

SOCIAL PARTICIPATION

GLOBAL WEBINAR SERIES

EPISODE 3

**Embedding Social Participation
in National Health Planning:
Lessons from Countries**

THURSDAY

25 JUN 2026

13:00-14:30 GMT+2



Anna Vassall
World Health Organization



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Mariângela Batista Galvão Simão
Ministry of Health, Brazil



Emmanuel Tanni
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Mojca Gabrijelčič Blenkuš
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Khuat Thi Hai Oanh
Center for Support Community Development Initiatives (SCDI), Vietnam



Hela Ben Mesmia
WHO Regional Office for Africa



Sina Haj Amor
Ministry of Health, Tunisia



Gabriele Pastorino
World Health Organization (Moderator)

Time (CET)	Segment	Speakers
13:00–13:10	Opening & Welcome	<ul style="list-style-type: none"> ● Anna Vassall, World Health Organization ● Nanoot Mathurapote, National Health Commission Office, Thailand <p>Moderator: Gabriele Pastorino, World Health Organization</p>
13:10–13:30	Deep Dive - Brazil	<ul style="list-style-type: none"> ● Gustavo Cabral, National Health Council of Brazil ● Mariângela Batista Galvão Simão, Ministry of Health, Brazil
13:30–14:00	Moderated Panel Discussion	<ul style="list-style-type: none"> ● Khuat Thi Hai Oanh, The Center for Supporting Community Development Initiatives (SCDI), Vietnam ● Sina Haj Amor, Ministry of Health, Tunisia ● Mojca Gabrijelčič Blenkuš, National Institute of Public Health (NIJZ), Slovenia ● Emmanuel Tanni, Minister of Health, Côte d'Ivoire ● Hela Ben Mesmia, WHO Regional Office for Africa
14:00–14:20	Q&A	
14:20-14:25	Multi-Stakeholder Report	Laura Philidor , CSEM
14:25–14:30	Closing Remarks	Gabriele Pastorino , World Health Organization

