

MAKING SOCIAL PARTICIPATION AND COMMUNITY ENGAGEMENT IN HEALTH A REALITY



The message below was delivered by [Nupur Lalvani](#), CEO Blue Circle Diabetes Foundation, India, and Member of the CSEM Advisory Group and UHC2030 Steering Committee during the [UN Multistakeholder Hearing on universal health coverage \(UHC\)](#). It has been slightly modified for this blog.

Social participation and community engagement are critically important to ensuring equity in health so that no one is left behind. **How can governments address the needs of their citizens if they are not talking to them about their experiences accessing care?** Let me suggest three practical ways on how governments can foster social participation and community engagement in health.

First, governments can foster social participation by **creating formal and informal spaces** where people can meaningfully engage, inform, and influence all phases of policy making, delivery of services, and evaluation of health programs. This can be done through consultations with all stakeholders, including civil society and communities. And we know it can be done because over the last two years the Civil Society Engagement Mechanism for UHC2030 (CSEM) – global, regional, and country partners – have organized consultations with civil society and communities in 40 countries. In these consultations, civil society and communities came together to share their experiences with accessing health services and identify gaps and ways to address them. We need governments to do the same. **Meaningful community engagement must be participatory, inclusive, and transparent.**

Second, governments should **put in place legal frameworks** to institutionalize social participation and empower people, communities, and civil society to participate in and influence decision-making processes for health. In many countries, legal barriers prevent certain communities—such as LGBTQ+, migrants, people with disabilities, people living with HIV, sex workers, indigenous people, people with mental health issues, and ethnic minorities—from participating in decision making and/or accessing health services. There should be laws to mandate participatory and inclusive mechanisms at all levels, from the village level to national and global levels.

Indeed, some progress has been made to institutionalize social participation. We have seen some governments like Thailand demonstrate how civil society, researchers, and the government can work together to address the challenges of UHC design and implementation. We need to elevate these models that have worked.

At the global level, we have seen efforts to push for the institutionalization of social participation. For instance, the Sustainable Development Goals [target 16.7](#), the [Astana Declaration](#), and the 2019 [Political Declaration](#) on UHC all include specific mentions of social

participation. In 2021, the CSEM supported the development of the [WHO handbook](#) on social participation. We are now working with partners to build political support for a resolution on social participation to be adopted by member states at the 77th World Health Assembly next year. These are important steps forward, but political leadership is needed to make them a reality.

Third, it is not enough for governments to create spaces for social participation. They also need to **provide financial support and other resources** to enable all stakeholders, particularly those from resource-constrained and marginalized communities, to participate in decision making processes for health. Provision of resources such as interpretation, support for travel, food, accessible accommodations, and more strengthens social participation ensuring it is not just tokenistic or one-directional sharing of views, but rather active engagement. It also strengthens accountability for health.