Annex 7: Social Participation (including Civil Society, community and Non-State actor stakeholders) - Guide for Member States undertaking the UHPR National Reporting process

I.   Purpose of the guide

This document provides Member States guidance on undertaking regular, broad, and meaningfully consultation and engagement with social participation stakeholders, as part of the Universal Health and Preparedness Review (UHPR) **National Reporting processes**. The document outlines key considerations for Member States to take into account when facilitating engagement across the full range of social participation stakeholders. The guide seeks to assist Member States in understanding the practicalities and potential challenges, of putting in place participatory processes in the UHPR.

The focus of this guide is specifically on the principles of bringing in the voices of people, either directly, through communities, or through civil society organizations, into the UHPR process. It does not address the specific complexities of Member States engaging with private sector entities and their interests. However, it is important to note that private sector entities may be represented through provider associations, or they provide funding to civil society organizations underpinning the importance of transparency and managing conflict of interests.

This UHPR social participation guide is built on the underlying principles outlined in the World Health Organization Handbook on Social Participation for UHC[2] . The UHPR guide focuses on UHPR processes and Member State engagement with the mechanism. The handbook on social participation supports the UHPR guide by providing in-depth guidance to government policy makers on bringing in community voices into health policy and decision-making. It offers countries further tools for creating, sustaining, and strengthening social participation within health policy more broadly, and provides practical guidance for policy-makers to navigate the challenges of convening hard-to-reach population groups, of brokering dialogue when views are polarized, of addressing socially inherent power imbalances which hinder frank discussion.

II.   Social participation, health emergencies, and the UHPR

The Covid-19 pandemic has been a stark reminder of the crucial role that populations, communities, and civil society play in ensuring a sustainable and people-centered emergency preparedness and response. While the pandemic has hit all countries hard, its impact has disproportionately impacted vulnerable

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[2] Voice, agency, empowerment - handbook on social participation for universal health coverage:
https://www.who.int/publications/i/item/9789240027794

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communities which have less access to quality health care services, and more likely to experience adverse consequences (such as loss of income) as a result of measures implemented to contain the pandemic.[3]

The pandemic has intensified the need for health policies which are responsive and adapted to people's lived realities. These lessons must be translated into global action and incorporated into updated national action plans to further strengthen the health emergency response architecture. Often the first impacted and responders to health emergencies, civil society and communities have been instrumental in identifying and drawing attention to health preparedness gaps as well as the cross-cutting implications for development, economies, human rights, and international peace and security[4]. Their capacities need to be strengthened in order to help populations be more resilient in the face of emergencies, and contribute in the planning and implementation efforts for healthier populations, and achieving Universal Health Coverage. Gaining the trust and active support of communities is key to controlling outbreaks and pandemics, with communities much more likely to accept, respect and implement the response strategies when they have been involved in their development. Civil society organizations (CSOs), communities and non-state actors (NGOs) bring a people's perspective when it comes to conducting health emergency capacities review that goes beyond the usual technical one, which dominate in review processes.

Engaging with social participation stakeholders is an important means for governments to develop responsive health security policies and programmes which are more likely to be implemented by a broad stakeholder group. Social participation is at the heart of the inclusive governance, which is needed for countries to stake their individual paths towards developing health emergency preparedness capacities, taking into account health systems capacities to achieve universal health coverage in the context of health security while ensuring that no one is left behind. Social participation mechanisms' very objective is to bridge the gap between policy-maker perspectives, and experiences and needs in communities. Better engaging CSO, communities and non-state actors implies a shift in our methods and paradigms as we must reconcile biomedical and technical knowledge with community experience, values and realities.

 The UHPR on the basis of recognizing the need for a whole-of society approach, values engagement of empowered social participation stakeholders – including the population, community representatives, civil society, non-governmental organizations (NGOs), academic institutions, research institutes, and other related stakeholders – in the review of comprehensive national health emergency preparedness capacities. This approach offers a holistic view on Member State best practices and protection gaps, which contributes to more inclusive planning and better prioritization of recommendations for improving emergency preparedness capacities for the whole of society; particularly for the most vulnerable groups.