Opening & Welcome Remarks

Moderated by



**Anna
Vassall**

World Health
Organization



**Nanoot
Mathurapote**

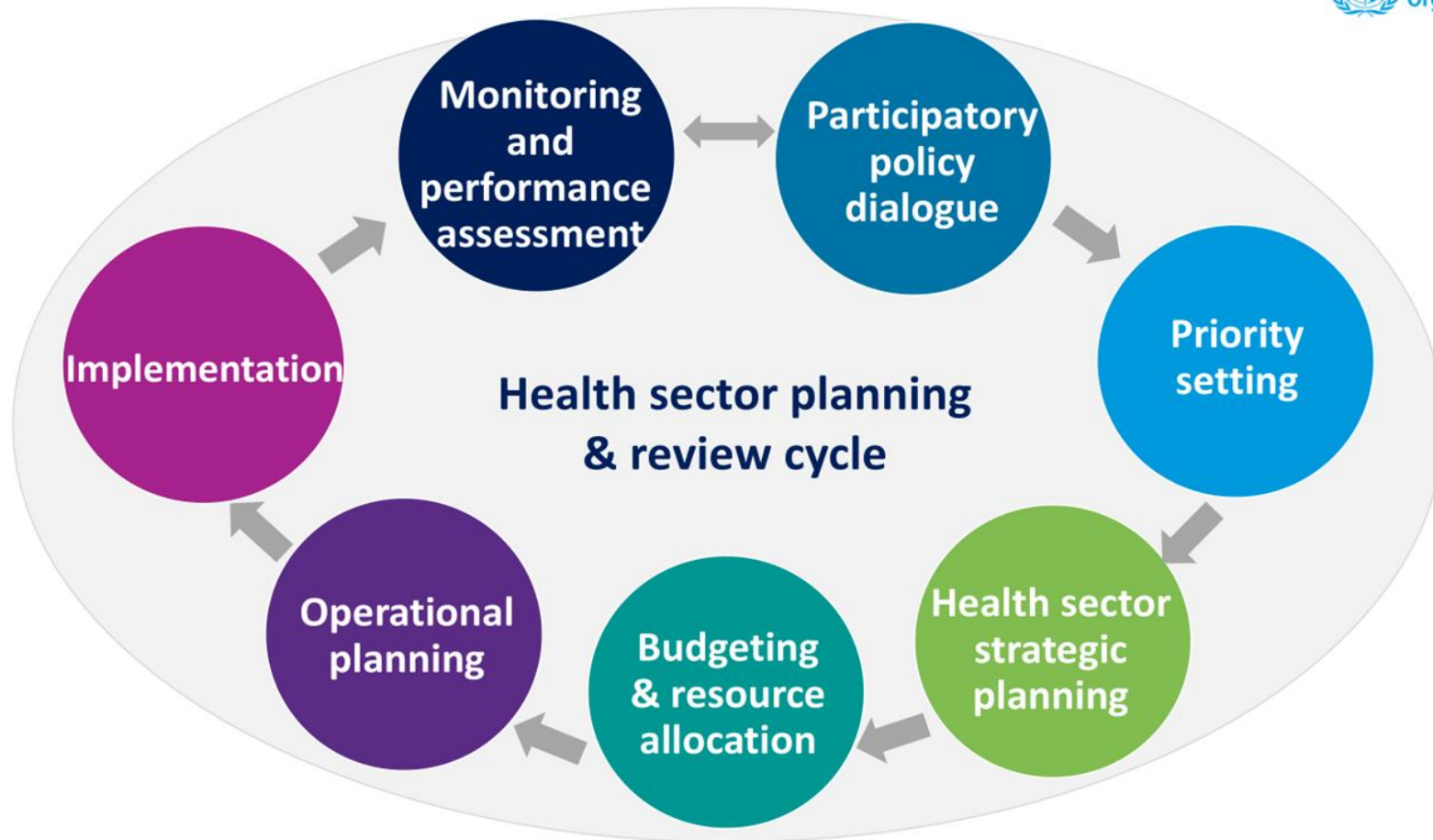
National Health
Commission Office,
Thailand



**Gabriele
Pastorino**

World Health
Organization

Health sector planning & review cycle







Deep Dive - Brazil



Gustavo Cabral

National Health Council
of Brazil



**Mariângela
Batista Galvão
Simão**

Ministry of Health, Brazil

Deep Dive - Brazil



Gustavo Cabral

National Health Council
of Brazil



Conselho Nacional
de Saúde

Social Participation and Health Planning in Brazil

How Health Councils and Conferences shape Government Planning
Instruments

Executive Secretariat - National Health
Council
June 2026

**BRASIL BEM
CUIDADO**
MAIS SAÚDE PARA QUEM MAIS PRECISA



MINISTÉRIO DA
SAÚDE

GOVERNO FEDERAL
BRASIL
UNIÃO E RECONSTRUÇÃO

Social Participation in the Brazilian Health System - SUS

1941

Creation of the **National Health Conferences (NHC)**, with a technical and intergovernmental approach

1986

8ª NHC expanded SP through Health Reform Movement
Create SUS pillars

1988/1990

Federal Constitution and the Organic Health Laws consolidated social participation within the SUS

2023

17ª NHC renewed the challenge of ensuring the implementation of approved proposals



Councils and Conferences are institutionalized permanent mechanisms for **participatory governance at all levels** of the public administration

Social Participation and planning cycle

Main responsibilities

- ❖ Formulating **strategies for health policy** at each level - 5570 municipalities
- ❖ **Monitoring the implementation** of health actions - role of the health councils
- ❖ Overseeing the **economic and financial dimensions** of SUS management
- ❖ Deliberations are **formally approved by the executive** branch at each level



National Health Planning as a bottom-up processes

The Multiannual Plan (**PPA**), the Budget Guidelines Law (**LDO**), and the Annual Budget Law (**LOA**) are Brazil's main public planning instruments.

