

## **Social participation for universal health coverage, health and well-being**

**Draft decision proposed by Brazil, Colombia, Croatia, Ecuador,  
Finland, France, Guatemala, Norway, Qatar, Slovakia, Slovenia,  
Sri Lanka, Thailand, Tunisia and United States of America**

The Executive Board, having considered the report by the Director-General,<sup>1</sup>

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

The Seventy-seventh World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Reaffirming: the principle enshrined in the WHO Constitution of the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; Sustainable Development Goal target 16.7 to ensure responsive, inclusive, participatory and representative decision-making at all levels;<sup>2</sup> and the importance of creating a safe and enabling environment for participation for universal health coverage respecting principles of equality, equity and non-discrimination;<sup>3</sup>

(PP3) Recalling the 2023 United Nations General Assembly's political declaration of the high-level meeting on universal health coverage,<sup>3</sup> which promotes participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that

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<sup>1</sup> Document EB154/6.

<sup>2</sup> Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels: SDG Target 16.7 "Ensure responsive, inclusive, participatory and representative decision-making at all levels" [website]. New York: United Nations ([https://sdgs.un.org/goals/goal16#targets\\_and\\_indicators](https://sdgs.un.org/goals/goal16#targets_and_indicators), accessed 10 January 2024).

<sup>3</sup> See General Assembly resolution 78/4.

policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems;

(PP4) Reiterating the importance of empowering people and communities as part of the primary health care approach, which includes the engagement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health, as per the Declaration of Astana,<sup>1</sup> welcomed by the Health Assembly in resolution WHA72.2 (2019) and building on the Declaration of Alma Ata (1978);<sup>2</sup>

(PP5) Deeply concerned about the exacerbation of inequities within and between countries, due to the COVID-19 pandemic, climate change and conflicts, along with inadequate progress to address all determinants of health equity and well-being,<sup>3</sup> as well as the structural factors that affect these<sup>4</sup> and recalling the Rio Political Declaration on Social Determinants of Health (2011)<sup>5</sup> that identifies promoting participation in policy-making and implementation as one of five key action areas to address health inequities, and pledges to promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through public participation, and to empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation;

(PP6) Recalling the need to promote the participation of [persons/people/those] in vulnerable and/or marginalized situations,<sup>6</sup> including inter alia women,<sup>7</sup> persons with disabilities,<sup>8</sup> and Indigenous Peoples,<sup>9</sup> and to apply a [gender-sensitive/responsive] and age-responsive and disability-inclusive<sup>10</sup> perspective in the development and implementation of health-related

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<sup>1</sup> Declaration of Astana. Astana: Global Conference on Primary Health Care. 2018 (<https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.61>, accessed 10 November 2023).

<sup>2</sup> Declaration of Alma-Ata. Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (<https://www.who.int/publications/i/item/WHO-EURO-1978-3938-43697-61471>, accessed 10 November 2023).

<sup>3</sup> Including, but not restricted to, social, commercial, economic and cultural determinants.

<sup>4</sup> Structural factors relate to the governance and policy frameworks and cultural norms that produce the social determinants of health.

<sup>5</sup> Rio Political Declaration on Social Determinants of Health. Rio de Janeiro: World Conference on Social Determinants of Health. 2011 (<https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health>, accessed 10 November 2023).

<sup>6</sup> This is consistent with language in United Nations General Assembly resolution 76/136 (2021) on promoting social integration through social inclusion – “persons in vulnerable or marginalized groups or situations”.

<sup>7</sup> See United Nations General Assembly resolution 58/142 (2003).

<sup>8</sup> See resolution WHA74.8 (2021).

<sup>9</sup> See resolution WHA76.16 (2023).

<sup>10</sup> Language on age- and gender-responsive and disability-inclusive has been adopted in resolutions including United Nations General Assembly resolution 78/195 (2023) on implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situations of risk and humanitarian emergencies, and United Nations General Assembly resolution (2021) on protection of migrants.

policies and plans, as a strategy to achieve the Sustainable Development Goals’ promise to reach first those who are furthest behind;<sup>1</sup>

(PP7) Noting the importance of long-term, sustained community engagement to ensure trust and effective public health interventions,<sup>2</sup> and expressing concern at the erosion of trust, particularly during the COVID-19 pandemic, as well as the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, on multiple media platforms, on people’s physical and mental health, recalling the political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response;<sup>3</sup>

(PP8) Acknowledging WHO’s efforts to strengthen its own engagement with civil society at headquarters, regional and country office levels, including through initiatives such as the WHO Civil Society Commission, the WHO Youth Council, Civil Society Organizations-WHO Director-General’s Dialogues and Ad Hoc Task Team on WHO-Civil Society Engagement, which are complementary to social participation in decision-making for health within countries;

(PP9) Noting the WHO definition of social participation as empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system;<sup>4,5</sup>

(PP10) Noting also WHO’s efforts to develop practical technical guidance on social participation;<sup>6,7</sup>

(PP11) Noting further the variety of social participation mechanisms<sup>8</sup> to facilitate two-way dialogue between governments and people, communities and civil society, that may be implemented either virtually or in-person, and the importance of a combination of relevant mechanisms to achieve broad and meaningful engagement that can improve health and well-being;

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<sup>1</sup> See United Nations General Assembly resolution 70/1 (2015).