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[3] For Further background see:
https://apps.who.int/iris/handle/10665/338949
https://apps.who.int/iris/handle/10665/344952
https://apps.who.int/iris/bitstream/handle/10665/351077/Eurohealth-28-1-9-13-eng.pdf?sequence=1&isAllowed=y https://gh.bmj.com/content/5/5/e002655

[4] UN Comprehensive Response to Covid-19 https://www.un.org/en/coronavirus/un-comprehensive-response-covid-19-0

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In order to have a successful UHPR, Member States must see the value in reconciling the operational logic of technical knowledge with community values and ways of working. The cost of not doing so is population incomprehension regarding virus containment measures, emergency response policies and communication disconnect with the realities of people's living conditions.[5]

Understanding the value of social participation stakeholders - including community voices, civil society (CSO) and non-state actors - and the role they play in multilateral processes and peer review mechanisms, has significantly grown in recent years to become an expected norm of a robust multilateral system. In 2019, the Political Declaration on Universal Health Coverage (UHC) was signed off by 192 UN Member States with several clauses which acknowledge the important role participatory process and the inclusion of all relevant stakeholders, plays in contributing to core components of health system governance achievement of universal health coverage for all. This UHPR approach is also aligned with the WHO Multisectoral Preparedness

Coordination Framework (MPC)[6], which emphasizes that a holistic, multisectoral and multidisciplinary approach is needed for addressing gaps and advancing coordination for health emergency preparedness beyond the health sector. The MPC Framework provides States Parties, ministries, and relevant sectors and stakeholders with an overview of the key elements for overarching, all-hazard, multisectoral coordination for health emergency preparedness, particularly including actors beyond the traditional health sector, such as finance, foreign affairs, interior and defense ministries, local authorities, national parliaments, non-State actors, and the private sector, including travel, trade, transport, and tourism. UHPR seeks to build on the principles already recognized by Member States, and encourages Member States to engage in broad, national consultation process with all relevant social participation stakeholders.

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[5] Voice, agency, empowerment - handbook on social participation for universal health coverage, Section 1.1: https://www.who.int/publications/i/item/9789240027794

[6] Multisectoral Preparedness Coordination Framework: best practices, case studies and key elements of advancing multisectoral coordination for health emergency preparedness and health security. Geneva: World Health Organization (2020).

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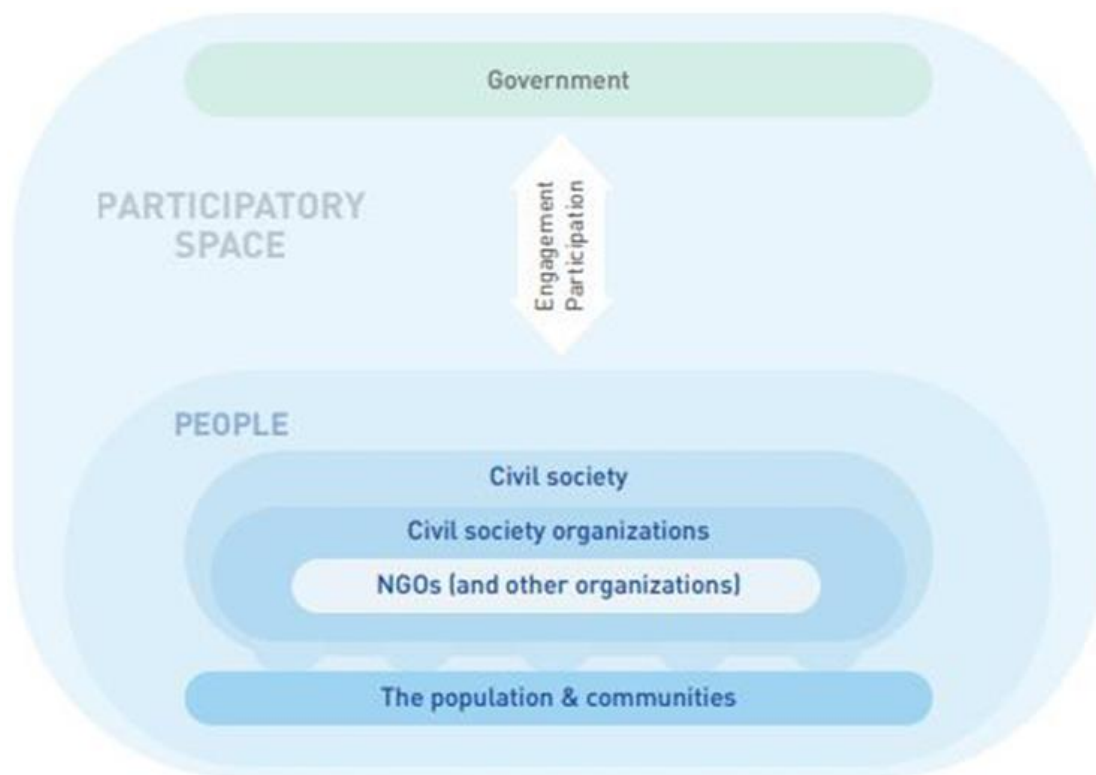
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Figure: Social participation as we employ the term in this guide. For further background see Section 1.5 on the Handbook on Social Participation for Universal Health Coverage (Handbook terminology).

