Social participation for universal health coverage

Technical paper

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Executive summary

As attested through declarations and resolutions at global, regional and national levels, Member States agree on the importance and relevance of the principle of social participation in decision-making processes to advance equitable progress towards universal health coverage, while promoting transparency and accountability.

However, this principle is not sufficiently implemented in practice, with country experience often ad hoc, siloed and/or tokenistic, resulting in poor uptake of recommendations from participatory processes. This technical paper identifies the following priority actions for Member States to institutionalize meaningful social participation in decision-making processes for health:

Strengthen government capacities to design and implement social participation.	**Invest** adequate, stable and predictable financial resources for social participation.
Secure equitable, diverse and inclusive representation.	**Facilitate** capacity strengthening and financial resources for civil society.
Ensure that social participation informs decision-making for health across the policy cycle.	**Monitor and use** data and evidence routinely to evaluate participatory processes and their impact on decisions made.
Systematize and sustain regular social participation, including through legal frameworks.	

1 Introduction

This technical paper distils key messages from the World Health Organization publication "Voice, agency, empowerment – handbook on social participation for universal health coverage"[1], (the Handbook), along with feedback from a multistakeholder consultation process to identify recommended priority actions for Member States to institutionalize social participation in decision-making processes for health[2].

While many countries are making important efforts to involve and listen to their populations, all countries can do better towards institutionalizing and using meaningful participation to consistently inform government decisions that affect people's health and well-being (2).

1.1 What is meant by social participation?

Social participation is used in this technical paper to mean **empowering people, communities and civil society, through inclusive participation in decision-making processes that affect health, across the policy cycle and at all levels of the system**. This definition implies that:

- The people, communities and civil society involve lay people, community members, persons with lived experience (3) (i.e., people who have a health condition or those close to them, service users/patients), and organizations that represent their needs, with particular focus on those living in vulnerable settings and affected by marginalization;

- Decision-making processes involve two-way dialogues, where power imbalances among participants are mitigated as much as possible, empowering those with less voice and influence to inform the decisions made, promoting transparency and accountability and managing conflicts of interest[3];

- The policy and planning cycle involves all stages (i.e., situational analysis, priority-setting, planning, budgeting, implementation, monitoring, evaluation and review) (4), and all levels of the system including community, district, regional and national;

- This pertains to any decision-making process that affects people's health and well-being, both within and beyond the health sector, particularly given the impact of social, economic, commercial and cultural determinants on health (5).

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1 The Handbook was developed through extensive consultations with technical and civil society stakeholders as well as case studies from nine countries differing in geographies, income groups and types of government. The purpose of the Handbook is to provide technical support and practical guidance to WHO Member States on steering engagement with the population, communities and civil society organizations to ensure their voices and needs inform decision-making for health (1).

2 The consultation process involved an open online survey, and constituency-specific outreach to Member States (with regional consultations with the Regional Office for the Americas, Regional Office for South-East Asia, Regional Office for Europe and Regional Office for the Eastern Mediterranean) civil society, young people, parliamentarians, global health agencies, and colleagues across WHO working on community and civil society engagement.

3 Civil society is a heterogeneous group. It is therefore important to ensure that participants selected are legitimate representatives of their constituencies and any conflicts of interest are analysed and managed to safeguard the public interest (1).

A fundamental premise for meaningful social participation is the political will and government capacities to acknowledge, understand and address power imbalances, to identify, analyse and mitigate conflicts of interest, and to create safe spaces for participants to meaningfully contribute to and influence debates. This boosts the legitimacy of participatory processes and the likelihood that their recommendations will influence decisions, leading to more responsive and equitable policies, strategies and programmes.

Social participation is therefore a key element of inclusive governance. As defined above, social participation focuses on bringing the voices of people, communities and civil society into decision-making processes. It does not address the specific complexities of government engaging with for-profit private entities, including regulation and safeguards due to the risk of conflict of interests (6). Nonetheless, private sector entities may be organized into umbrella civil society organizations (e.g., professional provider associations) and take part in participatory processes, which raises important considerations in dealing with special interests or more powerful groups.

