

Health systems and governance, governing health systems



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Health systems and Policy in Practice module

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Cerner la gouvernance...

Governance is the way in which the **rules** and mechanisms relating to the **roles** and responsibilities of the **players** in a society are established and operate, shaping the **interactions** between them.

... the exercise of political, economic and administrative authority over the management of a country's affairs at all levels

... the process and institutions through which decisions are made and authority is exercised in a country

How things are done as opposed to what is done (should be done?)

NB

Be careful not to confuse...
governance in the health sector
and governance at global level



Organisation
mondiale de la Santé

CONSEIL EXÉCUTIF
Cent trente-deuxième session
Point 5 de l'ordre du jour provisoire

EB132/5 Add.5
18 janvier 2013

**Rôle de l'OMS dans la gouvernance
de l'action sanitaire mondiale**

Rapport du Directeur général

Terms and definitions

Leadership

While there is no single universal definition of leadership, one definition that suits the purposes of this module is that

“Leadership is the art of motivating a group of people to act toward achieving a common objective.” Ward, S. (2023). In this case, the common objective being PHC-oriented health systems.

Governance

“The sum of the many ways individuals and institutions, public and private, manage their common affairs.” (UNESCO, 1995,p 26)

"A continuing process through which conflicting or diverse interests may be accommodated and cooperative action may be taken. Includes formal institutions and regimes empowered to enforce compliance, as well as informal arrangements that people and institutions either have agreed to or perceive to be in their interest". (UNESCO, 1995,p 26)

Health system governance

The rules and norms that shape roles and responsibilities, incentives and interactions in the health sector. (WHO, 2016)

Understanding governance from an operational perspective: *the UHC Partnership...*



How to improve governance in a country supported by the UHC Partnership? Give country examples.

Here are some key approaches along with country examples of countries that have made progress in these areas:

1. ****Strengthening Policy Frameworks****: Developing clear and comprehensive health policies and strategic plans that align with UHC goals is essential. Countries like Kenya have worked on creating a national health policy that emphasizes universal UHC.
2. ****Enhancing Stakeholder Engagement****: Engaging multiple stakeholders, including government agencies, civil society, and communities, ensures that governance structures are inclusive. For example, in Ghana, the government has involved community health workers and local leaders in decision-making processes to improve healthcare delivery.
3. ****Building Capacity****: Investing in the training of health policy advisors and leaders can enhance governance. Countries like Mozambique have benefited from the deployment of health policy advisors through the UHC Partnership, which has helped improve local health governance capacities.
4. ****Enhancing institutional capacity****: Build the capacity of health institutions to effectively manage resources and implement health programmes. Rwanda improved the management of health care facilities for better health outcomes.

Understanding governance from an operational perspective: *the UHC Partnership...*

How to improve governance in a country supported by the UHC Partnership? Give country examples. *(Continued)*

5. ****Establishing Accountability Mechanisms****: Implementing systems for monitoring and evaluating health services can promote accountability. In the Philippines, the government has established mechanisms for citizen feedback on health services, helping to hold providers accountable and improve service quality.
6. ****Fostering Financial Sustainability****: Developing sustainable financing models for health systems is crucial. For instance, Thailand has implemented a universal health insurance scheme that has improved access to healthcare while maintaining financial sustainability.
7. ****Promoting Transparency****: Transparency in health governance can build trust and improve public confidence in health systems. Countries like Rwanda have made significant strides in promoting transparency and accountability in their healthcare systems through regular reporting and community engagement.

By adopting these strategies, countries were able to improve governance within their health systems, ensuring better health outcomes for their populations.

► Front Public Health. 2023 Apr

11;11:1102325. doi:

[10.3389/fpubh.2023.1102325](https://doi.org/10.3389/fpubh.2023.1102325) 

Developing technical support and strategic dialogue at the country level to achieve Primary Health Care-based health systems beyond the COVID-19 era

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Vision

A TURKEY where healthy lifestyles are embraced and everyone can easily exercise their right to health

Mission

To maximise the protection of individual and community health with a human-centred approach and to offer timely, appropriate and effective solutions to health problems

Ultimate Goal:

To protect and improve the health of our people in an equitable manner

Strategic Goal 1

To protect the individual and the community from health risks and foster healthy life styles

Strategic Goal 2

To provide accessible, appropriate, effective, and efficient health services to individuals and the community

Strategic Goal 3

To respond to the health needs and expectations of individuals based on a human-centred and holistic approach

Strategic Goal 4

To continue to develop the health system as a means to contributing to the economic and social development of Turkey and to global health

The history...

- Panel 2: Towards universal health coverage: key developments in the HTP, 2002-12**
- 2002: Justice and Development Party includes "improving access to health services" (urgent action plan) in its election platform.
 - 2002: Justice and Development Party is elected with a strong parliamentary majority in the Grand National Assembly.
 - 2002: Ministry of Health Decree (on the first day of the new government) to eliminate involuntary incarceration in hospitals of patients who cannot meet health-care expenses. The decree forbids hospitals from withholding the bodies of deceased patients when families are unable to meet hospital expenses.
 - 2003: The Health Transformation Program (HTP) is designed, building on work done in the previous decade, including elements of the Basic Health Law. Implementation of the HTP begins.
 - 2003: Introduction of higher salaries and performance incentives for hospital clinicians to encourage voluntary transition from dual practice to full-time working. Major transition from dual practice to full-time working in 2005.
 - 2003-04: Active and retired civil servants are allowed to use private hospitals. Ambulance services declared free.
 - 2003-04: Green Card benefits expanded to include outpatient benefits and pharmaceuticals. Conditional cash transfers were introduced, covering 6% of the population (for pregnant women and children from the most disadvantaged households), to encourage use of maternal, neonatal, and child health services.
 - 2004: Contract-based employment introduced for health-care personnel in rural and less developed regions.
 - 2004: Performance-based payments piloted in ten Ministry of Health hospitals.
 - 2004: Major changes in pharmaceutical policy, including changes to pricing and to value-added tax. International reference price system introduced, replacing the cost-plus model to reduce the price of drugs.
 - 2004: Patient Rights Directive introduced in 2003 is implemented. Patient Rights Units established in hospitals. Electronic systems for patient complaints and suggestions introduced.
 - 2004: User choice of health-care providers (hospitals, primary care centres, and physicians) introduced.
 - 2005: Hospitals belonging to the Social Security Organisation (SSO) integrated with Ministry of Health hospitals. The total number of hospitals managed by the Ministry of Health reached 840 in 2011.
 - 2005: Contract-based family medicine with performance-based contracting piloted in Düzce province.
 - 2006: Universal health insurance is legally adopted as a part of broader social security reforms. Health expenditures start to grow and global budgets (budget ceilings) are introduced for Ministry of Health facilities to moderate growth in services to address unmet need.
 - 2006-10: Contract-based family medicine scaled up in all 81 provinces of Turkey.
 - 2007: Cost-sharing for primary health-care services abolished. Primary health care available for all citizens free at the point of delivery.
 - 2008: Social Security Institution established as a single organisation for financial pooling and purchasing. The Social Insurance Organisation, Bağ-Kur, and the General Employees Retirement Fund join the Social Security Institution.
 - 2008: Free availability of emergency services and intensive care services (including neonatal intensive care) for the whole population extended from public hospitals to all hospitals, including private hospitals with and without Social Security Institution contracts.
 - 2008: National air ambulance service introduced and is available to the whole population free of charge. Major expansion in 2010.
 - 2008: Cost-sharing in private hospitals for complex conditions (eg, bariatric, renal dialysis, congenital anomalies, cancer, cardiovascular surgery, and transplant surgery) abolished.
 - 2009: Mobile pharmacy services introduced to improve access in rural areas.
 - 2009: Tracking system for drugs introduced.
 - 2009: Central hospital patient appointment system introduced. Major expansion in 2011.
 - 2010: Active civil servants join the Social Security Institution.
 - 2010: The Ministry of Health strategic plan for 2010-14 developed.
 - 2010-11: Taxes for cigarettes and alcohol raised.
 - 2010-12: Laws on Hospital Autonomy and Restructuring the Ministry of Health for a stronger stewardship function are adopted. Public Hospital Authority and Public Health Institution established. Law on Full-Time Practice of University and Health Personnel and Amendments to Institution and Health Personnel Act adopted in legal terms, paving the way for full-time practice in legal terms.
 - 2012: The Green Card scheme joins the Social Security Institution and unified social health insurance is fully implemented.
 - 2013: The Ministry of Health strategic plan for 2013-17 is developed.

2005: Contract-based family medicine with performance-based contracting piloted in Düzce province.
2006-10: Contract-based family medicine scaled up in all 81 provinces of Turkey.