<sup>2</sup> See resolution WHA73.8 (2020).

<sup>3</sup> See United Nations General Assembly resolution 78/3 (2023).

<sup>4</sup> Social participation for universal health coverage: Technical paper. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/375276>, accessed 1 January 2024).

<sup>5</sup> The policy cycle includes situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review of progress, at local, sub-national and national levels. See *Strategizing national health in the 21st century: A handbook*. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241549745>, accessed 10 November 2023).

<sup>6</sup> *Voice, agency, empowerment – handbook on social participation for universal health coverage*. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027794>, accessed 10 November 2023).

<sup>7</sup> Social participation for universal health coverage: Technical paper. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/375276>, accessed 1 January 2024).

<sup>8</sup> A participatory space is one where people come together physically or virtually to interact. The term “social participation mechanism” encompasses various modalities, techniques, instruments and methods used by organizers to foster communication and debate in a participatory space. See *Voice, agency, empowerment – handbook on social participation for universal health coverage*. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027794>, accessed 10 November 2023).

(PP12) Recognizing that empowering people, communities and civil society for equitable, diverse and inclusive participation involves strengthening their capacities to meaningfully engage, financing their participation, valuing lived and living experiences, and addressing power imbalances in the design of the participatory space;

(PP13) Noting the need to prevent, manage and mitigate conflicts of interest to uphold the integrity of social participation through legitimate representation and ensure that private and personal interests do not override public health goals;

(PP14) Noting also that public policies and legislation may help to implement, fund and sustain social participation for health and well-being, promote transparency, and facilitate the inclusive, equitable and diverse representation of the population;<sup>1</sup>

(PP15) Noting further the importance of the monitoring and evaluation of social participation within countries, including the quality of engagement, whose interests are represented, and whether, how, and to what extent the recommendations influence higher-level decisions that affect health and well-being;

(PP16) Underlining the importance of implementing, strengthening and sustaining regular and meaningful social participation in health-related decisions across the system to foster mutual respect and trust, which can be leveraged during health emergencies and other crises with health impact as part of a whole-of-society approach for strengthened trust, preparedness, response and resilience;<sup>2</sup>

(PP17) Acknowledging the important contribution that social participation and robust community health services can make to improved health service delivery, health promotion, health literacy, resilience to health emergencies, effective risk communication and community engagement, tackling vaccine hesitancy, addressing the social determinants of health, fostering healthy aging, accelerating the health-related Sustainable Development Goals, and advancing gender equality, health equity and fairness,

(OP)1. URGES Member States<sup>3</sup> to implement, strengthen and sustain regular and meaningful social participation in health-related decisions across the system as appropriate, taking into consideration national context and priorities, through:

- (1) strengthening public sector capacities for the design and implementation of meaningful social participation;
- (2) enabling equitable, diverse and inclusive participation with particular focus on promoting the voices of [persons/people/those] in vulnerable and/or marginalized situations;

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<sup>1</sup> See Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization. 2021 (<https://www.who.int/publications/i/item/9789240027794>, accessed 10 November 2023).

<sup>2</sup> See, inter alia, resolutions WHA73.1 (2020), WHA73.8 (2020) and United Nations General Assembly Human Rights Council resolution 48/2 and United Nations General Assembly resolution 78/3 (2023).

<sup>3</sup> And, where applicable, regional economic integration organizations.

- (3) striving to ensure that social participation influences transparent decision-making for health across the policy cycle, at all levels of the system;
- (4) implementing and sustaining regular and transparent social participation using a range of mechanisms supported by public policy and legislation;
- (5) allocating adequate and sustainable public sector resources in support of effective social participation;
- (6) facilitating capacity strengthening for civil society to enable diverse, equitable, transparent and inclusive social participation; and
- (7) supporting related research, and piloting projects/programmes and their monitoring and evaluation to promote implementation of social participation;

(OP)2. REQUESTS the Director-General:

- (1) to advocate for the regular and sustained implementation of meaningful social participation, both within the health sector as well as across other sectors and multilateral organizations that affect health equity and well-being, as a means to accelerate equitable progress towards universal health coverage, health security and the health-related Sustainable Development Goals;
- (2) to develop technical guidance and operational tools for strengthening and sustaining social participation, including monitoring and evaluating implementation within countries, and provide training and technical support upon the request of Member States;
- (3) to document, publish and disseminate Member States' experiences in implementing meaningful social participation through different types of mechanisms, at different stages of the policy cycle, and at different levels of the system;
- (4) to facilitate regular sharing and exchange of Member States' experiences of social participation;
- (5) to harmonize technical support on social participation across WHO divisions and the three levels of the Organization; and
- (6) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

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