Different terms are used with divergent interpretations across different contexts and may overlap with this definition of social participation. With this definition, social participation is complementary to one-way communication initiatives with people, communities and civil society, social contracting and broader social accountability activities[4]. Social participation mechanisms can also be leveraged to advance related efforts (8, 9), such as health promotion (10), risk communication and community engagement, addressing the social determinants of health, as well as service design and implementation to improve the quality of care (11).

1.2 What is meant by a participatory mechanism?

A participatory mechanism is the space or platform where the government comes together with people, communities and civil society to feed into decision-making processes for health. These can be both in-person and virtual, they can be mandatory (i.e., decreed by laws) or voluntary (i.e., at the discretion of the organizer), and there is a whole range of types of mechanisms that can be organized for social participation.

A key characteristic of a participatory mechanism is that the interaction should allow for iteration between participants and/or between organizers and participants, and not only be one-way communication. Methods used for purely communicating information to a population, or solely receiving feedback from them – such as surveys, polls, interviews, radio and TV programmes etc. – have an important role, for example, raising awareness about upcoming health promotion and prevention events to increase health literacy, or to inform the public about a vaccination campaign. They can also generate valuable information that can inform the participatory dialogues. One-way communication tools should therefore be seen as complementary to social participation efforts.

Typically, a mix of participatory mechanisms that best suit the objectives of the process should be pursued by governments for meaningful social participation that involves broad and diverse population viewpoints. This tends to balance out the cons of any single mechanism, allows for triangulation of findings, and increases the scope for people to influence the decisions that are made.

Table 1 summarizes common categories of mechanisms for social participation:

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4   Social accountability is defined as "citizens' efforts at ongoing meaningful collective engagement with public institutions for accountability in the provision of public goods", such as community scorecards, social audits, participatory budgeting etc (7).

Table 1: Common categories of social participation mechanisms [1]

Category	Explanation	Examples
Open for all forums	Open to everyone. Larger groups, aiming to capture the diverse and divergent views from many different segments of the population.	Public forums and hearings, open mic events, town hall meetings.
Consultative methods with attendance by invitation	Open forum for exchange, albeit with a smaller and closed, usually invited, number of representatives of population groups and technical experts (and others).	Consultative meetings, policy dialogue, stakeholder consultations, focus groups.
Deliberative engagement methods	Small group of selected participants. Emphasis is on deliberative nature to elicit informed opinions from lay people and others about a specific health topic. Key characteristics include preparing participants with data and information, allowing sufficient time to reflect and deliberate, ensuring a non-intimidating environment.	Public panels, citizens' juries, consensus conferences, planning cells, scenario workshops.
Fixed seats for the population/ communities/ civil society in administrative bodies	A fixed (at least for a certain time period) group of people coming together to make recommendations and/or decisions. Certain seats are reserved for t he lay population, community-based organizations, and/ or civil society representatives. The mechanism may be anchored in a legal framework.	Health council, health committee, district committees, civil society advisory boards, representation on steering groups and review boards.

Digital technologies can play an important role to reach more people, such as young people and full-time working professionals, as part of a mix of mechanisms for participation. However, they are usually insufficient alone as they come with their own limitations, including limited access by poorer, remote populations and older people.

Every country will have its own approach to social participation, shaped by its unique history, culture and politics; there is no one-size-fits-all or 'best' model. See boxes 1 and 2 for examples from Tunisia and France.

Box 1: Societal dialogue for health in Tunisia (*12*)

The Societal Dialogue for Health programme in Tunisia established multiple participatory spaces for exchange between people, communities, civil society, health professionals and the government:

Citizens' meetings on health – Usually organized at a regional level, these meetings sought 'societal' input on specific, more technical health topics. Preparatory material was put together by experts and the Technical Committee beforehand. Participants were invited, with particular focus on civil society.

