World Health Organization

Strategizing national health in the 21st century: a handbook

Chapter 2

Population consultation on needs and expectations

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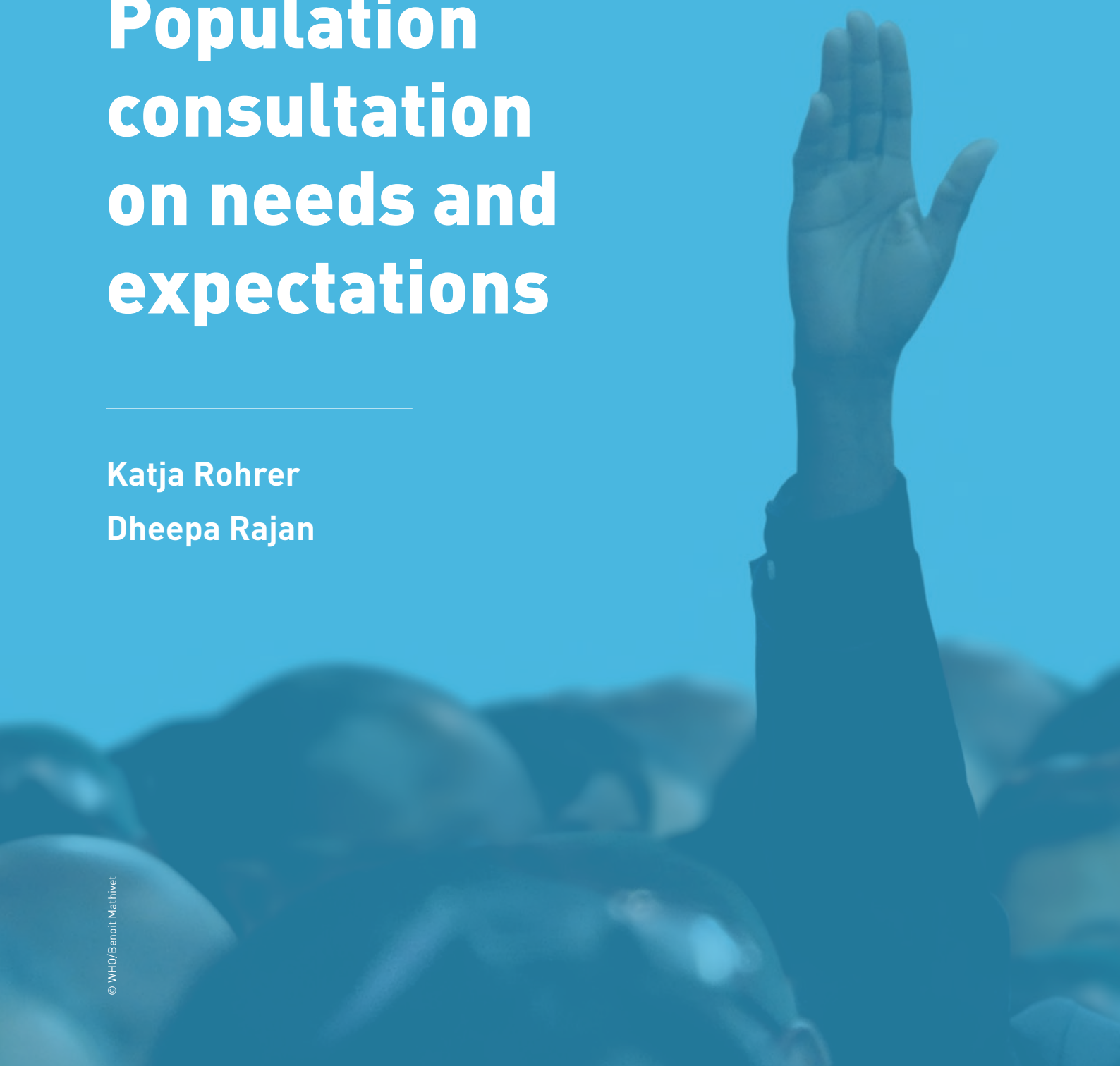

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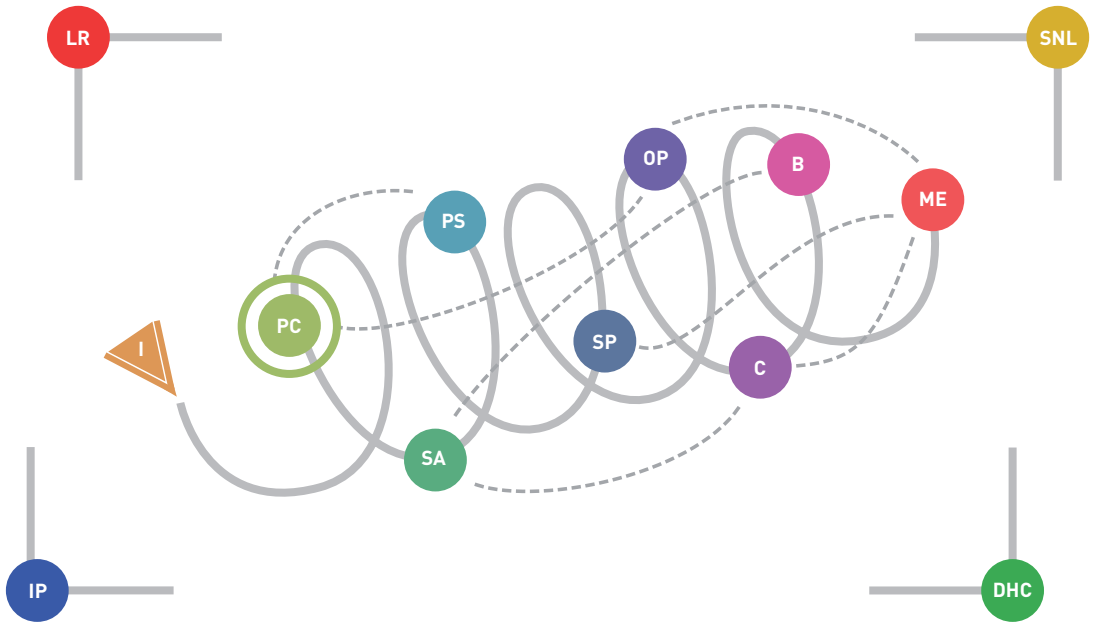

