FROM CONSULTATION TO ACCOUNTABILITY

Lessons on social participation in national health planning

WEBINAR OVERVIEW AND FRAMING

A recent webinar in the **Global Webinar Series on Social Participation in Health** (June 25, 2026) explored how countries are embedding social participation in national health strategic planning processes — not as an add-on, but as a core function of health system governance. This webinar was co-hosted by the World Health Organization (WHO), Thailand's National Health Commission Office (NHCO), with UHC2030.

The discussion came at an important moment. Many countries are facing tighter fiscal space, changing population needs and growing pressures on health systems. In this context, decisions about priorities, policy design, resources and implementation need to be informed not only by evidence and data, but also by people's lived realities, needs and values. Participation and evidence should therefore be seen as mutually reinforcing, and both imperative for equity, efficacy and legitimacy in decision-making.

A central message emerged from the opening discussion: social participation is not simply consultation. When institutionalized, it becomes a mechanism for shared ownership and accountability — helping ensure that health systems remain responsive and that governments are answerable for the choices they make.

The webinar featured a deep dive on **Brazil**'s Constitutionally enshrined and legally protected mechanisms for social participation within the Unified Health System (SUS) – the health councils, which operate in 5570 municipalities and 27 states, and the national health conferences – organized to inform the multi-annual plan and related legislation.

This was followed by a multi-stakeholder panel to reflect on lessons from their contexts, including civil society in Vietnam, Ministry of Health from Tunisia, Slovenia and Cote d'Ivoire, and the WHO African Regional Office.

THREE MAIN TAKEAWAYS FROM COUNTRIES' EXPERIENCES

1 Embedding participation in system governance democratizes decision-making

Brazil's presentation demonstrated social participation can become a permanent and routine part of health system governance when legally protected and embedded across levels of the health system. Health councils and conferences operate at municipal, state and national levels, creating a bottom-up process through which local community priorities can inform state and national policy, planning and resource allocation.

We heard how community participation shaped priorities, indicators and solutions related to rehabilitation, assistive technologies and disability inclusion in Côte d'Ivoire. In Tunisia, institutionalizing mechanisms for participation into the fabric of health system governance is an ongoing objective and challenge.

Slovenia highlighted how structured stakeholder engagement, disaggregated data, collaboration with civil society and youth participation can strengthen ownership across the planning cycle.

WHO AFRO also presented regional tools for planning, monitoring, evaluation and performance review that can help countries move from ad hoc consultation toward more systematic participation.

2 Participation has power when deliberately informs policies, plans and budgets

As noted by Thailand in the opening, societal change happens when the triangle moves the mountain: the confluence of political power (government), social power (communities), and knowledge power (evidence).

Brazil's experience also showed the importance of connecting participatory deliberations to concrete planning and budgeting instruments, including multi-annual plans, budget guidelines and annual budget laws. This strategic linkage helps translate people's needs into government priorities and public investment decisions.

Tunisia illustrated both the value and complexity of broad societal dialogue. Through regional consultations, citizen juries, thematic workshops and dialogue sessions, citizens' views contributed to a shared national vision for health, translating diverse inputs into concrete policy choices requires time, technical expertise and consensus-building. As highlighted by Tunisia's experience, translating diverse inputs into concrete policy choices requires time, technical expertise and consensus-building.

3 Civil society can open spaces where formal mechanisms are limited

The civil society speaker from Viet Nam emphasized that participation can advance even when formal nationwide mechanisms may be less established. Civil society and communities can play a critical role in opening spaces for dialogue, bringing community experience into policy discussions and influencing planning from the ground up – citing examples from HIV policy and programming.

A SHARED MESSAGE

Across the discussion, there was a consistent coherent message that **social participation is most meaningful when it shapes real decisions — priorities, strategies, budgets, indicators and accountability mechanisms**, and institutionalizing mechanisms for participation across the policy cycle and levels of decision making with a country can help to do this.

Country experiences showed **different pathways** and levels of maturity: legally mandated councils and conferences, societal dialogue, civil society-led advocacy, structured stakeholder engagement, community-based monitoring and regional planning tools. What these approaches have in common is a shift from participation as a one-off consultation toward participation as a sustained governance function.

Continued exchange among Member States, civil society, communities, WHO regional offices and partners will be essential to document what works, address remaining challenges and support the implementation of the World Health Assembly resolution on social participation for universal health coverage, health and well-being.