‘BUILD FORWARD BETTER’
MUST INCLUDE HEAVY INVESTMENT
IN GOVERNMENT CAPACITIES
TO ENGAGE WITH COMMUNITIES
AND CIVIL SOCIETY

By: Dheepa Rajan, Kira Koch, Sascha Marschang, Caroline Costongs, Katja Rohrer-Herold, Naomi Limaro Nathan and Gabriele Pastorino

Summary: Civil society and community groups are active players in the COVID-19 response, providing support, advice and information where government reach is poor. Yet most governments have not managed to bring civil society’s perspectives, insights, and experiences into the COVID-19 response in a systematic way. If the world is to ‘build forward better’, more regular and systematised government-civil society engagement will need to underpin a shift towards more inclusive health governance. Doing so successfully will require heavy investments in capacity-building for government actors to value and feel comfortable managing and sustaining participatory spaces and in skills to bring forward the kind of governance needed to build resilience against the next pandemic.

Keywords: Civil Society, Community Engagement, Decision-making Processes, Governance, COVID-19

2020: Insufficient government engagement with civil society for the pandemic response

The Coronavirus pandemic has exacerbated entrenched inequities in society, affecting the most vulnerable and marginalised more harshly than others. Yet many governments woke up to that reality fairly late into 2020, partly because the governance mechanisms put in place for the COVID-19 response did not systematically engage with those very communities affected most by both the virus itself as well as the restrictions put in place to suppress viral spread.

Where there have been gaps in government reach, civil society and community groups have stepped in and played a vital, often intermediary role, providing support, advice and information to lay people and hard-to-reach population groups (see Box 1). By doing so, civil society in many settings also took on

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a monitoring or watchdog role, either inherently or explicitly, due to their insight and access to how government measures were playing out in communities.

Yet without a more inclusive, institutionalised health governance approach, these very insights from civil society and community groups were not always capitalised on for the emergency response. Instead, individual civil servants’ willingness to value, hear, and act upon the lived experiences and challenges encountered by different parts of society often determined whether it was considered at all.

The acute nature of the crisis was often cited as justification for a closed-door, default mode of governance that was neither fully transparent nor inclusive nor particularly diverse. To the contrary, many governments responded to the pandemic seeking advice predominantly from a rather narrow medical-technical expert circle, leaving out the diverse group of voices needed to remind policymakers that the COVID-19 pandemic is much more than a health crisis but rather a syndemic precipitated by socially patterned inequities and the social determinants of health.

Numerous calls were thus made in the early months of the COVID-19 crisis to engage more broadly, with governments increasingly acknowledging the importance of collaborating with communities and civil society. Yet, more than one year into the pandemic, how has that translated into practice?

2021: A rapid survey in the European region to understand developments in government-civil society engagement

A rapid survey was conducted from 20 May to 4 June 2021 by the World Health Organization (WHO), the European Public Health Alliance (EPHA) and EuroHealthNet to gain a better understanding of developments in government-civil society engagement over the course of this protracted pandemic. The survey’s aim was also to get a sense of both key challenges and solutions for meaningful engagement in the WHO European Region.

The survey link was shared via EPHA and EuroHealthNet networks as well as disseminated by the WHO European Region to understand developments in government-civil society engagement over the course of this protracted pandemic.

Main findings from the rapid survey

By far, the majority of respondents came from civil society and community groups working at national level (see Figure 1). The remaining respondents were government authorities, civil society active at pan-European level and health practitioners. There was a fairly even split of respondents from the Western, higher-income part of the WHO European Region and the Eastern, lower middle-income part of the region.

More than half of the respondents stated that civil society work remained largely independent from the government-led COVID-19 response (see Figure 2), with a small sub-set of those respondents specifying further that parallel engagement channels were sometimes used with individual government actors.

Box 1: An example of civil society's COVID-19 response actions: Ireland

An Irish civil society organisation working with indigenous Traveller communities highlighted the value of a trust-based collaboration with government authorities, commenting in a recent survey (see next section for survey details): “We have seen real goodwill, support and collaboration [from government]”.

The fruitful government-civil society partnership led to a series of tailored government COVID-19 response measures including: prioritisation for COVID-19 testing and vaccination, provision of targeted emergency facilities, Traveller accommodation to self-isolate where necessary, and Traveller representation in the local COVID-19 response committees.

The win-win of this collaboration is further demonstrated by Irish Traveller communities largely rating health systems interactions during the pandemic as positive, while being spared both the huge disparities in Covid outbreak numbers seen across itinerant minority groups in other European countries, as well as their increased marginalisation.