The findings from the controlled before and after study undertaken as part of this study (appendix pp 2-13), which explored services provided by primary health-care physicians before (phase 1) and after (phase 2) the introduction of the new family medicine model, showed substantial improvements in the availability of key maternal and child health services after the introduction of the model. The immunisation services provided on a daily basis by the primary care physicians surveyed increased from 60·6% in phase 1 to 91·4% in phase 2.

The Turkish example... 2/3

2012: The Green Card scheme joins the Social Security Institution and unified social health insurance is fully implemented.

2013: The Ministry of Health strategic plan for 2013-17 is developed.

The fiscal space created by sustained economic growth in Turkey enabled the government to substantially increase health expenditures. From 2003, total health expenditures as a proportion of GDP increased from 5·3% to reach 6·1% in 2008, with almost three-quarters of this amount coming from the public sector. Private sector investment in the health sector also rose.

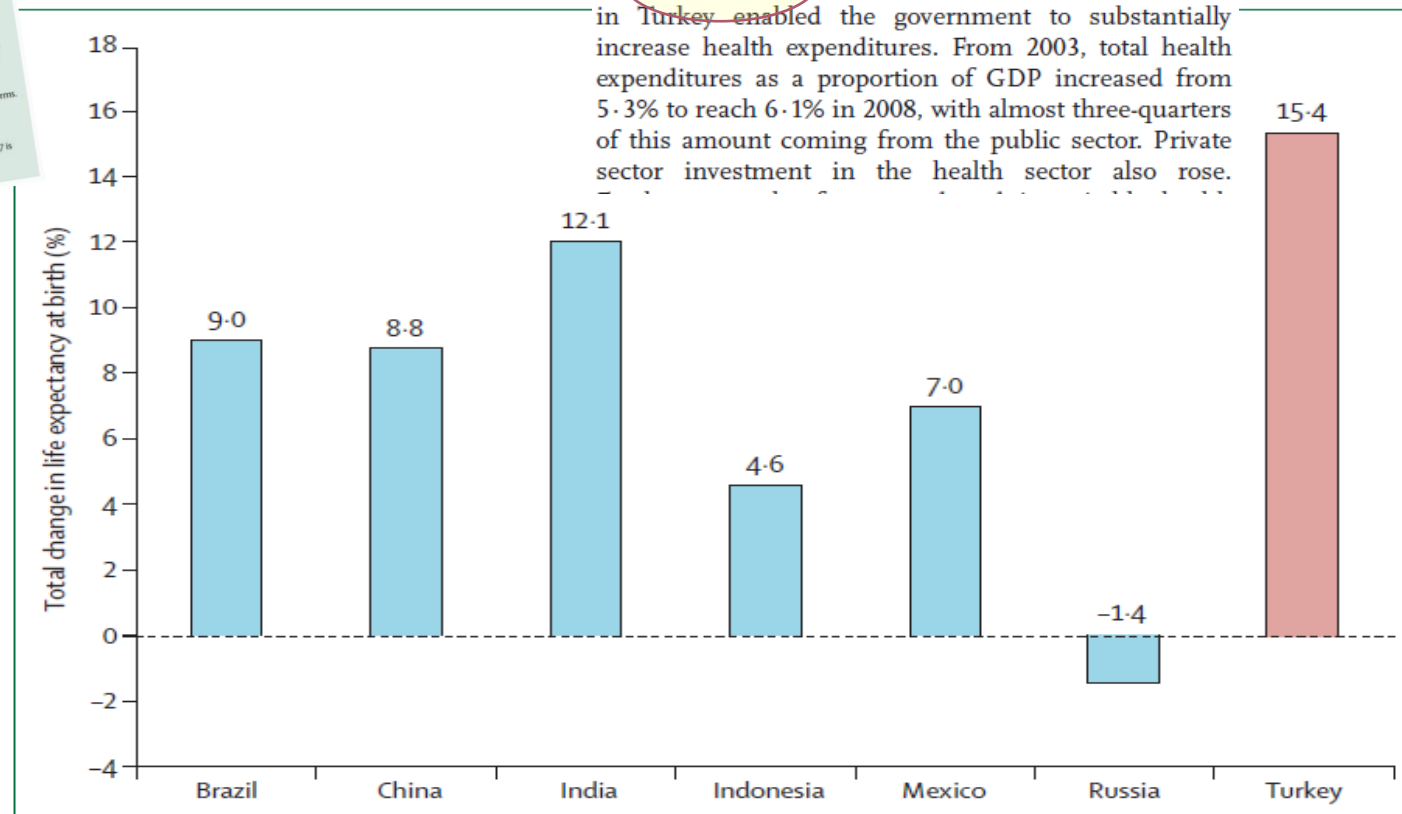


Figure 3: Percentage change in life expectancy at birth (years) in Brazil, China, India, Indonesia, Mexico, Russia, and Turkey, 1990-2009
Data are from reference 14.

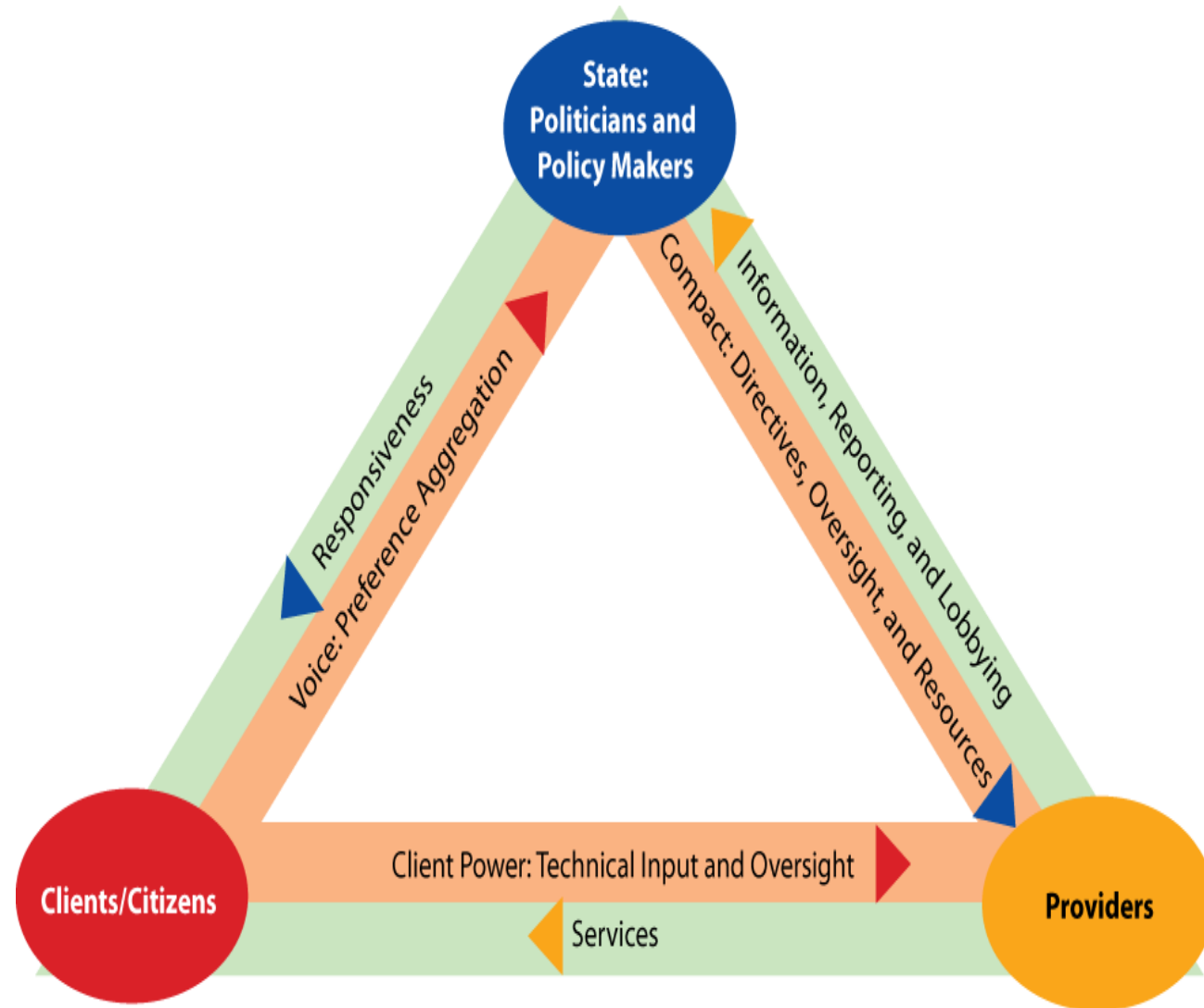
Résultats

- Increasing life expectancy
- Separation of the functions of stewardship, financing and service delivery
- Strengthened role of the MOH in policy development, information (intelligence), accountability (citizens) and cross-sectoral coordination
- The health development plan is accompanied by an annual progress report, a mid-term report (2015) and a final report in 2018.