Cross-cutting topics relevant to national health planning

Population consultation on needs and expectations

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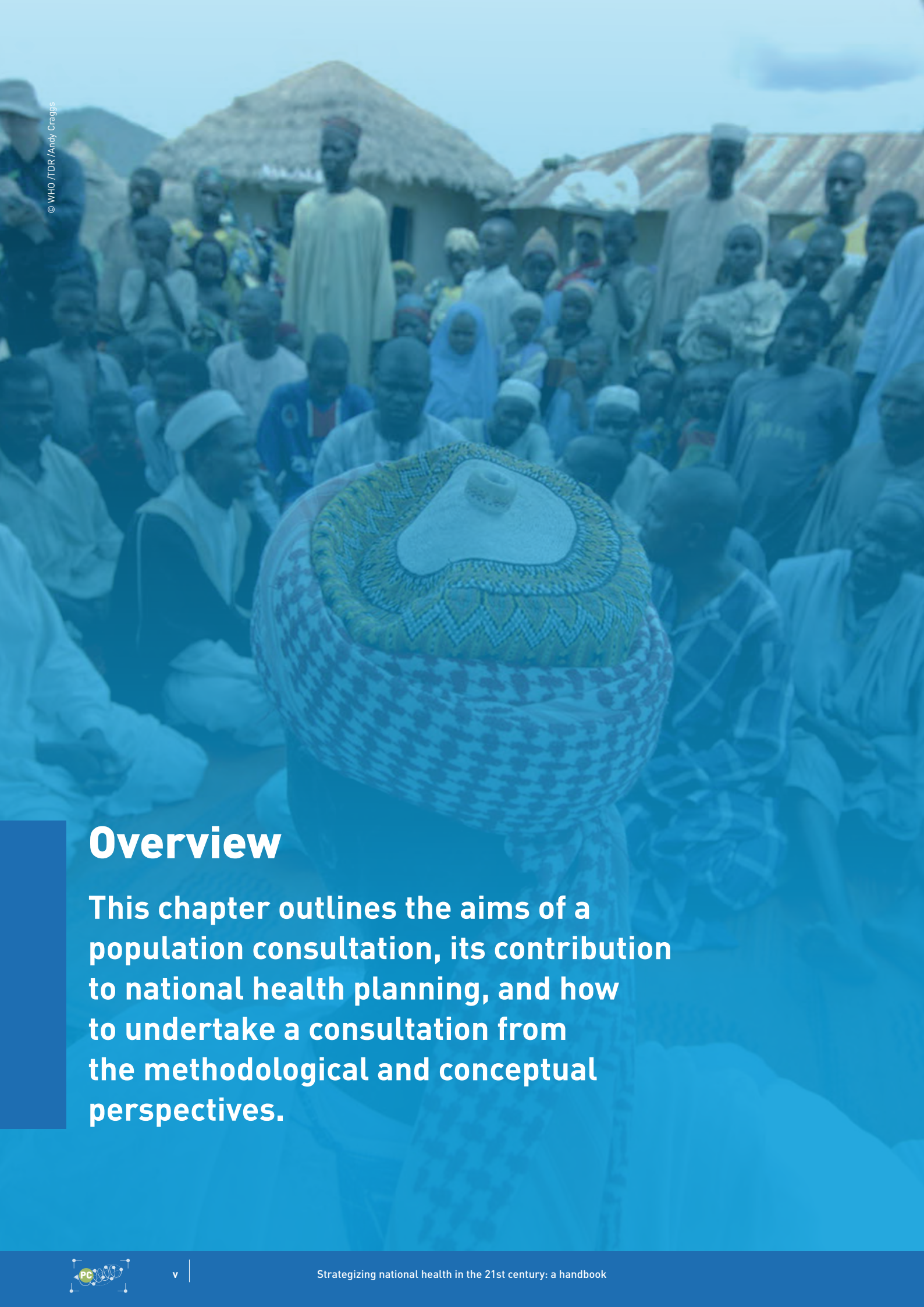

Overview

This chapter outlines the aims of a population consultation, its contribution to national health planning, and how to undertake a consultation from the methodological and conceptual perspectives.

Summary

What is the purpose of a population consultation?

- It is to capture the population's demands, opinions and expectations on health-related matters, in order to improve policy responses.

Why is it important?

The reasons a population consultation is important are:

- to obtain feedback from the population on the current health situation and proposed reforms will enlarge the information base for health policy-making;
- to increase consultation with the ownership and engagement of the population – especially marginalized groups – and to transform the population into active stakeholders;
- to provide essential information on the population's opinions and expectations for improved health outcomes;
- to strengthen monitoring and evaluation;
- to strengthen government policy decisions and resource allocation;
- to improve accountability and transparency.

When should a population consultation be done?

A population consultation can be undertaken at any stage of the health planning cycle. Ideally, it should be one of the first steps of the whole process, so the results can feed into the development of a new national health policy or strategy. It can also be done in the middle of the planning cycle to monitor progress or at the end of the policy development process, in order to get the population's opinion on what has been done.

Who could undertake a population consultation or could be engaged in one?

- Government departments and ministries;
- Independent research institutions and think tanks;
- Foundations;
- Political parties;
- Civil society organizations (CSOs) and non-governmental organizations (NGOs);
- Community leaders and community institutions;
- Market research institutions;
- Media.

How should a population consultation be done?

1. Choose the methodological approach that is suited to the national context:
   - face-to-face dialogue;
   - consultative methods;
   - survey types and survey tools;
   - referendum.
2. Adapt the methodology chosen to your country's circumstances and planning cycle context;
3. Conduct the consultation, and analyse the results;
4. Ensure a sustainable and transparent follow-up to the consultation (develop a road map including the different institutions involved and their roles and responsibilities, processes and follow-up mechanisms).

Anything else to consider?

- Decentralized environment;
- fragile environment;
- highly aid-dependent context.

2.1 What do we mean by "capturing population needs and opinions" on health issues?

2.1.1 What is a population consultation?

Based on the varying degrees of involvement of the population, the Organisation for Economic Co-operation and Development (OECD) identifies a spectrum of interaction between the public and government institutions.

Notification:	communication of information
Consultation:	actively seeking the opinions of interested and affected groups
Participation:	active involvement of interest groups in the formulation of regulatory objectives, policies and approaches

Based on the definition of the OECD, we refer to a consultation as:

(...) a two-way flow of information, which may occur at any stage of [the planning process], from problem identification to evaluation of existing regulation. It may be a one-stage process or, as it is increasingly the case, a continuing dialogue. Consultation is increasingly concerned with the objective of gathering information to facilitate the drafting of higher quality regulation.[1]

In line with this definition, the objectives of a population consultation may include:

- to gauge the population's expectations and opinions on health-related matters;
- to get a sense of people's prevailing thoughts of – and experiences with – the health system;
- to facilitate the inclusion of public opinion in decision-making processes, in policy design and in policy implementation modalities;
- to assess possible unintended consequences of policy decisions.

In this handbook, we refer to a population consultation, even when undertaken regularly, as a special event outside any regular interaction between population and policy-makers. It focuses on seeking information directly from interested and affected parts of the population, rather than referring to institutionalized mechanisms of representation (such as elected, selected or appointed individuals) or using institutionalized forms of participation to express opinions (e.g. local health committees[I] or parliamentary health groups). It is also distinct from consultation mechanisms used by advocacy patient groups, where the purpose of the consultation is to seek support for their respective advocacy cause.

Population consultations are designed to gauge the population's expectations and opinions on health-related matters, get a sense of people's thoughts about the health system, include public opinion in the decision-making process, and/or assess possible unintended consequences of policy decisions.

I Health committees are usually seen as the link between the community (or the district) and the health facility or clinic. Depending on the context and the country, they consist of community members, health personnel, community health workers and local government representatives. They usually serve the community (or the district) by informing them and including them in discussions around the provision of health services. See: UNICEF (United Nations Children's Fund). Evaluation report of the community health strategy implementation in Kenya. 2010 (http://www.unicef.org/evaldatabase/files/14_2010_HE_002_Community_Strategy_Evaluation_report_October_2010.pdf, accessed 29 December 2015).

2.1.2 The spectrum of population consultation

A population consultation should constitute an essential element of the continuous dialogue between the government, decision-makers, other stakeholders' representatives and the population.

A population consultation can happen:

(a) at any stage of the national planning process;

(b) at any level of the state (national, province/region, district);

(c) on varying themes and scopes, for example:
- service delivery modalities;
- policy design and reform processes;
- implementation and management modalities;
- problems and challenges regarding access to health care;

(d) with all parts of the population or just certain groups, for example:
- social categorization: old, young, vulnerable, income, education;
- geographical categorization: urban, rural, population groups that live in hard-to-reach locations or have been affected by natural disasters or civil unrest.

This list is not exhaustive and there are multiple possibilities for its combination.

When discussing population in this chapter, we are referring to the simple Oxford dictionary (2015 edition) definition of population, meaning "a particular group or type of people living in a place"[2], i.e. country, state or district.

When discussing only certain parts of the population, we will identify and specifically name those (e.g. low-income groups of the population).

However, the term population should not be confounded with civil society, which is the "sphere of social interaction between economy and state, composed above all of the intimate sphere (especially family), the sphere of associations (especially voluntary associations), social movements, and forms of public communications."[3]

Population consultations should be undertaken to improve national health planning processes and increase the responsiveness of the health system to population needs and expectations.