Open mic sessions – These meetings aimed at hearing from all parts of society and focused on more general, overarching health topics such as what the future health system should ideally look like.

Focus groups – Focus groups were held targeting marginalized and vulnerable groups who did not participate in the other mechanisms. These were small sessions of a homogeneous constitution.

Citizens' jury – Approximately 100 people were selected by lottery from each of the governorates to form a citizens' jury with the task of reaching a verdict on specific questions linked to particular themes.

National Health Conference – A large participant list including citizen jury members, associations, NGOs, trade unions, parliamentarians and many others came together to validate policies and decisions.

Box 2: États généraux de la bioéthique in France (*13, 14, 15*)

The Consultative National Committee on Bioethics (CCNE) is mandated to draft a bioethics law every seven years. In 2018, the CCNE used a variety of participatory mechanisms to obtain broad-based input on topics of bioethical relevance. Based on submitted statements of interest on priorities of the États généraux de la santé, the CCNE selected organizations, associations and interest groups for more in-depth hearings. A combination of participatory mechanisms was used to reach target populations:

Regional discussion events open to the general public – A self-selection strategy was used to hear the voice of interested and affected people. The open for all events served to convey the openness of the CCNE approach.

Online consultation via the website – This mechanism enabled inputs from those who may not be able to attend the events in person. The online platform was used to disseminate in-depth information and gather inputs from a broader audience.

Hearings for the partisan public – Organizations, associations and interest groups that had submitted statements of interest were selected by the CCNE, based on special interest or expert knowledge, for in-depth hearings.

Citizens' jury – An independent third-party research institute selected citizens to be part of a jury that was asked to feed back on the process and deliberate on key topics enabling more targeted and deeper engagement.

2 Rationale for prioritization

The reasons to prioritize and strengthen social participation are many: it is not just morally the right thing to do in pursuit of realizing the human rights to health and participation[5] (*17*) and upholding democratic principles, but it can be a potent tool to ensure no one is left behind on the pathway towards UHC.

2.1 Social participation promotes equitable progress towards universal health coverage

Social participation is a core component of the primary health care (PHC) approach, as a means to empower people and communities and ensure people-centred health services[6]. PHC is considered the most equitable and efficient approach to accelerate progress towards UHC – a noble goal that all countries have committed to as part of the sustainable development agenda.

UHC is about ensuring that all people receive the quality health services they need, when and where they need them, without financial hardship (*19*). The universal goal of covering 'all' people requires overcoming health inequities (*20*), which are embedded in broader structural inequalities due to their socioeconomic status, ethnicity, geographical location, gender identity, sexual orientation, disability, age, nationality or immigration status.

Furthermore, health inequities are widening, due to climate change, the COVID-19 pandemic and conflict, along with inadequate progress to address structural, social and commercial determinants of health equity and well-being (*21, 22, 23*).

Across the policy and planning cycle, there are tough choices and important trade-offs that determine who benefits and who is left behind on the pathway towards UHC, which can be politically sensitive (*24, 25, 26*). Understanding people's perceptions, lived experiences and preferences is crucial to develop policies, strategies and plans that are more responsive to their needs (*3*). The needs of vulnerable and marginalized communities must be prioritized in such decisions to advance fairness and equity by identifying and addressing barriers to maximizing the availability, accessibility, acceptability and quality of health services. Social participation can be an effective instrument to do this, while also boosting the agency and social inclusion of vulnerable people (*24, 25, 27, 28*).

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5   The right to the highest attainable standard of health, as codified in Article 12 of the International Covenant on Economic, Social and Cultural Rights, General Comment No. 14, includes "the participation of the population in all health-related decision-making at the community, national and international levels" (*16*).

6   Empowering people and communities through social participation is one of the seven commitments in the Astana Declaration on PHC (*18*).

