



NATIONAL HEALTH
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Institutionalizing Social Participation for Health & Wellbeing

By

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Sawadee kha. A very good morning to you all.

Deputy Prime Minister, President of the NHA, dignitaries and delegates, thank you for inviting me to deliver this keynote address at the 16th National Health Assembly of the Kingdom of Thailand.

I am pleased to be a part of the NHA for the first time, as I have followed this forum with interest and admiration for a number of years.

I have noted how this Assembly provides the world with a wonderful example of a participatory health governance platform.

In 2019, the BMJ Global Health journal published an analysis of this Assembly, which stated that

“the power of stakeholder groups coming together has been impressively harnessed in the NHA process. The NHA has helped foster dialogue through understanding and respect for very differing takes on the same issue. The way in which different stakeholders discuss with each other in a real attempt at consensus thus represents a qualitatively improved policy dialogue.”

I note how the NHA is a significant social mechanism to facilitate evidence-based policy making, and greatly appreciate with great emphasis on inclusive participation. I particularly appreciate that the NHA is a year-round policy process and not just a one-time event.

The uniqueness of this National Health Assembly lies in inclusive participation from the government, academia, professionals, communities, and other relevant stakeholders throughout the policy development process.



I cannot commend you enough for this approach.

As we meet here today, just a few months ago on 21 September, 2023, the Political Declaration of the High-level Meeting on Universal Health Coverage committed to promote social participation, as well as inclusive approaches to health governance for UHC.

The Declaration specifies that this inclusive approach includes exploring modalities for enhancing a meaningful whole-of-society approach and social participation. It says this should involve all relevant stakeholders in the design, implementation and review of UHC, to systematically inform decisions that affect public health.

This is so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems.

It is incumbent upon us to bring to reality this commitment by our political leadership. It must be acknowledged that there are many benefits to deepening social participation in our health sector decision making processes.

One benefit is the reduction of health inequalities. Empowering the voices of vulnerable communities in health decision-making processes can be pivotal in developing and implementing more equitable health policies and plans.

Another benefit is increasing efficiency and responsiveness. Community empowerment is a core component of primary health care, and helps governments to make informed decisions that respond to people's needs. This of course prompts greater uptake of services.

Greater social participation also strengthens trust and resilience. Long-standing participatory spaces, embedded within health system operations, help build trust before a crisis occurs. This can be leveraged in the context of an emergency, so that emergency response measures, risk communications & community engagement are more effective.



Also, forums for dialogue and consultation tend to improve the sharing of information. This promotes transparency and accountability.

This inclusive participatory approach enables the interaction between governments, communities and stakeholders and this is essential for any effective and meaningful governance.

Particularly in times of sudden local or global crises, we see the increase in the importance of mutual trust and cohesion within the community. Inclusive decision- making is essential to ensure that government actions respond to the real needs of people and communities.

In other public engagements and remarks, I have repeatedly expressed my own preference for inclusive, 'ground-up' decision making.

Traditional, 'top-down,' bureaucratic approaches often lead to policies which may be well-intentioned, but often do not lead to the desired effects and impacts on grassroots communities.

That is why I have championed a different approach - one which you are showing us at work here in this Assembly. This collaborative and participatory model leads to better and more durable outcomes, specifically because it listens to grassroots communities and people with lived experiences.

Stakeholders have an important viewpoint which is crucially shaped by information from the field, and by their process of acquiring, processing and acting on this information. Put together, this is what we know as experience.

Therefore, these stakeholders have a very good overview of what is going on in their sphere. They can highlight emerging issues, give feedback on the functioning of the government or on the impact of various policies and services and more. Crucially, they can report back on successes or failures of previous policies, and report back on good practices and successful innovations.

In 2011, I launched the Global Autism Public Health initiative in Bangladesh,



in partnership with Autism Speaks and the WHO, and also facilitated formation of the Parents Forum for the Differently-Abled.

Both of these platforms were launched with the vision to encourage social participation and promote the inclusion of self-advocates and their caregivers within policy design and program development.

When we worked on the National Strategic Plan for Neurodevelopmental

Disorders, and the National Mental Health Strategic Plan, we first made sure that we heard from people with lived experiences.

This was absolutely invaluable, because after their input, we realised that we had engaged a broader group of government representatives and official stakeholders than we initially thought.

For example, after inputs from parents, we understood that many of the problems they were facing could not be solved by national government - and would instead need changes at a local government level.

Thus, we brought to the table cities and municipalities and other local government entities, to enable changes at the level of last-mile infrastructure and service delivery.

Had we not done so, we would've crafted a policy which perhaps would've impressed on paper, but in its implementation would not have led to the results needed and deserved by the targeted beneficiaries.

As I conclude my remarks, I would like to mention our global health policy community's commitment to leave no one behind. We can only truly do this if we make sure we hear all voices, and consider wide viewpoints.

I would like to congratulate you on the excellent example of inclusive governance and social participation that you have shown the world for many years.

I assure you that in your efforts in the coming years to improve the health of your people, you will always have a supporter and an ally in me.



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Thank you again for inviting me here today, and my best wishes to you for the remainder of your National Health Assembly. Thank you.