10.L. Round table: Working with society: strategies and instruments addressing the governance challenge

Organised by: European Observatory, WHO EURO and EUPHA section on Public health practice and policy
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Chairperson(s): Kai Michelsen – The Netherlands, Monika Kosinska – WHO Europe

Background
Civil society organizations (CSO) make a huge contribution to health and health systems. They provide evidence, contribute to policy development, exercise advocacy, help consensus building, act as watch dogs, provide services to members and to the public, engage in standard settings, act as self-regulators and are key in industrial relations in the health sector. They tackle a large variety of diverse health issues and represent the interest of different constituencies including citizens, patients and stakeholders.

International agencies have acknowledged the importance of CSOs. WHO's Health 2020, the new European Policy and Strategy for the 21st Century is building on inter-sectoral governance, promoting a whole-of-society approach. The European Commission has established the Health Policy Forum with 52 accredited umbrella organizations representing European stakeholders in public health and healthcare. The Health Policy Forum shall support policy making and implementation through consultation. And there are many national and regional governments that are aiming to strengthen health systems and improve the health of the population by reaching out to civil society.

But there is no common definition of CSOs across Europe and often not even within countries. It is therefore difficult to decide what counts as CSO and should be included in dialogue and collaboration. Contentious is the inclusion of trade association or the inclusion of organizations which have no clear constituency to represent. There is no common practice across Europe dealing with CSOs, which in some countries limits the effectiveness of policy making, service delivery and governance. There is no pool of shared experiences and no robust comparative research.

Objective
We combine various ongoing projects addressing the following objectives:

- Identifying with whom governments should work
- Clarifying what the specific contribution of CSOs might be
- Presenting structures and instruments that can facilitate dialogue and collaboration between governments and CSOs
- Understanding the contexts conducive to working with society and the investments necessary

The workshop's added value lies in the combination of thorough conceptual/theoretical foundation paired with preliminary results for case studies and practice experiences from the WHO in the European Region. It builds on two current research projects.

The format of the Round Table is therefore focusing on an introductory presentation (abstract 1) that lays out the conceptual underpinnings of the debate. This is followed by an in depth analyzis of a case study (abstract 2). The following presentations are brief and are meant to provide the necessary material for discussion. The chair will have the role as facilitator and bring the workshop participants on board. We will have sufficient time for involving them discussing the presentations and tabling their own first hand experiences.

Key messages:

- Civil Society Organisations contribute to health policy making, service delivery and the governance
- Empowering Civil Society Organisations and strengthening governments for joint dialogue and collaboration requires the use of appropriate instruments and structural investments

Strategies for working with society: what is it and what are the tools and contexts for success
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Objectives
This presentation proves an overview on the conceptual development and results of several literature reviews on four objectives: 1) Presenting a working definition of CSOs 2) Defining main types CSOs 3) Exploring instruments facilitating working with society 4) developing contexts conducive to CSOs.

Results

1. Civil society is the set of organizations (CSOs) that are primarily accountable to their members and those they serve rather than formal government or owners. In our definition accountability to its constituency is added as a key element it becomes a much clearer and applicable definition with practical usage. This means that the members/constituency of the CSO can change its mission, by laws and can elect presidents and replace secretary generals.
2. According to our literature review there are 10 main types of CSOs (causes, economic professions, faith based, ethnic/ascribed, local social health related, international other) falling in to four broader categories (Interest groups, communities, international, other)
3. There is an abundance of instruments to structure dialogue and collaboration between governments and CSOs ranging from contracts to stakeholder platforms.
4. There are four contexts that matter to CSOs. First and foremost the regulatory and legal context: it requires an effective, formal, transparent and efficient system for registering civil society organizations, which is in many countries not the case. Second, CSI are funded by a wide variety of mechanisms. The funding situation must be supported in terms of allowing the CSO to function but to remain independent and accountable to its constituency. Third, the political contexts: what does the government want civil society to do and how does civil society fit into the broader way of doing politics in a given country? Fourth, social contexts are multifarious, but civil society can fill in important gaps, will frequently do so unbidden and can be a key partner if supported.

Whole of Society governance: impressions from the Dutch National Prevention Program All about Health
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The Dutch National Prevention Program 'All about Health' (AaH) 2014-2016) has adopted a 'Whole of Society' (WoS) approach by engaging societal and business organisations as well as public authorities and services to pledge their commitment 'to the realisation of the EiH goals by conducting specific focused activities'. Our two-year evaluation focuses on the governance and organisational conditions for the coherence, spread, consolidation and accountability of health promotion activities in the pledges, and the functioning of the EiH arrangements.

This presentation focuses on the multiple case studies we conducted among six pledge networks in the NPP-AaH. We held 55 interviews with multiple partners and stakeholders at local and national levels, observed a number of network meetings and pledge events, and analysed underlying documents in the cases.

In some of the cases there is a quite advanced entrepreneurial network in which governments are only participating as an equal partner. In other cases we observe an early exploratory network, in which partners focus on exchanging knowledge and experience, and developing common ground. In network development over time in our cases, there seems to be no underlying model, no planned strategy, and it is not so much about tools and instruments nor outcome performance. Rather, it seems to be about accepting what we will not know, acknowledging interdependencies, building trusting relationships, improvising toward credible and trustworthy processes, and about learning from doing. . . and being transparent about it.

Building a consolidating infrastructure for a sustainable order of responsibilities and health impact takes time, effort and risk. Key words in network practices that partners involved regard as successful, seem to be improvisation, agility, acting, avoiding paperwork delays and creating immediately visible activities that change the working, living, caring or recreating environment.

Case studies from the international study on working with society: synthesis of preliminary Results
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Objectives
In this presentation we want to feed into the discussion a synthesis of preliminary results coming from 9 full case studies and 20 mini-case studies from all across Europe

Methods
we will use the framework set out in the first presentation to structure the preliminary results. The full case studies focus on CSOs dealing with the economic and financial crisis (food banks in cyprus), tobacco controll in Poland, providing services to HiV/AIDS patients in Russia, trade-unions in Germany and Austria, Refugees in Turkey, Greek, Italy and Germany and European Pharma governance.

We will analyzse the type of CSO (Interest group, communities, interantional, other), the particular contribution they are making (policy, service, governance) the instruments used to facilitate government/CSO collaboration and to what extend the specific contexts (regulatory/legal, financial, political and socia) are conducive to CSOs.

Conclusions
CSOs are a very heterogenous element in the healthcare arena. The case studies have illustrated they are able contribute enormously and fill gaps where governements cannot deliver e.g. because the social or political context does not allow. There are however limits to working with society. They may have conflicting ideas about policy development and agenda building; they may deal differently with systematic and anecdotal evidence and some of them are just not compatible with mandated government policy. For example with regards to vaccination, CSOs have played ambiguous roles some sowing confusion and doubts e.g. on measles or on HIVP. Some organizations representing citizens and patients have been criticized for in-transparency regarding their funding sources and lines of accountability, raising doubts that vested interest is using CSOs as a vehicle to undermine e.g. tobacco control policies or push certain medicinal products into the market place.

Perspectives from the ground: WHO country work, governance and civil society, some reflections
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In this short presentation we want to move from the theoretical frameworks and the case studies to the practical use of the concepts and experiences presented in this workshop. We want to reflect what lessons can be drawn from the research for practical work. How can we benefit the from the evidence produced? How can we use the frameworks when working with countries to improve health and health systems.