Social Accountability Fellowship: **2024 Cohort Report**

Erin Cameron[1, 2], Ghislaine Attema[1, 2, 3], Douglas Newhouse[1, 2], and Nick Torres[3]

1) Northern Ontario School of Medicine University;
2) Dr. Gilles Arcand Centre for Health Equity;
3) The Network: Towards Unity for Health

Table of Contents

Executive Summary	3
Introduction	4
Program & Evaluation	5
The 2024 Fellows	6
Individual Impacts	7
Institutional Impacts	9
Community Impacts	10
Challenges	12
Participant Satisfaction	13
Moving Forward	14
Acknowledgements	15

To cite this work, please use:

Cameron, E., Attema, G., Newhouse, D., Torres, N. (2026). *Social Accountability Fellowship: 2024 Cohort Report*. Dr. Gilles Arcand Centre for Health Equity, NOSM University and The Network: TUFH. Retrieved from https://www.arcandcentre.ca/research/isaasc

Executive Summary

The Social Accountability Fellowship was launched in 2023 through a partnership between NOSM University, Towards Unity For Health (TUFH), and the University of Limerick. The goals of the Fellowship were to provide global health education leaders with the skills and tools to implement Social Accountability within their institutions.

This one year Fellowship consisted of monthly meetings, centered on four learning modules. Fellows selected and completed deliverables based on their own learning needs. These deliverables include: policy documents, conference presentations, publications, or implementing the ISAT (Indicators for Social Accountability Tool).

After the completion of the Fellowship, a survey was sent to each Fellow to ask about impacts of the Fellowship. This report is a summary of the survey's findings.

Overall, Fellows were satisfied with program delivery and activities, emphasizing networking opportunities, expert feedback, small group discussions, and practice-facing deliverables. Of particular value were opportunities for mentorship, learning about and utilizing Social Accountability tools, and establishing a global community of practice. Fellows shared challenges they faced during and after the Fellowship, which included competing priorities, rigid policies, accreditation constraints and lack of understanding of Social Accountability within their institutions.

Introduction

Social Accountability *is the obligation of institutions to direct research, education, and service towards the priority health needs of the community they have a mandate to serve*[1].

The Global Social Accountability Fellowship was founded in 2023 by TUFH, NOSM U, and the University of Limerick. Its aims were to convene a global cohort of Socially Accountable health education leaders and provide them with skills to the principles of Social Accountability in their local health research, education and services.

The program was comprised of online learning sessions with Fellows completing several deliverables across four learning modules:

1. *The Concept & Theory of Social Accountability*
2. *Community Centered Engagement & Impact*
3. *Policy Design & Social Behavior*
4. *Educational Leadership & Organizational Change*

Evaluation of the Fellowship: an online survey was disseminated to the Fellows in August 2025 which asked them to reflect on personal, institutional, and community-level impacts of the Fellowship, along with questions related to program structure, alignment of goals, and overall satisfaction.

This report highlights their responses to:

1. *Summarize learnings from the Fellowship*
2. *Describe the Fellowships' overall impact*
3. *Guide quality improvement for future cohorts*

Following the success of the inaugural cohort, an additional cohort completed the Fellowship in 2025, and a final cohort will complete the Fellowship in 2026.

1. Boelen, C., & Heck, J. E. (1995). Defining and measuring the social accountability of. Geneva: World Health Organization. https://thenetcommunity.org/resource/defining-and-measuring-the-social-accountability-of-medical-schools/

Program & Evaluation

What did the Fellows do?

The 2024 Social Accountability Fellowship consisted of monthly learning sessions over an eight-month period, paired with applied deliverables designed to aid Fellows with the integration of Social Accountability in their institutes and communities. The program was structured into four modules:

- **Module 1** served as a basis for the theory of Social Accountability in health professions education, equipping skills to interpret and teach relevant principles locally.
- **Module 2** focused on practice, guiding Fellows to develop and embed stakeholder and community-based partnerships into curricula and tracking graduate impact(s).
- **Module 3** centered policy, tasking Fellows to consider institutional accreditation, policy environment(s), and embed Social Accountability into administrative frameworks.
- **Module 4** emphasized leadership, education and sustainability, offering guiding theories and considerations for institutional change management and quality improvement.