Framework for health system governance: Brinkerhoff & Bossert...

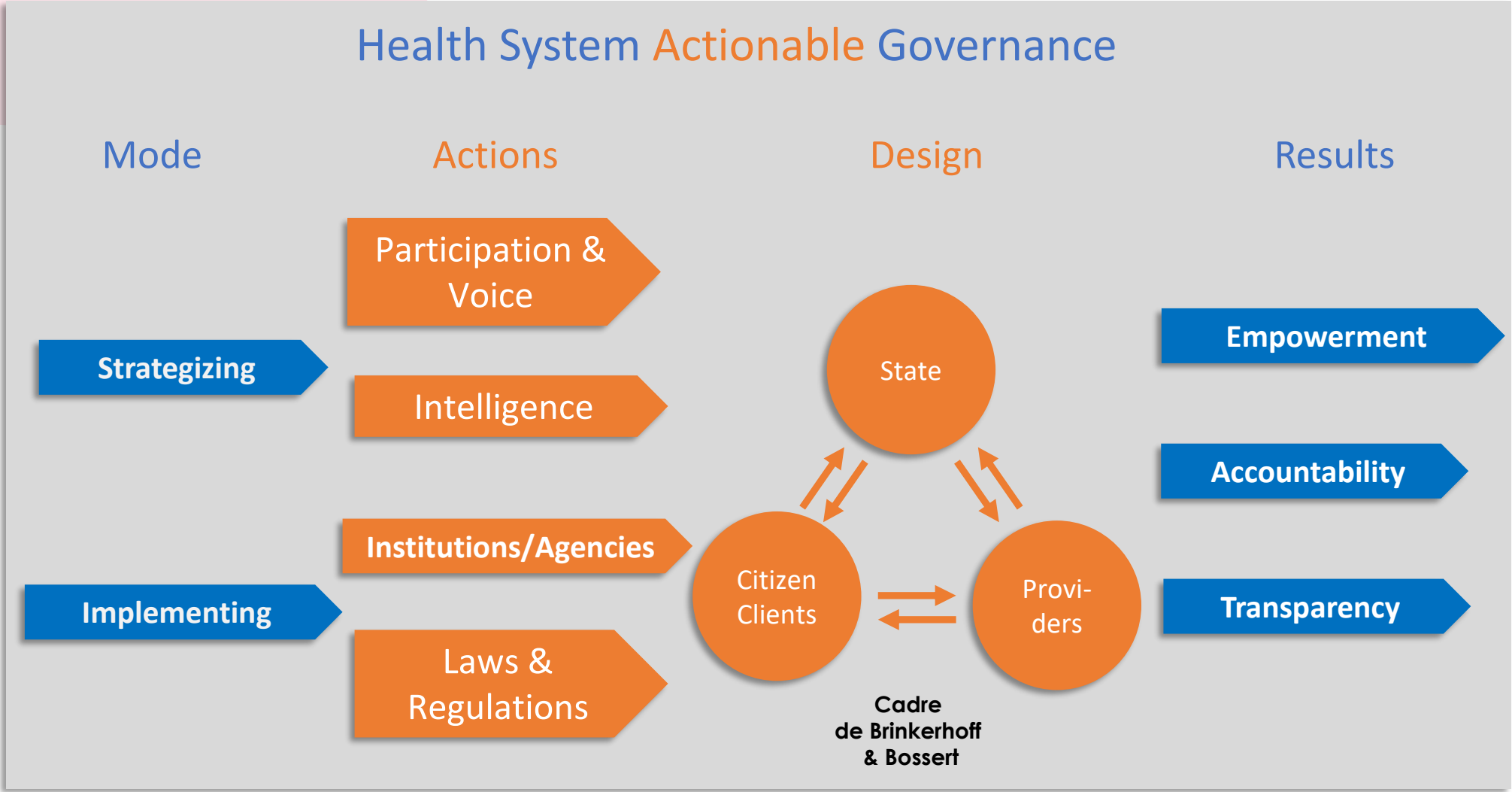
Governance is the way in which the rules and mechanisms relating to the roles and responsibilities of the players in a society are established and operate, shaping the interactions between them.

These rules and mechanisms may be formal, enshrined in institutions, or informal, reflected in patterns of behaviour.



Governance

Health System Actionable Governance



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Governance: what dimensions matter?

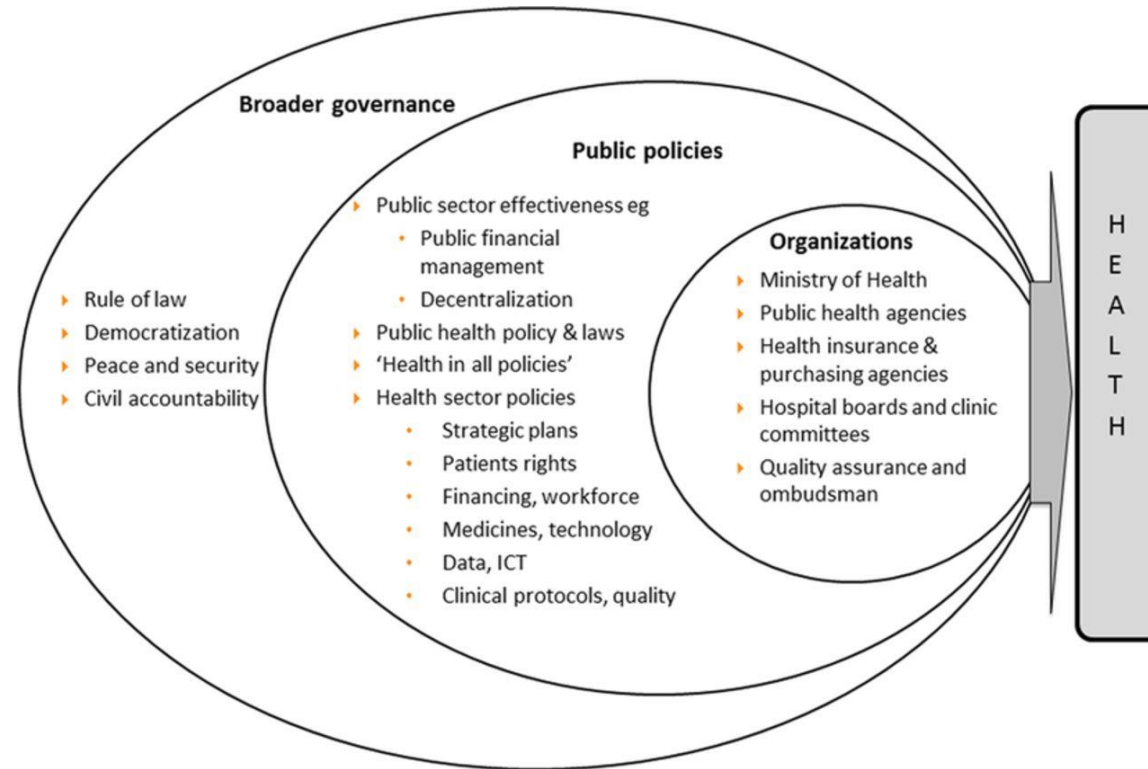
- Organizational adequacy/system design
- Participation and consensus
- Regulation
- Transparency & accountability
- Actor coordination
- Effectiveness
- Efficiency
- Control of corruption

- Responsiveness
- Sustainability
- Public good
- Conflict prevention
- Quality
- Partnerships

- Democracy
- Human rights
- Ethics and integrity
- Equity
- Rule of law
- Formulating policy/strategic direction
- Financial and social risk protection
- Generating information/intelligence

