTHENING OF HEALTH SYSTEMS COMING OUT OF THE PANDEMIC.	19
Short-term Responses: Supporting the Weak Links to Hold the System Together	21
Long-term Responses: Fixing the Weak Links for a Stronger System	23
CHALLENGES TO COVID-19 FINANCING AND THE ROLE OF CSOS AND SOCIAL ACCOUNTABILITY IN ENSURING FINANCIAL INTEGRITY	27
Dimensions of COVID-19 Finance	27
Financial Integrity Across the Vaccination Value Chain: from R&D to Distribution to Rollout	28
Financial Integrity Regarding Financial Support Packages	30
The Role of CSOs and Social Accountability in Ensuring Accountable COVID-19 Financing	31
Transparency of COVID-19 Financing	31
Participatory Tools in Relation to COVID-19 Financing	32
CSO Financing Challenges	34
CONCLUSION AND RECOMMENDATIONS	37
REFERENCES	41
ANNEX: FORUM PROGRAM (7TH GPSA PARTNERS FORUM)	46



Background

This review and analysis seek to contextualize the important role of civil society organizations (CSOs) and collaborative social accountability approaches in strengthening the response to the COVID-19 pandemic. It is largely based on discussions at the 7th annual Forum of the Global Partnership for Social Accountability which took place from May 10 to 13, 2021 (see Annex). At the Forum, 420 participants shared their knowledge, experience, and insight on how social accountability was contributing to development, specifically in the context of the COVID-19 pandemic. They came from civil society, academia, foundations, think tanks, governments, and multilateral organizations including the World Bank.

The theme of the Forum: Social Accountability for a Strong COVID-19 Recovery, was timely as CSOs have played an indispensable role in the response to the COVID-19 pandemic, through collaborative social accountability processes among other interventions. CSO contributions have ranged from combating vaccine hesitancy to monitoring COVID-19 operations and ensuring the integrity of COVID-19 financing. They have ample room to take on more roles in the recovery phase and beyond. Without interventions from civil society, in many places around the globe, government responses to the COVID-19 pandemic would have been insufficient.

This report builds on the Forum deliberations and primarily focuses on examples from GPSA partners, while providing a broader global context to the pandemic and the global response that informed the Forum's design and themes. The report primarily drew on recordings of the Forum discussions, further substantiating and elaborating the themes and viewpoints using academic and practitioners' literature. Thus, the report provides an illustrative account of examples from GPSA partners and beyond but does not claim wider generalizations, for which a different methodology would have been required.

Based on research, reflections of the social accountability community, and examples of practices, the report's objectives are to (1) underscore and substantiate the role and



relevance of CSOs and collaborative social accountability in the COVID-19 pandemic response, (2) identify challenges and constraints that undermine this role and how to address them; and (3) recommend actions and remedies for advancing the efforts of CSOs as development partners in addressing the fallout from the COVID-19 pandemic.

On its part, the GPSA launched its 5th Global Call for Proposals, under the overarching theme of using social accountability transformatively to address pressing development challenges with specific reference to health systems strengthening. The Call aligns with the conclusions from the Forum and this report, and seeks to apply them in health systems-strengthening in the context of the COVID-19 recovery through competitive grants to CSOs.

The main audiences of this report are GPSA partners, institutions supporting and helping to finance governments' COVID-19 response programs (including the World Bank),³ and researchers with an interest in the role of CSOs as development partners. The expectation is that it can inform the practices of CSOs working with their governments in the pandemic response, influence policies, decisions, and actions of global institutions and bilateral donors towards more appropriate and effective support to CSOs in the COVID-19 response, and encourage meaningful research and global advocacy on these themes.

3 Specifically key World Bank Global Practices involved in the institution's COVID-19 programming and financing. They include: Health, Social Sustainability and Inclusion, Governance, Social Protection and Jobs, and Development Financing.



Introduction

Building on the Forum Brief that informed the Forum’s design and agenda, the analysis is anchored in the following three key questions, which correspond to the themes of the Forum’s panel discussions (see Forum program in Annex):

- ▶ What key challenges are there in ensuring equity and inclusion in COVID-19 vaccination and what is the role of CSOs and collaborative social accountability?
- ▶ How can collaborative social accountability support the strengthening of health systems coming out of the pandemic (including scaling up existing practices)?
- ▶ What challenges have been identified at all levels of COVID-19 financing and what models show promise for CSOs to strengthen social accountability?

While these are inter-related questions, the report’s sections are structured in order to address them while avoiding repetition. The concluding section provides a summary of the report’s main arguments and some overarching insights that resonate across all the themes.

The report identifies critical equity issues in the distribution of vaccines as a significant challenge to effective response to the pandemic, highlighting a “two-track pandemic” across richer and poorer countries, where vaccine equity is both an inter- and intra-national challenge. It puts a spotlight on factors that underlie the inequitable distribution of vaccines, namely: development and production, affordability, allocation, and deployment. It emphasizes vaccine hesitancy as an important concern, in part fueled by conspiracy theories and a symptom of a broken state-society relationship and dialogue – as one participant argued.

Attention is given to how collaborative social accountability approaches can be part of the answer. They are designed to facilitate dialogues across state actors, civil society, and local communities, which can help to restore or strengthen state-societal relationships in which trust can grow. At a practical level they entail iterative processes for bringing



health users and groups together to solve specific COVID-19 related problems across the management and service delivery chain. Working at both levels provides an opportunity to address the problems of production, affordability, allocation, and deployment.

Among the remedies identified are the provision of transparent and trustworthy (legitimate) COVID-19 vaccination information. This is accompanied by a note of caution about social media as a double-edged sword that can help to advance appropriate information, but also can be used for disinformation. Here, the role of CSOs in using information to support equitable and inclusive vaccine access is considered critical – as examples from Ghana, Sierra Leone and other countries illustrate. Data from CSO-led social accountability mechanisms can equip government with appropriate information to support its response. The report also discusses the role of social behavioral change perspectives, which can combine with social accountability work to address behavioral determinants of vaccine uptake or hesitancy.

The report argues for a role for collaborative social accountability approaches in strengthening health systems. It notes that strong and accountable systems do not happen in a vacuum and cannot be readily manufactured. They grow based on need and prior use. It gives examples of how, when the COVID-19 pandemic hit, some countries tapped into already strong and accountable health systems while others could not. An important insight, therefore, was to view investments in social accountability mechanisms as a future resource, and to determine how to build for short term needs, versus for the long term.

Also important is the challenge of COVID-19 financing, and how CSOs and social accountability can help ensure financial integrity, including in World Bank financing. The report identifies three features of COVID-19 financing: (1) the so called ‘vaccination value chain,’ starting with development of vaccines, (2) national economic support and stimulus packages released to ease the social and economic burden on countries, and, (3) funding of CSOs to support their many roles in mitigating the negative effects from COVID-19. The report appropriately emphasizes how CSOs can help secure the



integrity of COVID-19 financial flows and cites examples of data platforms in several countries designed to make financial information publicly available, and to elicit citizen feedback. The GPSA-supported CSO-led third party monitoring of the World Bank funded Tajikistan Emergency COVID-19 (TEC-19) is cited as an example.

There is also a focus on the challenges of funding CSOs to support their varied roles in the COVID-19 response. Among the main concerns is the general decline in overseas development assistance. Many CSOs had already struggled financially before COVID-19, and the pandemic has worsened their situation. Donors are accordingly urged to step up funding for CSOs. Forum participants also urged the World Bank to consider institutionalizing CSO funding through IDA, beginning with IDA20.

The report concludes with specific recommendations on a) ensuring equity and inclusion in vaccination, b) strengthening of health systems, and c) ensuring integrity in COVID-19 related financing.



Key Challenges in Ensuring Equity and Inclusion in COVID-19 Vaccination and the Role of Social Accountability

“The world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world’s poorest countries.”