III. Social participation stakeholders

The term social participation is the most encompassing term for any form of societal participation. A key aim of the UHPR is to promote broad engagement with the population, communities and civil society in the UHPR process. Social participation terminology has therefore been selected to align with this key aim.

For the purposes of the guide, the general population and communities are referred to as part of civil society, without being necessarily a CSO (unless explicitly being organized into one). Thus, everyone who is part of civil society and not acting on behalf of the government is depicted as belonging to the designation 'people' -regardless of how they are or are not organized. Within the health sector, CSOs encompass all different types of organizations and associations who express their belief in participatory principles, human rights and social justice by serving and representing high health need population groups.

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IV.   Types of Stakeholders

Civil Society

The term civil society refers to individuals or groups of individuals who associate together based on shared interests, goals, needs and functions. The over-arching theme relating to the role of these stakeholders is "accountability", as their purpose and goal is often to hold the government accountable towards the population. Civil society is generally defined as lying outside the family sphere, referring to it as an autonomous space between the household and the state. Civil society is considered non-profit and therefore independent from the market; in this respect, it is often called the third sector, separating it from both the state and the market. This perspective underlines the independence of civil society from the public and private for-profit sectors. Civil society networks or groups, range from informal to formal associations as well as "voluntary". The characteristics and societal role of civil society depend on the context and the country in which it operates. Civil society can work in support of the state, complementing government development efforts, or recognizing and alerting governments to gaps.

Civil Society Organization

Civil Society Organization (CSO) are the actual entities representing civil society. They include non-state, not- for-profit, voluntary, uncoerced, and self-governing. A range of different groups and groupings are labelled as CSOs, including international non-governmental organizations (INGOs), non-governmental organizations (NGOs), regional and national advocacy groups, service delivery organizations, community-based organizations (CBOs). Examples are youth-led coalitions, professional associations, faith-based groups and service providers, indigenous groups, charitable organizations, research and academic institutions, commercial and professional associations and more.

CSOs can play a variety of roles, such as knowledge generation, priority issues advocacy, public service monitoring, policy input and guidance, implementation, support of vulnerable and hard-to-reach populations. CSOs can also may have differing viewpoints to governments in some instances and this may or may not be linked to an explicit or implicit affiliation with the government. A general understanding of CSOs seems to be that they are, and should be, autonomous and self-governing.

Non-governmental organization

The definition of non-governmental organizations (NGOs) is not clear cut, as it can be used interchangeably with CSOs, or as a subgroup of CSOs. It can also be used interchangeably with non-profit organizations. Institutions such as museums or universities with little advocacy work can be captured in this definition. The key difference between the term CSO and NGO is in the fact that the latter are more formalized. In addition, there appears to be an understanding in some lower-income country contexts that NGOs receive funding from international/ foreign donors, making them dependent on their agenda. In other States, the establishment of NGOs is under state control. This not only gives a formal connotation but also affects their mission, structure and activities, as well as funding; these "government-organized nongovernment organizations" do not receive foreign financial support.

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Community

The term community can broadly be described as a group of individuals that have something in common; this can be merely the place where they live, but it can also be race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. These different characteristics indicate that an individual can be a member by choice – when joining an association voluntarily or by virtue of their characteristics, such as age, ethnicity or residence. Trusted community representatives often lead community-based groups, and act as a mouth pieces for community needs.