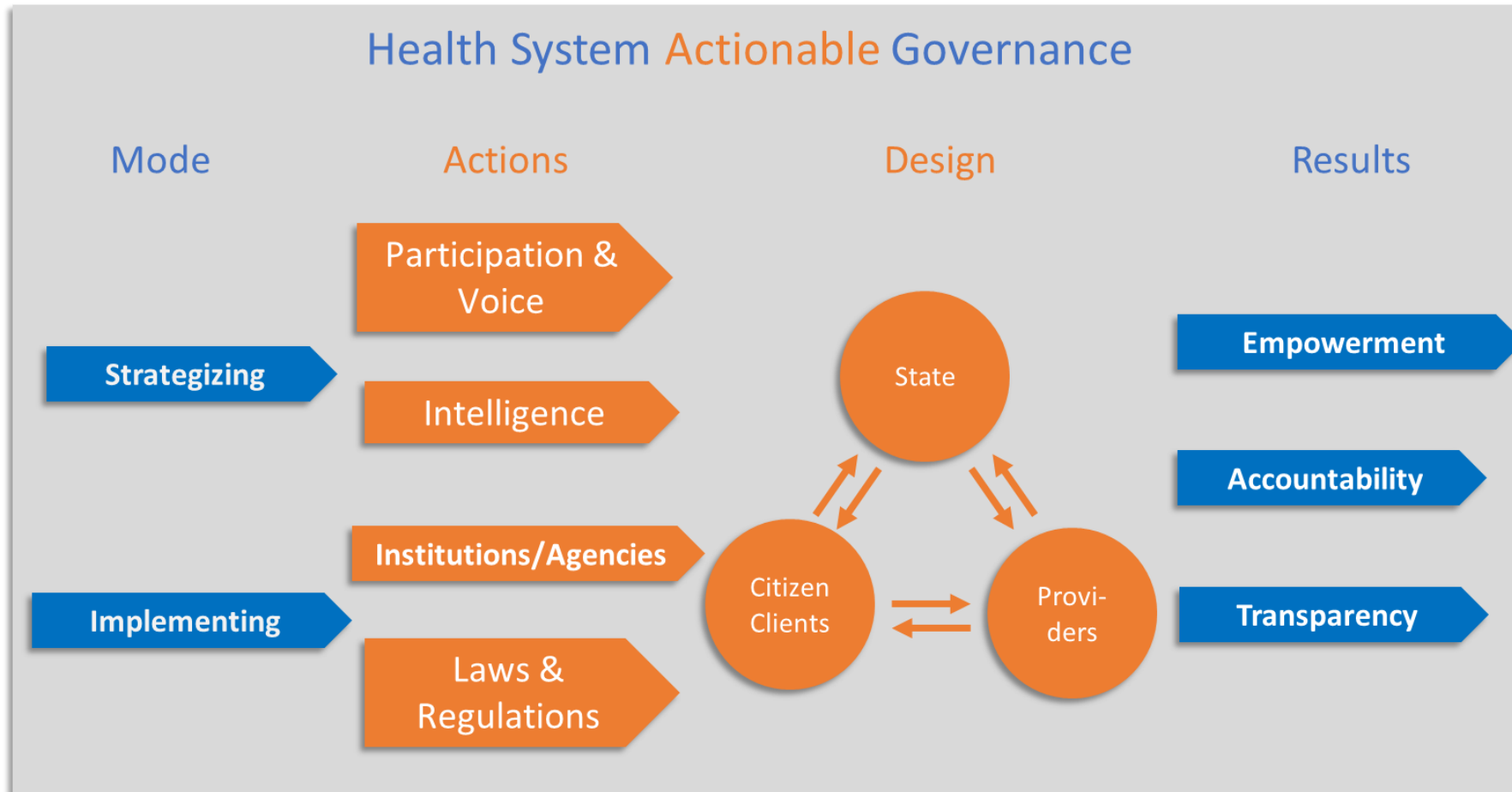
La gouvernance et secteur de la santé : environnement, politiques et organisations

One way of putting together the different dimensions of governance considered above is that the link between governance and health can operate at various levels, including the general context (broader governance), public policies internal and external to the health sector (public policies) and the effectiveness of the elements of the health system (organizations) which will carry out specific actions relating to governance to enable an improvement in the state of health of populations.



Discussion

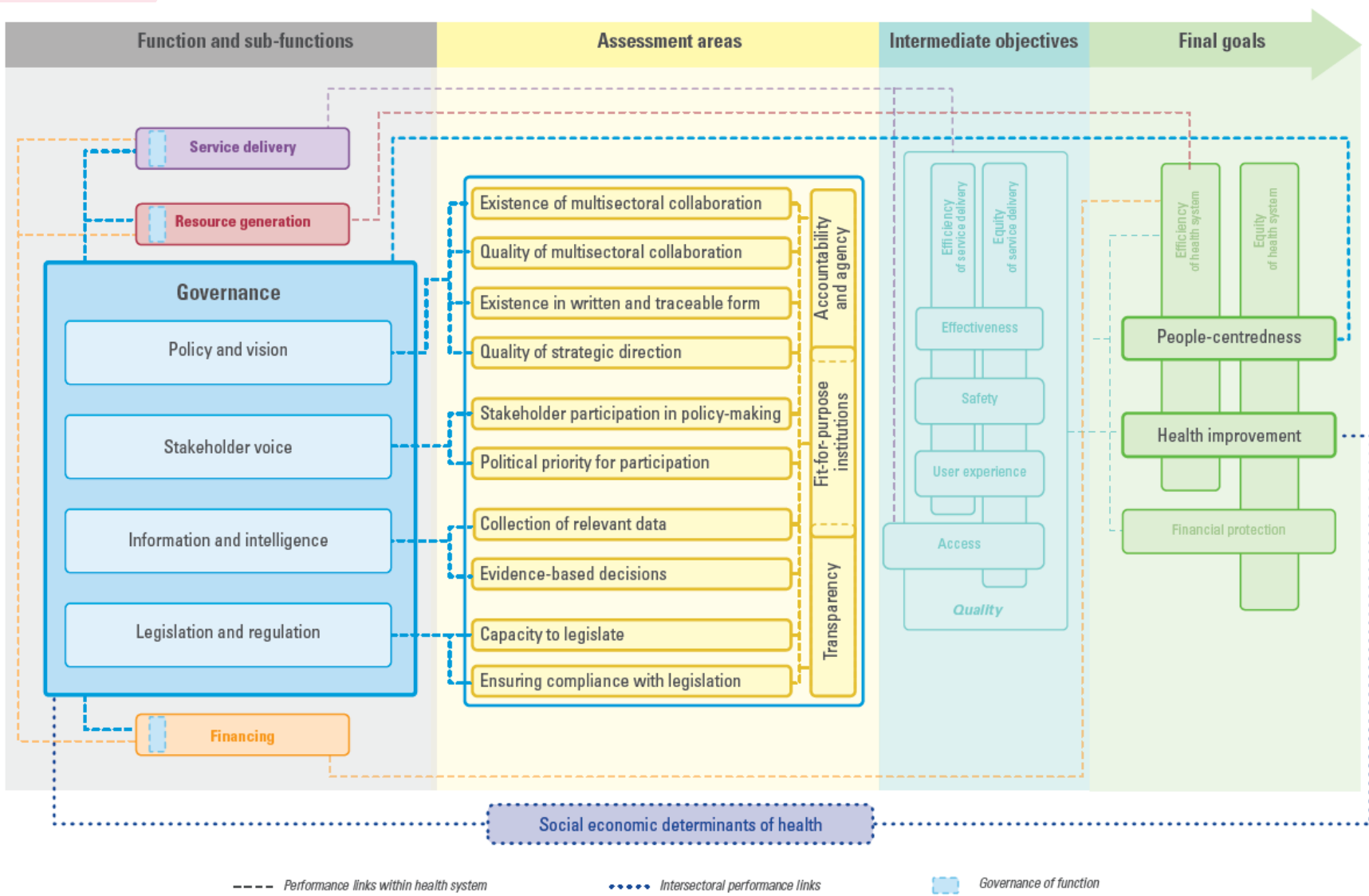
Quelles sont les forces et dynamiques que vous pouvez identifier dans le contexte belge, européen, international ?



As a summary a few key elements...

- **Functional management capacity for governance:** *a concept for assessing overall governance*
- **Setting strategic direction:** *the capability and resourced capacity to give a strategic vision for the health sector which is articulated clearly in a single document and/or a comprehensive set of policies, laws, and/or guidelines which governments can be held accountable for*
- **Ensuring fit-for-purpose institutions:** *the existence of institutions that ensure and protect public health goals, and are functional to enable the overall governance and other functions*
- **Ensuring participation of stakeholders in decision-making:** *involvement of stakeholders in health policy- and decision-making*
- **Ensuring the generation and use of intelligence:** *collection and use of data, information and intelligence of and for the health system*
- **Leveraging legislation & regulation for public health goals:** *rules to govern the behaviour of actors*
- **Ensuring collaboration with other sectors:** *multi/inter/cross-sectoral collaboration to improve the health of populations and the distribution of health inequities*

Let's clarify the picture by considering how to evaluate governance



Governance mechanisms

“Leadership and governance involves ensuring **strategic policy frameworks** exist and are combined with **effective oversight, coalition-building, regulation,** attention to **system-design** and **accountability**” (WHO, 2007, p8)

How does it apply to your countries?

Key elements of good governance

Select each element of good governance to learn more.

Strategic policy frameworks

Priorities and goals are identified and translated into strategies, policies and plans

Effective oversight

Coalition building

Regulation

System design

Accountability

Example - Policy frameworks

Strategic and inclusive **policy frameworks** can guide PHC-oriented human resource generation.

Example: A country's Ministry of Health develops a strategic policy framework for PHC that takes into account the specific healthcare needs of rural and underserved areas. The policy emphasizes the recruitment and training of community health workers with a focus on these regions. It also includes incentives to attract doctors and nurses to work in primary care settings in remote areas. By aligning human resource generation with strategic policies, the health system ensures that the workforce is appropriately distributed, addressing health care disparities and improving **access** to quality PHC-oriented services.