2.2 Social participation fosters trust and health system resilience

Trust is a key driver of health system performance at all times. The COVID-19 pandemic exposed the lethal cost of mistrust in the context of an emergency (*29, 30*). In preparing for future health emergencies and to build resilience, the importance of fostering trust in the health system and the government cannot be overstated (*31, 32, 33*). Embedding meaningful social participation mechanisms as part of the governance modus operandi can help to build trust before a crisis occurs, which can be leveraged in the context of an emergency to improve the contextualization of response measures, the effectiveness of risk communication, and the timely collaboration with communities and civil society as key partners (*34, 35, 36*). This was envisaged in the International Health Regulations (2005) and reiterated in the post-COVID 74th resolution of the World Health Assembly (WHA) (2021) (*37, 38*).

The COVID-19 pandemic revealed the weakness of health systems and emergency preparedness across low-, middle- and high-income countries. In many contexts, where the health system struggled to respond, communities and civil society stepped in at the local level, demonstrating remarkable resilience by taking on tasks to prevent viral spread and reduce transmission, either substituting for or complementing health system operations (*39*). Unfortunately, communities' and civil society's COVID-19 response was mostly disconnected from the government response, especially during the early phase, with government losing out on valuable community insights to adapt policies and promote adherence to public health measures (*40, 41*). Insufficient government outreach and support to marginalized population groups during the pandemic exacerbated vulnerabilities and inequities, adding to the COVID-19 morbidity and mortality toll (*42, 43*). The post-pandemic momentum should be seized to institutionalize social participation, strengthening the foundations for preparedness and resilience before the next pandemic.

2.3 Social participation advances accountability

Institutionalized social participation can also increase a sense of collective ownership between governments and their population through iterative processes of policy conception, review and adaptation. Forums for dialogue and consultation can provide opportunities for people to interrogate policy choices, review implementation and air grievances, as well as for the government to respond to and address poor performance. It is through continuous participation (*44*) across the policy cycle that people, communities and civil society can hold government to account for meeting their needs, with transformative potential for health equity and improved health outcomes (*27, 45*).

The integrity and legitimacy of the participatory mechanisms must be maintained through appropriate prevention, management and mitigation of any conflicts of interest to ensure that narrow interests do not override overall public health goals. Transparent access to knowledge and information, as well as continuous documentation and dissemination of the results of participatory processes, further empowers rights holders to hold duty bearers to account for decisions made.

3 Moving from principles to concrete action

Member States have endorsed the principle of social participation in multiple intergovernmental commitments and resolutions (see Box 3). However, translation of this principle into practice has been inadequate, with countries' experiences of social participation often ad hoc, tokenistic and fragmented[7] (*47*). All countries can do more to improve how people, communities and civil society participate in decision-making processes for health and the extent to which their participation affects the decisions that are made.

Most countries will have some legislative basis and structures in place for participatory governance, and experience in engaging communities and civil society, especially in the delivery of services, which can provide an important foundation to build on and leverage participation in decision-making processes for health.

The respective relevance and prioritization of the recommended actions will be context-dependent and informed by a range of factors including the country's history, politics and culture, as well as the design of the health system. Both quick wins and longer-term impact should be pursued.

Political will is decisive for progress, driving the prioritization and investment of human and financial resources, and this must be sustained over time to help foster a culture of participation.

Power dynamics are ingrained in a country's political, social, cultural and economic context, producing structural barriers for certain population groups. Participatory mechanisms not only exist within these contexts, they also often reflect them, creating unequal conditions for participation. For social participation to be meaningful, there must be political willingness and government capacities to acknowledge, understand and mitigate power imbalances to empower those with less voice and influence as much as possible for the purpose of the participatory exercise (*53*).

This section identifies interconnected priority actions for Ministries of Health, as part of whole-of-government and whole-of-society approaches, to progress towards institutionalizing the principle of social participation for equitable progress towards UHC and other health-related SDGs[8].

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7   Fragmentation results from the siloed nature of many health systems and the population- or issue-specific donor investments to strengthen social accountability (*46*).

8   These recommended actions are broadly consistent with, and mutually reinforce, those in other publications (inter alia *3, 27, 35, 54*).