After completing the Fellowship, Fellows were encouraged and supported in establishing regional TUFH National Centers of Excellence—institutions (i.e., universities, hospitals, etc.) that extend TUFH's mission within a specified area, supporting research and/or guidance on Social Accountability through a locally-defined scope.

How was the program evaluated?

An online survey (via Qualtrics®) was shared with Fellows approximately one year following their final session. The survey consisted of multiple-choice and open-ended questions designed to capture individual, institutional, and community-level impacts, and guide quality improvement of future cohorts. 11 of 12 Fellows completed the survey.

To conduct inferential statistics (via Graphpad®), multiple choice responses were converted to a 4-point Likert scale and assigned numerical impact values (1 = low, 4 = high), while open-ended responses were grouped and analyzed.

The 2024 Fellows

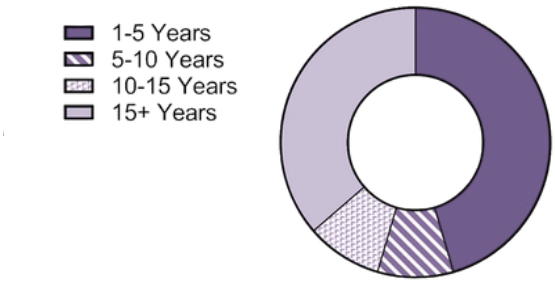
The 2024 cohort was comprised of MDs (36%), MA/PhDs (36%), and dual/specialized degree holders (27%).

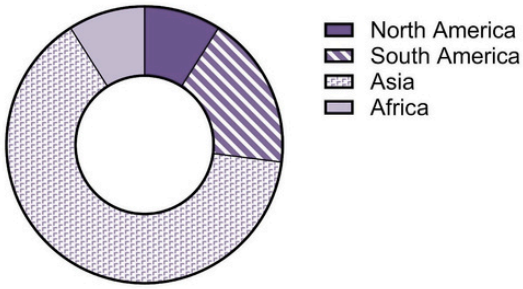
All respondents were involved in medical education; 81% were active faculty members, and 36% had administrative roles.

Years of experience working in Social Accountability was predominantly split between one to five years (45%) and fifteen plus (36%) years.

Geographically, Fellows were located in Asia (64%), South America (16%), North America (9%), and Africa (9%).

How long have you been involved in Social Accountability work?





What area of the world are you located in?

Each Fellow completed a minimum of two deliverables.

When looking at which deliverables were choosen:

- **91%** selected a policy document
- **91%** selected a conference presentation or publication
- **55%** selected completing a Social or Health Innovation
- **18%** selected completing the ISAT Assessment and Action Plan

*several Fellows completed more than two deliverable

All respondents saw these deliverables as valuable, with one providing additional feedback that more guidance on *how* to complete the deliverables would have been helpful.

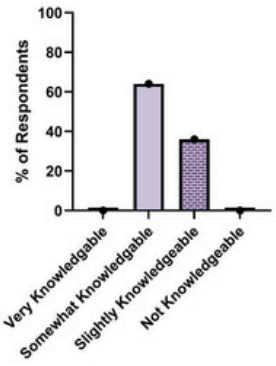
Individual Impacts

Most respondents' self-perceived knowledge regarding Social Accountability shifted from '*somewhat knowledgeable*' (64%) before the Fellowship to '*very knowledgeable*' (73%) after the Fellowship.

