



## Public Participation in Health Policy

By: Dr. Moran Nagid and Maureen Amitai

*This paper seeks to deepen our existing knowledge about public participation processes in health policy through the presentation and analysis of various examples and case studies of public participation policies in the field of health from around the world, with particular attention paid to the lessons that can be learned from management of the 2020 coronavirus crisis.*

The **first chapter** details the lessons from the 2020 Covid-19 crisis, covering the topics of: building trust; cooperative administration; building community resilience; decentralizing authority and resources to the local arenas; and minority communities' involvement.

The **second chapter** looks more closely at the issue of public participation in health policy: what the international landscape looks like, which issues are suitable for citizen engagement, and what are the common models for involving the public in health policy.

The **third chapter** examines the idea of involving civil society organizations in public participation processes, detailing seven test cases.

The **fourth chapter** describes the resultant guiding principles for productive participation processes.

### Summary:

An in-depth look at the international experience in fighting the coronavirus indicates the existence of a direct relationship between the level of public trust in decision-makers and significant achievements in combating the virus, such as slowing the rate of spread and a reduced mortality rate. Where the use of enforcement and punishment tools generated distrust and led to public disorder, particularly among relatively vulnerable social groups, strategies based on voluntary cooperation proved to be more effective.

The core principle of cooperative policy in general is the assumption that since optimal management of emergency situations involves rapid and efficient responses to evolving challenges, extensive cooperation with all citizens is vital, particularly with the private and third sector, so as to efficiently utilize their knowledge and experience resources.

Local communities play a crucial role during crises, often functioning as a resilience network that integrates and connects population resources and community capabilities to the tasks required on the ground. Communities and their leaders have the ability to gain residents' trust and mobilize them for cooperation and civic discipline, and this is borne out in historical records. The central government is the most appropriate body for managing the crisis 'from the top', through establishing principles, formulating clear and uniform guiding action plans, and leading processes of guidance, control, accompaniment, and information analysis, while

the local and community levels operates 'from below' and serve as conduits for bidirectional information from bottom to top and vice versa.

Minority communities represent a challenge in this sense, since both practical barriers (such as cultural and linguistic differences) and trust-related issues manifest in various degrees of reluctance or inability to cooperate with guidelines - such as early identification of infected individuals and compliance with isolation instructions in health emergencies.

Institutionalized public participation policy – which is an integral part of decision-making processes – requires the creation of appropriate legal, technological, and structural infrastructure and the allocation of suitable resources (of human and financial capital) to establish and lead the processes. The prevailing conception is that the more a policy area has significant and direct influence on citizens' lives – the greater the corresponding tendency for citizen participation, as well as the greater justification for involving them in the process. Health policy, which directly affects public health and citizens' quality of life, is thus perceived as having high participation potential.

Research literature indicates that the effectiveness and contribution of public involvement in formulating health policy is particularly relevant precisely in the more complex areas of knowledge involving considerations of ethics and values. Arguably, the greater the connection between values and policy, the stronger the justification becomes for involving those who are destined to be affected by the policy.

Different models of participation exist. This paper examined the following: dialogue with the public; public hearings and conferences; consultations within national and local health institutions; local and national health councils; representation of the public in advisory boards; and online platforms for dialogue and cooperation. Each model was analyzed by a test case, extrapolating its advantages (such as direct contact between health authorities and the relevant target audience in the consultation model); disadvantages (such as political influence in the health council model); and when it is most suitable (such as the public conference model for long-term or recurring processes).

Civil society organizations provide services that the government cannot or is not willing to provide, due to lack of political interest, resource limitations, or lack of trust among certain populations. Effective public participation doesn't require organizations to be health-focused - their community connections and accessibility can make them valuable partners regardless of their primary area of work. Civil society can serve a variety of health-related functions, from medical service provision to efficient distribution of resources.

The involvement of civil society is advantageous from three different vantage points: (i) *the government* is externally supported, and gains the organizations' creativity, resources and greater flexibility; (ii) *the public* gains the chance to have a say in formulating and implementing public health policy; (iii) and *the civil society organizations* gain legitimacy, experience and influence in shaping public health policy. That being said, risks should be borne in mind – such as some groups being represented at the expense of others and a potential lack of accountability.

Seven test cases from around the world, such as the citizen engagement project in the Vancouver Still Creek in Canada, showcase the success of such involvement, each also pointing to particular insights, such as the advantage of civil organizations using their ongoing contact with citizens to mediate the transfer of knowledge and information between them and decision-makers.

### **Nine guiding principles for effective participation:**

1. **Discern** which **issues** are suitable for the participation process.

2. **Identify the target audiences** projected to be affected by the policy.
3. **Invest in** initiating, encouraging and broadening **local initiatives and processes** for participation.
4. **Allocate resources** and build dedicated tools **for public participation**, to avoid engagement initiatives getting stymied at the local level due to lack of financial resources, manpower, knowledge, or appropriate human capital.
5. **Tailor** the participation process **to the target audience and subject matter**.
6. **Clearly define** the participation **issue**, starting in the early stage of planning.
7. **Build independent arenas** for public participation for bottom-up solutions and ideas.
8. **Incorporate civil society** organizations.
9. **Adhere to transparency and reliability** principles regarding the provision of data and information, including missteps and failures.

For the [full Hebrew paper](#)