Private Sector/ not- for -profit private organizations

The private sector is considered individuals, organizations and companies that form part of national economies and provides a mix of goods and services. Private Sector is neither owned, nor directly controlled, by governments. It can be classified into the subcategories: for-profit and not-for-profit, formal and informal, domestic and foreign. Not-for-profit private sector includes private organisations which contribute money it receives to achieve the organization's goals. These organizations are often charities, law societies, religious, scientific or certain academic institutions. As such, private sector entities may be organized into umbrella civil society organizations and take part in participatory spaces.

V. Engaging with Social Participation Stakeholders as part of the National Reporting Process

National Report Process

The UHPR is a voluntary process, led and owned by MS. It is not intended to be an "external audit" of national preparedness and the health systems, but will be a cooperative mechanism, based on constructive national and international dialogue and cooperation, in a manner which ensures universality of coverage and equal treatment with respect to all Member States. The UHPR is composed of several stages,

1) MS developing a national report capturing all the relevant aspects for strengthening health systems, health emergency and pandemic preparedness in the country. This document will be the basis in which the UHPR review revolves on.
2) the global review process,
3) follow-up to the conclusions and recommendations stemming from reviews.

The participation of community representatives and civil society representatives including non-governmental organizations (NGOs), academic institutions and research institutes, regional intergovernmental organizations are engaged at relevant stages of the review process. Member States are however, encouraged to also consulate with all interested and relevant social participation stakeholders in preparing their UHPR national reports.

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Member States are encouraged to develop or leverage pre-existing coordination and consultation mechanisms for engagement on their UHPR national reporting and follow up. While a countries final report and its contents remain the sole responsibility of the state, broad consultation provides an opportunity to openly discuss draft reports and responses to international and regional concerns. This promotes constructive engagement, assisting States in anticipating potential recommendations at the global peer review phase. Open dialogue between Member States and communities, including disadvantaged and marginalized groups and individuals, is helpful - both in terms of improving the domestic landscape, identifying avenues for community support in how to best implement recommendations, and promoting transparency and accountability between communities and governments.

As part of their National Reports, States are asked to provide information in the body of their report on the methodology and broad consultation process undertaken, including with social participation stakeholders. In subsequent national reports, states will be asked to share details on follow up to recommendations and any stakeholder engagement that occurred in the implementation of recommendations.

Selecting Stakeholders

A diversity of the types of stakeholders is considered "best practice" for social participation and government collaboration in the preparation of UHPR national reports. Member States are encouraged to build the specific skill set for meaningful population engagement. A targeted effort is required to level out power imbalances between participants by organizing a participatory process through format and design elements in a way that everyone can meaningfully contribute.

A well thought out participatory process means:

Creating an enabling environment for participation by recognizing and mitigating power imbalances among participants
- Selecting representatives transparently and with clear roles and mandates
- Building capacities for both people and government actors
- Ensuring that contributions from community and civil society representatives are adequately considered in the development of a countries national report, and follow up to UHPR the participatory processes is able to contribute to recommendations policy decisions
- Leveraging legal frameworks for participation, anchored in the right to health
- Sustaining social participation and engagement over time in the UHPR process, and in the
- implementation of UHPR recommendations

Examples of types of Engagement Options

Social participation is at the center of good governance, and governance is one of the keys enabling or hindering factors to both universal health coverage and health security. Investment in social participation mechanisms is needed, and must start with building government capacities to create, manage public

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health event of national and international concerned and sustain such mechanisms for more institutionalized engagement with people (people including the community). A regular interface between the different actors of society must be embedded within health system operations relevant to health in a transparent, rational and can drive to policy- oriented manner for health security preparedness. Formal mechanisms of social participation are therefore considered best practice, due to their value add in terms of their mandatory nature and regularity of interaction/ engagement. Such investments in participatory spaces at country level, form an important part of system strengthening and preparedness efforts as these mechanisms work to build relationships with community, which in turn promotes adherence to policy measures and trust in government institutions. Building trust between governments and populations takes sustained effort. Trust is difficult to foster in times of an emergency, where institutionalized social participation structures are not already embedded in the health sector landscape.

There are many ways how governments can engage with the population, communities, and civil society to capture population needs, such as open for all forums, consultative meetings, citizen juries or district health committees with fixed seats for community and civic representatives. There is no single-best participatory mechanism available; all have their context and content-dependent advantages and disadvantages but also mechanism-inherent pros and cons. It is therefore recommended to use a mix of participatory mechanisms to ensure broad and varied viewpoints are captured including those of marginalized and hard to reach communities. This section provides a non-exhaustive overview of participatory processes Member States may wish to examine as options for their UHPR engagement.