They are defined **after the report of the Conference**, setting funding allocation guidelines to these instruments.

Next year, the 18th conference theme emphasizes that **health, democracy, and sovereignty** are mutually reinforcing.

Saúde,
Democracia,
Soberania e SUS:
Cuidar do povo é cuidar do Brasil



National Health
Conference
2026-2027



STRATEGIC RESULTS & GOVERNANCE: Final Conference Report

The definitive output used to guide state and national health plans (PMs).



Democratic Parity

Participants are 50% users, 25% health workers, and 25% managers or providers.



The Power of the People

This process fulfills the constitutional mandate that health participation is a right of citizenship.

MIDDLE: 27 States (State Stage)

Municipal proposals are consolidated and debated to define regional health priorities.



BASE: 5,570 Municipalities (Municipal Stage)

Communities perform health diagnoses, raise local proposals, and elect delegates for state levels.



Social participation and health policies

Institutionalized social participation helps to **set priorities and deliberate on inclusive health policies**. It provides a community-based understanding and health experiences from municipalities to the national level

Examples of proposals from conferences that became policies:

- ★ **1st National Medicines and Pharmaceutical Assistance Conference (2003)**
Approved the National Pharmaceutical Policy
- ★ **1st National Health Surveillance Conference (2018)**
Approved the National Health Surveillance Policy
- ★ **17th National Health Conference (2023)**
Approved the **National Policy of Palliative Care**



The challenge is to turn
participation into **plans**,
and plans into **police**

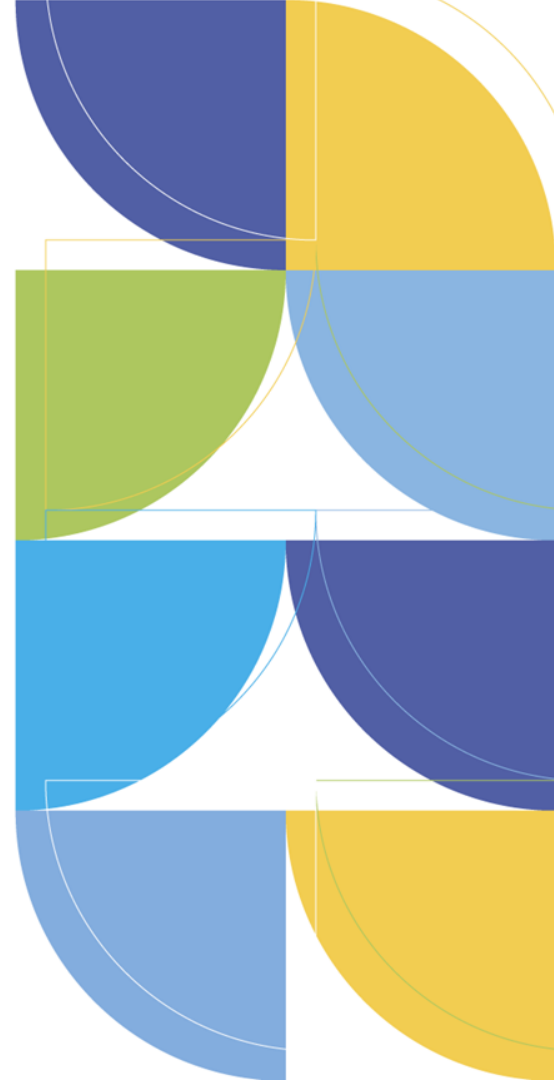
Thank you!