Box 3: Global commitments to participatory governance

The UN High-Level Political Declarations on Universal Health Coverage in 2023 and 2019 both identify social participation as a priority reform for UHC. In the recent declaration, Member States commit to "Promote participatory, inclusive approaches to health governance for universal health coverage, including... social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations (CSOs) and young people in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems." (*48*)

In 2021, the Human Rights Council adopted resolution 48/2 on Equal participation in political and public affairs, which reiterates the importance of social participation without discrimination, adding the need for broad-based civil society participation in the COVID-19 recovery to ensure no one is left behind (*17*).

In the Astana Declaration on Primary Health Care in 2018, Member States reaffirm the commitment to empower individuals and communities, and noted the importance of participatory governance (*18*).

The Rio Political Declaration on Social Determinants of Health (2011) and subsequent WHA resolutions reiterate the importance of promoting social participation in decision-making for health across sectors to reduce health inequities (*49, 50, 51*).

Within Goal 16 of the Sustainable Development Goals (SDGs) on peace, justice and strong institutions, target 16.7 aims specifically to "ensure responsive, inclusive, participatory and representative decision-making at all levels" (*52*).

3.1 Strengthen government capacities to design and implement meaningful participation

While most government health institutions are well-endowed with medical and technical expertise, they typically fail to acknowledge or prioritize the skills to design and implement meaningful social participation – a task that is not as straightforward as it may seem. This capacity deficit was also evident in the response to the COVID-19 pandemic when many governments struggled to bring civil society and community voices into the response, at times contributing to communities' mistrust and misinformation (*40*). The need for capacity strengthening is noted in a Pan American Health Organization resolution from 2014 on expanding universal access to health, urging Member States to "strengthen the leadership capacity of health authorities... for social participation" (*55*).

Through the format and design of social participation mechanisms, government actors have the opportunity to adjust for power asymmetries and thereby level the playing field, which will determine how meaningful the social participation process is. This involves acknowledging and analyzing power dynamics – including one's own role – so that careful design can empower those who typically have less influence, with particular sensitivity to the barriers faced by vulnerable and marginalized groups (*56*), and safeguarding against conflicts of interest. For example, efforts to strengthen social participation in district health committees in Madagascar found that use of Malagasy as opposed to French, more accessible meeting locations, and creating safe spaces away from hierarchies helped to adjust power imbalances and promoted greater appreciation of the value of participation among both the government and the communities themselves (*57*).

There is also evidence that for social participation to result in more equitable policies, programmes andplans, participants must receive timely and accurate information (*58*), the decision-making process must be transparent, and the decisions justified with reason-giving (*59*). Strategic planning to ensure that the outputs of participatory processes influence higher-level decisions is also key.

Key capacities include (i) recognition of the added value of social participation for decision-making processes, which includes appreciation of experiential expertise[9], and sensitivity to and understanding of inequities; (ii) communication and relational skills to convey complex or technical subjects into simple and accessible language, to listen and to provide feedback with compassion[10]; and (iii) technical skills on the topic discussed, and to analyse and manage barriers to participation and conflicts of interest. Some of these are more straightforward than others, with those that are underpinned by individual values and attitudes perhaps the most challenging to 'build'.

Building and strengthening capacities for social participation is a long-term process that requires deliberate and sustained efforts to be more inclusive and overcome inequities. In some countries, having a dedicated team responsible for implementing social participation for health can focus efforts, while noting the importance of mainstreaming participatory governance across decision-making processes at all levels, both within the health sector and in other sectors that affect societal well-being.

There are implications for government capacities across subsequent recommendations – including securing equitable, diverse and inclusive representation; ensuring that participatory mechanisms inform decision-making for health; and monitoring and using data and evidence to evaluate participatory processes and their impact.

3.2 Secure equitable, diverse and inclusive representation

If the objective is UHC by leaving no one behind, social participation must move beyond the usual suspects to secure equitable, diverse and inclusive representation. Finding the 'right' participants is a challenging task.