Dr. Tedros Adhanom Ghebreyesus, World Health Organization Director-General,

18 January 2021

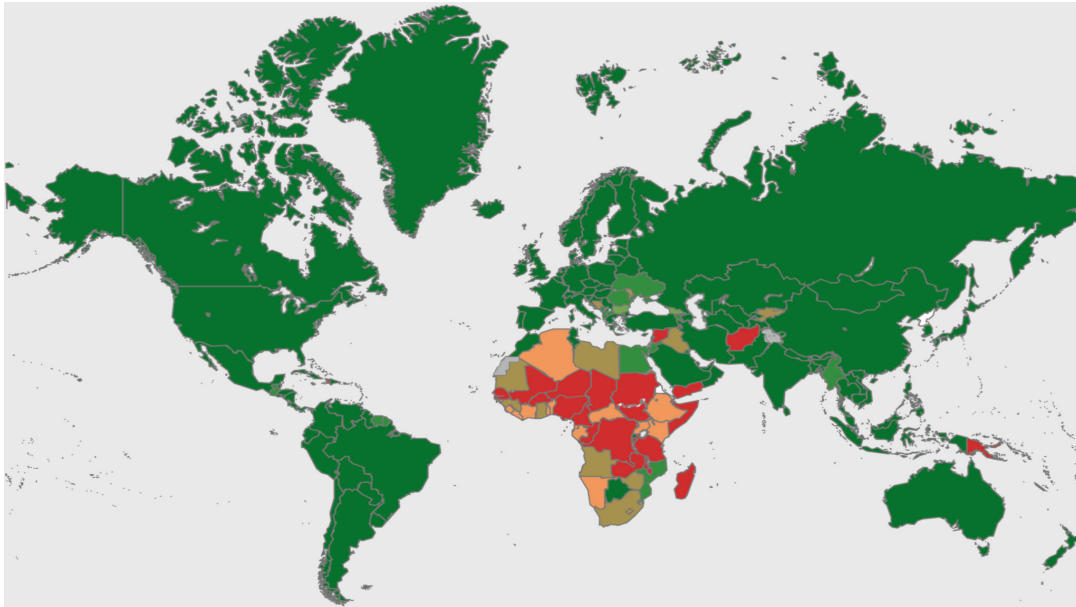
According to the World Health Organization (WHO), a lack of supply and inequitable distribution of vaccines constituted the biggest threat to ending the acute stage of the pandemic and driving global recovery. Vaccine equity is both an inter- and intra-national challenge. At the international level, a dangerous gap between richer and poorer nations persists with many people in developing countries – even front-line health workers – having not yet received their first vaccine shot. The worst served are low-income countries that have received less than one percent of vaccines administered so far (WHO, 2021).

As acknowledged in a joint communication from the heads of the World Bank, the International Monetary Fund, WHO, and the World Trade Organization, increasingly, a two-track pandemic is developing, with richer countries having access and poorer ones being left behind (Georgieva et al. 2021).

This two-track pandemic is still evident, as can be seen in Figure 1, which illustrates the distribution of vaccines per country as of April 1, 2022. Countries colored in green have vaccination levels of at least 60 doses per 100 people. That is a stark contrast to the countries colored red (mostly sub-Saharan Africa), which have administered fewer than 20 doses per 100 people.



Figure 1: Distribution of Vaccines per Country

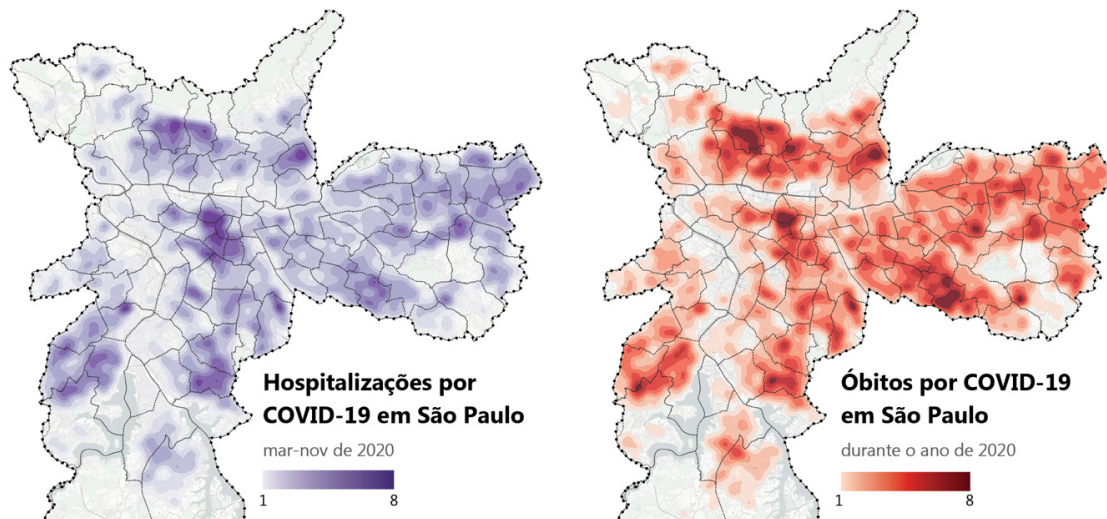


Source: World Health Organization, daily updated data, accessed on 1 April 2022, covid19.who.int

There is also a local dimension to COVID-19 with growing evidence of within-country and even within-city variations of vaccination rates and health outcomes that statistics-by-country do not capture. For example, research on Sao Paulo, the largest city in Brazil, examined the effects of the pandemic through a spatial lens and identified specific areas of the city with high excess mortality as well as low vaccination rates. Figure 2 shows which parts of the city have the highest number of hospitalizations (left) and deaths (right) from COVID-19.



Figure 2: Number of Hospitalizations (left) and Number of Deaths (right) from COVID-19 in Sao Paulo



Source: Instituto Polis (2021)

FACTORS UNDERLYING VACCINE EXCLUSION AND INEQUITY

Several factors underlie the inequitable distribution of vaccines at international and national levels. These can be broken down into four dimensions: (1) development and production; (2) affordability; (3) allocation and (4) deployment (Wouters et al, 2021).

VACCINE DEVELOPMENT AND PRODUCTION

To start with, there are huge challenges in the development and production of vaccines: global demand for COVID-19 vaccines, aiming to inoculate enough people for global immunity, exceeds that of any other vaccine in history. Scaling up production to meet this demand puts huge pressure on manufacturing as well as on global supply chains for inputs, such as glass vials, syringes, and stabilizing agents. The need for sound



quality assurance poses an additional challenge as few vaccine candidates developed across the world were cleared for general use by countries' regulatory bodies or the WHO throughout 2021 (Wouters et al, 2021). In its landscape overview of vaccine candidate development, the WHO lists ten vaccines as having been cleared for general use as of April 2022 (WHO, 2022).

VACCINE AFFORDABILITY

The second challenge concerns affordability, both in the immediate and longer term. The price for the COVID-19 vaccines varies greatly from producer to producer. The pooled procurement initiative COVAX has sought to secure low prices for low-income countries. However, some companies have pledged to sell vaccines at a premium in private markets in countries such as Bangladesh, Brazil, and India, and this will have intranational equity effects in those countries.

Many wealthier governments are also bypassing the COVAX mechanism to strike bilateral deals with COVID-19 vaccine manufacturers. For example, South Africa bought 1.5 million doses of the Oxford and AstraZeneca vaccine in January 2021 at a cost of \$5.25 per dose, more than twice what the European Union was paying at \$2.15 per dose (Dyer, 2021; Rahman, 2021; Sullivan 2021). Besides the huge investment in vaccines that is needed on an immediate basis, these vaccination programs might need to be sustained in the future. This will require that governments set aside substantial national revenues or have access to external aid that can be used for this purpose (Wouters et al, 2021).

VACCINE ALLOCATION

The third major challenge concerns allocation of vaccines. A major threat to equitable vaccine allocation comes from national procurement strategies as many high-income countries have opted not to purchase their vaccines via COVAX and instead have sought to gain priority access to COVID-19 vaccines by striking advance purchase agreements



with developers. By the start of 2021, at least 62 countries or blocs of countries had signed purchase agreements with manufacturers. Securing large quantities of vaccines in this way amounts to countries placing widespread inoculation of their own populations ahead of the vaccination of healthcare workers and high-risk populations in poorer countries. This practice of “vaccine nationalism” or “my country first” approach to vaccination not only risks leaving COVAX with inadequate supply, but will inevitably extend the pandemic, increase its death toll, and further damage already fragile health-care systems and economies (Bollyky and Bown, 2020; Wouters et al, 2021).

VACCINE DEPLOYMENT

The fourth challenge related to vaccine equity concerns deployment. This can be considered a predominantly intranational (or even intra-city as the example above from Sao Paulo showed) as opposed to an international challenge to vaccine equity. It is also the dimension where the most obvious entry points are for collaborative social accountability, especially in regard to understanding and rectifying problems at the local level.

The COVID-19 emergency left little time for national, regional, and local health officials to plan training and preparedness for COVID-19 vaccination programs. The result is various logistical and administrative challenges, for example, to identify eligible individuals by priority group, send invitations, arrange transport for older patients and patients with disabilities, and recall individuals to receive the second doses of some vaccines. In addition, several of the leading vaccine candidates require ultracold chains and have short shelf lives once they are removed from storage (Wouters et al, 2021).