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Deep Dive - Brazil



**Mariângela
Batista Galvão
Simão**

Ministry of Health, Brazil

Ministério da Saúde
Secretaria de Vigilância em Saúde e Ambiente

Civil Society Participation in Brazil

- the case of the National Health System

25 June, 2026



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Starting with the basics

SUS – a public health system model in Brazil

National health System - SUS – 36th anniversary

- ✓ Led by by the Brazilian “Sanitary Reform Movement” – post-military dictatorship – redemocratization period
- ✓ Brazilian Constitution of 1988 – “health as a right and it is the State duty to provide the means for it”
- ✓ Health “Organic Law” - 1990 – established the National Health System (SUS) – 1991 complementary legislation

“Health as a right and it is the State duty to provide the means for it

- ✓ Public system – private sector is complementary to State services – no payment at the point of care
- ✓ Decentralized – same rules apply to the entire geographical territory
- ✓ Hierarchical system – federal, state and municipal levels have obligations and attributions – “tripartite” *modus operandi*

Civil society participation in all levels

Universal Access

SUS – 36th anniversary

Principles

Ministry of
Health

State Health
Secretaries

Municipal Health
Secretaries

Unified
Decentralized
Civil Society
participation in
decision making
fora

National Health
Council

State Health
Councils

Municipal Health
Councils

Decision making – the triggers

Decision making is a political process, not technical

– it is better if informed by evidence, but this is not a given

Political decisions have to have technical buy in, or they will not be implemented

Critical role of the Health Councils in ensuring better policies

An excellent example from the Brazil

- Response to the HIV pandemic... – universal access to ARVs since 1996 – the rights of key populations or more vulnerable groups recognized by society in general (setbacks possible)
 - Decrease in HIV mortality
 - Certification of elimination of vertical transmission of HIV
 - ...

From the Brazilian experience

Good intentions are not enough...

For CS participation to work properly:

- It needs to be protected by rules, regulations or by specific laws
- These rules and regulations have to be established in clear frameworks and, if possible, linked to financial obligations

At the end of the day, we need to ensure our work
makes a positive difference for peoples' lives

... “and when it is all said and done, let us have
more done than said”...

Old Caribbean saying



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Panel Discussion



**Khuat Thi Hai
Oanh**

The Center for
Supporting
Community
Development
Initiatives (SCDI),
Vietnam



**Sina Haj
Amor**

Ministry of Health,
Tunisia



**Mojca
Gabrijelčič
Blenkuš**

National Institute of
Public Health (NIJZ),
Slovenia



**Emmanuel
Tanni**

Minister of Health,
Cote d'Ivoire



**Hela Ben
Mesmia**

WHO Regional
Office for Africa

Q&A

Multi-Stakeholder Report



Laura Philidor

CSEM

Tracking Progress on Social Participation for Health:

Civil Society–Led Multi-Stakeholder Assessment of Implementation of WHA77.2



Laura Philidor,
The Civil Society Engagement Mechanism for UHC2030 (CSEM),
WACI health

Civil Society–Led Multi-Stakeholder Assessment of WHA77.2

Why this matters now

- Two years into the implementation window of WHA77.2 (2024–2026)
- 2027 UHC HLM: Social participation will shape how UHC commitments are assessed, renewed, and acted upon

Framework of the report

- In collaboration with the WHO Core Group on Social participation and Civil Society partners
- Structured around the seven commitments to Member States set out in WHA77.2
- Based on a multistakeholder civil society-led global survey, UHC2030 ACT for UHC dashboard, documentation from the 2025 High-Level Political Forum, and selected peer-reviewed literature



Civil Society–Led Multi-Stakeholder Assessment of WHA77.2

Help shape the final report

In May 2026, civil society organizations and partners launched preliminary findings from a multi-stakeholder assessment of progress in implementing WHA77.2 on social participation for universal health coverage, health and well-being.

We are now collecting additional responses to strengthen the final report and ensure it reflects experiences from around the world.

Survey deadline: 17 July 2026

👉 We want to hear from you! [Complete the survey here](#)

Also available in [French](#), [Spanish](#), [Portuguese](#) and [Arabic](#).



<https://bit.ly/4eBwcoM>

Closing Remarks



**Gabriele
Pastorino**

World Health
Organization