

Abstract

Fifth Global Symposium on Health Systems Research, 8-12 Oct 2018, Liverpool, UK

Session type - participatory session (round table discussion)

Thematic area - Leaving no one behind: health systems that deliver for all

Field-building dimension - Innovative practice in health systems development

Institutionalizing population engagement in health policy-making: is the National Health Assembly mechanism the panacea for advancing health systems for all in the SDG era?

Session organizer:

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Contributors:

1. Agnès Hamzaoui, Steering Committee member, Societal Dialogue for Health, Tunisia
2. Weerasak Puttasri, Deputy Secretary-General, National Health Commission Office, Thailand
3. Amirhossein Takian, Chair & Associate Professor, Department of Global Health, Tehran University of Medical Sciences, Iran
4. Giovanna Marsico, Delegate, Public Health Information Service, Ministry of Health and Social Services, France
5. Gerard Schmets, Coordinator, Health Systems Governance, Policy, and Aid Effectiveness, World Health Organization, Switzerland

Overview

Summary

Participation and citizen's voice are core principles behind the sustainable development goals and its motto 'leave no one behind'¹. Sustainable Development Goal 16.7 concretizes it further with its aim 'to ensure responsive, inclusive, participatory, and representative decision-making at all levels'. Countries' efforts at democratization and decentralization have put an additional spotlight on how to meaningfully engage the population in public policies in a regular and institutionalized way.

For the health sector specifically, global interest has thus been growing to better understand existing institutionalized mechanisms for population participation in decision-making which have been working well in some countries (National Health Assembly in Thailand, *Etats Généraux de la Santé* in France) in order to support similar such processes in others (Societal Dialogue for Health in Tunisia, 1st National Health Assembly in Iran in 2017).

¹ <https://sustainabledevelopment.un.org/post2015/transformingourworld>

The purpose of this session is to delve into the modalities, success factors, and challenges of not only setting up a National Health Assembly-like process, but sustaining it over time with meaningful input from all sections of society, including the hard-to-reach. The technical content will be drawn from the speakers' long experience and expertise on National Health Assemblies (or similar) in their home countries of France, Iran, Thailand, and Tunisia.

The target audience will principally be policy-makers, especially those who may be interested in introducing or taking to scale such institutionalized mechanisms. The reality is that few countries undertake wide-scale (lay) population consultations for health in a regular and routine way. We hope that this session might help spark a reflection process for those who perceive National Health Assemblies to potentially be too cumbersome and costly, with little return on investment. In addition, we also target researchers interested in health governance, as well as civil society stakeholders interested in more participatory and inclusive policy processes.

The National Health Assembly concept is innovative practice in health systems development because it transforms the traditional role of the Ministry of Health, and government health policy-makers in general, from managers of service delivery to brokers of diverse health stakeholder interests – in essence, to conveners of policy dialogue through platforms such as a Health Assembly. Gathering real-time, meaningful population input into policies which affect them affords governments a tremendous opportunity to better engineer the health systems of their countries to deliver for all, leaving no one behind.

Session process

A round table approach will be used to foster discussion with session participants. Brief 10-minute presentations on the National Health Assembly (or similar) experiences from France, Iran, Thailand, and Tunisia will set the scene and provide the technical content for the discussions.

Thailand (represented by Weerasak Puttasri, Deputy Secretary-General, National Health Commission Office, Thailand) and France (represented by Giovanna Marsico, Delegate, Public Health Information Service, Ministry of Health and Social Services) both have spent decades refining their respective Assembly processes; their presentations will focus on what has worked well but also less well for them, and why. Tunisia's representative Agnès Hamzaoui, Steering Committee member, Societal Dialogue for Health, will elaborate on how her country's post-revolutionary context provided the impetus for widespread population consultation in the health sector; yet after impressive initial successes, it is facing critical challenges in institutionalizing the concept more sustainably. Iran's representative, Amirhossein Takian, Chair and Associate Professor, School of Public Health-Tehran University of Medical Sciences, will provide background on the motivation behind Iran's decision to launch a National Health Assembly, and recount the recent experience with its very first Assembly, including the key lessons learned which are shaping the organization of the 2nd Assembly in 2018.

All 4 speakers, along with WHO experts on National Health Assemblies (Dheepa Rajan, session organizer, and Gerard Schmets, team leader for health governance at WHO) will then each facilitate a round table discussion at 6 round tables in the room. The session participants will thus be divided up into 6 groups (tables can be brought together as necessary) to pose questions to the 6 National Health Assembly experts, and jointly debate on what may be replicated and adapted into other

settings which may be more familiar to the participants. The idea is to ensure lively exchange in small groups, stimulated by the information presented, and facilitated by experts who can bring in a particular experience or viewpoint which can be challenged or reflected on. Forty (40) minutes will be accorded to the round table debates before leaving 10 minutes at the end of the session to hear from all 6 facilitators on one predominant take-home message arising from their respective discussions.