Deployment of vaccine programs is also challenged by a lack of capacity among the population, in turn resulting in ineffective uptake and inequitable access to vaccines. At the GPSA Forum panel on “Social Accountability and Covid Vaccination,” Sundas Warsi pointed to the equity challenge created by the lack of capacity in some communities



to access available vaccines, resulting in their exclusion.⁴ For example, the authorities in Pakistan have set up a registration system to administer the COVID-19 vaccination program and this is proving to be a challenge for communities with low literacy and limited mobile phone connectivity. In addition, long distances from vaccination clinics constrain access for rural communities.

Deployment can also be hampered by vaccine hesitancy, potentially leading to refusal or delayed acceptance of COVID-19 vaccines. Cross-country research shows that hesitancy is prevalent in low-income and high-income countries alike, with sceptics found in all socioeconomic, religious, and ethnic groups. The results from a 32-country survey conducted in late 2020 on the potential acceptance of COVID-19 vaccines shows great variation in vaccine acceptance across countries. The highest acceptance was recorded in Vietnam (98%), India (91%), China (91%), Denmark (87%), and South Korea (87%), and the lowest acceptance was recorded in Serbia (38%), Croatia (41%), France (44%), Lebanon (44%), and Paraguay (51%) (Wouters et al, 2021).

Causes of vaccine hesitancy are complex and include political and socio-demographic causes. So-called infodemic – which refers to the rapid and far-reaching spread of unreliable information – hinders the uptake of essential and useful information about COVID-19 and vaccination, which also causes hesitancy. Hesitancy needs addressing via trustworthy sources of information that support vaccination and here, the messenger might be as important as the message. For example, for COVID-19 vaccinations, an effective messenger for citizens might be someone like a general practitioner, who people perceive as credible and trustworthy and with whom they can identify, and not a politician (Aspen Institute, 2021).

Eric Sarriot argued in the GPSA Forum panel on “Social Accountability and Covid Vaccination” that conspiracy theories and hesitancy around COVID-19 vaccination are a symptom of a broken state-society relationship and dialogue.⁵ This, he argued, had

4 Sundas Warsi, Coordinator, Civil Society Human and Institutional Development Program, Pakistan.

5 Eric Sarriot is Senior Manager at Gavi, the Vaccine Alliance, in the panel on “Social Accountability and Covid Vaccination.” He participated at the Forum in his personal capacity.



little to do with country income levels but was rather a societal construction of health issues also present in high income countries.

ADDRESSING THE CHALLENGES THROUGH COLLABORATIVE SOCIAL ACCOUNTABILITY

The GPSA's model – which supports iterative processes for bringing health users and groups into specific COVID-19 related problem-solving spaces across the management and service delivery chain – is well placed to respond to some of the factors mentioned above, notably those related to the deployment dimension. Collaborative social accountability mechanisms can help restore state-societal relationships by facilitating dialogues of state actors, civil society, and local communities, building on the established trust many CSOs have with local communities.

SUPPLYING THE POPULATION WITH FACTUAL AND LEGITIMATE INFORMATION ABOUT COVID-19 AND VACCINATION

Several entry points for CSOs and social accountability to address specific deployment-related challenges were identified at the Forum. The first relates to information about COVID-19 vaccination: both the transparency and the legitimacy of the information. Citizen voices are vital in this regard and need to be heard and understood. As noted in one panel, the amplification of citizen voices is both a solution and a challenge when it comes to COVID-19 and vaccination.⁶ The challenge is that misinformation both originates and spreads among people, which can have terrible consequences for both the response and recovery from the pandemic.

As an example of this, Andrew Laval noted that a citizen poll in Sierra Leone had found that people active on social media had a higher degree of vaccine hesitancy than people not

⁶ This was noted in the panel on "Social Accountability and Covid Vaccination."



active on social media.⁷ Misinformation that had spread on social media about COVID-19 being a hoax led to many refusing to take the vaccine. Similarly, Sundas Warsi argued that the lack of effective communication had not only resulted in a vaccine hesitancy level of 50–60 percent across Pakistan, but also in many rural communities denying the very existence of COVID-19, believing that it was part of government propaganda.⁸

CSOs can use several tools to help ensure people have access to factual information about vaccination, including calling out misinformation that circulates on social media. Many CSOs are also able to engage community leaders, such as faith leaders to leverage their leadership in promoting factual information about vaccination.⁹ As observed at the Forum, CSOs' longstanding social accountability work in communities enabled them to build bridges between communities and providers, community leaders and public officials alike over many years. This gave them an advantage in promoting dialogue and building trust, making CSOs uniquely placed to support vaccine information and education campaigns, mitigate misinformation, and reduce vaccine hesitancy.

Civil society groups and citizens have been active in filling information gaps left by government, for example, supporting health and safety measures that complement vaccination such as information related to wearing face masks. CSOs can also support the public authorities in their messaging and communication. As George Osei-Bimpeh said at the Forum's panel of GPSA grant partners, the sensitization on vaccines at the community level conducted by SEND Ghana and a coalition of CSOs, helped by radio stations, has been important to the country's response to the pandemic.¹⁰

The CSOs joined forces with the health authorities' communication and education teams

7 Andrew Lavalie is Executive Director, Institute for Governance Reform, Sierra Leone, at Forum panel on "Social Accountability and Covid Vaccination."

8 Sundas Warsi is Coordinator, Civil Society Human and Institutional Development Program, Pakistan.

9 It is recognized that not all faith leaders can be reliable messengers, as some have actively perpetrated myths and untruths about COVID-19, notably vaccination (see, for example, Pulkkinen, 2021). This calls for due diligence.

10 George Osei-Bimpeh was then Executive Director, SEND-Ghana.



to reach out with targeted information related to COVID-19. As noted by Dr Ernest Asiedu,¹¹ the Government of Ghana, too, realized the importance of targeted communication and, among other things, engaged the leaders of the major religious groups in communicating to their congregations about the benefits of COVID-19 vaccination.

FEEDING BACK INFORMATION TO THE GOVERNMENT

Apart from helping with communicating factual and legitimate information across the population as a part of their social accountability programs, CSOs have an important role to play in channeling information in the opposite direction: from citizens to the government and service providers. Feedback from citizens can help improve policy and government response as well as address accountability issues.

In the Forum, Jodi Charles stressed that important insights can be gained from using a social behavioral change perspective in combination with social accountability work.¹² Such an approach would focus on understanding what drives the behaviors of the various stakeholders involved in health and, armed with that understanding, work to improve policy and service delivery. The work undertaken by the Institute for Governance Reform in Sierra Leone in soliciting and promoting citizen-driven data about vaccine hesitancy is linked to such an approach.

As pointed out by Lavali, an on-the-spot citizen poll was administered in Freetown, the capital city of Sierra Leone, to find out the level of vaccine hesitancy among the population. The poll asked about the reasons for the hesitancy, and what, in people's opinion, could be done to convince those who are hesitant. What the poll showed about social behavior change was that leadership matters. When asked what could convince those hesitant to take the vaccines, the highest response rate was "If my president takes it." By focusing attention on what drives people's vaccination behaviors, easy

11 Dr Ernest Asiedu is the Head of the Quality Management Unit, Ministry of Health Ghana, at Forum panel on "Social Accountability for Stronger Health Systems."

12 Jodi Charles is Senior Health Systems Advisor at USAID Global Health.



wins like this one can be achieved. In the case of Sierra Leone, the Minister of Health acknowledged that the poll had influenced government's COVID-19 and vaccination communication and education.¹³

CSOs can also support equitable and inclusive vaccine access by using social accountability mechanisms to share information with the government on service delivery. This approach leverages CSOs' ability to have 'many eyes on the ground,' where governments are not always present, while helping manage expectations about areas where government can respond to complex problems.

In that respect, CSOs have a particularly important role to play in monitoring the availability and stock of vaccines at the community level, as well as the accessibility of vaccines and cold chain functionality in rural locations as well as disadvantaged urban areas. CSOs – often with the support of health providers and community health workers working in the last mile – can facilitate participatory monitoring of vaccine delivery at the community and health facility level.

These organizations can also facilitate adherence to schedules for the delivery of vaccines, established government formulas for determining vaccines recipients (i.e., by vulnerability and age), and vaccine protocol. CSOs can also give voice to marginalized groups and highlight any special needs. Importantly, they can monitor and measure recipient satisfaction. Data collection of this sort, done in a systematic and rigorous way, can help to produce trustworthy information that fills gaps in government information and that the government can act on. This can have a substantial impact on shaping policy and government response, as well as holding the government to account.