The intersecting inequalities that contribute to marginalization need to be considered as more complex power dynamics come into play, such as stigma, discrimination, criminalization and exclusion (*61, 62*). In some cases, civil society organizations representing the interests of the most vulnerable populations can serve as important intermediaries to protect communities from potential reprisal.

It is worth noting the heterogeneity of civil society, to be aware of and mitigate any conflicts of interest – for instance, civil society organizations receiving funding from commercial donors, or private sector entities that organize under an umbrella CSO. Any representatives selected should be able to represent their own individual experience, an idea and/or the experiences of their constituency, with transparent mechanisms for reporting back to their constituencies and being accountable to those they represent (*63*).

The selection of participants requires a considered and transparent strategy, shaped by the issue/policy question to be discussed and the objectives of the participatory process, with explicit explanation of the expected roles. Such strategies should involve identifying the target populations for representation with clear criteria for who should be included and who should not; deciding on the mix of mechanisms for the process; transparent selection using qualitative representation[11]; lear communication of roles, objectives and expectations; and regular review to check that the intended target populations are

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9   Both 'explicit' and 'tacit' knowledge are important for a knowledge translation strategy. "Tacit knowledge... is drawn from experience, lessons learned, organizational tradition and best practice. It is a mixture of intuition, common sense, know-how and pragmatism." (*58*)

10 Relational capacities for compassionate engagement are central to people-centred health care and can be a transformative mechanism towards achieving strengthened PHC and quality health services (*60*)

participating and that their voices are not crowded out by more powerful participants.

This approach can be instrumental to the legitimacy and the credibility of the participatory process, whereby if those selected are perceived as representative of who/what they are expected to represent then they are considered legitimate, which makes the outputs of the participatory process more legitimate, and thereby more likely to influence decisions. This can be particularly important for the 'public', community and civil society representatives who may not be able to refer to their positions and/or standing in society in the same way as government cadres, academia or medical doctors, for example.

Other important design considerations include making the logistics (such as the timing, meeting location etc.) and preparatory materials accessible for all (and particularly disability- and gender-sensitive), disseminating information in a range of formats (including local dialects and aural options) and with sufficient time for participants to study the policy question/issue (64, 65), making provisions for the travel time, providing any necessary assistance for those with specific needs, and using empowering and dignifying language when referring to individuals (3). Having a neutral facilitator who uses various moderation techniques to actively engage marginalized participants or minority views, and organizing homogeneous focal groups can help to make participants feel safe and able to speak up. The safety and protection of participants must be ensured, without fear of reprisal or undue consequences from participation (66, 67).

3.3 Ensure that participatory mechanisms inform decision-making for health across the policy cycle

Even where active mechanisms for social participation exist, these are often perceived as tokenistic and little more than a 'nice-to-have'. While there are important intrinsic objectives in social participation, such as building trust, the voices of vulnerable and marginalized groups must shape the decisions that are made in order to achieve the goal of equitable progress towards UHC[12]. The link between participatory mechanisms and decision-making is not automatic and should not be assumed. The design of participatory mechanisms – such as thematic focus, position or timing during a policy cycle, and involvement of senior government representatives who have authority – should be strategic to influence higher-level decisions that affect health.

The extent of government involvement can be critical, from both the highest levels for political support, to mid-level government cadres who hold budgets, draft/influence policies and plans, and are typically tasked to organize a participatory process. Participatory mechanisms that tend to have most influence are those that are institutionalized into government processes, and specifically linked to a government department/office that is responsible for the topic discussed and has authority to act. Further, high-level officials are more likely to endorse recommendations from a participatory process if the representation is perceived to be legitimate, as explained above. As a culture of social participation is fostered – whereby the experiences, needs and preferences of people, communities and civil society are respected and valued – participatory mechanisms should have greater authority and impact on the decisions made.

