

Social Participation to Realise the Right to Health: A Comparative Case Study of Rights-Based Participation in Health Systems

Benjamin Mason Meier,¹ Walter Flores,² Moses Mulumba,³ Christopher Colvin⁴ & Leslie London⁴

¹ University of North Carolina at Chapel Hill; ² Centro de Estudios para la Equidad y Gobernanza en los Sistemas de Salud; ³ Center for Health, Human Rights and Development; ⁴ University of Cape Town



Objectives

- This comparative case study assesses social participation in progressively realising the human right to health, examining the structures that facilitate or impede participation in health systems in South Africa, Guatemala, Uganda, and the United States.
- Such a structural analysis seeks to elucidate the role of power in creating opportunities and obstacles for actors seeking to mobilise community participation in health.

Introduction

- Community participation is crucial to realising the human right to health. It is a means of engaging with policymakers in setting the agenda, developing and implementing health policies, and creating accountability for policy effectiveness.
- However, many health systems have not implemented effective participation.
- To implement interventions to strengthen voice for community action, it is necessary to consider:

1. Access to Information to Raise Awareness
2. Capacity Building for Community Mobilisation
3. Grievance Redress to Produce Change
4. Institutionalization for Sustainable Accountability



This project is supported by an Explorations in Global Health Grant from the UNC Institute for Global Health & Infectious Diseases and funding from the University of Cape Town.



The Right to Health

- Viewing participation as integral to a rights-based approach to health, the legal obligations of the human right to health look to states to:

1. Implement accountability processes in all health policies,
2. Continuously monitor the outcomes of policies,
3. Implement mechanisms to analyse data to generate explanations, justifications and assessment of deficiencies in performance, and
4. Apply remedies where needed.

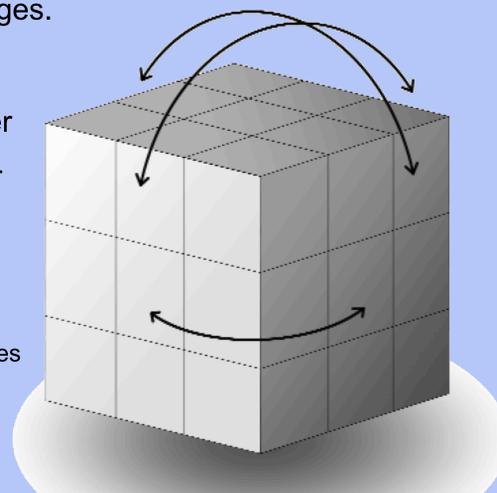
The human right to health entitles all individuals to a health system that is responsive to national and local priorities.

Structures for Participation

- Through participation, citizens communicate directly with service providers and policymakers to demand power in the health system.
- This participation involves a dynamic and purposeful interaction between government, health care workers and the communities in an effort to develop sustainable health services that more effectively address local health needs.
- To fully realize their right to health, community members should be able to realign power, actively engaging with government and health care providers in:
 - setting the agenda;
 - identifying and selecting policy options;
 - implementing health policies; and
 - monitoring and evaluating the effectiveness of policies while holding the government accountable for necessary changes.

Power Cube

- Spaces of Power
- Levers of Power
- Forms of Power



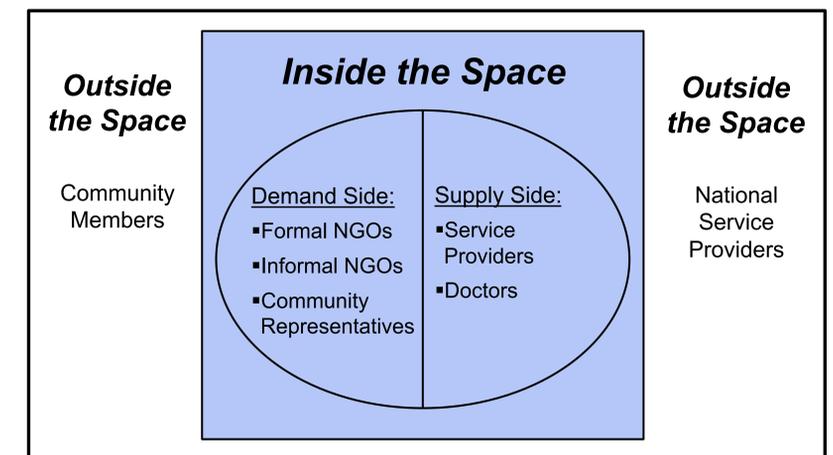
Source: Gaventa, J. (2006) Finding the Spaces for Change: A Power Analysis. *IDS Bulletin*, 37(6), 23-33.

Methods

- I. Comparative case study using semi-structured key informant interviews, document review and participant observation:

A. Key informants are identified through snowball sampling based upon the informants' documented participation in health reform processes.

B. Semi-structured interviews explore participatory spaces:



C. Analysis of the enablers and impediments to meaningful participation in health systems.

Preliminary Findings

- Although policies have resulted in a formal system for participation, many policy actors have struggled to implement community participation in practice due to structural limitations on power.
- Examining multiple context-specific configurations of power—in terms of the spaces, levels and forms of power—illustrates the difficulties of transformative change aimed at realigning power through participation.

Comparative Analysis

- A common conceptual framework is being developed and will be completed in the last quarter of 2014.
- Comparable data collection in all countries will be carried-out during the first half of 2015.