13 Andrew Lavalie, Executive Director, Institute for Governance Reform, Sierra Leone.



Using Collaborative Social Accountability to Support the Strengthening of Health Systems Coming Out of the Pandemic

A chain is only as strong as its weakest link, the old proverb goes, and that has become acutely clear during the COVID-19 pandemic. As mentioned above, international systems of procurement, manufacturing and distribution of vaccines have weaknesses that result in international and intranational vaccine inequality. The high death toll from COVID-19 in India and elsewhere, for instance, can partly be explained by an inefficient oxygen supply system as well as shortage of other key medical supplies and human resources.

Another weakness in the Indian and other health systems, as described by Kaustuv Bandyopadhyay in the Forum panel on “Social Accountability for Stronger Health Systems,”¹⁴ is the lack of attention to determinants of strong health systems. In India, the low socio-political status of the country’s sanitation workers not only renders these workers vulnerable to the virus and other health issues but also undermines the role their work plays in the pandemic response and recovery.

In other cases, socio-economic determinants, such as lack of employment and access to food have also undermined the adoption and implementation of technically sound epidemiological pandemic responses. In these cases, communities have had to step up to the plate to address these determinants of health and health systems.

The examples given above give different frames to what health systems mean, and relatedly what health system strengthening entails. What they have in common is that they consist of several actors (individuals, organizations, institutions, communities etc.) and processes that each contribute their distinct part to the system. Alan Hudson at Global Integrity eloquently describes this way of thinking about systems (Hudson, 2021):

14 Kaustuv Bandyopadhyay is Director, Society for Participatory Research in Asia (PRIA).



“Families or organizations finding their way through the challenges of a pandemic; networks of community-based organizations providing services to marginalized populations; local governments innovating around public service delivery; coalitions of non-profits working to defend democracy; countries seeking to recover from periods of traumatic and polarizing leadership; global alliances focused on addressing climate change. In all these systems, and in others whose purposes and values we may not share, effectiveness is shaped by the relationships that make the whole more than the sum of its parts, and which hinder or enable adaptive responses to complex and dynamic challenges.”

This comprehensive framing highlights the need for development actors to consider a multiplicity of entry points across regions and administrative levels for supporting health systems strengthening; locally with last mile vaccine delivery and providing community healthcare workers the technical support needed for effective health consultations and treatment, or nationally with constructing ultra-cold chains and improving monitoring systems for a more future-looking policy response.

This framing also points toward the importance of ensuring the inclusion of minority, vulnerable and marginalized groups and considering group-specific needs when responding to health crises. These may otherwise be de-prioritized in a top-down centralized response. For instance, the COVID-19 pandemic has demonstrated the need for more robust mental health support for teenagers and the elderly, and for gender-based violence services for victims of domestic violence who have increased in number during lockdown measures.

Due to the importance of these group- and context-specific dynamics, the potential angles for interventions merit primary research that may be the subject of future GPSA reports.

Apart from choosing what frame to use for looking at health systems strengthening, it is also useful to think about systems strengthening from a temporal perspective. First, strong and accountable systems do not suddenly emerge ready to be used; they cannot be contextually manufactured. Instead, they grow based on need and prior use. When



the COVID-19 pandemic hit, some countries were able to tap into already strong and accountable health systems while others were not.

In the words of Rosalind McKenna from the Open Society Foundations, “we did not land here from Mars yesterday,” the trajectory of accountability efforts thus far, including in the health sector, have played a role in the face of COVID-19.¹⁵ In other words, those countries and communities that had made the investment in social accountability mechanisms and health systems prior to the COVID-19 crisis could tap into that resource when the pandemic hit. This is because GPSA partners’ and other CSOs’ efforts were already showing that collaborative social accountability could strengthen health systems in the short and medium term and over time (Guerzovich and Poli, 2020).

Second, when thinking about systems strengthening it is useful to distinguish between social accountability mechanisms that can strengthen the system in the short-term versus mechanisms that require longer-term investments.

SHORT-TERM RESPONSES: SUPPORTING THE WEAK LINKS TO HOLD THE SYSTEM TOGETHER

CSOs’ contribution to health system strengthening in relation to the COVID-19 crisis in the short term can be seen as supplementing government efforts to provide goods and services. Like scooping out water from a leaking ship to delay the sinking, these efforts can prevent the weaker links in the system from breaking. They offer a crucial level of protection, but they are temporary and do not make the ship seaworthy. That said, short term responses by CSOs to support health service provision (and other related services) have been instrumental in the response to the pandemic across the world.

As cross-country research by the Carnegie Endowment for International Peace found, CSOs have deepened their presence in local societies during the pandemic and become

15 Rosalind McKenna is Team Manager, Public Health Program Financing Division at Open Society Foundations.



more attuned to community needs. Many CSOs have temporarily repurposed their work to address the immediate public health crisis, often with a focus on protecting vulnerable groups (Brechenmacher et al, 2020).

For instance, with donor resources restricted and supply chain issues complicating the operation of international governmental and non-governmental development organizations, community-based organizations jumped into the fray. These organizations could tap into existing networks to drive the short-term COVID response, providing shelter and primary healthcare, while navigating difficult cultural sensibilities related to, for instance, wearing masks or taking medication. Research commissioned by iMMAP on a sample of USAID projects asserts that governments also improved the local translation of their policies at community level by partnering with community-based organizations to gather feedback on local needs and thus improve policy impact (iMMAP, 2021).

In times when trust in government is low, religious organizations also played a pivotal role in fostering and affirming public confidence in the need for emergency measures, such as self-isolating or later taking vaccines. The detrimental role of congregations as super spreader events in early 2020 also demonstrated that governments needed to secure religious organizations' cooperation to enforce social distancing lockdowns and prevent the virus from spreading throughout the community (Lee et. al, 2022). Due to their centrality to the social fabric of many communities, religious organizations were well-positioned for helping people cope with the trauma of isolation and losing loved ones during the pandemic. Examples of this type of response abound, including from GPSA grant partners. In the DRC, Cordaid had long worked on social accountability in community health but repurposed its work when the pandemic hit to provide health kits, address medical supply shortages and bottlenecks, and engage in community resilience activities (Mednick, 2021).



LONG-TERM RESPONSES: FIXING THE WEAK LINKS FOR A STRONGER SYSTEM

Strengthening health systems is long-term and proactive rather than immediate and reactive. It requires identifying the weak links (where the ship is leaking) and working toward strengthening them. This, in turn, requires contextualized analysis (including political economic analysis and/or social behavior analysis) of the health system in question, its actors, and what changes need to be done to address the weak links.

These changes may be in the realm of policymaking, law, or institutions or of behavior and policy implementation. Actions may be needed at the national, local, or even international level. Collaboration among various stakeholders – including through social accountability mechanisms – will undoubtedly have an important role in this endeavor.

Civil society organizations can contribute to health systems strengthening in a variety of ways, and future GPSA research would be merited to disaggregate the potential entry points for different kinds of CSOs. Due to their embeddedness with local communities that has already benefitted short-term responses, CSOs can contribute to long-term system building. They can help governments design sustainable institutions for improved and targeted service delivery, which takes into account the needs of minorities and marginalized groups. Potential entry points include national government-led COVID-19 commissions with representation from civil society that could co-create higher-level policy design, or improved coordination and deeper collaboration between CSOs and line ministries to strengthen the effective functioning of existing grievance redress mechanisms.

Another option is to scale-up social accountability mechanisms developed by CSOs – either through multiplying and adapting the practices across large parts of a country or through embedding them in additional parts of a system, which is closely linked to a system strengthening approach. For the GPSA, with its relatively small grants for which target populations are often a fraction of the participating country's population, scale can be an important measure of success. At the core of this approach is the program's experience and evidence in the field that shows that civil society-led social



accountability interventions go further when they build synergies with public sector and development partners' ongoing reform efforts (GPSA, 2020).

New research by the SALT-CEDIL research consortium project on scaling social accountability for health proposes that practitioners can pursue at least three pathways to scale:¹⁶ the replication of best practice; leveraging the countervailing power of resistance; and seeking resonance with existing public sector efforts. Each of these approaches may be better bets to scale in different contexts or at different moments of time in these contexts.

Each pathway has a different normative point of departure and perspective on how scale up is achieved. Change may happen chiefly in response to: (1) new information and rigorous evidence (best practice), (2) civic pressure from the outside, paired with disruptors on the inside (resistance), or (3) deliberation, compromise, and collective action (resonance). Each pathway places different emphasis on the dividends derived from conflict and on the promise of social learning to resolve collective action problems.

