

Institutionalizing social participation to accelerate progress towards universal health coverage and health security

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Social participation in decision-making processes is essential for ensuring that health policies are responsive, equitable and effective. As such, it must be a priority reform in accelerating progress towards universal health coverage (UHC) and health security. Member States of the World Health Organization (WHO) acknowledged the importance of inclusive and participatory health governance in the Political Declaration of the High-level Meeting on UHC in 2019,ⁱ and in the Executive Board resolution to prepare for the second High-level Meeting on UHC in 2023 (EB152/5).ⁱⁱ But despite these endorsements, political will for implementing social participation remains weak, and all countries could do more to institutionalize and strengthen participation in decision-making for health.

Key messages

- Social participation means involving people, communities and civil society in decision-making processes.
- In the 2019 Political Declaration on Universal Health Coverage, WHO Member States stated the importance and relevance of the principle of social participation in health governance. This has been reiterated in EB152/2 to inform the second High-level Meeting on UHC in September 2023.
- The principle of social participation has not been adequately translated into practice, with countries' experiences often ad-hoc and fragmented, seldom influencing health policy design.
- Most government health institutions are well equipped with medical and technical skills but face a capacity deficit for facilitating social participation, such as expertise in designing and executing participatory spaces that foster meaningful interaction and can influence decisions that are made. This has been particularly evident in the response to the COVID-19 pandemic, where many governments struggled to bring in community voices systematically, resulting in mistrust and the spread of misinformation at times.ⁱⁱⁱ
- The upcoming High-level Meetings on Universal Health Coverage and Pandemic Prevention, Preparedness and Response, should identify institutionalizing mechanisms for social participation as a priority reform for Member States to bring about more responsive, equitable and effective health policies that accelerate progress towards UHC and health security. Such mechanisms foster trust with the population, and can be leveraged in the context of an emergency.

i. United Nations General Assembly A/Res/74/2: Political declaration of the high-level meeting on universal health coverage. Items 20, 54 and 58 (<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/311/84/PDF/N1931184.pdf>).

ii. EB152(5): "Urges Member States... (2) to accelerate the achievement of universal health coverage... through... inclusiveness and social participation by all relevant stakeholders" ([https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(5\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(5)-en.pdf)).

iii. Rajan D et al. 'Build forward better' must include heavy investment in government capacities to engage with communities and civil society. *Eurohealth* 2021;27(1):54-59 (<https://apps.who.int/iris/bitstream/handle/10665/344952/Eurohealth-27-1-54-59-eng.pdf>).

Background and challenges

Institutionalizing social participation in health sector decision-making processes is not only the right thing to do from the perspective of human rights and democratic principles, but can also help to achieve core objectives of UHC, including:

- **Reducing health inequities.** Addressing health inequities requires an in-depth understanding of why certain communities have worse health outcomes than others, and the barriers that these communities face. Empowering the voices of vulnerable communities (and civil society organizations representing their interests) in health decision-making processes can be pivotal in developing and implementing more equitable health policies and plans.
- **Increasing efficiency and responsiveness.** What may be deemed necessary in relation to health services cannot be de-linked from people's perceptions and lived experiences, as well as the localized expertise of civil society. Community empowerment is a core component of primary health care, helping governments to make informed decisions that respond to people's needs and thereby prompt greater uptake of services.
- **Promoting transparency and accountability.** Forums for dialogue and consultation tend to improve the sharing of information, and provide opportunities for people to interrogate policy choices, monitor implementation, air grievances and address poor performance.
- **Strengthening trust and resilience.** A coordinated whole-of-society response in times of emergencies is envisaged in the WHO International Health Regulations (2005) as well as the post-COVID 74th resolution of the World Health Assembly (2021).^{iv} Long-standing participatory spaces, embedded within health system operations, can help build trust before a crisis occurs, and can be leveraged in the context of an emergency, so that emergency response measures, including risk communication and community engagement, are more effective.

Despite the commitment by Member States to strengthen social participation, in the 2019 Political Declaration on UHC as well as other international agreements,^v countries still have a long way to go in establishing proper implementation – mechanisms for engagement remain ad hoc and/or tokenistic in most cases. All countries can do more to improve how

people, communities and civil society participate in policy and planning processes, and the extent to which their participation influences the decisions that are made. A key challenge is mobilizing and sustaining the political will necessary to achieve and sustain meaningful social participation.

