

SPHERE



Social Participation for Health
Engagement, Research, and Empowerment

CONCEPT NOTE

Background

Communities and civil society are pivotal to ensuring that policies and services respond to community needs, leaving no one behind. To enable their involvement, we need a shared vision that defines and shapes civil society's and communities' roles in achieving the Sustainable Development Goals (SDGs), and to ensure they have the ability to carry out those roles beyond 2030. However, in many countries, there is a lack of effective engagement to support civil society advocacy, policy, accountability, and governance processes. In some cases, spaces for participation are shrinking in worrying ways, while in others, valuable models and lessons are emerging.



Image source: Canva
Photographer: Luke Currie-Richardson

In the context of SDG Target 3.8 on Universal Health Coverage (UHC), global advocacy movements such as UHC2030 and institutions including the World Health Organization (WHO) have demanded that people's voices and actions influence how governments use domestic resources and hold them accountable for delivering quality health services for all. Communities and civil society actors must participate meaningfully in the drive toward better health outcomes; momentum around this is increasing, as are tools and processes. The need for active social participation and participatory governance to achieve UHC is embedded in the Political Declaration of the United Nations High Level Meeting on UHC, which emphasizes the need to establish participatory and transparent multi-stakeholder platforms and partnerships to provide inputs into policy development, implementation, and evaluation, including reviewing progress toward UHC (#54). The declaration also states that there should be responsible and ethical regulatory and legislative systems that promote inclusiveness of all stakeholders (#58).

Project Overview

SPHERE brings together actors including the Civil Society Engagement Mechanism for UHC2030 (CSEM), the WHO, and The George Institute for Global Health (TGI), in order to marshal research in service of this agenda and provide support for social participation and community action for health in and beyond the SDG context.

The primary goals of this project are, over a four-year period, to:

- (1) Document the experiences of countries in promoting social participation in health;
- (2) Collaborate with communities and civil society organizations (CSOs) to promote country-specific implementation models and evaluate their impact;
- (3) Draw lessons from country-specific implementation models to advance the wider UHC2030 agenda for all countries.

Governance & Workflow

We have established a Core Committee consisting of representatives from CSEM, the WHO, and TGI India, as well as country-specific members (at present representing Supporting Social Development Initiatives in Vietnam (SCDI), Health NGOs' Network (HENNET) in Kenya, and Fundación Huésped in Argentina). The Committee makes decisions to guide the Secretariat (i.e., TGI India and Management Sciences for Health as a representative of CSEM) in this work.

The Secretariat consults with potential country partners on their suitability for participation, including implementing CSOs at the country level and potential academic partners who could provide research and documentation support. After an implementing CSO and academic partner have been identified, they collaborate to define advocacy priorities. The Secretariat supports them in developing corresponding advocacy strategies and campaigns for social participation, linking them with research. Research activities may include Witness Seminars¹, case study work, and/or rapidly generated research outputs to assist with ongoing mobilization, advocacy, and campaign work (see Draft Workplan on the next page).

¹ The Witness Seminar is a form of oral history developed by British history professor Tilli Tansey in the 1990s. It involves various participants interacting with each other and seminar convenors to discuss, debate, agree, and/or disagree about their reminiscences and significance of circumstances or events in recent history to which they have borne witness. The output of a Witness Seminar is a detailed, annotated transcript which serves as a public record of history.

Draft Workplan

Year 1 (2022)

- Prioritise country partnerships for scoping
- Carry out consultations/orientation in at least two of four countries
- Develop at least two country implementation (and research link) workplans and theory of change models
- Prioritise scope of case studies
- Develop evaluation and learning mechanism (also definition of “wins” and learning goals)
- Integrate with global advocacy activities

Year 2 (2023)

- Carry out workshops/consultations for co-production
- Deliver at least two outputs for each of the two existing partner countries/regions
- Develop at least one more country implementation (and research link) workplan and theory of change model
- Carry out case study work
- Contribute to at least two global advocacy initiatives

Year 3 (2024)

- Carry out workshops/consultations for co-production
- Complete at least two case studies
- Secure at least one implementation “win” as per workplan in at least two countries
- Follow through/contribute to at least two global advocacy initiatives

Year 4 (2025)

- Carry out workshops/consultations for co-production
- Secure at least one implementation “win” as per workplan in all/remaining countries
- Complete all four case studies
- Complete evaluation
- Follow through/contribute to at least two2 global advocacy initiatives