In-person, open-for-all forums:

- set up to reach the maximum number of lay people as possible.
- Often termed 'citizen assemblies', 'citizen forums', 'public hearings', 'open-mic events', 'townhall meetings'
- Such mechanisms aim to capture the views, needs and expectations of a large cross-section of the population.
- Emphasis is on the large sample size, aiming to capture diverse and divergent views from many different segments of a population.
- Apart from face-to-face dialogue spaces, participatory space organizers can take advantage of digital technologies through mediums such as websites and social media platforms.

Consultative methods (consultative meetings, policy dialogue, focus groups, and stakeholder consultations) with attendance by invitation:

- Convene various stakeholder groups who bring in a certain expertise and/or a set of experiences in a particular area.
- Invited participants are requested to weigh in with their opinions and assessment on a specific policy question.

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-   Participants should be carefully selected to ensure adequate representativeness across different groups, such as professional associations, patient groups, civil society, district health authorities, interest groups, etc.

Deliberative engagement methods (Citizen panels, consensus conferences, planning cells, Deliberative polls/opinion polls

-   Consist of a small group of carefully selected participants but with a heavy emphasis on preparing participants with information and evidence once selected and providing sufficient time to reflect on and 'deliberate' on the issues at hand.

Formalized mechanisms with fixed seats for populations, communities, and/or civil society (E.G Health Council, Health committees, district committees, citizen advisory boards, representation on steering groups)

-   Participatory mechanisms are institutionalized to allow for regular and sustained engagement
-   Have a legal framework behind them.
-   Linked to the administrative system of a country.
-   Can be seen as the intermediary between the community and district health authorities and/or the health facilities.

Key Questions to consider for consultation process

Before Member States engage in the UHPR National Reporting Process, it may be helpful to consider the following questions as part of thinking around any UHPR social participation engagement process. These questions are designed to assist Member States to consider and implement a meaningful and broad consultation process that will support Member States in their UHPR review process.

WHO, through its HQ, regional and country offices, is available to provide technical support to Member States preparing and conducting the UHPR national reporting process.

1. *Is there reporting already existing that can answer some of the questions on social participation indicators?*

2. *Does the Member State have an existing participatory engagement process in place to engage stakeholders as part f the UHPR National Reporting Process*
    o   *what are the participatory spaces and processes which can be leveraged for purposes of the UHPR process?*
        ▪   *if no participatory process in places, how can Member States build a system?*
        ▪   *if a participatory process is in place, how can we strengthen that system?*

3. *Which stakeholders are involved in national health planning and review processes?*
    o   *Community groups, including vulnerable, marginalized and excluded populations*
    o   *Members of parliamentary health committee*
    o   *Health worker associations, patient groups*

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- o *Civil society organizations and advocacy groups,*
- o *Health insurance bodies*
- o *Provider organizations/associations*
- o *Private sector*

4. *Which mechanisms and dialogue platforms are in place to ensure involvement of key stakeholders in the health decision-making process?*

5. *Who is participating and who is NOT participating?*
   - o *If not, is there a targeted effort to reach out to those whose voices are not yet heard?*

6. *How is the level of capacities by government actors to meaningfully engage in social participation initiatives?*
   - o *Do capacity-building initiatives exist for community and civil society groups?*

7. *Are participatory process results used for policy uptake? Are recommendations binding?*

8. *Are legal frameworks for participation in place and enforced to allow for sustained engagement over time?*

VI. Conclusion

Population-based prevention interventions which represents society or social participation contributes to both health security and UHC. The UHPR seeks to established itself as an effective tool for national multi-stakeholder dialogue on better health emergency preparedness. The UHPR on the basis of its whole-of society approach values the engagement of empowered CSO, communities and non-state actors in the review of comprehensive national health emergency preparedness capacities, taking into account health systems capacities to achieve UHC in the context of health security. This approach offers a holistic view on country best practices and gaps, which will then contribute to a more inclusive planning and better prioritization of recommendations for improving emergency preparedness capacities for the whole of society, particularly for the most vulnerable groups.

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