* A syndemic is a situation in which two or more interrelated biological and/or social factors work together to make a disease or health crisis worse.
Some 32 out of the 34 respondents (representing 16 out of 18 countries) reported that civil society representation was absent from their country’s COVID-19 task force.

Roughly two-thirds (68%) of all respondents described government’s engagement with civil society actors as sporadic and unsystematic (see Figure 3), with one civil society respondent regretting that since “no formal mechanisms [are] in place, … [the interaction is] often ad-hoc and contingent on individual civil servants”. The respondent continues by describing the government approach to civil society collaboration as “often reactive rather than proactive [for] policy planning and/or responses”. Out of the 68%, roughly three-quarters assessed government follow-up subsequent to the ad-hoc engagement to be ‘little, if any’, and only one-quarter as ‘good’.

Almost one-fifth (18%) of all respondents reported no government-civil society engagement at all, while only 9% indicated regular engagement through established channels for participation and communication. To be noted are variations in government engagement with communities within the same country, with the picture at sub-national levels sometimes more positive than at national level. For example, one civil society at pan-European level respondent pointed out: “Cooperation at local and municipal level is relatively good, while the cooperation and dialogue at national level is limited”.

Half of the respondents did not think that government-civil society collaboration and engagement has improved (50%) over time (see Figure 4), and a further 29% assessed improvements as minor, compared to those who assessed them as moderate (18%) or even substantial (3%).

Overall, the 2021 European region survey results reinforce findings from a global 2020 survey among more than 200 civil society actors from 58 countries. The 2020 survey results also highlighted the disconnection between civil society’s actions and the
government’s COVID-19 response. Interestingly, the 2020 civil society respondents pointed out that where active collaboration did prevail, risk communication was felt to be more effective and communities more willing and able to adhere to preventive measures.

2021: Government engagement with civil society for the pandemic response remains ad-hoc

The government COVID-19 response thus continues to be largely disconnected from the actions and efforts of civil society to address the crisis. The insights gained from civil society’s engagement with communities are also not systematically brought into decisions made for the COVID-19 response, with governments losing out on adapted policies and more adherence to pandemic restrictions.

Survey results drive home the message that the ad-hoc, one-way nature of government engagement with civil society and communities does not provide the necessary platform to enable fruitful and meaningful collaboration with longer-term impact. As expressed by one respondent: “We clearly state the needs/wishes/demands and there is hardly any feedback”.

Ensuring more regular and systematised government-civil society engagement (see Box 2) requires political will and prioritisation. It also calls for a shift in mindset which recognises that meaningful interaction is fostered when policy-makers make visible efforts to listen and accept that one may not have all the answers to solving health system challenges. In essence, an enabling environment must be created where not only the more influential but also the less powerful stakeholders have a real opportunity and feel safe to relate their views and experiences.

The skill set needed to foster such an environment, i.e. knowing how to design and maintain a locally adapted participatory space, is one which many government cadres have not (yet) been adequately trained in. Investing in such training is a crucial step towards cultivating a culture of participation, which can then be a powerful driver for institutionalisation of participatory spaces. A participatory health system culture supported by systematised government-civil society engagement contributes to the resilience needed when a crisis of COVID-19 proportions hits.

This is because those very participatory spaces embedded into health system operations can be leveraged in service of an emergency response — rendering the default crisis mode of governance an inclusive rather than an exclusive one.
Box 2: Regular and systematised government engagement with the population, communities, and civil society: an explanation

Systematic government engagement with its people, either directly or through the intermediary of civil society, takes place through participatory spaces where people come together physically or virtually to interact with one another.

Various mechanisms can be used by organisers of such spaces to foster communication and debate. A key characteristic is that the interaction should allow for a back-and-forth between participants and/or between organisers and participants, and not only be one-way. Methods used for purely communicating information to, or solely receiving feedback from, a population group (such as surveys, polls, interviews, radio and TV programmes etc.), are also important but should be seen as a complement to two-way dialogue.

A brief overview of participatory spaces is provided in Table 1, keeping in mind that there is no single-best participatory mechanism available. Depending on the context, policy objective, and participant profiles, a mix of mechanisms usually serves to balance out the cons of each single one, allowing for more triangulation and validation of information and findings. Most institutionalised social participation mechanisms (for example: National Health Assembly in Thailand, the Societal Dialogue for Health in Tunisia, the Etats généraux de la Bioéthique in France, National Health Council in Portugal) draw on a variety of the below-mentioned participatory spaces for meaningful engagement with their people.

