

Social Participation Technical Network

Terms of Reference

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Background

The Social Participation Technical Network (SPTN) is a time-bound network within the Health Systems Governance Collaborative. It responds to the Governance Collaborative’s objectives to bring together a range of stakeholders, catalyse strategic thinking, and influence best practices by informing WHO guidance.

The time-bound nature of this Network is linked to the deliverable of a WHO Handbook on Social Participation for UHC which will be published by Q4 of 2019. This deliverable recognizes the importance of the role of civil society and communities, in addition to governments, in achieving WHO’s Global Programme of Work (GWP) ambition of one billion more people benefitting from UHC by 2030.

In addition to the GPW, a recommendation of the report of the WHO Task Team on WHO-Civil Society Engagement was for WHO to specifically emphasize and promote civil society participation in policy processes and provide guidance for Member States to do so. This work is also consistent with the objectives of the [Global Action Plan Accelerator 3](#) on governance and accountability and should complement their work in this area.

The WHO Handbook on Social Participation for UHC responds to this recommendation, and aims to strengthen systematic and meaningful civil society participation in aspects concerning the full planning cycle, including national policy, planning and review processes.

The Social Participation Technical Network will act as an advisory body for development of the Handbook, as elaborated upon in more detail below.

Objectives

The objectives of the SPTN are:

1. To inform the development of the WHO Handbook on Social Participation for UHC.

2. To advance learning on the agenda of Member State governments more meaningfully engaging with civil society, communities, and its populations for health-related matters, including exploration of selected politically sensitive challenges¹, and facilitation of peer exchange.
3. To advocate the importance of social participation for equitable pathways towards UHC.

It is anticipated that the CSP will exist from January – December 2019. It will then review progress, consider whether it should continue, and refine its mandate if so.

Activities

Once convened, the SPTN will agree their workplan for 2019 and associated budget. This will include specific activities and products which will contribute to Handbook development, and the Network's specific role linked to each activity/product.

Proposed activities and products which will contribute to the Handbook include:

- Literature review / Introduction to the topic of engagement with population, civil society, and communities in national health planning and decision-making processes (Q1 2019)
- Cross-cutting lessons learned report emanating from 3-4 case studies on large-scale population consultation processes steered at national level (Thailand's National Health Assembly, Tunisia's Societal Dialogue for Health, Iran's National Health Assembly, France's 'health democracy' efforts) (Q1-2 2019)
- Lessons learned emanating from community engagement mechanisms – "going from the local to the national"
- 2-4 country case studies (description & SWOT analyses) of Civil Society Organization (CSO) engagement in national planning/review processes, including a descriptive mapping study on Faith-Based Organizations' (FBO) role in UHC (Q1-2 2019)
- Events e.g. AMREF conference in March 2019, Kigali, WHA side event 2019 to facilitate peer exchange and mobilise interest in this agenda (March 2019, May 2019, public events, summary blogs on the UHC2030 website)
- April 2019 face to face of the network to discuss findings and inform WHO guidance
- Feedback on draft WHO Handbook (Q2-3 2019)

Ways of working

We aim to have representation from Member State governments, institutions involved in population and community engagement platforms, civil society organizations, communities, and academia.

Members of the SPTN shall therefore include Ministry of Health planning focal points from interested countries, other (government) institutions engaged in social participation (such as the National Ethics Council in France, the National Health Commission Office in Thailand, etc.), UHC2030 Civil Society Engagement Mechanism (CSEM) representatives, academics specialized in accountability in health governance, and community representatives.

¹ Such as enabling representative participation of civil society and managing vested interests, and power dynamics and the scope for civil society participation to influence decision-making.

The SPTN is co-convened by Member States and the UHC2030 Civil Society Engagement Mechanism (CSEM) with co-chairs from within these constituencies and secretariat support from WHO/UHC2030.

Communication will be through a mixture of teleconferences, email exchange, face to face meetings, and through the Governance Collaborative online platform.

There will be 1-2 face-to-face meeting of the members, and other opportunistic in-person meetings on the sidelines of other events as appropriate.

Role of co-chairs

The co-chairs reflect the multi-stakeholder nature of the SPTN and are composed of a Member States representative and a civil society representative, who is also a Co-Chair of the UHC2030 Steering Committee.

The Co-Chairs, together with the secretariat of the SPTN, will promote the aims and objectives of the SPTN, provide strategic guidance to the group in the development of the workplan and oversee its implementation.