2.2 Why do we want to capture population expectations?

The main motivation for undertaking a population consultation should be to improve national health planning processes and consequently increase the responsiveness of the health system to the needs and expectations of the population. Therefore, the basic questions decision-makers should ask themselves when developing a new strategy or a reform are: Will this policy or reform correspond to the population's expectations? Will it be accepted? Will it be used? How can we ensure population buy-in? This section will consider the different reasons for consulting the population, principally from a policy-maker's perspective.

Consultation and participation are cross-cutting principles enshrined in the human rights-based approach to health.

From an international perspective, consultation and participation are cross-cutting principles embodied in international human rights treaties and are enshrined in the human rights-based approach to health.[4, 5] In the long-term, a regularly conducted and methodologically sound consultation may serve as an entry point for the establishment of more institutionalized participatory processes.

2.2.1 A key source of information for policy-making

(a) Governments and ministries of health (MoHs), usually have high technical expertise and good technical information and evidence on normative needs. They may, however, have limited knowledge of the expectations and demands of the population they serve. A population consultation allows for better situation assessment and performance improvement.

For example, if a MoH is aware of low coverage rates, a population consultation might provide insights into the challenges some population groups face when trying to access facilities. Those challenges might not lie uniquely within the sphere of the health sector. A consultation might provide a more holistic view of the social and economic burden the population is facing, thus encouraging the MoH to build bridges to other sectors.

(b) Parliamentary health committees and health groups are positioned at the interface of legislative and executive powers. They are accountable to the population and heavily involved in possible health reform and decision-making processes. For this group, a population consultation is an essential instrument in the policy dialogue process,[6] providing evidence on the demand side and of people's expectations.

(c) Political parties would find an expression of the people's need and demands useful to have it better reflected in political programmes.

(d) Ministries of finance and planning will be more inclined to fund a national strategy or reform that demonstrates that it takes into account population opinions, expectations and demand.

2.2.2 An essential component for influencing policy

(a) Media generally welcome population consultations, as they indicate transparency and accountability on the part of government.

(b) Professional (medical and union) associations represent the health workforce in charge of providing services and implementing national strategies and reforms. For them, consulting the population is key to improving performance, understanding demand and adapting services. It may help them to take appropriate public-health promotion or prevention measures when deemed appropriate (for example, in case of excessive demand for non-essential services).

(c) Civil society organizations represent non-profit-making and/or faith-based partners engaged in health service delivery, health promotion, or advocacy programmes and other interventions. For this group, better understanding of people's demands and expectations through sound consultation methods is essential: it brings evidence to the policy dialogue that they are facilitating in many cases,[II] and captures opinions and expectations of disadvantaged population groups for whom they are advocating.

If a consultation has taken place, **international partners** supporting national health priorities within the framework of International Health Partnership (IHP+)[III] principles of aid effectiveness can better assess if the given national strategies and reforms are in line with population demands and expectations – and where appropriate, can better formulate their own programmes.

2.2.3 Increasing population's ownership

The population is both the recipient of services provided by the health system and the group affected by health policy decisions and health reforms. Engaging in a consultation can help strengthen the voice of the population or of certain population groups (such as marginalized population groups, or people living in remote areas), thus supporting the policy objective of improving health equity. It could enable policy-makers to adjust the services offered, thanks to a better understanding of the population's needs and demands.

It is important for the population to be involved in policy-making as it is both the recipient of services provided by the health system and the group affected by health policy decisions and reforms.

Likewise, it might increase acceptance of policy decisions based on public opinion. Tough reforms or restructuring exercises might be accepted more easily when built on a dialogue between decision-makers, service-providers and service users.[7]

II One example is the role of CSOs in the European Union. The European Commission (EC) has clearly identified them as important stakeholders and facilitators for policy dialogue and actively encourages their involvement in consultation processes (European Commission; 2001; https://www.usaid.gov/evaluation/policy, accessed 14 January 2016).

III For more information, see www.internationalhealthpartnership.net, accessed 14 January 2016.

2.2.4 Increasing accountability and transparency

A national health planning process might not be transparent or even visible to the population. By organizing a population consultation that enhances people's input to and understanding of national health priorities, and by capturing opinions and expectations, the government or the MoH will de facto increase transparency and accountability, especially if the chosen strategy or decisions are in line with population expectations.[8]

Undertaking a consultation is an indication of government accountability and transparency towards its citizens.

It should be recognized that a consultation may expose the government to criticism and objections. However, undertaking a consultation is an indication of government accountability and transparency towards its citizens. How the consultation is organized (including with appropriate measures for more socially-disadvantaged populations), who is involved in its design and implementation, how it is explained to the population, and how consultation outcomes are fed back to the population are key factors in increasing trust and reducing the risk of criticism. It is important that the consultation be seen as unbiased, if it is to be effective and credible.[9] One way some countries ensure that a consultation, or indeed the policy-making process as a whole, is unbiased, is by periodically monitoring the process of participation in health policy development (for example, through human rights institutions).[10]

2.2.5 Support monitoring and evaluation

A population consultation, especially when leading to sustainability of interaction between policy-makers and population, can support the monitoring and evaluation of a strategy or a reform process. For example, a cross-sectional survey undertaken in Turkey to gauge people's opinion on recent healthcare reforms (see section 2.5.3) showed that increased patient satisfaction with quality and responsiveness of health services was well reflected through this exercise.

2.2.6 Support for resource allocation decisions to MoH

Using accrued information and evidence that reflects the population's opinion and expectations can strengthen the position of the MoH in national resource allocation negotiations by providing the requisite backing through evidence-based lines of argumentation.