Key actions and policy recommendations

- **Invest in adequate, stable and predictable financial resources for participation.** To avoid ad hoc, peripheral initiatives, and overreliance on volunteers, funding for social participation should be stable and predictable. Legal endorsement and earmarked resource allocation can help to protect and sustain funding for social participation. It may also be important for ministries of health to fund the participation of communities and civil society.
- **Build government capacities to design and implement meaningful participation, and facilitate the capacity strengthening of communities and civil society.** Governments should prioritize developing the skills necessary for managing power imbalances, empowering more vulnerable voices and mitigating conflicts of interest. Governments also have a responsibility to facilitate and/or fund the capacity strengthening of communities and civil society in order for them to meaningfully participate.
- **Establish and/or strengthen mechanisms for sustained regular participation as opposed to ad hoc interaction.** Governments can move towards more regularized participatory engagement over time through a variety of strategic and synergistic actions. These include building long-term partnerships with civil society and community groups; securing legal and/or institutional frameworks that mandate a specific public entity to implement social participation; and ringfencing time within decision-making processes for adequate engagement.
- **Monitor and use data routinely to evaluate participatory processes and their impact on decisions made.** A robust monitoring and evaluation framework is vital to ensure that participatory processes are effective and are improved. It is important not only to implement participatory spaces, but also to assess their quality, and how they impact on decisions that are made.

iv. WHA74.7. Strengthening WHO preparedness for and response to health emergencies. (https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=27).

v. Including: SDG target 16.7: to “ensure responsive, inclusive, participatory and representative decision-making at all levels”; Astana Declaration of 2018 on primary healthcare: to “involve more stakeholders in the achievement of Health for All, leaving no one behind, while addressing and managing conflicts of interest, promoting transparency and implementing participatory governance.”



References and resources

1. Relevant inter-governmental agreements:

- Declaration of Astana. World Health Organization and the United Nations Children's Fund; 2018 (<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>).
- Political Declaration of the High-level Meeting on Universal Health Coverage. "Universal health coverage: moving together to build a healthier world"; 2019 (<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>).
- SDG target 16.7: to "ensure responsive, inclusive, participatory and representative decision-making at all levels" (<https://sdgs.un.org/goals/goal16>).
- UNGA A/RES/74/2. Political declaration of the high-level meeting on universal health coverage; 2019 (<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N19/311/84/PDF/N1931184.pdf>).
- **World Health Assembly (WHA) resolutions since 2019:**
 - EB152/5. Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage ([https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(5\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(5)-en.pdf)).
 - WHA74.7. Strengthening WHO preparedness for and response to health emergencies (https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=27).
- **Regional Committee resolutions:**
 - Pan American Health Organization: CD59.R12 Strategy for building resilient health systems and post-Covid-19 pandemic recovery to sustain and protect public health gains (<https://www.paho.org/en/documents/cd59r12-strategy-building-resilient-health-systems-and-post-covid19-pandemic-recovery>).
 - Regional Committee for South-East Asia: SEA/RC75/R3 Enhancing social participation in support of primary health care and universal health coverage (<https://apps.who.int/iris/bitstream/handle/10665/363097/sea-rc75-r3-eng.pdf>).
 - Regional Committee for the Eastern Mediterranean: EM/RC69/R.2 Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region (<https://applications.emro.who.int/docs/Building-resilient-health-systems-RC69-R2-eng.pdf>).
 - Regional Committee for the Western Pacific: WPR/RC73.R2 Primary Health Care (<https://www.who.int/docs/default-source/wpro---documents/regional-committee/session-73/wpr-rc73-r2-phc.pdf>); WPR/RC73/10 Endorsing the Regional Framework (<https://www.who.int/docs/default-source/wpro---documents/regional-committee/session-73/wpr-rc73-agenda-14-annex-reaching-the-unreached.pdf>).

2. Other publications/videos:

- A Journey of Social Participation: From South-East Asia Regional Committee to World Health Assembly. Policy brief disseminated at the South-East Asian Regional Committee meetings. Thailand National Health Commission Office; 2022 (<https://en.nationalhealth.or.th/policy-brief-on-a-journey-of-social-participation/>).
- Rajan D et al. 'Build forward better' must include heavy investment in government capacities to engage with communities and civil society. Eurohealth 2021;27(1):54-59 (<https://apps.who.int/iris/bitstream/handle/10665/344952/Eurohealth-27-1-54-59-eng.pdf>).
- Social Participation for Universal Health Coverage: Technical Background Paper. World Health Organization; forthcoming.
- Voice, agency, empowerment – handbook on social participation for universal health coverage. World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027794/>).
- WHO Social Participation Advocacy Video. World Health Organization; 2022 (<https://www.youtube.com/watch?v=Utgntj64kMI>).

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