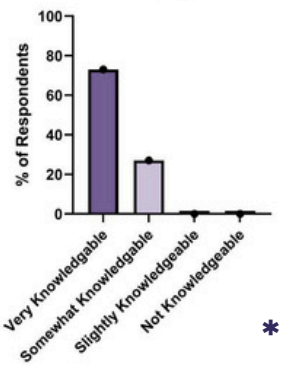
*A two-tailed paired-samples t-test (α = 0.05) indicates the increase between participants' knowledge from before the Fellowship (M = 2.636, SD = 0.5045) to after the Fellowship (M= 3.727, SD= 0.4671) was significant (t(10) = 5.164, $p < 0.001$, $\eta^2_p = 0.7273$).

Knowledge of Social Accountability

Before Fellowship



After Fellowship

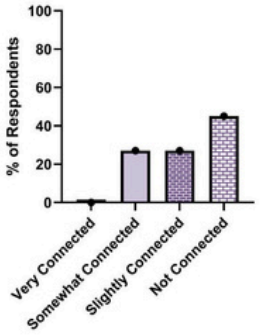


Prior to the Fellowship, most respondents saw themselves as largely unconnected (45%) to the global Social Accountability community, after the Fellowship **all respondents reported feeling '*somewhat*' or '*very*' connected.**

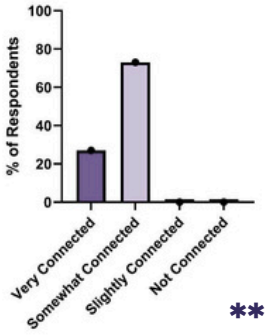
****Significance was established using a two-tailed paired-samples t-test between participants' pre-fellowship (M = 1.818, SD = 0.8739) and post-fellowship ratings of connectivity (M = 3.273, SD = 0.4671), t(10)= 4.658, $p < 0.001$, $\eta^2_p = 0.6845$.**

Connection to Global Community

Before Fellowship



After Fellowship

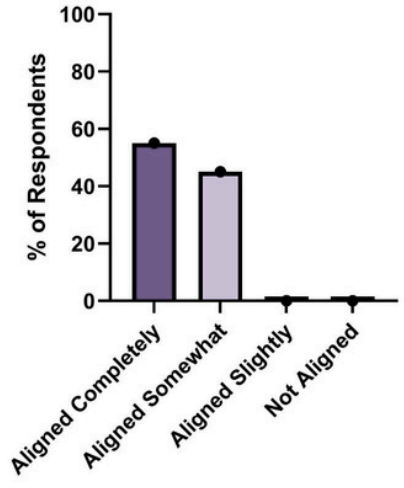


Individual Impacts

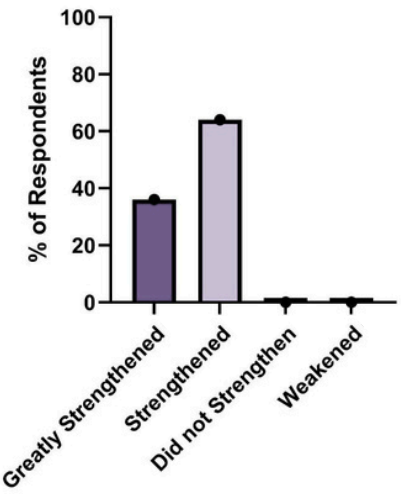
The goal of the Fellowship was to provide education and support for Fellows to assist in designing and implementing social accountability principles and standards in their institutions as a way to better respond to the priority health needs of their societies, communities, and contexts.

The survey asked respondents to **reflect on this goal and their own goals** for the Fellowship. **All respondents** believed the goal of the Fellowship was aligned with, and strengthened, their own individual goals.

Alignment of Fellowship with Individual Goals



Impact of Fellowship on Individual Goals



"The best part of the fellowship was being able to later invest in the association as institutional members. We began our participation in TUFH through the fellowship with only two people involved in the activities promoted by the network. Today, we also have students and other collaborators actively participating in the initiatives, learning together with the network, and acting as multipliers of what we have collectively built through these actions."