Now, reflect on your context and provide an example (if exists) or thoughts on how Strategic and inclusive policy frameworks can guide health oriented human resource generation/production.

Key elements of good governance

Strategic policy frameworks

Effective oversight

Coalition building

Regulation

System design

Accountability

Intelligence is generated, analysed, used

Example - Oversight

Developing appropriate **PHC-oriented plans and strategies** requires using intelligence generated through **oversight and participatory** mechanisms.

Example: A regional health authority conducts regular assessments of PHC clinics, measuring factors such as patient satisfaction, wait times, and the availability of essential medicines. Simultaneously, they organize community health forums where residents provide feedback on their healthcare needs. The health authority uses the audit findings and community input to create an annual PHC plan that prioritizes resources based on community health needs and improves the overall quality of primary care services.

Key elements of good governance

Strategic policy frameworks

Effective oversight

Coalition building

Regulation

System design

Accountability

Fostering collaboration and coalition-building for a whole-of-society and whole-of-government approach

Example- Coalition building

Coalition building through mechanisms that allow for the different stakeholder groups (e.g. people, providers, government, different sectors) to co-create the orientation for their health system builds trust, foster **resilience** and allows for more efficient, responsive and people-centered health systems. This also collaborates to tackle issues that affect people's health outside of the health sector.

Example: A national healthcare authority establishes a legal framework that mandates the formation of Community Health Councils in each locality. These Councils are responsible for soliciting input from local residents on healthcare priorities, **access** to services, and the **quality of care**. Meaningful participation ensures that local decision makers can effectively identify and address barriers to access based on lived experiences. It increases trust and buy-in from the people in decisions that they contribute to.

Key elements of good governance

Strategic policy frameworks

Effective oversight

Coalition building

Regulation

Designing laws, regulations and incentives and ensuring they are fairly enforced

System design

Accountability

Example- Regulation

Regulation can standardize the quality of primary care services delivery through mechanisms such as accreditation

Example: A national health authority develops a comprehensive set of standards and protocols for primary care clinics and providers. They require all primary care clinics to undergo an accreditation process to ensure compliance with these standards. As a result, primary care clinics that meet the accreditation criteria are recognized as of high-quality. This standardized approach to quality assurance enhances the trust of patients and communities in their local primary care clinics, ultimately improving the overall performance of the healthcare system.

Key elements of good governance

Strategic policy frameworks

Effective oversight

Coalition building

Regulation

System design

Accountability

Ensuring a fit between strategy and structure and reducing duplication and **fragmentation**

Example- System design

Appropriate PHC-oriented governance arrangements (**system design**) have the potential to ensure that decision making spaces are brought closer to the population.

Example: In a country, the responsibility for managing primary care service delivery is legally delegated to local authorities with the appropriate technical and financial resources. They have a clear mandate to govern primary care services from funding, hiring, service planning and delivery, to oversight. This ensures that local authorities have the means to take tailored action reflecting the specific needs and preferences of their populations.

Key elements of good governance

Strategic policy frameworks

Effective oversight

Coalition building

Regulation

System design

Accountability

Ensuring all health system actors are held publicly accountable.

Example- Accountability

Accountability mechanisms ensure that all actors deliver on their respective roles and responsibilities in ensuring a PHC orientation of health systems.

Example: in a country, a local authority puts in place a community score card allowing services' users to critically analyse their level of satisfaction with local health care facilities. It includes the possibility to report any societal, financial and geographical barriers faced in **accessing** or receiving care, and evaluate the **quality of care** received. Such an accountability mechanism empowers the population and give them the space needed to contribute to improvements to health services.

Could you share identical examples adapted to One Health?

Key elements of good governance

Strategic policy frameworks

Effective oversight

Coalition building

Regulation

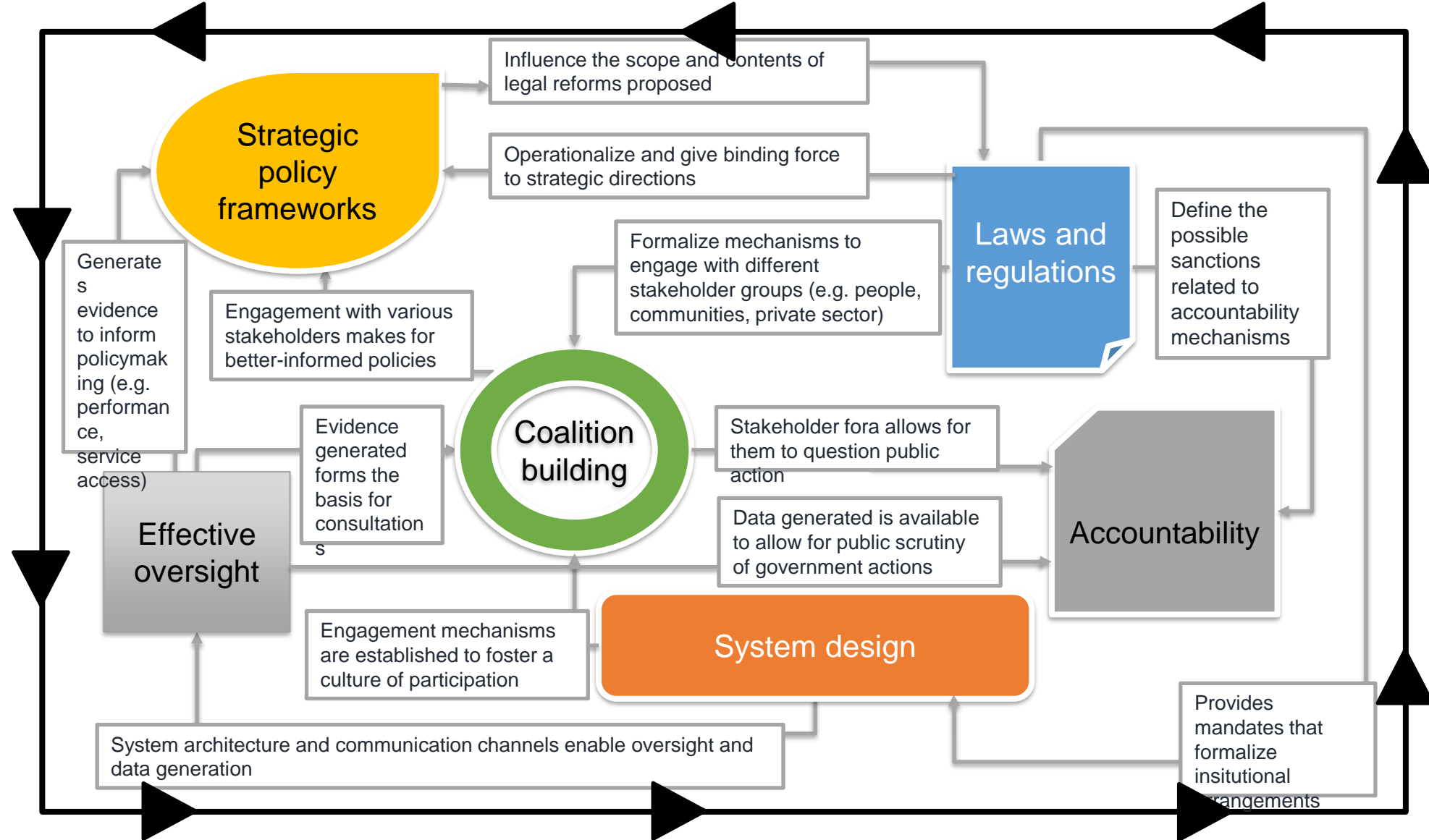
System design

Accountability

Governance is multifaceted, and the different elements cannot be taken in isolation, they are all interconnected.

Governance is directly linked to the performance of the other three health system functions: resource generation, financing and service delivery.

