Social Accountability in the Global Context

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Faculty:

Bruce Reeder (MD 1976)

Relationship with commercial interests and commercial support:

None

Potential conflict of interests:

None
Objectives

1. To highlight several distinct definitions of ‘social accountability’ and the origins of the concept
2. To explore the relationship between social accountability and humanitarianism
3. To identify actions that Canadian health professionals and training institutions can undertake to be socially accountable in the global context and the challenges involved
What is Social Accountability and does it matter?
Responsibility

The fulfilment of the obligations attached to a particular role

Accountability

The obligation to account for one’s conduct

Social Accountability - as it relates to governance (World Bank 2004)

- The extent and capacity of citizens to hold state and service providers accountable and make them responsive to the needs of citizens and beneficiaries
Social Accountability - as it relates to corporations (SA8000 - SAI 1997)

- An auditable certification (accreditation) that encourages corporations to develop, maintain and apply socially acceptable practices in the workplace.

- 8 criteria related to: child labor, forced or compulsory labor, health and safety, freedom of association and right to collective bargaining, discrimination, disciplinary practices, working hours, remuneration.
In General

Organization/Profession

Responsibility

Accountability

Society
The concepts as they relate to health and social professionals

- **Social responsibility of physicians**
  the fulfilment of obligations to society that are attached to the role of physician

- **Social accountability of physicians**
  the obligation to account to society for one’s conduct as a physician
Social Accountability of Medical Schools and the Medical Profession

( WHO 1995, Health Canada 2001)

‘Medical schools have an obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve’

‘The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public’
Social Responsibility and Accountability of Physicians

To Whom:
- Patients
- Community
- Society
- Medical profession

In what form:
- Rudolph Virchow
- Physician’s oath (Hippocrates)
- Codes of Ethics (CMA, AMA)
- Social Contract (self-regulation)
- Can MEDS roles (Advocate, Professional)
- FMEC (Address individual and community needs, Diversify learning contexts, Promote prevention and public health)
Rudolf Virchow (1821-1902)

- Medicine is a social science, and politics is nothing else but medicine writ large. ... If medicine is to fulfill her great task, then she must enter the political and social life. ... Physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.
The Physician's Oath
World Medical Association 1948 …

• I solemnly pledge myself to consecrate my life to the service of humanity;
• I will maintain the utmost respect for human life; even under threat, I will not use my medical knowledge contrary to the laws of humanity;

Code of Ethics
Canadian Medical Association 2004 …

• Recognize that community, society and the environment are important factors in the health of individual patients
• Recognize the profession’s responsibility to society in matters relating to public health, environmental protection, legislation affecting health or well-being of the community …
• Recognize the responsibility of physicians to promote equitable access to health care resources
• Use health care resources prudently
Social Responsibility and Accountability of Physicians

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Socially accountable health care is to be (WHO 1995, Health Canada 2001):

- Relevant
- High quality
- Cost-effective
- Equitable
- Sustainable
Implications for Medical Schools

Education

- **Content**
  - Socially relevant, engaging, integrated
  - Highlight Can MEDS roles Advocacy, Professionalism
  - Balance social purpose/moral professional obligations with focus on scientific content

- Service-learning in relevant community settings
- Faculty leadership, mentorship and training
- Accreditation – is driving curriculum change
Implications for Medical Schools

Research

- Assessment of priority community needs
  - Community engagement in research
- Measurement of Social Accountability - improve
  - Process and impact indicators
  - Collaboration between primary care research and population health research
- Need to balance
  - Curiosity-driven Basic Science research vs. Population health research that addresses community needs
Implications for Medical Schools

Service

- Community focus
  - Diverse practice settings with underserved populations
  - Engaged service learning opportunities
  - Feedback - Regularly seek and respond to community feedback

- Distributed education models
- Innovative partnerships with new organizations and interdisciplinary practice teams
What Social Accountability does the medical profession have beyond our borders?