Institutional Impacts

When asked if what they learned during the Fellowship contributed to their institution's understanding of Social Accountability, **all respondents** indicated that their learning contributed to their institute's understanding.

When asked if their learning during the Fellowship contributed to change within their institution, **91%** responded that their knowledge contributed to institutional changes.

All respondents described gaining a clearer understanding of Social Accountability across different contexts, citing expert feedback, structured activities and the ISAT Assessment tool as being particularly helpful.

Specific institutional changes that respondents reported included:

- The consolidation of pre-existing Social Accountability working groups
- Revisions to higher-level organizational strategies
  - e.g., shifts in vision/mission statements
- The creation of organizational spaces for dialogue about Social Accountability

"The fellowship mainly helped me to better understand, in a strategic way, the actions we have already been carrying out, while also identifying possible improvements. Through the learning process, I was able to clearly envision goals, strategies, and approaches that can guide us toward a stronger commitment to social responsibility, serving as a true compass for our next steps."

Several respondents viewed the Fellowship as an introduction to Social Accountability's value in action planning, policy strategy, and securing funding for building educational curricula. One participant whose institution had no relevant accreditation criteria believed the Fellowship helped influence stakeholders in this direction.

Overall, participants described the Fellowship as being a catalyst for the promotion of Social Accountability within their respective institutions.

Community Impacts

There were several questions in the survey related to Community level impacts of the Fellowship.

- **82% of respondents** indicated that the Fellowship contributed to their community's understanding of Social Accountability.
- **72% of respondents** indicated that their learning assisted them in creating change within their community.

Examples of community level impacts Fellows provided include:

- A better understanding of impactful community engagement
- Additional Health Service Innovations to provide greater access to care
- Establishing facilitated communication and collaboration with all major stakeholders
- Increased direct dialogue with community, community driven iniatives
- Sharing of best practices, including community engagement in curriculum

"Even before fellowship, we've been routinely engaging in community activities. Now, for me, I have more clarity while engaging stakeholders. The Partnership Pentagon pops up in my mind as I am planning activities. So, even though I am not sure how to measure perceptible change made in the community due to fellowship alone... qualitatively, I know there is a change from our side when engaging with the community"

"The ISAT tool is helpful in developing an action plan. We realised that in some areas we need to develop, some areas already underway and yet in some areas not possible as it is not within our control (e.g. pattern of recruitment) The online small group discussion, the exercise of making a policy document, the process of presenting before experts from the field greatly helped. The feedback from Nick and other experts helped modify my policy document tremendously because initially I wasn't sure how to go along. The feedback, structured curriculum, expert feedback, shared resources, the chance to present in the conference...everything added to my learning and understanding."

Institutional & Community Impacts

What changes were you able to create in your institute or community?

Institution	Community
“The creation of a permanent social responsibility structure: "Academic Office of Social Responsibility". The revision of our mission to integrate the concept of social responsibility into the mission of the faculty and the [University], as well.”	“Specific services (mobile team format) have begun to be organized in disadvantaged areas by faculty members, which improves access to care for the most vulnerable.”
“The little change I have been able to make is that the word social accountability is now a familiar term to most (even if they may not have a deep understanding) as it recurs in all talks, discussions we have in relation to medical education or higher-level administrators.”	“The project enabled me to pitch the concept of social accountability to my institute... it is currently not part of [our] accreditation system. The priority for change is lower, thus taking [more] time. However, there is genuine interest among internal stakeholders which is a bright spot.”
“As I am working in a newly emerging university, it helps us to identify the potential policies that need to be developed from the beginning.”	“We were able to move beyond being the sole proposers and drivers of [community] initiatives, as they have increasingly emerged spontaneously from the courses themselves, through direct dialogue with the community, rather than only from the data and information we provided.”