Concrete tasks of the Co-Chairs:

- To chair face-to-face meetings as well as online / teleconferences
- To provide technical support to the secretariat in preparing those events
- To support the preparation of the workplan and oversee its implementation

The Co-Chairs are:

- Githinji Gitahi/Mette Kinoti AMREF & UHC2030 Steering Committee
- Justin Koonin, CSEM
- Jean-Francois Delfraissy, National Ethics Council, France

Draft workplan

Objective	Activity	Timeline
<p>1. To inform the development of the WHO Handbook on Social Participation for UHC.</p>	<ul style="list-style-type: none"> • Convene Social Participation Technical Network (1st teleconference and agreement on workplan) • 1st face-to-face meeting • Input to the process: <ul style="list-style-type: none"> • Literature review / Introduction to the topic of engagement with population, civil society, and communities in national health planning and decision-making processes (Q1 2019) • Cross-cutting lessons learned report emanating from 3-4 case studies on large-scale population consultation processes steered at national level (Thailand’s National Health Assembly, Tunisia’s Societal Dialogue for Health, Iran’s National Health Assembly, France’s ‘health democracy’ efforts) (Q1-2 2019) • Lessons learned emanating from community engagement mechanisms – “going from the local to the national” • 2-4 country case studies (description & SWOT analyses) of Civil Society Organization (CSO) engagement in national planning/review processes, including a descriptive mapping study on Faith-Based Organizations’ (FBO) role in UHC (Q1-2 2019) 	<ul style="list-style-type: none"> • Feb 2019 • April 2019 • Feb 2019 - Oct 2019
<p>2. To advance learning on the agenda of Member State governments to more meaningfully engaging with civil society, communities, and its populations for health-related matters, including exploration of selected politically</p>	<ul style="list-style-type: none"> • Agree priority agenda & develop workplan • Engage with intra-WHO working group on social participation, , including a representative from the Global Action Plan Accelerator 3 Working Group • Establish web platform 	<ul style="list-style-type: none"> • Ongoing • March 2019

sensitive challenges ² , and facilitation of peer exchange.		
3. To advocate the importance of social participation for equitable pathways towards UHC.	<ul style="list-style-type: none"> • Side event during Amref Kigali meeting • UHC Forum Praia • Side event during WHA • Side event during UNGA 	<ul style="list-style-type: none"> • March 2019 • March 2019 • May 2019 • Sept 2019

² Such as enabling representative participation of civil society and managing vested interests, and power dynamics and the scope for civil society participation to influence decision-making.

Annex: List of SPTN Members

Constituency	Country	Name	Institution
Academia	Belgium	Sara van Belle	London School of Hygiene and Tropical Medicine
	Canada	Seye Abimbola	George Institute
	France	Sana de Courcelles	School of Public Affairs, Sciences Po Paris
	Sudan	Nafisa M. Bedri	Ahfad University for Women, of the Gender & Reproductive Health & Rights Resource & Advocacy Center
Civil Society Organisations	Argentina	Laura Malajovich	IPPF
	Australia	Justin Koonin	Acon/UHC2030 Civil Society Engagement Mechanism representative
	Canada	Mohammed (Mo) Barry	HIV Young Leaders Fund
	Guatemala	Walter Flores	Centro De Estudios Para La Equidad y Gobernanza En Los Sistema De Salud
	Kenya	Nelson Otwoma	Nephak
	Kenya	Githinji Gitahi	Amref
		Mette Kinoti	
	Kenya	Rachel Ndirangu	Christian Aid
	Phillipines	Redempto Santander Parafina	Affiliated Network for Social Accountability in East Asia and the Pacific Foundation, Inc.
	Tanzania	Peter Bujari	Health Promotion
	Uganda	Diana Nsubaga	Living Goods
UK	Tara Brace-John	Save the Children, UK	
Community-Based Organisations	India	Meena Seshu	Sangram
	Zimbabwe	Itai Rusike	Community Working Group for Health
International organizations	USA	Shomikho Raha	World Bank
Member State Government	France	Jean-Francois Delfraissy	Comité Consultatif National pour la Bioéthique
	Iran	Narges Rostamigooran	Secretariat of Supreme Council of Health and Food Security, Ministry of Health and Medical Education
	Mauritius	Maryam Timol	Ministry of Health and Quality of Life
	Thailand	Weerasak Puttasri	National Health Commission Office
		Nanoot Mathurapote	
	Tunisia	Hela Ben Mesmia	Unité de gestion du dialogue sociétal
Uganda	Timothy Musila	Ministry of Health	