Governance a multifaceted concept (illustrations of the interplay)



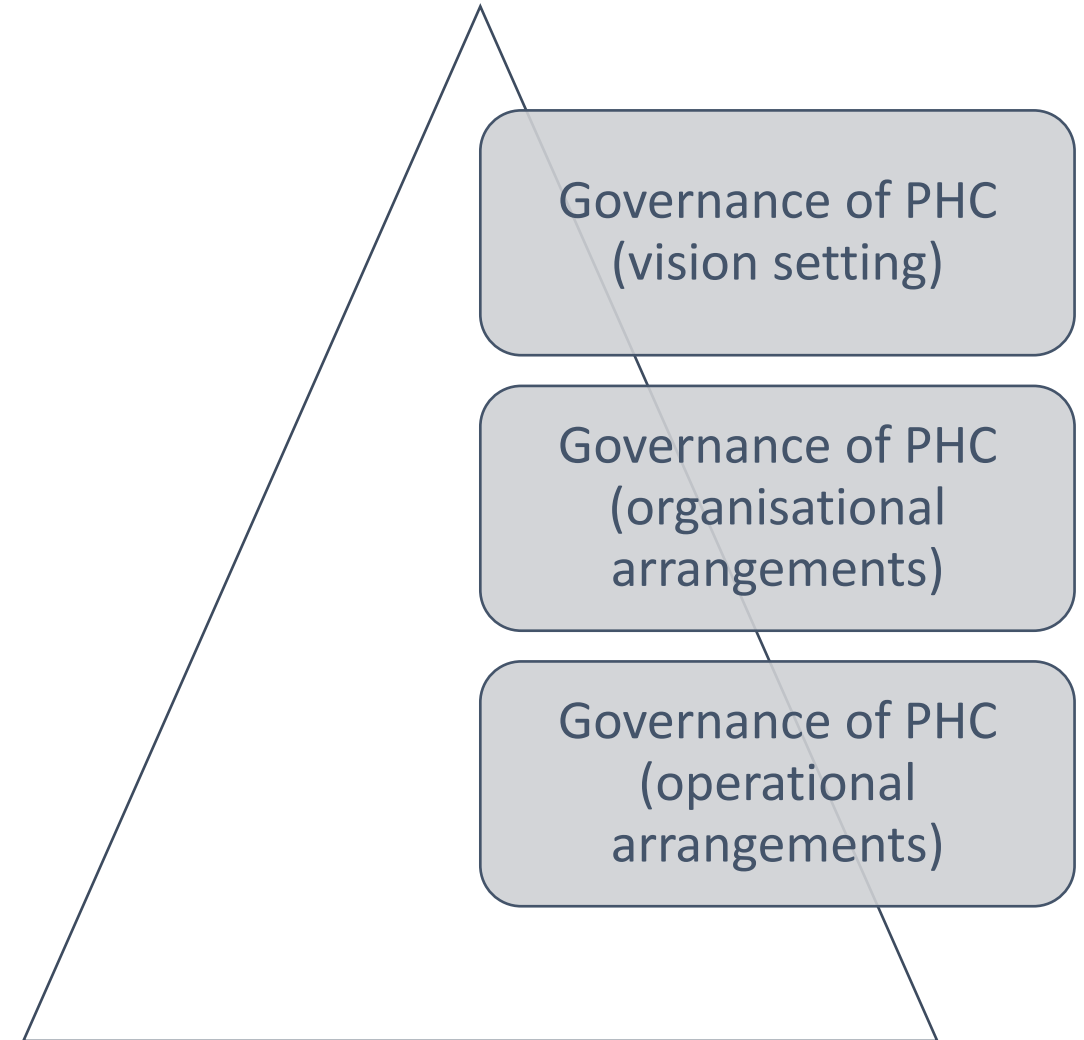
Quizz: What is health systems governance?

Based on the WHO definition of health systems governance presented, choose the most appropriate statement(s). Select the correct response(s)...

- A. Health systems governance refers to the different actions that central governments take to control service providers
- B. Health systems governance involves a set of interconnected mechanisms that can't be examined in isolation
- C. Health systems governance mechanisms are varied and range from policy-making, to stakeholder engagement and institutional and legal arrangements
- D. Health systems governance focuses mainly on policy-making

Locus of governance

- Governance (as well as leadership) is not vested in one level or actor in the health system
- Governance does not stop with governments or with the formulation of policy
- Governance is needed for PHC-oriented policies/reforms, organizational and operational arrangement(s) to deliver on UHC goals



The role of governments and ministries of health in health systems governance

- Governance is not the sole responsibility of government, but governments have an important role to play in health system governance.
- A commitment to PHC invites progression towards a whole-of-society and whole-of-government approach to health, involving multiple sectors in governance.
- The role of Ministries of Health has shifted from direct funding and provision of health services - to the stewardship of the health agenda
- This shift requires developing new skills to engage with a growing number of stakeholders within and outside the health sector

Engaging the private sector

- Increasingly, health services are delivered through mixed health systems, in which the private sector contributes a large and growing proportion of healthcare services.
- Insufficient governance and oversight of the private sector threatens the ability of countries to achieve public health policy goals set in the PHC-oriented vision for health
- Public health policy that is inclusive of the private health sector is therefore important as goals and priorities need to be shaped, shared and implemented across all health entities
- As part of inclusive health policy, ‘situational awareness’ and the generation of intelligence is needed by governments about the private sector in health

WHO. (2020).

“The landscape of the work has changed. UHC cannot be achieved without the private sector. It is essential to re-frame public and private sector engagement as a partnership in health for shared health outcomes”

Peter Salama (WHO, 2020, p Vii)

Monitoring, evaluation and transparency

Generating quality information and intelligence enables decision-makers to identify needs and challenges as well as to evaluate the impact of decisions and interventions.

In PHC-oriented health systems data generation and management is particularly important as it impacts directly PHC's three pillars:

1. Data sharing, referral systems and reporting is instrumental in integrating health services and standardizing performance
2. Monitoring of the impacts of policies in other sectors on health helps multisectoral actors understand the linkages between their work and health outcomes
3. Transparency and public availability of quality information is critical for people to be able to hold providers and governments accountable for their performance.

Accountability

In PHC-oriented health systems, a strong emphasis is put on **empowered people and communities**. It involves that the population has the necessary agency to hold providers and policy-makers accountable for the provision of services, meeting of public health goals, and general health outcomes.

If we come back to the triangle of stakeholders, we can understand **accountability** in health to flow along two routes:

1. In the short route, empowered communities can hold providers directly accountable for the quality and **accessibility** of their services through participatory mechanisms that we have examined previously (e.g. community advisory boards, satisfaction surveys)
2. In the long route, through participatory mechanisms in decision-making and through elections, the population can hold the government accountable for their performance in steering the health system towards public health goals.

Let's talk about communities...

Ctrl+Click here...



WHO, together with UHC2030, the UHC Partnership and the Health Systems Governance Collaborative, launched a **new advocacy video** *"Health is all about people – it's time to invest in social participation!"*. It calls upon **Member States to invest in social participation** by initiating, strengthening and sustaining participatory spaces for health decision-making processes. Watch the video here in [ENG](#), [FR](#) or [SP](#).

Reflection: What is a community?

This module aims to focus on the key elements of empowering individuals and communities, so we will begin by exploring the concept of community itself.

Spend a few moments thinking about how you might define the word “community”. In the list below, select the boxes that would fit with your definition:

- ☐ The residents of a city
- ☐ A group of people who have joined together to challenge mental health stigma in the workplace
- ☐ A parent and toddler club in a rural village community hall
- ☐ A faith-based organisation running a lunch club for elderly people
- ☐ Nurses working in a rural health clinic
- ☐ A healthcare staff union
- ☐ A network of healthcare staff sharing ideas to improve patient safety
- ☐ People diagnosed to be at risk of diabetes attending a regular exercise class

Was there anyone on the list that you found more difficult to include in your definition, or wouldn't be included in your definition at all?

Enter your response and select [Submit to proceed](#).

[Submit](#)