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11 Qualitative representation is achieved by guaranteeing the occurrence of pre-specified characteristics within the sample even if these characteristics are not represented by the same frequency as in the general population. The underlying assumption is that these characteristics should be given more weight because they are relevant to the objective or reason for selecting participants. The aim is therefore to achieve qualitative diversity of participants relevant to the objective of the participatory process instead of quantitative proportionality often achieved by random sampling with access to population-level data (1).

12 There are important intermediary objectives in the intrinsic value of participation, such as building trust.

3.4 Systematize and sustain regular participatory mechanisms, including through legal frameworks

Regular and continuous engagement, across the policy and planning cycle, improves mutual understanding of how to engage and find joint solutions. It is also crucial for building relationships and networks with stakeholders whose interests align with public health goals despite differing views. To foster a culture of participation, it is important to change attitudes and build mutual understanding and respect, which takes time and persistence: "Trust is difficult to create and easy to lose; once lost, it is difficult to regain." (*68*) As people see their opinions shaping decisions, their motivation to engage grows and they become more willing to continue to give their time and energy to the process. Where the public perceives that decisions have been informed by a participatory process, there may be greater political support.

Institutionalizing participatory mechanisms can contribute to the sustainability of social participation processes and make them less vulnerable to turnover and political change. At the same time, institutionalized mechanisms may be at greater risk of capture by society's elite. It is therefore important to continuously review and address power imbalances in representation. Further, as many institutionalized spaces are the product of grass roots movements, whereby civil society and communities have taken action to claim spaces, both top-down and bottom-up efforts to establish, strengthen and institutionalize social participation mechanisms are important.

While participatory mechanisms can exist without a legal mandate, legal frameworks can be catalytic to institutionalize and sustain social participation when used effectively. At the same time, a legal mandate does not automatically guarantee meaningful social participation; it requires proper implementation.

There are a range of legal frameworks that can affect social participation, including decentralization legislation, right to health laws, health acts, freedom of information laws, public consultation laws, and legislation affecting civil society registration and financing; most countries have some legal requirement for participation in place. In some countries, there are laws that mandate a specific entity to implement social participation – for example, the National Health Commission Office in Thailand, the National Health Council in Portugal, and the Consultative National Committee on Bioethics in France. Parliamentary committees can also play an important role in facilitating participation in health-related legislation, for instance in the development of the National Health Insurance Bill in South Africa (*69*).

Any legal frameworks for social participation should stipulate the purpose, selection process for representatives, roles and responsibilities, level of authority and funding modalities. Health ministries have a role in advocating for and shaping such legislation.

3.5 Invest adequate, stable and predictable financial resources

Implementing and sustaining meaningful social participation requires stable and predictable funding. Without stable funding, participatory mechanisms are likely to be more ad hoc and peripheral to the health system modus operandi. Funding shortfalls can also lead to an over-reliance on volunteers or intermediaries who have the resources to organize or participate, but who fail to make the process diverse, equitable or inclusive, and whose interests may not always align with public health goals. These characteristics – of being stable and predictable – are perhaps more important than high levels of budget allocation to social participation.

There are various ways to protect and sustain funding for social participation – for instance, through legal endorsement or earmarked funding (see Box 4).

Box 4 Thailand: Regular government budget allocation for participatory activities in health

The National Health Commission Office (NHCO) is a publicly funded parastatal body, mandated to implement the National Health Assembly (NHA) each year. The NHA is a three-day event geared at discussing prominent policy-relevant health issues with different population groups and civil society. Anchored in a legal framework, the statutory nature of the NHCO ensures the stable allocation of funding. It maintains a degree of independence from government ministries and manages its own resources.

The Thai Health Promotion Foundation (ThaiHealth) is mandated to support health promotion activities with explicit funding to build the capacity of civil society for health sector advocacy, evidence generation, and building and maintaining ties to communities. ThaiHealth is an autonomous government body, whose revenue comes from a 2% surcharge of excise taxes on tobacco and alcohol, so somewhat less susceptible to government changes and politics.