The third and final path is the most akin to collaborative social accountability, enabling politically informed experimentation to take place in targeted entry points to the system and synergies to develop beyond that entry point (Guerzovich et al, 2021).

In practice, successful scaling up of social accountability mechanisms may rely on one or a combination of these distinct pathways, as Helena Skember from the GPSA alumni grant partner United Purpose Mozambique recalled in the Forum panel on “Social Accountability and Paths to Scale.”¹⁷ She illustrated how stakeholder social learning (or resonance) may aid in scale up. In the case of the collaborative social accountability in health project she worked on in Mozambique, four factors aided scaling up:

16 Social Accountability Learning and Theory Project, of the Center of Excellence on Development Impact and Learning. Members of the consortium are World Vision, University of the State of Santa Catarina, University of Cape Town, and, GPSA. The project's theme is “Using Middle-level Theory of Change to Evaluate Scaling of Social Accountability for Health.”

17 Helena Skember is the Country Director, United Purpose Mozambique.



- ▶ Having a systems approach and working simultaneously with multiple tiers of the government, in a strategic way, i.e., working with the right tier at the right time, as well as taking advantage of the citizen engagement opportunities at the provincial level.
- ▶ Establishing common goals in terms of identifying (early on) the incentives for collaboration among the government stakeholders, identifying what needed to be changed, and identifying an opportune time for the intervention.
- ▶ Using an approach that combined evidence with innovation and creativity and being able to adapt as well as having the stamina and patience to endure the process it takes to build trust. In addition, building credibility about the value of the work through working at the local level.
- ▶ Working in a coalition and realizing that the CSO alone would not have made much of an impact. The coalition, in this case, consisted of other CSOs, researchers, media as well as government stakeholders at the national and subnational levels.

H.E. Ngy Chanphal from the Government of Cambodia highlighted a number of factors, including mutual trust, clear guidelines (both for the government and for civil society), and effective stakeholder coordination as important enablers of the scaling up of social accountability initiatives.¹⁸ In the same Forum panel on “Social Accountability and Paths to Scale,” Ngy Chanphal explained how these factors have enabled the Cambodian initiative “Implementation of Social Accountability Framework” to grow over time from being a small-scale pilot program to encompassing multiple sectors and multiple levels of government.

Specific components of the initiative that have helped build trust and effective stakeholder coordination included having a program Steering Committee that comprises an equal ratio of representatives from government and civil society, as well as having technical working groups in which representatives from government and civil society

18 H.E. Ngy Chanphal is the Secretary of State of the Ministry of Interior and Vice-Chair, Council for Agricultural and Rural Development of Cambodia.



work closely together at the subnational level.

Having stakeholders that feel capable and empowered to participate in the state-society collaborative process is another enabling factor as Dr Ana de Lurdes C.E. Cala from the Ministry of Health in Mozambique explained in the Forum panel on “Social Accountability and Paths to Scale.”¹⁹ In her experiences from being involved in collaborative social accountability practices in the health sector in Mozambique, empowering all stakeholders that need to be involved in the process to actively participate has been the greatest challenge.

Coming back to the issue of time, Helena Skember mentioned the need to identify the right time for action. The COVID-19 pandemic, like other crises that interrupt policy priorities, undoubtedly paves the way for investment in longer-term systems strengthening. Today, we see an intense interest from across the board (governments, civil society, and development partners, including the World Bank) in building back better. For example, part of the \$12 billion designated earlier by the World Bank for COVID-19 prevention and treatment was targeted for strengthening health systems (World Bank, 2020), and additional financing from the IDA20 may also be targeted for this purpose. Debt relief can also be conditioned upon countries increasing their fiscal space in health and strengthening their health systems.

However, if investments in longer-term system strengthening do not come forth soon enough after the immediate crisis, they might never materialize. That is what happened in the aftermath of the Ebola crisis in West Africa. Jodi Charles from USAID told the Forum participants how investment in health system strengthening had taken place for a couple of years after the Ebola crisis in 2014 but had then discontinued when political attention was directed toward other burning issues.

In other words, just like any policy issue, a policy priority on health systems strengthening

¹⁹ Dr Ana de Lurdes C.E. Cala is Head of the Central Department for Quality and Humanization, National Directorate of Medical Assistance, Mozambique Ministry of Health.



is likely to experience a window of opportunity because of the COVID-19 pandemic. While that window is open it will be important to invest in those mechanisms, including collaborative social accountability, that can help strengthen the health systems in the long term.

Challenges to COVID-19 Financing and the Role of CSOs and Social Accountability in Ensuring Financial Integrity

Staggering sums of spending, amounting to tens of trillions of US dollars, have been announced in response to COVID-19, including large amounts of health-related financing on top of the biggest stimulus and safety net packages seen since World War II (Pradhan, 2020). Since the start of the COVID-19 crisis, the World Bank Group alone has committed over \$157 billion to fight the impacts of the pandemic, including approved operations to support vaccine rollout in 62 countries amounting to \$5.8 billion (World Bank 2021b; 2021c). Out of necessity, the emergency has involved rushed and unprecedented spending decisions to be taken by governments around the world. With countless lives and livelihoods at stake, effective accountability of this money has never been as important to ensure as it is now.

DIMENSIONS OF COVID-19 FINANCE

The subject of COVID-19 financing is complex and has many dimensions, three of which will be discussed in this section. The first can be called the vaccination value chain and encompasses the chain that starts with the development of vaccines and related treatments, is followed by distribution at the international level, and ends with rollout at the national level.



The second dimension relates to the national economic support and stimulus packages that have been released to dampen the economic and social consequences of the pandemic. Between, and within them, these dimensions are subject to different vulnerabilities in terms of corruption, mismanagement or capture by elite or vested interests. This calls for different strategies for safeguarding their integrity and ensuring that they are used as intended. The third and last dimension of COVID-19 finance relates to the funding of civil society organizations and their many roles in mitigating the negative effects of COVID-19.

FINANCIAL INTEGRITY ACROSS THE VACCINATION VALUE CHAIN: FROM R&D TO DISTRIBUTION TO ROLLOUT

The vaccination value chain starts with the development of vaccines – the relevant financial flows are made up of large-scale public investment in support of companies' research and development. For integrity and accountability, transparency in relation to the terms of this support is important and can mitigate conflict of interest or influence peddling. Another important feature at this stage concerns the transparency of data from clinical trials. Decision-makers need reliable data from vaccine trials ahead of vaccination programs to know not only if, but also how, the vaccine works (e.g., if it works differently across age groups).

The public needs the same reliable data to hold these decision-makers to account. It is therefore greatly concerning that this transparency appears to be lacking. According to research by Transparency International (TI) (2021), out of the 86 registered clinical trials for the top 20 vaccines in 2021, results from just 45% of trials had been announced. Of this figure, 41% had provided only top-level results via a press release or press conference, with the full data not made available for media scrutiny or academic review. Out of the 86 clinical trials, the trial protocols – stating the conditions under which they were carried out – had been published for just 12% of trials.



The second stage in this value chain concerns the distribution of vaccines and other treatment-related products, such as ventilators and personal protective equipment (PPE). Integrity regarding contracts and public procurement is of particular concern at this stage as these contracts provide vital information, such as price per dose that can ensure that public funds are spent as effectively as possible. The abovementioned research by TI (2021) found that there has been an extremely low publication rate of COVID-19 vaccine contracts worldwide.

In addition, published contracts have significant redactions that hide key details of public interest. This may play a part in explaining why many countries lost out in the initial race for vaccines. At this stage and the previous one, the actors best suited to demanding transparency might be international NGOs, investigative journalists, or other well-connected actors with abundant technical capacity.

The last stage concerns vaccination roll-out. The nature and scale of this endeavor makes oversight difficult, which, in turn, exacerbates corruption risks in the distribution, targeting, and delivery of vaccines. These risks include nepotism, favoritism, embezzlement, conflict of interest, undue influence, bribery, and leakages in resources intended for the vaccine rollout (Rahman, 2021).

At this stage, some health system vulnerabilities that are not specifically linked to the COVID-19 crisis but have been documented over the years may also hinder effective COVID-19 financing. These include problems with leakages of health funding due to corruption and mismanagement (Gauthier and Wane, 2008; Njong and Ngantcha, 2013), as well as other problems related to health budget execution, including the commonly observed difficulty many developing countries face in effectively transferring health funds from the center to local health facilities (Barroy et al, 2019). At this level are also several entry points for CSOs and collaborative social accountability (more on this in the next section).