WHO Primary Health Care Operational Framework definition of community

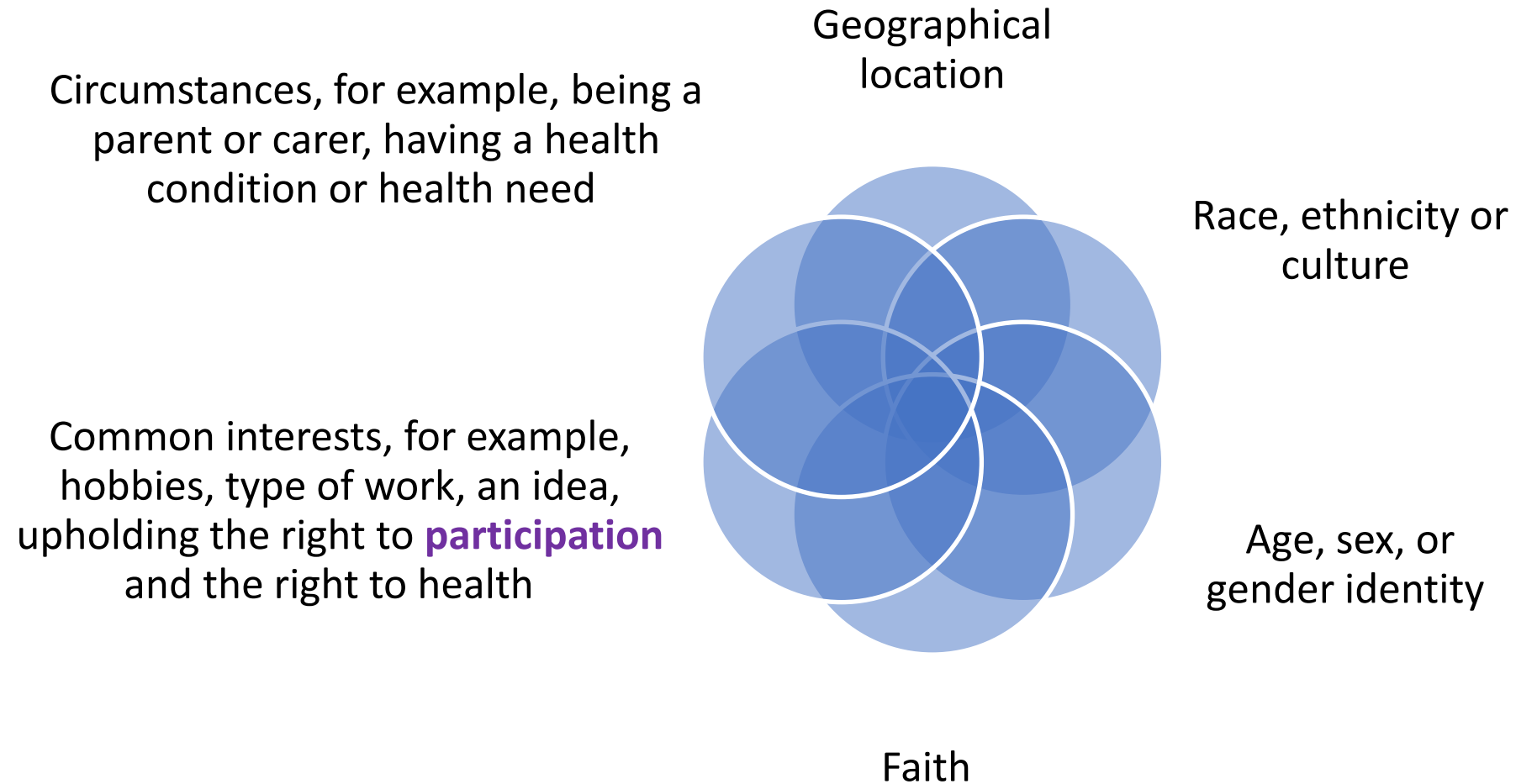
“A unit of population, defined by a shared characteristic (for example, geography, interest, belief, or social characteristic), that is the locus of basic political and social responsibility and in which every day social interactions involving all or most of the spectrum of life activities of the people within it takes place.”

(WHO and UNICEF, 2020)



Types of communities

People may form communities in many ways:



Communities are multiple and interconnected throughout the life stages

Communities have traditionally been viewed by health systems as groups of people living in the same geographical location or having cultural commonality. They have also largely been considered only as recipients of **health services**. However, the concept of "**community**" should not be constrained by geographical and cultural boundaries. Individuals belong to many different kinds of communities - all at the same time! Membership of these communities may or may not be voluntary and often changes during a person's life.



The challenge facing health planners, policy-makers and clinicians is knowing when, how and with whom to engage and why.

Example: Where do communities connect to health systems?



Public health functions and activities



Neighbourhoods, wards, blocks, villages, towns, cities, boroughs, municipalities, provinces and states



National and local level health planning, governance and policy-making structures



Hospitals, health facilities and mobile clinics

Relationships are at the heart of health care. There are multiple connections with service users. **For example,** across public health functions (such as surveillance and health promotion), in health settings (such as **primary care** facilities, mobile clinics or hospitals), and through **accountability** and participatory mechanisms such as advisory boards, committees or policy dialogues.

Dahlgren and Whitehead Social Determinants

The Dahlgren and Whitehead Social Determinants model enables people to be viewed within the context in which they live, thereby visualizing the wider influences on their health.

This can allow policy makers to make connections with people working **inside and** outside of health systems in tackling the root causes of disease.

Select each part of the diagram to explore the different relationships that might exist for an individual **accessing integrated health services** within the health system. Did you identify some of these within your own health system?

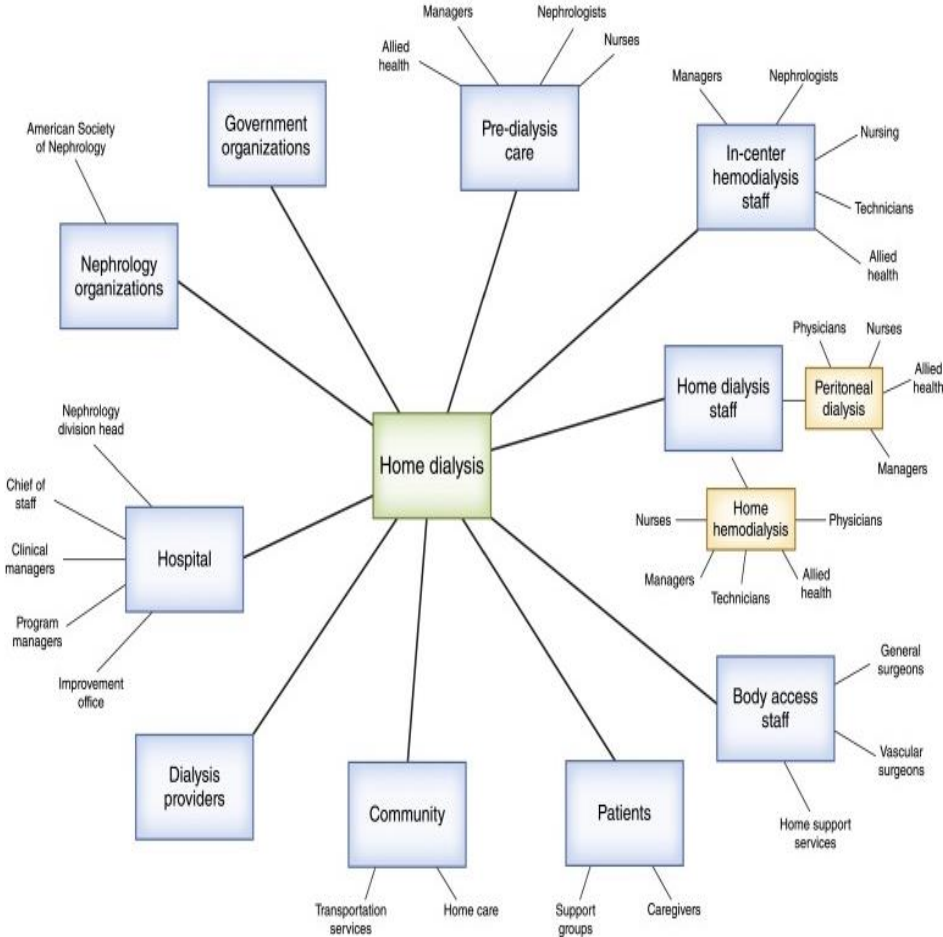


Key takeaways

- People belong to many kinds of communities over their lifetime that are personal and professional. All influence each other and cover multiple types of unit of population that share common characteristics and needs and interact with their environment. Membership of these communities shape identities, behaviours, choices, and ultimately their health.
- The interaction of communities and individuals with the health system can take different forms, from engaging with health providers, becoming a health volunteer, to taking an active role in local **community** initiatives, sitting in health facility boards or participating in strategic decision-making processes.
- When thinking about the health of individuals and communities , we need to consider the social, environmental, cultural and other drivers of health and well-being, covered by the determinants of health.
- In the PHC approach, people and communities are central as advocates of policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and caregivers.

Mapping stakeholders

Stakeholder mapping is a method used to identify all the stakeholders relevant to the aspect of the health system or health issue that you are working with.



