

8.C. Round table: Civil Society governance for health: lessons from network coordination for stronger health impacts

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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. However, the role of CSOs is also contested, i.e. for their short and long term impacts, monitorability and accountability, and possible hidden strategic motives such as increase of market shares or government retrenchment.

So what can we reasonably expect from CSOs in the governance for the health of communities? How could it flourish in addition to other modes of governance where the state, market or associations are dominant? How can it be strengthened by developing a network infrastructure? CSO capacity for health governance depends heavily on a country's historical state-society relationships and can benefit from strengthening the network infrastructure across domains.

Objectives

- Sharing first hand evidence on the role of CSOs in different public health problems from three cases (Turkey, Cyprus, Netherlands)
- Clarifying the added value as well as the limits of what can reasonably be expected from CSOs
- Identifying the building blocks for civil society governance capacity: knowledge and skills, methods and instruments, network infrastructure, changing role of government.

After an introduction of key concepts and conditions, the panel will present and discuss lessons from four country cases. The participants will then interactively identify opportunities and threats in different contexts, in sub groups facilitated by one of the panel members. The session ends with an overview of the building blocks for effective and acceptable CSO governance for health.

This workshop is part of EUPHA (PHPP) Section continuous track 'Innovations in Health Governance'. It is a follow up on the workshop 'Evaluating Whole of Society approaches in public health' (2015) and 'Working with Society' (2016). We aim to gradually build a supportive evidence-based framework for CSO governance.

Key messages:

- The capacity of Civil Society Organisations for taking up a role in health governance in communities depends on the historical relationships between the state and society in a particular country.
- CSO involvement in health governance increases responsiveness to public health needs and can be further strengthened by developing the network infrastructure across policy domains.

Strategies for working with society: what is it and what are the instruments and contexts

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Objectives

This presentation provides 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 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.

Lessons from Russia: Civil Society and the Response to the HIV/AIDS Epidemic

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Background

Civil society has played major roles in addressing the HIV/AIDS epidemic in the Russian Federation, though it is unclear how these role(s) may continue to look like given changes in recent years. The HIV epidemic in Russia continues to grow at an alarming rate, and affects key populations, including people who inject drugs. These key affected populations are either not reached by much of the government response and/or are subject to criminalization and stigmatization. The current social, economic and political context in Russia is often criticized for not being conducive to addressing the HIV epidemic. The role of civil society in addressing the HIV epidemic in Russia is an important topic for analysis.

Objectives

The pitch aims to provide insight into ways that civil society continues to organize a response to the HIV/AIDS epidemic in Russia despite recent shifts in funding mechanisms and political crackdown on international development aid. It highlights the ways in which civil society has participated in and/or coordinated efforts to address HIV/AIDS in Russia; and the current challenges to civil society engagement in the HIV/AIDS response in Russia.

Conclusions

If civil society organizations are going to carry on in their mission to provide HIV prevention services and protect the rights and health of people affected by HIV, then they are going to have to rely on their flexibility, perseverance in advocacy and legal mobilization both domestically and internationally, and creativity through adverse funding situations.

Lessons from Turkey: Syrians under Temporary Protection, Health Services and NGOs

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Background

With the outbreak of civil war in March 2011 in Syria, an estimated 11 million Syrians had left their homeland in order to escape from turmoil. According to statistics from Fall 2016,

Turkey hosts an estimated 3 million Syrians, only 10% of whom live in 26 government-led temporary shelter centers (a.k.a. camps). Local governments, NGOs and IOs became the major partners in the delivery of public services, such as accommodation, education and health care services, alongside government agencies. Two different types of NGOs were studied: ASAM (Association for Solidarity with Asylum Seekers and Migrants), which is an organization that aims to provide generally protection services to all asylum seekers including Syrians; and secondly the Turkish Medical Doctors' Association which is a professional organization of the medical doctors in Turkey who have been involved in the health related challenges of mass influx in different cities and at different levels since 2011.

Conclusions

Despite the existence of multiple NGOs working in the field to meet the international protection needs of the Syrians under Temporary Protection (SuTP), the scant collaboration among different NGOs is apparent when one observes the field closely. The humanitarian crisis and the resulting mass influx also highlighted the need to establish short, medium and long term policy solutions with multiple actors (both governmental and non-governmental) at different levels (local, regional, national, international).

While the SuTP are concentrated in cities near the border with Syria, the health services continue in a relatively appropriate degree. Such resilience seems to have been possible as a consequence of the collaboration with the NGOs in the field.

Lessons from Cyprus: Civil Society in Times of Austerity

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Background

Since 2012, Cyprus has responded in several ways to the labor market changes and austerity measures which followed as a result of the financial crisis and the island's bailout from the Troika in 2013. These conditions strengthened civil society mobilization highlighting it as an example of resilience amidst the mistrust that many Cypriots feel towards the government and their future.

Results

Civil society activities have been instrumental in supporting individuals and families physically through the provision of basic needs as well psychologically through social solidarity. In addition, while individual patient association groups in Cyprus continued and still continue to function as they did prior to the financial crisis, the presence of the Pancyprian Federation of Patients' Associations and Friends, an umbrella

organization representing all patient groups in the country, has grown tremendously stronger in advocating for patients' rights and patient participation in decision making after the financial crisis. The long and unresolved health sector reform, increased OOP payments, low quality services and increased co-payments under the Troika MOU, have mobilized existing but low-profile organizations to take leading roles and emerge as a leading champion in representing the patients' voice in decision and policy making.

Lessons from the Netherlands: Whole of Society governance in the 'All about Health...' program

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Background

In the Netherlands, recent government incentives try to induce new forms of collective action among the state, the market and the community for health and other welfare goods. Experiments with a facilitative rather than controlling government provide early experience of opportunities and pitfalls. A particular example of a governmental programme enhancing collaborative public, private and CSO initiatives for health: 'All about Health...' (AaH) (2014-2016).

Results

The 'AaH...' program, aiming to create a social health movement with CSO pledges to promote health and reduce health inequalities, is an early example of a Whole of Society approach. The WoS approach indicates a shift from government to governance, attempting to reconcile state, market and society, economic and health interests, public and private organisations. In so doing it is also seeking reconciliation of ideas, interest and institutions. Its partners consist of CSOs, commercial businesses and public institutions working together in explorative cross-domain networks with an adaptive attitude in organic and pragmatic processes of learning by doing.

The AaH partners provided evidence, contributed to policy development, exercised advocacy, helped consensus building, acted as watch dogs, provided services to members and to the public, acted as self-regulators and were key in industrial relations in the health sector. They have offered committed people, flexibility, and responsiveness in service delivery. They mostly did so in close collaborative relationships across different domains developing from explorative towards entrepreneurial networks. Nevertheless, in the long run these core features of early networks in the 'AaH...' program are vulnerable. Legitimising new working routines across the partners and domains could be one way of consolidating the rewards, values and impacts of the AaH pledge activities.