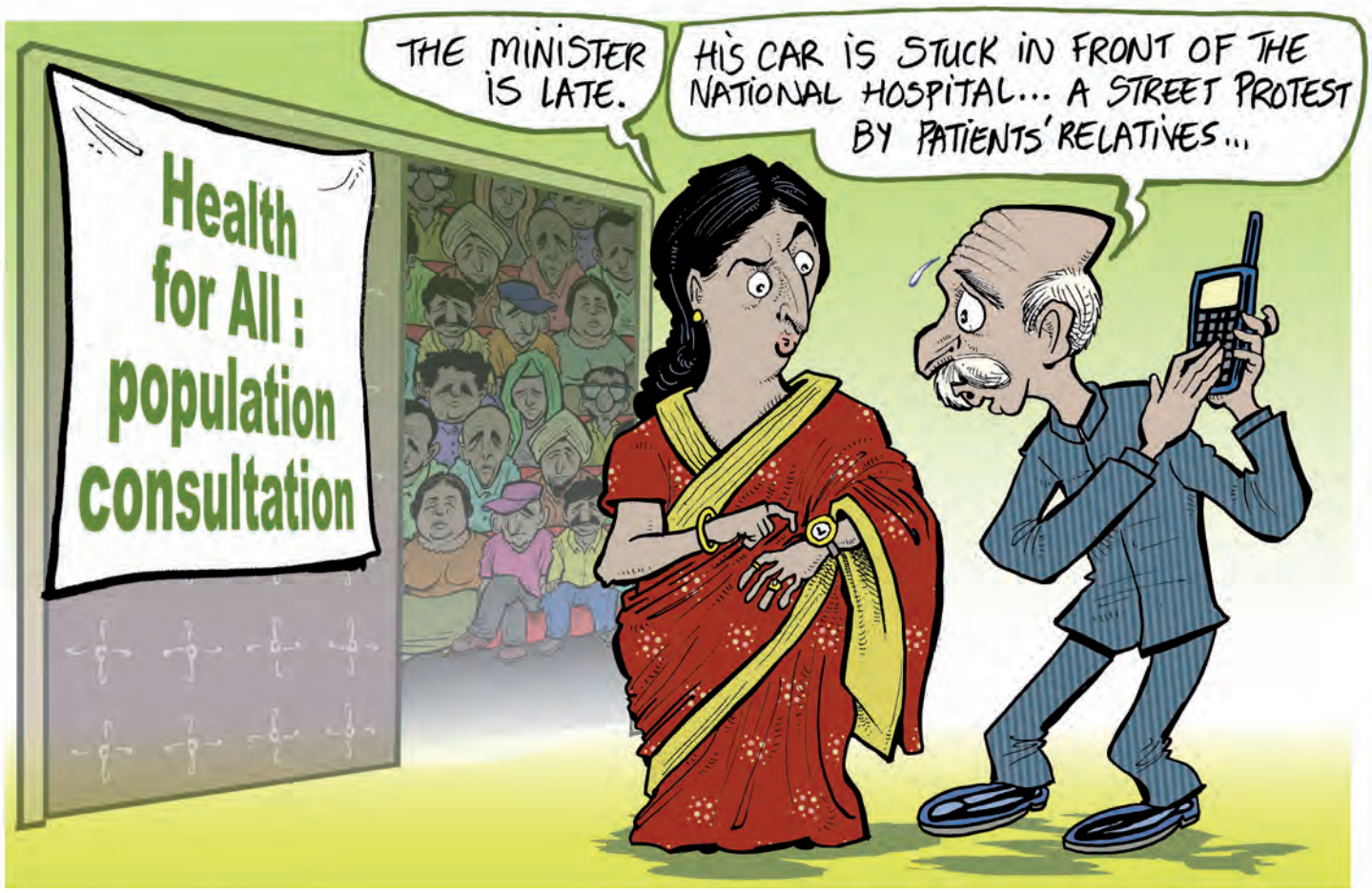

Fig. 2.1 Population consultation

Damian Glez; scenario by Bruno Meessen

2.3 When to conduct a population consultation

Although there is no set timing for a population consultation in regard to national health planning, it is useful for it to take place during the preparation phase of a new plan (even before the situation analysis) or at the beginning of the planning period, since it might heavily influence priority-setting decisions.[IV] To avoid instrumentalization of the results of the consultation, it is best not to undertake a population consultation during a national or local election or pre-election period.[11]

Population consultation involves a certain periodicity; it should be done once per cycle to be able to feed into regular processes like the Joint Annual Review (JAR) and the Mid-Term Review (MTR). Although a costly process, periodicity of the population consultation will increase the ability to trace population needs and expectations over time, and strengthen the relationships built between policy-makers and population. Periodicity also allows for measuring the trend in people's perceptions of the impact of strategies and reforms on their conditions, thus complementing established monitoring and evaluation activities.[12]

For population consultations to be most useful and influence priority-setting decisions, they should take place during the preparation phase of a new plan or at the beginning of a planning period.

IV It is important to ensure that supply of health system services is analysed in parallel to the demand

2.4 Who should be involved – roles and responsibilities

Determining who should be involved in a population consultation depends on the objectives as well as on the level (national, sub-national, district level) and the subject of the consultation.

2.4.1 Multiplicity of stakeholders

Stakeholders who may organize or be actively involved in conducting a population consultation include:

While a multiplicity of stakeholders may organize or be involved in conducting a population consultation, it is important that, regardless of differing views, the consultation be impartial and unbiased.

- government departments, such as the MoH, other ministries (e.g. planning, social welfare, education), and the prime minister or president's office;
- independent research institutions (e.g. universities) and think tanks;
- foundations;
- political parties;
- CSOs and NGOs (including faith-based organizations);
- community leaders and community institutions;
- market research institutions;
- professional associations;
- media.

For the results of the population consultation to be considered legitimate, it is important that it be impartial and unbiased. Some of the listed stakeholders have different views and positions by definition (e.g. political parties). Therefore it is important to make explicit from the beginning that stakeholders should not attempt to influence the process of the consultation or use the results for their own political purposes.

A possible bias and conflicts of interest can also be avoided by involving stakeholders from different political parties and backgrounds in the preparatory phase and in the organizational committee of the consultation:[v]

- to increase the credibility of the consultation, it is important to communicate openly who participated in the process.
- to increase transparency and fairness, the interests behind a consultation should always be communicated to the population.

V See also Commission of the European Communities (2002): Communication from the Commission: towards a reinforced culture of consultation and dialogue – general principles and minimum standards for consultation of interested parties by the Commission, COM 704 final, Brussels (http://ec.europa.eu/governance/docs/comm_standards_en.pdf, accessed 29 December 2015).

2.4.2 Role of the MoH

In many cases, a population consultation is coordinated and conducted by the MoH at national or sub-national level, or by another public entity. However, in some cases, for instance when the ministry is not equipped with the necessary quantitative or qualitative expertise or personnel, it may be preferable for an independent institution (e.g. a research institute) to support the MoH or even actually conduct the consultation. Transparency in the selection process of the independent institution is key. When the MoH is not involved in a public consultation related to health matters and organized by other actors (media, CSO, international organizations, etc.), the organizers should ensure that the MoH is properly informed of the scope and objectives of the consultation, as well as its transparency.

It would also be the MoH´s role to potentially link-up with other ministries to ensure a more holistic approach for conducting the consultation. Especially in regard to concerns of access and affordability of health care, intersectoral collaboration during and in the follow-up to the consultation might be useful (e.g. sectors like social welfare, environment, and finance). At the same time, the MoH should be aware that responses to the consultation might be influenced by service delivery challenges other sectors might be facing.

2.4.3 Role of independent facilitators

When the MoH is the initiator or main organizer of a population consultation, it can be helpful to seek independent facilitators from other stakeholders or agencies. The design of the consultation (content and methodology) should always be led by individuals with expertise in appropriate fields such as:

- technical experts for the specific topics;
- independent experts for survey methods and data analysis.

If an institution external to the MoH is to support or even conduct the population consultation, it is crucial that this third party selection process is transparent.

CSOs can have an important role during a consultation process, as they are often spokespeople for certain population groups. This is a valuable and often necessary way to engage with population groups that have specific needs or might be difficult to include in the consultation. Collaborating with other sectors – such as the social welfare or environmental sectors – may provide entry points for joint coordination on common challenges.

2.4.4 Role of the media

The traditional media – like newspaper, radio and television – will most likely have a dual role during a population consultation, at least in settings where the media enjoys some level of independence from government and other parties.

The media can critically accompany a consultation and also be useful in disseminating information.

On one hand, as part of their self-concept of being free of the influence of the government, the media will monitor and critically accompany all stages of the consultation. They might serve as a neutral actor, reporting on background information and analytical evidence that might be useful for the population when responding to the questions.

On the other hand, even though the media should not be compromised during a consultation, it needs to be recognized that traditional media, and especially television, are accessible to large parts of the population and might be used as means for disseminating information regarding the consultation (see Box 2.1).

The media are a good way to announce publicly that the consultation will happen and inform the population of specificities they need to know.

The MoH (or whoever is leading the consultation process) might need to use the media to pass on relevant information needed to respond to the consultation in an understandable, open and critical way.

The media could be used to disseminate information on the outcomes and the follow-up of the consultation.

Box 2.1

The media as crucial partners contributing to the success of the Societal Dialogue in Tunisia

The Societal Dialogue in Tunisia depended heavily on trust from the population that their feedback and input would be taken seriously and valued. The Steering Committee for the Societal Dialogue, and WHO, which was technically supporting this work, took great care to work closely with the media to spread this message in a sincere way to the population. Measures taken are listed below.

1. A member of the media was invited to be a part of the Technical Committee on Societal Dialogue that was tasked to organize all of the dialogue events. This media member, a television journalist, organized short clips and longer, more informative TV programmes around the societal dialogue, which were widely viewed.