What form might such activity take?
Social accountability in the global context

**Education**
- Student/faculty exchanges: train Canadian students abroad, and international students in Canada
- Joint development of curriculum with global partners

**Research**
- Joint research with international partners and institutions
- Research skill development

**Service**
- Humanitarian interventions
- Development programs - health and social development
- Health care for indigent international patients
- Donation to humanitarian and development organizations
Humanitarianism

Definition: The humane, impartial, neutral, and independent to relieve the suffering of victims of armed conflicts and natural disasters (ICRC 1965). Founded upon the Universal Declaration of Human Rights.

- Humanitarian interventions address **acute crises**. One might say that Social Accountability interventions address **subacute or chronic crises**.
In the global context

- What is the responsibility of citizens, health and humanitarian organizations, **medical professionals**, and governments to contribute to social accountability/humanitarian efforts globally?
- To whom are they responsible and accountable?
- For what are they responsible and accountable?
- How are they held accountable?

- **Consensus on Best Practice** in Humanitarianism may inform best practice in Social Accountability and vice versa
  - Core Humanitarian Standards (Sphere project: CHS Alliance 2011, 2017)
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Source: [www.iddynamics.jhsph.edu/cholera](http://www.iddynamics.jhsph.edu/cholera) and Moore et al, PNAS, in press.
Suspected cases by year and district (Panel A) using only district-level case counts from 2001 through 2016. Grey represents years where no data are available at the district level. Panel B illustrates mean annual incidence rate per 10,000 using data from multiple sources and multiple spatial-temporal scales (see [www.iddynamics.jhsph.edu/cholera](http://www.iddynamics.jhsph.edu/cholera) and Moore et al, PNAS, in press).
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SMS-based smartphone application for disease surveillance has doubled completeness in a limited-resource setting – Evaluation of a 15-week pilot program in Central African Republic (CAR)

Ziad El-Khatib, M Shah, S Zallappa, P Nabeth, J Guerra, D Dinito, C Manengou, M Yao, A Philibert, L Massina, C-P Staiger, R Mbailao, Jean-Pierre Kouli, H Mbailao, M Assani, G Duc, D Inagbe, A Boubaca Barry, T Dumont, P Cavailler, M Quere, B Willett, S Reaiche, H de Ribaucourt, B Reeder
Distribution of the 21 health centers

**Cell networks**
- Telecel (n=12)
- Orange (n=3)
- Azur (n=2)
- Nexxtel, Cameroon (n=2)
J'EN VEUX PAS SAVOIR QUI TU ES, CEQUE TU FAIS, TA RACE, TA RELIGION. TUSOUFFRES ET CELA SUFFIT.
Poor data quality - current weekly surveillance system (20 diseases)
Argus software – Developed by the World Health Organization, Lyon

Healthcare Center
Weekly health reports

Server
MSF & MOH

Results

Summary of reports
Summary of diseases
Export dataset

SMS
Layout of the Argus Android phone app
Implementation

For the 21 health care centers
• Operational cost US$41,3000 during 15 weeks
• Estimated yearly cost US$18,000
• Approximately US$900 per health care center per year
Distribution (%) of diseases reported during the piloting (N=942)

- Typhoid Fever, 12%
- Severe Respiratory Infection, 29%
- Malnutrition, moderate, 18%
- Malnutrition, severe, 14%
- Fieber jaune, 0.1%
- Deces maternels, 0.4%
- Coqueluche, 0.4%
- Dysenterie bacillaire, 3%
- Grippe, 14%
- MAPI, 2%
- Meningite, 2%
- Rougeole, 2%
- Rage (suspect), 1%
- PFA, 1%
- TMN, 1%
- Malnutrition chronique, 0.4%
GIS integration into PAP
Completeness (%) for PAP in comparison to two other provinces – 15 epidemiological weeks

- PAP 2016 (median 81%)
- Nana-Mambere 2016 (median 52%)
- Mambere-Kadei 2015 (median 31%)