[ref: Primary Health Care Operational Framework]

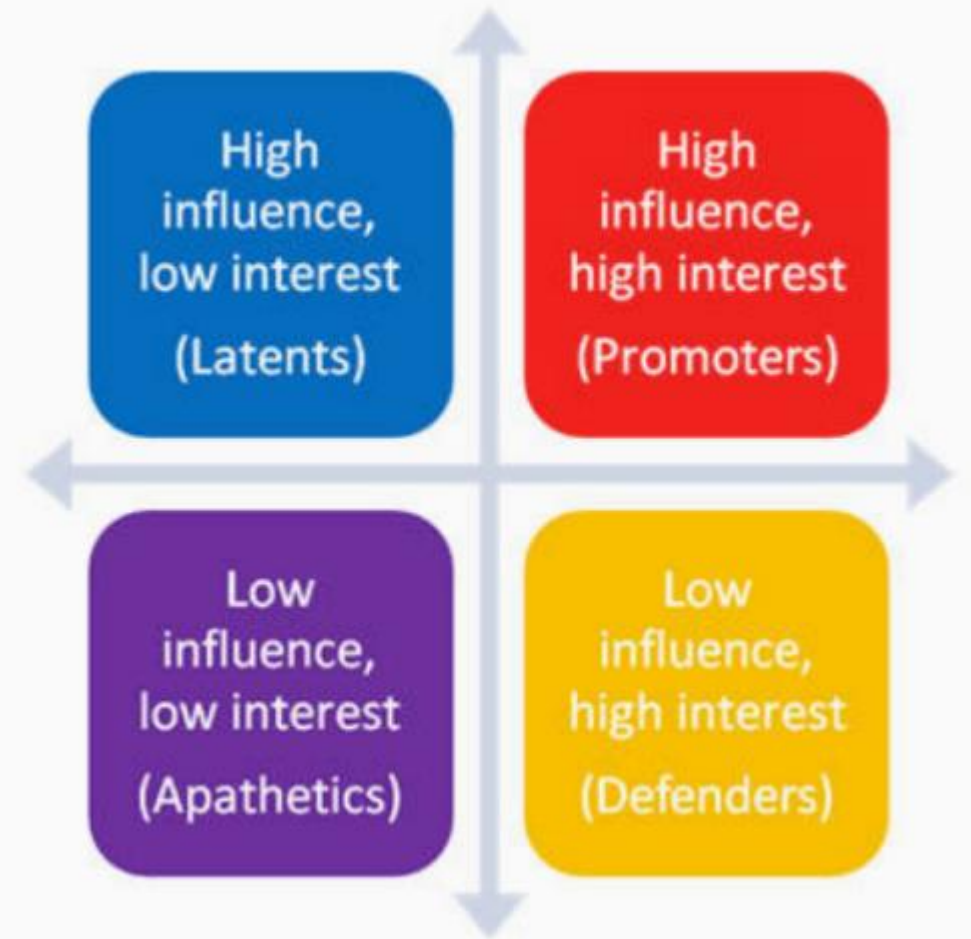
Stakeholder map for home dialysis. The home dialysis quality of care problem is located at the center of the map, and the different stakeholder groups are organized around it.

Stakeholder analysis

Once you have your list of **stakeholders**, it is useful to understand how they relate to the situation you are interested in and how they relate to each other.

There are many stakeholder analysis tools that are available. They are used to understand how much interest the stakeholder may have in the area you are interested in, and how much power they have, to influence the outcomes of service, project or policy implementation. It can help you to understand how to work with stakeholders with different levels of interest or influence.

Stakeholders are placed into the grid depending on the level of interest that they have and the level of influence or power they have in relation to the situation.



Social participation mechanisms

To engage stakeholders, including people, communities and civil society, policy-makers can choose from a range of social participation mechanisms.

These mechanisms are spaces where governments come together with people, either in-person or virtually. To build trust and foster open discussion within a participatory space, policy-makers or organizers of **social participation** processes are recommended to choose from a range of mechanisms adapted to the policy question or health issue at hand. Particular attention should be given to ensure voices of vulnerable and marginalized groups are heard.

Select each illustrated icon to know more about the key characteristics of some social participation mechanisms and relative examples in countries.



Open-for-all forums



Consultative mechanisms



Deliberative mechanisms



Formalized mechanisms

**Key characteristics:**

- Large sample size;
- Typically, open for everyone to take part in and;
- Captures diverse and divergent views from many different segments of a population.

Examples:

- Citizen assemblies, citizen forums, public hearings, open-mic events and townhall meetings.

**Key characteristics:**

- Smaller numbers than in-person forums;
- Usually, attendance by invitation;
- Participants are typically representatives from population groups, along with technical experts and others;
- Elicits specific expertise and experiences for defined topics.

Examples:

- Consultative meetings, policy dialogues, stakeholder consultations, and focus groups.

**Key characteristics:**

- Small group of carefully selected participants;
- Participants are prepared with information and evidence;
- Sufficient time to reflect and deliberate to elicit informed opinions;
- To promote consensus building and obtain collective views on a specific health topic.

Examples:

- Citizen/health panels, citizen juries, planning cells, consensus conferences, deliberative polling and scenario workshops.

**Key characteristics:**

- Must have fixed seats for populations, communities and/or civil society;
- May have a legal framework behind it;
- Institutionalized method for government to engage people regularly over time.

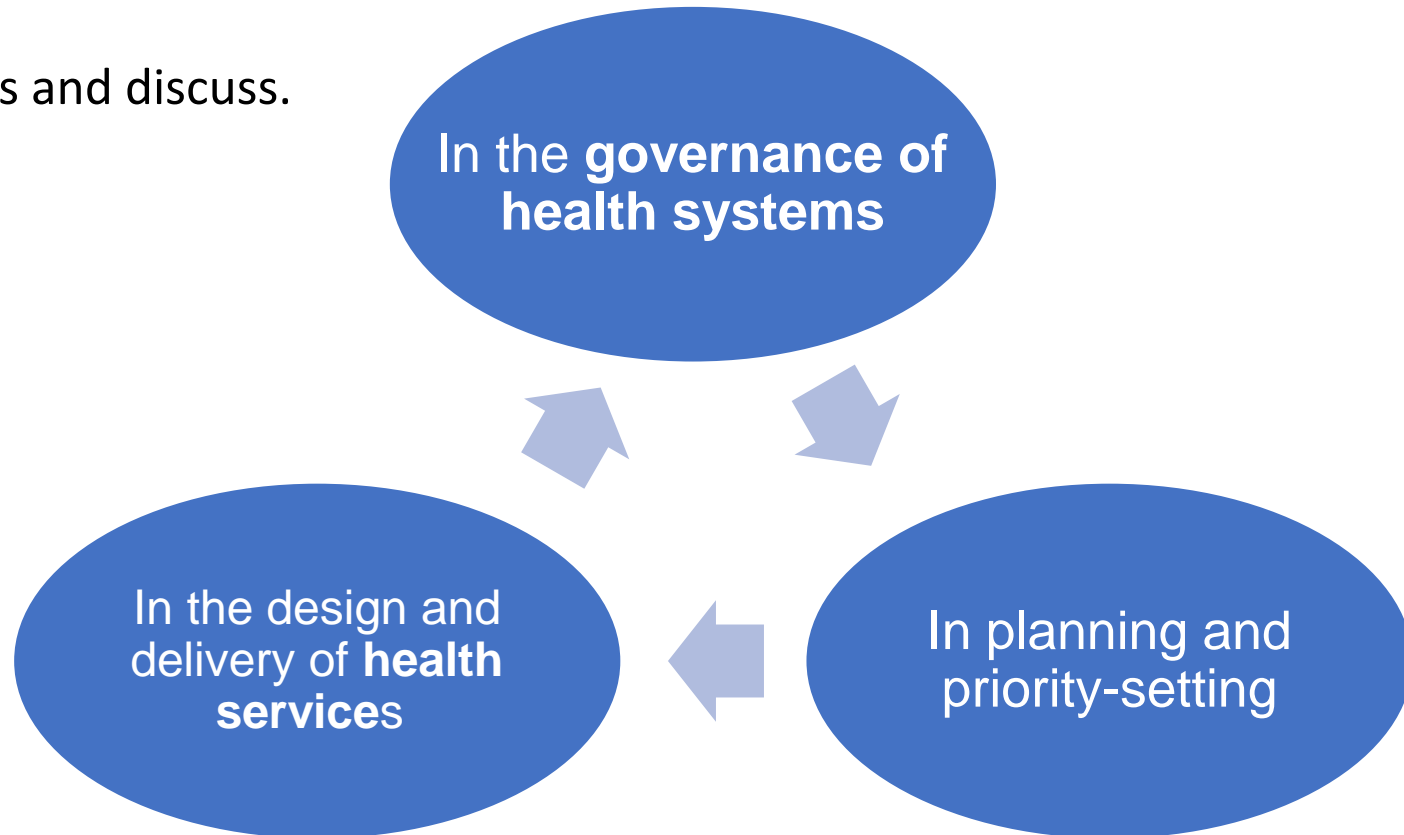
Examples:

- Health councils, district health committees, citizen advisory boards, representation on steering groups and review boards.

Engaging all stakeholders in health system governance and service delivery

Identifying stakeholders, including people and communities, begins by understanding the reason why you want to engage with them. Within **primary health care**, social participation and community engagement in health is considered at three interlinked process.

Consider each process and discuss.



Additional resources...

- The changing contours of experimental governance in European health care by Katherine Fierlbeck

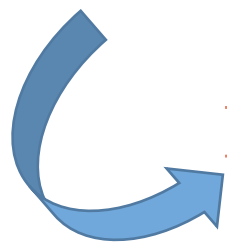
<http://dx.doi.org/10.1016/j.socscimed.2014.02.040>

- WHO website

https://www.who.int/health-topics/health-systems-governance#tab=tab_2

Thank You!

**You can also refer the
UHC Partnership website**



[Main Home Page | Universal Health
Coverage Partnership \(who.int\)](https://www.who.int/health-topics/universal-health-coverage)