2. Regional radio aired societal dialogue-themed programmes and interviews in the lead-up to various Societal Dialogue events in the regions. These radio programmes were absolutely critical to encouraging people to come to the events and reassuring the populace in a somewhat tense post-revolution context that their voice was truly needed and valued. The Steering Committee on Societal Dialogue initially invited the radio stations to listen to their objectives and aims in order to better understand what was envisaged with the population's input.

3. Newspaper articles and special newspaper supplements were published, mainly to raise visibility and interest in the Societal Dialogue programme but also to underline its aims and objectives in a transparent way.

Box 2.2

China, Hong Kong, Special Administrative Region (SAR): An unexpected outcome from a public consultation process

Health policy development in China, Hong Kong SAR during the last decade is characterized by proposals submitted for population consultation, after which the proposals are modified and re-submitted for consultation. Especially for issues where there are several options and conflicting views, this method has helped the Bureau for Food and Health to obtain a sense of agreement as to the direction in which health sector reform goes.

In 2008, for example, the Bureau for Food and Health launched an effort at health service delivery and financing reform with the publication of a consultation document: Healthcare service and financing reform.[13] The document offered different financing options that the public could comment upon, without an explicit government recommendation for any one of the options. This being said, many accompanying reference materials provided on the Bureau for Food and Health website demonstrated a government preference for a compulsory medical savings account. Several thousand comments were received, including official analyses and commentaries by professional associations, hospitals, and insurance companies. The public consultation resulted in strong opposition to any scheme requiring mandatory contributions, individual savings account or insurance. Instead, the public clearly showed its preference for voluntary schemes subsidized by the government.

Following this consultation, the Bureau for Food and Health drafted a reform proposal and a second consultation paper, entitled My Health, My Choice,[14] was submitted for a second round of consultation in 2010. The document is based on the feedback on the 2008 paper, results from several focus group discussions, and a government-commissioned consultancy report.[15] The crux of the document is a proposal for a private voluntary health insurance scheme called the Health Protection Scheme (HPS). The public consultation results showed support for the scheme; the China, Hong Kong SAR government is thus currently developing a voluntary, government-regulated health insurance system.

Despite the long and careful consultation process, implementation of the new system is not easy, with the devil being in the details. Angry reactions to various aspects of the proposed scheme from special interest groups have led to further internal consultations and re-drafts of the HPS. However, it is to be emphasized that the Bureau for Food and Health has the basic backing of its population to move forward with reform, which gives it a legitimacy to continue working towards a successful HPS that many other MoHs would envy. It is also to be lauded that the Bureau for Food and Health set aside its preference for a mandatory medical savings account once the public voiced its strong opposition to it.

The China, Hong Kong SAR example demonstrates that a public consultation can end up going in unexpected directions. Especially when a MoH is coordinating such a consultation, it is important to accept that internal plans may steer off-course and that the public may not accept a government recommendation.

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2.5 Methodological approaches

The methodological approaches to a population consultation vary considerably, depending on the scope and aims of the consultation. Each approach requires country-specific preparation, which may involve evidence and information gathering, targeted dialogue with special population groups, or a variety of other activities.

In this handbook, the most common approaches to a population consultation will be discussed:

1. face-to-face dialogue with large population sample(s);
2. consultative methods with invited participants from different population groups;
3. survey types and survey tools with invited/selected population groups;
4. one-on-one individual survey types and tools.

Please note that it is always best, if possible, to use several approaches in order to triangulate findings and ensure good representativeness. Each approach will give information about a specific subject in a different way and from different population groups.

- The first approach, a face-to-face dialogue with a large population sample, aims at capturing the views, opinions and expectations of a large cross-section of the population, with the objective to both inform the decision-making process and get widespread participation and buy-in from the population.
- Consultative methods and surveys also aim to inform decisions – the former fosters participation and buy-in as well – albeit with a limited sample size, since participants are usually carefully selected from different population groups.
- A very unique and specific method, which is usually used for the decision-making per se and is only possible within a specific legal context, is the referendum. This method will be presented for information only as it is an interesting way to capture population opinion. However, putting it in place requires a specific cultural, historical, institutional and legal framework which most countries may not have.

The methodological approach to a population consultation depends on the scope and aims of the consultation.

Table 2.1 briefly summarizes the different population consultation methods and gives a practical overview of each method type.

Table 2.1: A practical overview of different population consultation methods

	TYPE	MODE	PURPOSE	WHEN	PREPARATION
1.	Face-to-face dialogue with large population sample(s)	Face-to-face – open debate – open forum for exchange with the population at large	To capture population opinion and expectations, to get widespread participation and buy-in from the population	Before a priority-setting exercise or decision-making process	Good technical situation analysis in terms of content, organization and sampling; media coverage and information/communication campaign

TIMING*	COSTS	ADVANTAGES	CHALLENGES
Between 6 and 12 months; several months of preparation and several months of implementation and analysis	Expensive – face-to-face meetings, facilitation, long-term process, etc. Costs vary with size of the sample, number of events, etc.	Face-to-face debates are normally richer and deeper than individual questionnaires (better information from participants and constructive debates)	Face-to-face debates are normally richer and deeper than individual questionnaires (better information from participants and constructive debates)
		Priorities are built by participants (versus priorities developed by experts in survey questionnaires or referendum questionnaires)	Priorities are built by participants (versus priorities developed by experts in survey questionnaires or referendum questionnaires)
		Large-scale events enjoy wide media coverage – importance of health sector issues is given a boost	Large-scale events enjoy wide media coverage – importance of health sector issues is given a boost
		Direct population involvement and later ownership of policy/plan	Direct population involvement and later ownership of policy/plan
		Greater accountability and transparency demonstrated	Greater accountability and transparency demonstrated

* The timings indicated are very rough-guess estimates. Timing is highly dependent on the amount of financial and human resources available to undertake the consultation. Large countries with large populations will clearly need more time than small countries with small populations.

	TYPE	MODE	PURPOSE	WHEN	PREPARATION
2.	Consultative methods with invited participants from different population groups	Face-to-face – open debate – open forum for exchange with a closed number of representatives of population groups and technical experts	To inform decisions and foster participation and buy-in	Before a priority-setting exercise or decision-making process	Stakeholder analysis is important to ensure good representativity. Good technical situation analysis in terms of content, organization and sampling; media coverage and information/communication campaign play a less important role
3.	Survey types and survey tools with invited/ selected population groups	Individual opinion	To capture population opinion and expectations	To inform priority-setting exercise or decision-making process	Brief information sheets and survey questionnaires preparation (by professionals)
4.	One-on-one individual survey types and tools	Individual	To capture population opinion and expectations	To inform priority-setting exercise or decision-making process	Brief information sheets and survey questionnaires preparation (by professionals)

TIMING*	COSTS	ADVANTAGES	CHALLENGES
Usually several smaller consultations are necessary before the large consultation – this could take 2–4 months; in addition, 2–4 months preparation and 1 month to analyse results	Much less expensive than face-to-face dialogue with large population sample. However, this method is resource intensive in terms of human resource time	Face-to-face debates are normally richer and deeper than individual questionnaires (better information from participants and constructive debates), even if the consultations are limited in size compared to dialogue with a large population sample Possibility to go more in-depth on the technical side of the discussion due to limited number of participants and more technical expertise present More buy-in and ownership of policy/plan Greater accountability and transparency demonstrated Can verify or substantiate information and results in a certain topic area	Ensuring representativity is not easy – a sound stakeholder analysis and good knowledge of the setting is important Resource-intensive especially in terms of human resources – a dedicated person or group of people must work on preparing a consultative meeting or focus group over a period of several weeks Analysis of qualitative methods (especially focus groups) is not straightforward and can be complicated
2-3 months Short period preparation and short period implementation and analysis	Cheap to expensive, depending upon method and sampling	Depends on the type of survey; see Annex 2.1 for more details	Depends on the type of survey; see Annex 2.1 for more details
2-3 months Short period preparation and short period implementation and analysis	Cheap to expensive depending upon method and sampling	Depends on the type of survey; see Annex 2.1 for more details	Depends on the type of survey; see Annex 2.1 for more details

2.5.1 Face-to-face dialogue with large population sample(s)

Face-to-face dialogue with a large cross-section of the population is sometimes termed the "états généraux de la santé" (EGS) in francophone countries. In other settings, it can be called a citizens' assembly, citizens' jury, and/or a citizen forum.