3.6 Facilitate capacity strengthening and financial resources for civil society

The quality of exchanges in social participation is largely determined by the competencies of participants – their expertise, knowledge and speaking skills. Governments have a critical role in facilitating the capacity strengthening of people, communities and civil society to know their rights; egitimately represent their constituencies; build coalitions; understand the policy cycle; comprehend and interrogate relevant data and policy documents; apply communication skills including literacy and language; and effectively interact with government on an equal footing. Whether governments provide funding or deliver the capacity strengthening themselves, it is crucial that the CSOs and communities have ownership to determine how their capacities are strengthened, and to prevent hijack by profit-seeking entities for private interests.

For most people, community and civil society representatives, and particularly those engaging in a voluntary capacity, there are significant direct and opportunity costs involved in participating (*70*). Resources should be allocated to finance both the participation of participants and efforts to strengthen their capacities to meaningfully engage.

An active and flourishing civil society is important for a whole-of-society approach, articulating communities' demands for broader social and corporate accountability for realization of the right to health[13]. For example, Slovenia provides co-financing for CSOs in alignment with the National Health Care Plan, "Together for a Healthy Society". These grants support recruitment, training and networking, as well as advocacy and participation to promote health as a political priority, and to shape and evaluate public policies and regulations for health at national, regional and local levels (*71*). Without adequate and sustainable funding for civil society, there are greater risks of capture by commercial interests, which may undermine their authenticity, representation and legitimacy. In some contexts, funding for civil society may be cumbersome bureaucratically or legally (*72*), in which case it may be important to advocate for legal and/or regulatory reforms to facilitate this.

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13 Social contracting, whereby government funds civil society to deliver services, can be an important strategy to reach particularly vulnerable and marginalized communities (such as stigmatized or criminalized populations) and is complementary to social participation in pursuit of health equity, but it remains beyond the focus of this paper.

3.7 Monitor and use data and evidence to evaluate participatory processes and their impact on decisions made

If social participation is integral to health system governance to advance people's health and well-being, then a robust monitoring and evaluation framework to measure progress and inform remedial action is vital. Progress means not just the existence of participatory mechanisms, but also an appraisal of the quality of the mechanism and dialogue and, crucially, their impact on the decisions that are made and the priorities that are set. Remedial action involves improving the design of the participatory process to address shortcomings, for example strategies to engage target vulnerable populations that were missed.

As noted above, social participation across the policy cycle is important for accountability, including during monitoring, evaluation and review processes, whereby people, communities and civil society can influence decisions about which data are required, how they should be analysed, how the findings can be interpreted and in defining remedial actions (73). Social participation is one of many social accountability tools, such as community-led monitoring, that can complement one another in strengthening public accountability (74).

4 The role of WHO in advancing social participation

The World Health Organization acknowledges the utmost importance of engaging people, communities and civil society to advance common health goals.

WHO is also working to improve its own engagement with civil society at all three levels of the organization (country offices, regional offices and headquarters), for example through the WHO CSO Commission and the Youth Council.

As a champion of social participation in decision-making processes for health, WHO should advocate for the institutionalization of meaningful social participation to advance health both within the health sector as well as across other sectors that affect health outcomes, such as social protection and social services, trade, development, environment, climate change, transport and housing etc. It should deliver on its mandate to provide technical support to countries, such as developing guidance, tools and technical products; capacity strengthening; documenting and sharing lessons/best practices; facilitating cross-country and cross-regional learning and collaboration; developing a framework for the monitoring and evaluation of social participation; taking stock of the situation in countries; and periodically reporting back to the World Health Assembly on progress made.

A dedicated team on social participation should be established at WHO headquarters, with focal points in regional offices, to undertake this work and improve coordination and harmonization across relevant WHO departments that promote social participation at country level. This work should be done in close collaboration with civil society and community representatives, leveraging existing initiatives across WHO departments and programmes, such as the UHC2030 Civil Society Engagement Mechanism.

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