FINANCIAL INTEGRITY REGARDING FINANCIAL SUPPORT PACKAGES

The second dimension of COVID-19 finance concerns pandemic-related economic stimulus packages. The COVID-19 emergency has necessitated rushed and unprecedented spending decisions to be taken by governments around the world. Governments in roughly 40 low- and middle-income countries have created special COVID-19 funds to mobilize donations for their emergency response.

In some countries, these special emergency funds are kept fully within the regular oversight of government systems, while in others they are kept as a trust or managed through other similar arrangements. Under the latter approach, the monies largely remain unrecorded and carry a high risk of corruption and mismanagement as they bypass parliamentary budget oversight and government financial management controls and processes (Barroy, et al, 2020; Zannath and Gurazada, 2020).

Evidence of corruption related to COVID-19 funds has come to light, including in Brazil where federal prosecutors launched more than 400 investigations into suspected cases involving COVID-19 funds and where a parliamentary investigation uncovering corruption is ongoing, and in Colombia where 14 of the country's 32 governors were suspected of corruption involving these types of funds (International Budget Partnership and INTOSAI Development Initiative, 2020; Pradhan, 2020).

As part of their advocacy for stronger transparency and oversight measures in governments' emergency fiscal responses to COVID-19, the International Budget Partnership (IBP) has led work to develop a special Open Budget Survey module, a 'COVID OBS.' This data has been used to conduct a rapid assessment of transparency and accountability surrounding emergency fiscal policy packages in 120 countries. The resulting report includes some bleak findings, for example, that more than two-thirds of the governments assessed, across many regions and income levels, only provided limited or minimal levels of accountability in the introduction and implementation of their early fiscal policy responses (IBP, 2021).



The COVID-19 Fiscal Governance and Anti-Corruption Database is another initiative focusing on COVID-19 related finance. Developed by Global Integrity the database constitutes a repository of over 700 resources (publications, webinars, etc.) from governance reform actors, thought leaders, and donors on pandemic-related fiscal governance.²⁰ The database, which is organized by tags, including type (“blog”) and technical area (“corruption”), and region, intends to collect all relevant information in one space to make it easier to find resources to inform programmatic decisions, as well as identify fillable gaps in the current COVID-19 vaccine distribution and response and recovery efforts (Florez, 2020).

THE ROLE OF CSOS AND SOCIAL ACCOUNTABILITY IN ENSURING ACCOUNTABLE COVID-19 FINANCING

The many challenges mentioned in the previous section provide several entry points for CSOs and social accountability mechanisms to work on ensuring financial integrity. This section highlights some of these entry points.

TRANSPARENCY OF COVID-19 FINANCING

As discussed in the previous section, there are many types of COVID-19 related financial flows. Making these flows transparent – from data on pandemic-related public procurement to data on COVID-19 earmarked financial support packages – is one way to ensure financial integrity. Several countries, including Paraguay, Mexico, Kenya, and the Kyrgyz Republic have developed data platforms containing publicly available information on the management of COVID-19 related finance, allowing CSOs, citizens, researchers, and the media as well as different parts of the governments to see and use this data.

20 Full dataset at: <https://www.globalintegrity.org/resource/covid-19-fiscal-governance-anti-corruption-database/>



In Paraguay, for example, the GPSA partner (alumni) CIRD (Centro de Información y Recursos para el Desarrollo) is managing a web platform that provides public information about the donations received by government, and public procurement processes for use of these funds, and their distribution. CIRD is also facilitating a structured virtual feedback process to gather civil society feedback on the “investment map,” and the “COVID module,” which tracks the government’s public budget expenditures in a user-friendly format, including spending on programs, contracts, and subsidies (GPSA, 2021).

Government financial data portals are not a new feature in the transparency landscape. A few years back, several countries developed budget expenditure databases through the World Bank’s BOOST project. At that time, however, many countries chose not to make these databases public but rather used them internally for managing expenditure and data-driven policymaking (Mills and Wescott, 2016).²¹

PARTICIPATORY TOOLS IN RELATION TO COVID-19 FINANCING

The pandemic has foisted an enormous responsibility onto auditors and audit institutions to uphold accountability, protect public interest, and keep governments on track to maintain broader development and performance objectives. CSOs can support the audit function by engaging in social audits. Social audits are participatory processes through which citizens and CSOs collect and share information on weaknesses in public programs.

This information is then used by the supreme audit institution in its audit reports to the executive arm of the government. Often these processes involve community members monitoring the implementation of government programs to ensure the appropriate extent and quality of public services are provided in their community.

While findings from cross-county research show that citizen engagement in the auditing function is weak in most countries, a symbiotic relationship between supreme audit

21 Some commentators acknowledge that even when the BOOST data has been made publicly available, opportunities for engagement from civil society have been missed due to a lack of attention to demand-side needs, including communication and training.



institutions (SAIs) and CSOs can add value. A recent report by the World Bank on the role of SAIs in governments' response to COVID-19 underscores the importance of engaging citizens and CSOs in the audit process. When the citizenry participates in the audit process, they will become more active eyes and ears for SAIs and oversee the implementation of audit recommendations (World Bank, 2020). In addition, CSOs can play an important role as a translator of otherwise dry and impenetrable audit documents to enable all stakeholders to share a common understanding of policies and the use of resources, and to flag governance issues that are arising and need to be stopped (Harris and Verdugo Yepes, 2020; IBP and INTOSAI Development Initiative, 2020).

In addition, third-party monitoring (TPM) is a potentially useful mechanism for strengthening accountability of COVID-19 financing. While TPM is traditionally associated with firms hired to conduct audits on a client's projects (including the World Bank), there is a growing recognition of participatory third-party monitoring that non-state actors such as CSOs can lead, facilitating community oversight and feedback on a government's or donor's COVID-19 funding. In Tajikistan the GPSA is supporting participatory TPM of the \$11.3 million Tajikistan Emergency COVID-19 (TEC-19) project. The expectation is that this process can foster strategic dialogue between civil society and the government, for greater accountability of COVID financing.

While these old and tested social accountability tools are being adapted to COVID-19 challenges, the pandemic has brought about notable changes in the roles of development actors. In the GPSA Forum panel titled "Social Accountability for Integrity on COVID-19 Financing," a discussant noted the changing role of health groups as accountability stakeholders. The observation was that many health groups around the world have taken on accountability roles which previously had been the domain of specialized anti-corruption and transparency NGOs. The same observation was recently made by a country director for the IBP who said:

"Initially, we wanted organizations to become budget organizations, but we then decided that it would make more sense to help them engage with budgets in their specific area



(health, access to water, etc.) without having to become budget organizations. It is within healthcare that people feel pain for having a facility that has no drugs. So, we have made concerted efforts to support non-governance organizations to do governance so that they are pushing for transparency and accountability from within the sectoral engagements and not just waiting for the International Budget Partnerships of this world to raise questions about how much money has been misspent.”²²

CSO FINANCING CHALLENGES

The last of the COVID-19 financing themes analyzed in this report is the funding of civil society in taking on the many roles and responsibilities that have been discussed.

Forum participants stressed several issues for donors to consider, including the importance of investing for long-term sustainability. It was acknowledged that previous investments in CSOs have paid off, and that pre-existing accountability measures in the health sector have been linked to a stronger COVID-19 response.

Donors were also called on to adapt and simplify requirements for CSOs to allow for flexibility in addressing emerging health and other problems; help curate data from various social accountability sources that can act as a public good for CSOs; and to build linkages between CSOs and donors' programs, such as the World Bank's package on monitoring procurement for vaccines.

Finally, calls were made for donors to step up funding for CSOs doing this work. The pandemic, with its detrimental effects on economic growth across the world, carries the risk of lowering development assistance (ODA) in general (as ODA obligations for bilateral donor countries are stated as a share of the annual economic output) as well as the risk of ODA and other support being channeled away from CSOs and work related to social accountability. Fortunately, in 2020, special grants, loans, debt relief, and

²² The quote was taken from a transcript of an interview conducted by the author of this report on November 12, 2020 for a landscape study of the field of transparency, accountability and participation.



contributions to multilateral institutions as part of governments' COVID-19 response have resulted in the highest level of ODA ever recorded, rising by 3.5% in real terms compared to 2019 (OECD, 2021). However, these extraordinary measures are unlikely to be sustained over the medium to long term.