Whatever the term used, the essence of this approach is a large-scale, organized series of public debates. The main characteristic of this method is that it captures the population's opinions and expectations through structured face-to-face debates between the organizers and the population, as well as among citizens themselves. Its purpose is to inform the priority-setting process and/or the decision-making process. Its strength comes from the level of evidence-based technical preparation of the topics to be discussed: from a simple, short and easy-to-understand way of presenting the topics to an excellent structuring of the debates so as to lead to a clear formulation of opinions and expectations.

Large-scale, organized public debates can capture opinions and expectations directly to inform the priority-setting or decision-making process.

The emphasis with this method is on providing the population with an honest, open forum for exchange, with the objective of creating momentum for a particular issue and a better understanding of population views and needs. Volunteer sampling or random sampling can be applied here. Depending on the number of events held, a different sampling approach can be used for different events.

This section contains two examples of face-to-face dialogue with large population samples in two very different settings: France and Tunisia.

Checklist: Necessary resources to capture population views

- ☑ Personnel time
- ☑ Consultant time
- ☑ Travel funds
- ☑ Access to office materials such as computer, phone, and copy machine
- ☑ Interview materials
- ☑ Any necessary trainings
- ☑ Governance bodies' meeting space, time, and refreshments

Box 2.3

The 14 cross-cutting themes for France's 1999 Etats généraux de la santé

1. Newborn health
2. The future of our youth's health
3. Ageing
4. Healthy lifestyle
5. Access to care
6. Drug dependence, addictions and risk reduction
7. Preventive health
8. Quality of health care
9. The patient's right to health
10. Research perspectives
11. Urban hospitals
12. Mental health
13. Palliative care and pain management
14. Cancer screening

France

Today, the rights of health system end-users and their participation in health system decision-making are anchored in public health laws in France. This is partly the result of the last EGS in France, in 1999. This EGS's aim was to get a better insight on the population's main concerns and expectations with respect to the health system and its principal actors. The objective was underpinned by the philosophy of creating a real public debate for health, in stark contrast to a more traditional position that reserved health debates for professionals or health experts.[16]

The magnitude of the French EGS was considerable: nine months of deliberations, over 1000 meetings, and approximately 200 000 people in attendance. The organization of the EGS was very decentralized in order to get better representation of the population. A National Guiding Committee ("Comité d'Orientation") was set up to guide the overall process, while Regional Steering Committees guided and supported the Citizens' Forums and other regional-level activities.

Fourteen cross-cutting themes were selected by the National Guiding Committee. The themes (see Box 2.3) were explained in simple, easy-to-understand language in written material distributed to participants. In addition, the themes were explained orally in detail without too much technical jargon. A specific effort was thus made to bring home the different health themes to the common understanding of all citizens. The regions were given considerable autonomy and freedom to choose sub-topics relevant to them, and to organize debates as appropriate to their context. All of the regions conducted Citizens' Forums; in some regions, health facilities and private clinics offered "open days"; other regions set up radio debates. Yet other regions conducted surveys and questionnaires before the Citizens' Forums and debated on their results in the Forum itself. The decentralized nature of the EGS created a dynamic that was very local in nature and engendered high levels of interest and participation.

The 1999 EGS in France was judged a success, demonstrating that there is considerable potential to mobilize the population on issues which touch them directly, such as health.[17] The subjects that drew the most attention and participation were: access to care, pain and palliative care, ageing, and adolescent health issues. Most of the key recommendations which fed back to government decision-makers were centred on these topics.

Population consultation in France was a huge undertaking with over 20 000 people in attendance, demonstrating that there is considerable potential to mobilize the population on issues which touch them directly, such as health.

Tunisia

Tunisia is a small, upper-middle income country located on the Mediterranean coast of north Africa. It shot to the headlines when its people engaged in civil resistance, leading to the "Arab Spring" revolution that began in December 2010. The demonstrations were spurred on by decades of a repressive regime in addition to high unemployment, corruption, and poor living conditions. The post-revolution context is thus characterized by a strong reaction against these very issues, especially the past lack of citizen voice in any public policy and reform processes.

Given this backdrop, and the very real changes to the Tunisian public sector and society, it was imperative and generally agreed that a fundamental reorientation of the health sector needed to happen sooner rather than later. An in-depth population consultation was crucial to capture people's views, needs, and daily challenges given the post-revolution circumstances.

A programme called "societal dialogue" was launched in 2012 – the emphasis being on the term "societal" in order to highlight the importance of having all of society's actors

involved in reform development.[18] It was clear that the feasibility and acceptability of reforms in the current political and social context was highly dependent on people's participation (or perception of participation). Thus the population consultation in Tunisia was done with the twin aims of capturing population opinion, and of giving people a platform to express themselves in ways that they had never done before.

The first-ever "Citizens' Meetings on Health" were organized in each governorate, where input was gathered on the key challenges in the health sector but also on values and attitudes of the population for sector reforms. On this occasion, citizens also shared their views on how health services could be improved. Simultaneously, focus groups were facilitated for vulnerable populations in different parts of the country (see Box 2.6).

Following the citizens' meetings and focus groups, complemented by several literature reviews and technical studies, several major themes began to emerge as needing urgent reform. With these issues in mind, approximately 100 people selected by lottery from each of the governorates formed a "citizens' jury" with the task of pronouncing a verdict on specific questions around the themes listed below:

- Solidarity and health system financing mechanisms.
- "Neighbourhood health services" and coordination and integration of care.
- Health promotion and health culture.
- Confidence and revitalization of the health sector.[19]

The feedback from these population consultation events has been overwhelmingly positive, even with several obstacles faced (see Box 2.5). The huge popularity of these events has led to the government explicitly recommending this methodology to other sectors such as education and social services. In addition, it has helped citizens' groups to focus on key issues and strengthen their own capacity.

Box 2.4

Principal challenges to Tunisia's population consultation

- Lack of trust that consultation was "real"; Tunisia has a history of consultations which were undertaken in name only so most people assumed that this was the same.
- Diverging interests between different population groups, especially between health professionals and lay people, which very often led to tensions during the consultations
- Difficulty in getting participation from marginalized groups, especially in the Citizens' Meetings on Health. This challenge was overcome by organizing specific focus group sessions for vulnerable and marginalized populations
- Lack of trust and deep-rooted misunderstandings between professionals, ordinary citizens, and government administration

Box 2.5

Population consultation in Tunisia: some numbers[20]

- 96 lottery-selected jury members represented at the Citizens' Jury for Health from 24 governorates
- 120 hours of audio and video recorded material of citizens' voicing their concerns
- 3424 citizens participated in the Citizens' Meetings on Health
- 20 556 kilometers travelled by facilitators for the various population consultation events

2.5.2 Consultative methods with invited participants from different population groups

This section describes two predominant types of consultative methods, the *consultative meeting* and the *focus group*. Two examples of consultative meetings, which were called "états généraux de la santé" in their respective countries, are chronicled, as well as one example of the focus group method being used as part of a larger effort to capture population opinion. The examples are meant to inspire reflection on possible ways to conduct such events, with all its modalities, challenges, and successes.

Please note that the terminology used in various countries for their population consultation methods is anchored in the countries' histories and traditions. Hence, for example, the term "états généraux de la santé" may be used for an event which resembles a face-to-face dialogue with large population sample(s) in one country. In another setting, the same term could be used for a consultation which resembles a consultative workshop or meeting. The same holds true for "policy dialogue", "citizens' jury", etc.

