Reflections on examples of social participation in UHC

SUNI SEA Conference: Linking people, communities and primary health care: an essential approach for tackling NCDs and achieving UHC
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Three components of primary health care

PHC is a **whole-of-society approach** to health that

- aims equitably to **maximize the level of distribution of health and well-being**
- by focusing on **people’s needs and preferences** (both as individuals, and communities)
- **as early as possible** along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and
- **as close as feasible to people’s everyday environment**

Social participation: how to make it work?

Case study examples include:
- Thailand’s National Health Assembly
- Portugal National Health Council
- Tunisia’s Dialogue Societal
- India’s National Rural Health Mission
- Madagascar’s CSO-led Community Health System Strengthening approach
- ...

Available at: https://apps.who.int/iris/handle/10665/342704
Key issues for policy-makers to reflect on when setting up, strengthening and institutionalizing social participation

Chapter 1: Participation: a core instrument for voice, agency and empowerment
Chapter 2: An enabling environment for participation
Chapter 3: Representation in participation
Chapter 4: Capacities for meaningful government engagement with the population, communities, and civil society
Chapter 5: From population engagement to decision-making
Chapter 6: Legal frameworks for participation
Chapter 7: Sustaining participatory engagement over time
Why do you need to consider power dynamics when setting up participatory mechanisms?

**Power dynamics** create unequal conditions for participation
- Structural barriers to participation for some
- Increasing access to for others

**Selected key messages**
- Enabling environment for participation → evening out the playing field (empowering those who are weaker and less powerful)
- A participatory space → potent tool to minimize power asymmetries if designed to counter formal and informal barriers
- Social participation → transformative potential
  - challenges societal conventions of whose **voice** should be heard
  - who should have **agency** over their own health
  - who should be **empowered** to meaningfully contribute to policy-making.
Challenges in finding the ‘right’ representatives:
- Considered legitimate
- Able to represent a constituency, idea, and/or their own individual experience

Selected key messages
- Format & design → ability to take on representative roles
- Balanced and transparent selection strategy
- Format which lends legitimacy to participants
  - Neutral facilitator
  - Homogenous focus groups
  - Meeting location
  - Speaking time
  - Preparatory material
- Quantitative vs qualitative representation
Recalibrating the balance of power which is rooted in expertise, knowledge, and speaking skills

**Selected key messages**

- Quality of exchanges → determined by the competency and capacities of the participants
- Level playing field →
  - stakeholders/participants on an equal footing
  - more frank and fruitful discussions
  - policy influence

- **Recognition** is the most fundamental dimension of capacities for equal interaction but is the most difficult to build
- **Communication** depends on exposure to participatory spaces
  - A lack of technical skills impedes the participation process, but governments can ensure that technical skills can be compensated for if lacking
Thank you!

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