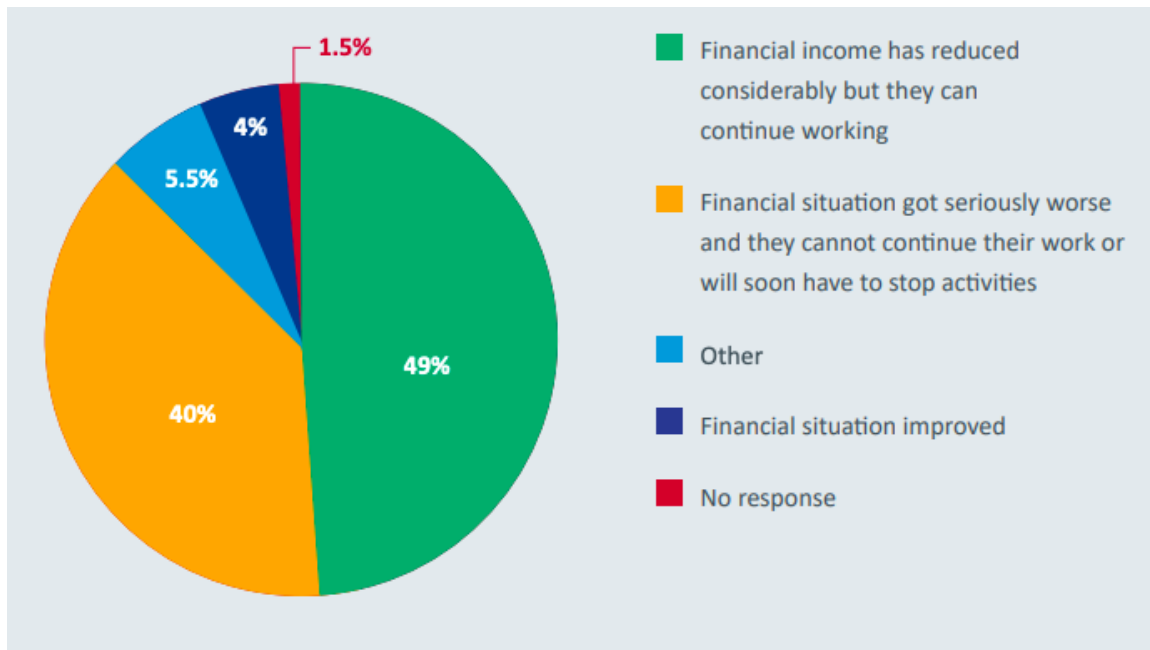
This concern resonates with ODA projections by Development Initiatives, which show that a prolonged period of COVID-19 combined with even a minor drop in aid spending as a share of national income could decrease available aid resources. This concern is compounded by government proposals to report a multitude of emergency measures, such as excess vaccine donations (Ravenscroft, 2022) as a share of their ODA commitments, which would reduce resources available to CSOs to sustain their operations in the short term.

Recent research also suggests that civil society is likely to take a funding hit. International NGOs and national and local-level CSOs alike are concerned about medium- and long-term cuts to their funding. Many national and local CSOs had already struggled to access funding before COVID-19, with the pandemic worsening the situation. One CSO representative expressed these multiple pressures as: "When organizations were expected to do a lot more than they usually do, they have a lot less support than they usually have." (Turner, 2021).

CIVICUS conducted a survey in June 2020 about the impact of COVID-19 on its members. There were 127 responses from members based in over 50 countries, many of whom were small and local CSOs. Figure 3 shows the experiences of the survey respondents regarding financing during the early months of the pandemic.



Figure 3: The Impact of COVID-19 on CIVICUS Members



Source: CIVICUS (2020)

The survey results indicate that as many as 89% of respondents had been negatively impacted financially during the early months of the pandemic, of which nearly half did not think their organizations could survive for long. The reasons given for this included the abrupt halt or postponement in donor funding, international NGO partners shutting down operations and the effect of lockdowns on community-level fundraising activities and donations (CIVICUS, 2020).

This threat to funding sits on top of a closing of civil space that has been observed in many countries. As reported in the COVID-19 Civic Freedom Tracker,²³ governments across the world have leveraged the COVID-19 pandemic for politically motivated restrictions of civil society. Restrictions have included using curfews and stay-at-home orders to undercut

23 The COVID-19 Civic Freedom Tracker monitors government responses to the pandemic that affect civic freedoms and human rights, focusing on emergency laws and is a collaborative effort by the International Center for Not-For-Profit Law (ICNL) and the European Center for Not-For-Profit Law (ECNL). Available at <https://www.icnl.org/covid19tracker/>



civic action, exclusion of civil society from COVID-19 related decision-making and use of intrusive surveillance technology to track activists for political motives.

To offset this worrying financing trajectory, there have been calls by GPSA partner organizations, like the Open Society Foundations, for the institutionalization of CSO funding, especially through IDA20. This is the early launched replenishment process of the International Development Association, and includes in its objectives the strengthening of transparency, governance, and institutions (World Bank, 2021a).

Conclusion and Recommendations

This report set out to address three themes that are salient to the role of CSOs and social accountability in response to the COVID-19 pandemic: equity and inclusion in vaccination; the strengthening of health systems going forward, and integrity in COVID-19 related financing. This concluding section provides a brief summary of the main points under each theme.

Starting with equity and inclusion in vaccination, the widely acknowledged two-track pandemic path whereby richer countries have access to vaccines and poorer ones are left behind is the result of numerous challenges across four dimensions: (1) development and production; (2) affordability; (3) allocation and (4) deployment. The last dimension – deployment – holds the most obvious entry points for CSOs and social accountability mechanisms.

Particularly promising entry points are those mechanisms relating to the dissemination of factual and legitimate information and countering mis- and disinformation about COVID-19 and vaccination, as well as those mechanisms that enable feedback of information from citizens to governments.



The section on strengthening health systems discussed how collaborative social accountability can result in health systems strengthening by creating synergies between public sector efforts (health and finance) and CSO efforts. Time is an important factor in this regard as the necessary relationship building, unlikely to be linear or straight-forward endeavors, requires patient investment by donors and continuous groundwork by CSOs. As the Forum keynote speaker, Elsie Eyakuze noted, although development is messy and complex, success is attainable through collaboration and through keeping our eye on our common goal.²⁴

Forum participants, notably GPSA grant partners, pointed to the value of prior investments in collaborative social accountability, which enabled readiness and strategic adaptations to help mitigate the spread and effects of the pandemic – from Ghana, Democratic Republic of Congo and Sierra Leone to Paraguay, Indonesia, and Bangladesh. Beyond technical capabilities, the social capital and relationships developed over time were critical aspects of the investments that provide an important lesson for health systems strengthening and future pandemic preparedness.²⁵

CSO responses to the pandemic in the short-term, including repurposing their activities, was likened to the act of scooping out water from a sinking ship while the activities needed to strengthen health systems in the long run – to make the ship seaworthy – involve long-term and persistent investment in collaboration, analysis and collective problem-solving. The final aspect to the time theme concerned timeliness of investing in health systems strengthening; that investment should be made before the policy window of opportunity, which opened with the pandemic, closes.

The final section concerned the theme of COVID-19 financing. The discussion was framed around three different dimensions of financing with relevance to the pandemic. The first looked at the vaccination value chain – from research and development to

24 Elsie Eyakuze works as a freelance consultant and columnist.

25 This is linked to the evidence of an “NGO effect” whereby the presence of organized civic actions at the local level, and the relationships these CSOs have with their communities, have been found to influence household decision-making and, in turn, significantly improve the effectiveness of interventions (Usmani et al, 2021).



distribution and rollout – and found different challenges related to financial integrity and different entry points for civil society for each stage of the value chain.

The second dimension looked at the emergency economic support packages that governments and international institutions have launched to help dampen the negative social and economic effects of the pandemic. The section discussed some old and tested transparency and participatory mechanisms that have transformed into specific accountability tools for COVID-19 financing, as well as shifts in ways of working among actors in the transparency and accountability field.

The last dimension discussed related to funding for CSOs and the gap that must be closed between what is expected of CSOs in response to the pandemic and beyond, and what is invested in them to fulfil these expectations.

We conclude this review and analysis with five recommendations:

Governments, global institutions, and bilateral donors are called on to ensure vaccine equity globally. The global community has the resources to enable all countries to effectively deal with the COVID-19 emergency and recovery, in particular to ensure global vaccine equity, across as well as within countries. The COVID-19 virus knows no borders, and thus no country is safe until the virus is under control in every country. Fruitful collaboration can be had with social accountability actors, including the GPSA, who can contribute to advancing vaccine equity by strengthening the capacity of governments and populations to deliver and receive vaccinations.