(a) Consultative meetings

Consultative meetings bring together stakeholders who are informed about, have a view on, and/or are experienced in a particular area, for the purpose of voicing their opinions and assessments for a particular objective. These workshops are also called 'états généraux de la santé' in some (francophone) countries; other terms used are 'policy dialogue' and 'stakeholder consultation'. Whatever the term, these meetings are smaller in number than the larger face-to-face consultations mentioned above. Usually, the participants are carefully selected from different population groups to ensure adequate representativity – for example, professional associations, patient groups, district health authorities, and others are typical participants of these types of gatherings. Technical experts from government, development partners, and civil society are usually present as well and may provide specific technical inputs on an issue.

The advantage of consultations with invited participants is that a smaller group can provide greater depth to a discussion. In general, dialogue with a restricted number of invited participants can be more intense, especially when they are well prepared for the discussion. A dialogue in this type of setting can verify or substantiate information and results in a certain topic area, precisely because there is space to present study results and discuss more technically than in a consultation with a general cross-section of the population. Participants must, however, be carefully selected with no conflicts of interest vis-à-vis the issues at hand.

The advantage of consultations with invited participants is that a smaller group can provide greater depth to a discussion.

A caveat to note here is that consultative meetings are heavily dependent on the agenda set, the preparation taken, the facilitator's skill, and the honest effort of the event organizers to be objective and neutral. The intention must sincerely be to gather input on a topic of importance and/or interest and to listen to participants' thoughts and views.

Guinea

In Guinea the 'Etats Généraux de la Santé', as its consultative meeting was called, was held on 23–25 June 2014, and is seen as one of the key preparatory steps in the development of the new 10-year National Health Development Plan (NHDP). To prepare the EGS,[21] a sound technical analysis of the health system was undertaken by thematic groups gathering experts from various backgrounds (including civil society, development partners and other ministries). One of the outcomes of this analysis was a series of suggestions for a new health sector vision statement as well as the identification of a number of key, transversal issues important for framing the future of the sector.

The EGS in Guinea combined a technical analysis with expert opinion, bringing in other points of view and a more system-wide perspective. It enabled a wide range of external stakeholders to contribute to the debate in a political and personal way, rather than in a technical way.

The EGS meeting in Guinea deliberated on the vision statement and on other key questions coming out of the technical analysis. The EGS in Guinea has brought together some 250 participants coming from all sections of society. The meeting was not intended to duplicate or "validate" the technical analysis, but to go beyond and complement it by bringing in other points of view and a more system-wide perspective. The EGS enabled a wide range of external stakeholders to contribute to the debate in a political and personal way, rather than in a technical way. In addition, it provided a forum whereby the population could express their expectations of the health sector, and produce useful recommendations to be included in the NHDP. Expectations are high for a successful reorientation of the health sector to be reflected in the NHDP.

Haiti

In Haiti, the impetus for conducting a consultative workshop, which was also termed an 'Etats Généraux de la Santé', in 2012 was to prepare for a new overarching National Health Plan which would serve as a reference document for the health sector. The EGS was preceded by intense organized debate and deliberation within the ten administrative departments (akin to states or regions) of the country – these discussions were more technical in nature and were conducted mainly by health and/or policy experts. Following this, a three-day EGS took place on the basis of the results of the departmental discussions. Suggestions and proposals from these two events helped to steer the development of a new National Health Policy and a National Strategic Health Plan 2012–2022.

During the three days, guided group discussions with selected themes were interspersed with plenary sessions, which allowed different groups to present their work to the rest of the participants and then debate upon it. The five key themes which were decided during the departmental discussions were: governance; decentralization; human resources for health; service provision and health service financing; and monitoring and evaluation.

The high-level representation and wide media coverage of the EGS impressed upon the Haitian population the importance their government was placing in the health sector. Results of the EGS discussion directly fed into the formulation phase of the National Strategic Health Plan 2012–2022.

(b) Focus groups

Focus group interviews are usually done with small, relatively homogeneous groups (6–12) of people with similar backgrounds and experience. The homogeneity and the much smaller size of the groups are the main differences from consultative workshops. The group interviews provide a platform to discuss a specific topic freely and interactively, with the help of a moderator. The moderator uses general guidelines and protocol such as introducing the subject, keeping the discussion flowing while using subtle probing techniques, and preventing a few participants from dominating the discussions. Note-takers record comments and observations. A session generally lasts one to two hours.

Focus group discussions allow a more in-depth exploration of stakeholder opinions, similar or divergent points of view, judgements, as well as information on behaviours, understanding and perceptions of an initiative. They are also extremely useful for gathering information on tangible and intangible changes resulting from an initiative.

Generally, several sessions are held on the same specific topic. Data should be adequately recorded (e.g. audio-taped), and discussed jointly by the moderator, observers and note-takers at the end of each session. Discussions should start with very general issues, then continue with topics of ever-increasing specificity. A skilful facilitator is required to ensure balanced participation of all members.

Focus groups represent a fairly low-cost, quick, and reliable way to obtain a broad range and depth of qualitative information, notably overall impressions from diverse stakeholders. The flexible format allows the facilitator to explore unanticipated issues and encourages interaction among participants. In a group setting, participants provide checks and balances, thus minimizing false or extreme views and providing a quality control mechanism.

This method is particularly adapted for complex issues as it helps uncover perceptions, attitudes, feelings and customers' preferences in a more in-depth, focused way. Focus groups are also good for testing the acceptability of and/or possible resistance to specific development initiatives, as well as in developing effective communication strategies to gain acceptance for new ways of doing things.

Potential drawbacks to this method include its time-intensiveness and potential difficulty to schedule. Qualitative data is generally more challenging and time-consuming to analyse. A discussion guide should be carefully prepared and pre-tested/adapted if possible. Finding a skilled moderator who facilitates rather than acts as an authoritative figure can be difficult.

Focus groups differ from consultative meetings in that they involve less people at a time and the groups are generally fairly homogeneous.

The discussions are also susceptible to facilitator bias, which can undermine the validity and reliability of findings; discussions can be sidetracked or dominated by a few vocal individuals as well. Many of these bias issues can, however, be solved with a well-trained facilitator.

In order to be able to generalize focus group findings, it is important to corroborate information (triangulation) with further focus group discussions or other methods. If not, the findings may only relate to specific communities or localities – they thus risk being less valid and reliable than formal surveys.

Tunisia

In Tunisia, the focus groups were used as a tool to go more in-depth into barriers to healthcare access faced particularly by vulnerable and marginalized population groups.

In Tunisia, the focus groups were used as a tool to go more in-depth into barriers to healthcare access faced particularly by vulnerable and marginalized population groups. Within the context mentioned earlier, a concerted effort to capture population opinion for purposes of redefining the health sector vision into a new National Health Policy was the general backdrop for this work. The focus groups were hence only one of a series of methods used to capture population opinion.

The Citizens' Meetings on Health gave extremely valuable feedback on perceptions of the Tunisian health system by the vast majority of the population. However, it was felt that challenges specific to vulnerable groups were not adequately captured. The focus groups were thus organized in several governorates, each focus group being for one homogenous marginalized group (see Box 2.6 below for list of groups targeted for focus group discussions). The focus group discussions allowed for a much more in-depth insight into very real healthcare difficulties faced by vulnerable groups which were not expressed by others. In addition, the groups' main expectations and hopes for an improved health system were teased out during these discussions. This would have been difficult and potentially distracting in the larger Citizens' Meetings.

A central challenge in conducting the focus groups in Tunisia was identifying and training facilitators – not an unusual challenge in any setting. Due to tensions between anything perceived as coming from the central government in some of the more interior regions of the country, extensive preparation on the ground was necessary beforehand. Alliances were forged with local media and allies sought to spread the message as to the true aims and objectives of the focus groups. Facilitators' backgrounds were carefully taken into consideration during the selection process. Three facilitators and one observer conducted all focus group discussions. They received detailed scripts and were trained by an external focus group expert from Canada.