Epidemiological week number
Timeliness (%) for PAP in comparison to two other provinces – 15 epidemiological weeks

- PAP 2016 (median 50%)
- Nana-Mambere 2016 (median 29%)
- Mambere-Kadei 2015 (median 19%)
Conclusion and Future Steps

• Significant improvement in the quality of reporting
• Extension of the pilot study until December 2017
• Manuscript submitted; MSF Scientific Day, London UK presentation, May 2017
• Process of hand-over of system to MOH and WHO underway

Acknowledgements

• MSF Mission in CAR
• World Health Organization (WHO) - Lyon and CAR
• Novel-T, Consulting firm for Argus
• All healthcare staff!
Social accountability in the global context

Education
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- Joint development of curriculum with global partners

Research
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- Research skill development

Service
- Humanitarian interventions / Sabbatical opportunities
- Development programs - health and social development
- Health care for indigent international patients
- Donation to humanitarian and development organizations
Aid to refugees fleeing violence in eastern DR Congo 2013
Rapid Population Health Assessment

- Demographic information
- Mortality and morbidity
- Nutritional status
- Vital needs: food, water, hygiene, sanitation
- Shelter and non-food items
- Security

Source: MSF 2006. Rapid health assessment of refugee or displaced populations
Priorities for Displaced Populations

1. Initial evaluation
2. Measles vaccination
3. Water, hygiene and sanitation
4. Food and nutrition
5. Shelter and Non-Food Items
6. Urgent health care
7. Control of communicable diseases
8. Disease surveillance
9. Human resources - provision and training
10. Coordination

Source: MSF 2011. Les Priorités: situation avec déplacement de population
### DENOMBREMENT – KAKADO (Camp de Kakado, côté de la route, Mbasa)  
19 octobre 2013

<table>
<thead>
<tr>
<th>PARAMETRE</th>
<th>ESTIMATE</th>
<th>INTERVALLE DE CONFIANCE (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Totaie</td>
<td>15,350</td>
<td>(10,530 – 20,290)</td>
</tr>
<tr>
<td>Population enfants ciblé 6 mois – 15 ans</td>
<td>7980</td>
<td>(6040 – 10,550)</td>
</tr>
<tr>
<td>Population enfants ciblé % de population totale</td>
<td>52%</td>
<td></td>
</tr>
<tr>
<td>Nombre d’Habitations</td>
<td>1460</td>
<td>(1180 - 1820)</td>
</tr>
<tr>
<td>Population moyenne/habitation</td>
<td>11.4 personnes</td>
<td>Etendu 3 - 29</td>
</tr>
<tr>
<td>Surface de camp de Kakado</td>
<td>114055 m² = 0.11 km²</td>
<td></td>
</tr>
<tr>
<td>Densité de la population (camp de Kakado)</td>
<td>8.7 m²/persone</td>
<td></td>
</tr>
</tbody>
</table>
Ebola virus disease response in West Africa 2014
Cumulative reported cases of Ebola virus disease
Distribution of Ebola cases, West Africa, December, 2014,
Case Management
Contact Tracing
Figure 2. Timeline of the EVD epidemic in Lola County. (a–g) Data: number of hospital admissions, community deaths, days from onset to EVD admission (median and IQR), people reached by MSF health promotion (HP) activities, time line of events, modelling results: community reproduction number (i.e., the reproduction number in the absence of isolation beds) and the proportion of patients seeking healthcare. Back line: median; grey zone: interquartile range.
Figure 5. Incidence of EVD under alternative scenarios. Incidence under the alternative scenarios of (a) lower ETC capacity and (b) no improvements in healthcare-seeking behaviour. Shown are the median (line) and IQR (shaded area) at each time point.
Summary

- Social accountability is an intrinsic part of the practice of medicine
- There is growing recognition of its importance by the medical community
- Medical professionals are able to be socially accountable through education, research and service at home and globally