Government capacities to foster meaningful engagement with civil society: a closer look

Recent research on social participation re-affirms that most government cadres working in health struggle with the ‘how’ of participation. The policy-maker capacity gap with regards to creating, managing, and sustaining long-term, institutionalised participatory processes contributes to the ad-hoc nature of engagement highlighted by survey respondents, with heavy ‘[reliance] on individual champions/civil servants’. Relying on individuals rather than the system leaves engagement mechanisms negatively exposed to high public sector turnover, especially since participatory engagement and building trust rely on fostering relationships over time.

WHO’s recently released Handbook on Social Participation for Universal Health Coverage offers three capacity dimensions which are most relevant for policymakers: improvement of recognition, technical, and communication skills. Drawing from our survey, we offer insights into the specific policy-maker capacity needs linked to these 3 dimensions.

Recognition skills essentially encompass acknowledging and understanding the added value of participation for policymaking, i.e. having a strategic vision of how participatory input can enhance one’s own work and objectives. Good recognition skills should translate into a willingness to create equitable spaces for participation grounded in government accountability to the population because it is seen as a win-win for all sides. Survey respondents underlined how the lack of recognition skills translated into practice: “The main challenge was and is the so called “scientific approach” which ignores the experience of the civil society”

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Some government cadres may well have recognised the added value of social participation but then struggle with the technical skills and experience needed to conduct a participatory process.

One respondent stated it plainly as government’s “lack of expertise on how to involve civil society actors” while another saw it as a root cause of “one road engagement” with “hardly any feedback”.

Governments need to be able to choose the appropriate methods and tools for participation as well as design processes tailored to the context, subject of discussion, and the actors involved. A clear capacity deficit governments evince is the ability to take people’s experiential testimonies and relate it technically to the subject at hand. This shortcoming leads to vital information from communities remaining lost or unused in terms of feeding into potential solutions, leading not only to poor policy uptake of social participation results but also bringing down motivation levels of communities to engage on the next policy question.

Social participation needs to be at the heart of ‘build forward better’

While our rapid survey amongst mainly civil society actors was small and potentially tendentious, it nevertheless sheds light on shortcomings in European countries’ Covid response strategies which have manifestly not improved in some areas over the course of the pandemic. Newspaper articles, blog posts, conference seminars as well as peer-reviewed literature over the past 1.5 years generally
Table 1: Overview of participatory spaces

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<tr>
<th>Participatory space</th>
<th>Explanation of the space</th>
<th>Examples</th>
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<td>In-person, open for all forums.</td>
<td>Open to everyone; large sample size, aiming to capture the diverse and divergent views from many different segments of the population.</td>
<td>Citizen forums, public hearings, open-mic events, townhall meetings.</td>
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<td>Consultative methods with attendance by invitation.</td>
<td>Open forum for exchange albeit with a smaller and closed, usually invited, numbers of representatives of population groups and technical experts (and others).</td>
<td>Consultative meetings, policy dialogue, stakeholder consultations, focus groups.</td>
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<td>Deliberative engagement methods.</td>
<td>Small group of selected participants; emphasis is on deliberative nature to elicit informed opinions from lay people and others about a specific health topic. Key characteristics include: preparing participants with data &amp; information, allowing sufficient time to reflect and deliberate, ensuring a non-intimidating environment.</td>
<td>Citizen panels, citizens’ juries, consensus conferences, planning cells, scenario workshops.</td>
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<td>Formalised mechanisms with fixed seats for the population, communities and/or civil society.</td>
<td>A fixed (at least for a certain period of time) group of people coming together to make recommendations and/or decisions. Certain seats are reserved for the lay population, community groups, and/or civil society representatives. The mechanism may be anchored in a legal framework.</td>
<td>Health council, health committee, district committees, citizen advisory boards, representation on steering groups and review boards.</td>
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confirm weak government collaboration with civil society, with pockets of good partnerships happening primarily in an ad-hoc manner. While ad-hoc interaction may be appropriate for certain policy questions, it should only be a complement to regular government interaction with the people they serve. Especially in terms of moving forward in a post-Covid world, countries must prioritise investment in capacities and skills within their public health sectors to ensure that long-term, functional, social participation mechanisms are embedded in sectoral modus operandi. In order to ensure true institutionalisation, such mechanisms should ideally be anchored in a legal framework, and an adequate, and predictable budget. The latter, in particular, is crucial for ensuring regularity as well as relationship- and trust-building which in turn fosters a culture of participation and dialogue.

Systematic and regular mechanisms for social participation also provide the platform for building the skill sets needed for both government and civil society actors to engage effectively in participatory spaces. Investing in such mechanisms can ensure that post-Covid health system reform does indeed build forward better as it contributes to strengthening the very fabric of society, building the resilience needed to not only tackle future pandemics head-on but also to surmount the inevitable 21st century challenges world leaders face with the transition to a more digital, greener economy.

References