Governments need to create the space for civil society to oversee funding, programming, and vaccination. Building transparency portals to provide citizens access to budget information, generating citizens' budgets for COVID-19 spending, encouraging more proactive efforts by SAIs to seek participation from citizens and ensuring the adequate implementation of FOI laws are among the available tools. CSOs have a unique role to play in complementing governments' emergency response and



recovery efforts. Many CSOs have deep relationships and elicit high levels of trust within communities, which can inspire people to get vaccinated and take other necessary measures in the interest of public health. With their eyes and ears to the ground CSOs can also use tools such as citizen score cards or service satisfaction surveys to oversee the implementation of programs and policies in ways that governments themselves might struggle to do, especially in remote and challenging environments.

Global institutions and bilateral donors are called upon to substantially increase funding to CSOs for social accountability. CSOs need funding to be effective actors in emergency response and recovery. Sustainable funding for social accountability will help to build strong social infrastructure and systems (including health systems) that are resilient to future emergencies. Toward this objective, donors should make social accountability approaches a key component of their future health systems strengthening efforts. To broaden participation in ongoing (COVID-19) operations, separate financing can be made available to support CSO-led third party monitoring, including investments in capacity strengthening, as demonstrated by the GPSA's ongoing effort to improve accountability and performance of the World Bank funded TEC-19 project in Tajikistan.

In the absence of sustained and predictable support of CSOs by development partners the benefits from many years of investment – in systems, capacity building, expertise, social capital – could be lost, at a time when national and local CSOs are needed more than ever.

The World Bank is encouraged to commission research on lessons from social accountability for a strong COVID-19 recovery. Beyond knowledge sharing and exchange, this theme could investigate what works and does not in leveraging collaborative social accountability to support the COVID-19 response – across health systems strengthening, financial integrity and accountability, and COVID-19 vaccination.



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Annex: Forum Program (7th GPSA Partners Forum)²⁶

MONDAY, MAY 10

7:30 – 8:00	<p>Welcome, Forum Overview, and Informal Engagement</p> <p>Bahar Salimova, Forum Moderator, Senior Knowledge Management Officer, IEG, World Bank</p> <p>Louise Cord, Global Director, Social Sustainability and Inclusion, World Bank</p>
8:00 – 8:10	<p>Official Opening: Mari Pangestu, Managing Director of Development Policy and Partnerships, World Bank</p>
8:10 – 8:35	<p>Keynote Speech: Elsie Eyakuze, Tanzanian Citizen</p>
8:35 – 9:00	<p>Informal Activity – Bucket List Challenge</p>
9:00 – 10:00	<p>Panel 1: Social Accountability and COVID Vaccination</p> <p>This session will examine access, equity and distribution issues affecting COVID-19 vaccination and actors undermining uptake and effectiveness – from vaccine hesitancy to corruption risks; how social accountability processes could address these challenges; and, entry points for synergies between public sector and civil society-led processes.</p> <p>Moderator: Muhammad Ali Pate, Global Director, Health, Nutrition and Population (HNP) Global Practice of the World Bank</p> <p>Panelists: Andrew Laval, Executive Director, Institute for Governance Reform (IGR), Sierra Leone, Eric Sarriot, Senior Manager at Gavi, the Vaccine Alliance, George Osei-Bimpeh, Country Director of SEND GHANA, Sundas Warsi, Civil Society Human and Institutional Development Program (CHIP), Pakistan</p>
10:00 – 10:20	<p>Social Café</p>
10:20 – 10:30	<p>Takeaways and Closing of Day 1</p>

26 More information available at: <https://thegpsa.org/event/7th-gpsa-global-partners-forum/>



TUESDAY, MAY 11

7:30 – 7:35	Forum Daily Recap
7:35 – 8:30	<p>Panel 2: Social Accountability for Integrity in COVID-19 Financing</p> <p>In this session, we will discuss how collaborative social accountability processes might help to strengthen transparency, accountability and integrity of COVID-19 financing and spending, to mitigate the risks of mismanagement of funds and corruption. It will explore how the COVID-19 crisis could be turned into an opportunity to strengthen accountability relationships in health systems and programming.</p> <p>Moderator: Ann-Sofie Jespersen, Sr. Governance Specialist, GPSA</p> <p>Panelists: Rosalind McKenna, Team Manager, Public Health Program Financing Division at Open Society Foundations (OSF), Constantin Cearanovski, Positive Initiative, Moldova, Kahramon Bakozoda, CEO Zerkalo Tajikistan, Teodora Recalde, Director of Public Budget of the Paraguay Ministry of Finance</p>
8:30 – 8:50	Social Café
8:50 – 9:00	Informal Activity
9:00 – 10:00	<p>Panel 3: Social Accountability and Paths to Scale</p> <p>This session will explore lessons from GPSA grants about synergy between social accountability and public sector interventions for pathways to scale, as envisioned in the GPSA’ theory of action; illumination of these processes by emerging evaluations and research; and, why this is important to the pandemic response and a stronger recovery.</p> <p>Moderator: Ingo Wiederhofer, Practice Manager, Social Sustainability and Inclusion, World Bank</p> <p>Panelists: Tom Aston, CEDIL/SALT project, Helena Skember, Country Director, United Purpose Mozambique, Dra Ana de Lurdes C.E. Cala, Mozambique Ministry of Health, National Directorate of Medical Assistance, Head of the Central Department for Quality and Humanization, H.E. Ngy Chanphal, Secretary of State of the Ministry of Interior and Vice-Chair, Council for Agricultural and Rural Development of Cambodia.</p>
10:00 – 10:20	Social Café
10:20 – 10:30	Takeaways and Closing of Day 2



WEDNESDAY, MAY 12

7:30 – 7:35	Forum Daily Recap
7:35 – 8:40	<p>Panel 4: Voices from the Field and GPSA Update and Future Plans</p> <p>Part I: GPSA Global Partners’ Experiences and Lessons in the COVID-19 Response</p> <p>Current and former GPSA grant partners will relate their experiences in the COVID-19 response: what approaches were most effective, and lessons; specific challenges to the operational response; nature of their collaboration with government and other stakeholders; whether inequality or exclusion were factors in the response; the overall country conditions for civil society and if unique to COVID-19.</p> <p>Moderator: Izabella Toth, Head of Unit, External Relations and Business Development, Cordaid</p> <p>Panelists: Harilanto Ravelomanantsoa, CIMSI/GPSA Project Manager, SAHA, Madagascar, Abdellahi O. Awah, Project coordinator, Eco-développement, Mauritania, Junito Drias, Advocacy Manager, Wahana Wisi Indonesia, Consolatrice Uwingabire, Project Manager, TI Rwanda.</p> <p>Part II: GPSA Update and What’s Ahead</p> <p>In this session, The GPSA Program Manager will present an update of the Program and elaborate on future directions, opportunities and challenges.</p> <p>Jeff Thindwa, Program Manager, GPSA</p>
8:40 – 9:00	Engagement Space: In this space, the GPSA will solicit ideas and inputs from participants on the future of GPSA.
9:00 – 9:05	Informal Activity



9:05 – 10:00	<p>Panel 5: Social Accountability for Stronger Health Systems</p> <p>In this session, we will discuss how collective action and collaborative social accountability processes, as part of a ‘whole of society’ approach, are shaping the COVID-19 emergency response and recovery in the short term, and how these approaches can be leveraged for more resilient and inclusive health systems over the medium term.</p> <p>Moderator: Mickey Chopra, HNP Global Lead for Service Delivery</p> <p>Panelists: Jodi Charles, USAID Global Health, Kaustuv Bandyopadhyay, Director, Society for Participatory Research in Asia (PRIA), Dr. Ernest Konadu Asiedu, Head, Quality Management Unit, PPMED, Ministry of Health Ghana, Carolina Vaira, TTL, MASAM project.</p>
10:00 – 10:20	Social Café
10:20 – 10:30	Takeaways and Closing of Day 3

THURSDAY, MAY 13

8:00 – 8:05	Forum Daily Recap
8:05 – 8:45	<p>Forum Recap and Closing Remarks: Jeff Thindwa, Program Manager, GPSA</p> <p>Louise Cord, Global Director, Social Sustainability and Inclusion, World Bank</p> <p>Gopa Kumar K Thampi, Senior Advisor, The Asia Foundation, and GPSA Steering Committee Current Co-Chair</p> <p>Juergen Voegelé, Vice President for Sustainable Development, World Bank, and GPSA Steering Committee Co-Chair.</p>
8:45 – 9:00	Memory Book
9:00 – 9:15	Forum Closing



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