Individual, Institutional & Community Challenges

When asked about challenges Fellows faced at the institutional level in embedding and promoting Social Accountability; nine Fellows provided responses, noting cultural barriers; competing organizational priorities; rigid policies; staff transfers; and burdensome workloads. Some noted that Social Accountability was not an embedded principle in their institutions' **accreditation standards**, restricting funding for relevant initiatives, despite interest.

Overall, most respondents recognized the iterative nature of this work, anticipating progress will depend on the strength and frequency of inter-sectoral collaboration and dialogue, establishing shared language, and fostering community participation.

"Too many priorities collide, so, often it becomes very overwhelming. Faculty who are not aware about the tenets of social accountability and hence are not fully committed to the cause can be a challenge."

At the community-level, Fellows underscored the value of increasing their faculties' understanding of Social Accountability, but were limited by constraints in training, time, and community readiness.

Nine respondents identified challenges such as heterogeneous stakeholder expectations, concepts, and definitions of Social Accountability impeding cross-sectoral (I.e., political, community, and institutional) coordination and pushing respondents to support more grass-roots approaches.

"One of the main challenges... was the dialogue among stakeholders... not the lack of dialogue itself, but the alignment of language between the different actors..."

"Social participation cannot be decreed... we are currently designing a program with local NGOs [Non-Governmental Organizations] to stimulate community participation"

Participant Satisfaction

Fellows held the connection, growth and practical empowerment they received from the Fellowship as what they enjoyed most about the Fellowship.

Several respondents elaborated on the benefits of collegial and international networking, sharing contextual knowledge and best practices, and feedback from expert facilitators.

Specific activities, such as small group discussions, task-based learning activities, and instruction on preparing policy documents were particularly appreciated; instilling confidence for Fellows to operationalize Social Accountability within their own contexts.

"Recently, we have been granted funding to hold a 2-series workshop and the topic we chose is equipping medical educators on how to build a socially accountable curriculum through the ISAT tool. The learning we've gathered from this fellowship will be incorporated in these workshops."

Others cited sustained institutional impacts and growing networks of socially accountable actors as their favourite part of the Fellowship.

At 8 months in length, all respondents were satisfied with the overall duration of the Fellowship, and most (82%) believed that two hours once a month was an appropriate time frame for online sessions; however, 2 respondents believed sessions were too late, speculatively due to regional time zone differences.

Moving Forward

Respondents were asked about what they thought could have been done better regarding the program structure and delivery.

Several respondents indicated the program was already fully optimized; however, others suggested forming a continued community of practice of Fellows to support sustained relationships and provide direct avenues to follow-up with connections after the Fellowship is complete.

"The experience was very enriching. One possible improvement would be to expand the spaces for continuous dialogue after the fellowship (with people from the same group), in order to strengthen and follow up on the connections that were created."

"[The best part of the fellowship was] the experience of not knowing how to go about initially, to getting empowered, to presenting before the international audience confidently at the end."

"I would like to express my gratitude and say that I truly appreciate the impact that TUFH creates. It was an incredible opportunity to be part of the Social Accountability Fellowship. You have all my admiration."

"The sessions were excellent. Thanks to all the experts."

"We organized social accountability dialogues with relevant stakeholders. We are also refining the vision of the medical school to address the gaps in fulfilling our obligations related to social accountability."

Acknowledgements

This Fellowship wouldn't have been possible without assistance from a dedicated group of global experts who gave their time and expertise in developing, presenting and facilitating the learning modules. Our deepest thanks to the following:

- **Larisa Carrera**
- **Jacques Girard**
- **Nick Torres**
- **Charles Boelen**
- **Bob Woollard**
- **Maxwell Kennel**
- **Börg Pálsdóttir**
- **Finn Dobkin**
- **Tine Hansen-Turton**

SSHRC CRSH

Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

Financial Assistance for this Fellowship was provided through a Connections grant from the Social Sciences and Humanities Research Council of Canada (SSHRC).

To learn more about the Arcand Centre for Health Equity, visit: https://www.arcandcentre.ca/

To learn more about The Network: TUFH, visit: https://tufh.org/