The main facilitator came with a civil society background, displayed excellent empathy with the focus group, and was very popular. The drawback with a facilitator who identifies with the focus group participants is becoming too involved and taking up much of the talking time. The second facilitator was a retired higher-level governorate official who was appreciated by focus group participants for his calm professionalism. He inspired confidence. The drawback was that participants had side meetings with him, sometimes during the focus group, to discuss personal issues. The third facilitator did not intervene in the discussions and was mainly present to take notes.

The findings from the focus groups were triangulated with data coming from other population consultation events in Tunisia. Therefore, it is safe to say that the focus group facilitator issues that may have led to any type of bias in the findings were largely cancelled out. However, this example demonstrates that finding skilled facilitators, or facilitating a group oneself, is a tall order which should not be underestimated.

Box 2.6

Vulnerable and marginalized populations targeted for focus group discussions in Tunisia

- patients living in remote areas;
- patients living in poor urban; zones
- single mothers;
- families living in impoverished regions;
- isolated senior citizens; families living in polluted industrial areas.

2.5.3 Survey types and survey tools with invited/selected population groups

One-on-one individual survey types and tools

Like the face-to-face dialogue with large population samples and consultative workshops, the purpose of a survey is to capture the opinion of the population and its expectations. However, the methodology is different and leads to different results: in surveys, debates do not take place; randomly selected citizens answer questionnaires prepared by technical experts and statisticians, or answer interviews guided by professional interviewers.

A multiplicity of methods exists to survey the population, with specific advantages and challenges presented in the tables in Annex 2.1. In addition, two examples of capturing population opinion via surveys are outlined: one on health sector reform in Turkey and the other, on physical activity levels in the 28 European Union (EU) member states.

Turkey

Population opinion on Turkey's health system reform (Health Transformation Programme)

Turkey began major health sector reforms, the Health Transformation Programme (HTP), in 2003, with the aim of increasing access, availability, and patient satisfaction with health care. The principal pillars of the reform were:

- accessibility: all public health facilities were transferred to the MoH as the principal public provider of care;
- financing: the "Social Security and Universal Health Insurance Law" extended insurance coverage to the entire population and established the Social Security Institute as the principal purchaser of health services;
- people-centred primary care: the family practitioner is given a clear gatekeeper role, with every Turkish resident assigned to one or a group of family practitioners;
- healthcare quality: quality units have been established at the ministerial, provincial, and organizational levels;
- patient's rights: special units within healthcare institutions that investigate complaints by patients and providers.

Several initiatives were used to gauge population opinion and satisfaction with the ongoing reforms. The Turkish Statistics Institute's (TURKSTAT) Life Satisfaction Survey reported 39.5% overall population satisfaction with health services in 2003, just before the launch of the HTP. In 2010, that number had dramatically increased to 73%.[22] In 2013, Ali Jadoo et al. surveyed almost 500 households spread across seven regions with regard to population views on the Turkish health system before and after the HTP reform.[23] The closed-ended questionnaire delivered personally to households specifically requested respondents to compare their views on health services before the reform and at the

In surveys, randomly selected citizens answer prepared questions from technical experts or answer interviews guided by professional interviewers.

present time. Over three quarters of the respondents preferred the current health system and were more satisfied with health services now than previously.

Eurobarometer structured interview: physical activity in the European Union

The standard Eurobarometer,[24] or public opinion surveys, was established in 1973 with the aim of gauging population views on various topics. Internationally recognized survey research institutes, on behalf of the European Commission (EC), monitor public opinion in the Member States, mainly for use in policy-making and for better communication with EU citizens. In the EU political and institutional context, opinion polls are not merely seen as a simple instrument to collect information, but as a source of legitimacy. Despite some critique on its methodology (notably regarding the use of closed-ended questions), the Eurobarometer is now widely seen as an effective investigative instrument for the EU and European research institutions. In addition, the Eurobarometer has contributed to European leaders' taking the opinion of EU citizens more seriously.[25]

The Eurobarometer is both a tool designed and used by political institutions and a database created with the help of researchers in social sciences, who are its main users.

The Eurobarometer is a hybrid instrument: it is both a tool designed and used by political institutions – mainly the EC – and a database created with the help of researchers in social sciences, who are its main users. Indeed, in addition to internal use by the EC, primary data is placed at the disposal of the scientific community for research and training.

Each survey consists of approximately 1000 face-to-face interviews per Member State. When needed, in-depth thematic studies are carried out for various services of the European Commission or other EU institutions and integrated into standard Eurobarometer's polling waves. One such example is a series of recent studies (2002, 2009, 2014) on physical activity levels in Europe. EU member state residents aged 15 and over took part. A multi-stage, random sampling technique was applied. All interviews were based on a structured questionnaire and carried out face-to-face in the respondent's home and in the appropriate national language.

Results showed that the overall trend in physical activity remained unchanged over the last 12 years in the EU. In general, citizens in the northern part of the EU remain more active in sport and physical activity than the citizens in the southern part.[26] Almost half (47%) of the inhabitants of the 28 EU Member States were active physically at least once a month, while 42% were not active at all in sports or other physical activities. The main reason stated by citizens for participating in a sport or to be physically active is to improve one's health. The main reason for not practicing a sport more regularly is a lack of time.

One of the decisions resulting from the survey data was an EC plan to launch a European Week of Sport from 2015 onwards, with a view to encouraging people to engage more in sport and physical activity.[27]

2.5.4 Referendum

Contrary to surveys and consultative meetings or face-to-face consultations, a referendum is a political decision-making process. It is a vote by the population on various options for a particular topic, which leads to a decision/endorsement by parliament. Even if it effectively captures the population opinion and expectations, it is much stronger than the two other ways of consulting the population presented earlier. Also, its preparation is different and normally more in-depth: sound technical consultations have taken place, as well as costing of options, discussion of advantages and challenges of the different options, the way the options fit with the political programmes of the different parties, etc. Since only a few countries, including Switzerland, incorporate use of the referendum as part of their legal system, this interesting way of consulting the population should be considered as an exception.

Switzerland

Switzerland has a unique system of direct democracy whereby any Swiss citizen can initiate a popular referendum with the requisite number of signatures gathered within a certain time frame. Within the last 10 years, many such popular referenda have been initiated on health-specific issues, with health financing and insurance funds being the most frequently contested topic. Population consultation thus takes on a very different meaning in Switzerland, as people are not only consulted but also called upon to make health-sector decisions.

One of the key issues dividing Swiss public opinion is the financing of the costly health system and the role of health insurance funds. Residents of Switzerland choose their health insurance from a plethora of private not-for-profit funds.[VI] A popular referendum in 2007 sought to change this landscape with a single government-operated health insurance fund. Following heavy campaigning by the pro- and contra- groups, 72% of the population voted against the single health insurance fund. Critics denounced the heavy political influence and lobbying by insurance companies and professional associations. Swiss citizen groups complained that both sides' calculations of hypothetical insurance premiums with the proposed single fund were faulty and conflicting.

What are the consequences of the population deciding regularly through referenda on health sector issues? Those in favour argue that direct democracy is a powerful instrument, which ensures that all decisions are widely debated. In addition, extreme laws and measures have little chance of being passed. On the other hand, the decision-making process can be very slow and any major change or reform, often necessary in the health sector, can be arduous or blocked altogether. It should be noted that most popular referenda in Switzerland uphold the status quo.[28 29 30]

A referendum is a vote by the population on various options for a particular topic. Referenda are usually preceded by technical discussions, a costing of options, debates on advantages and challenges, and a clear stand taken by different political parties.

VI Swiss residents can purchase health insurance coverage from private insurers, who are not allowed to earn profits on the mandated benefit package but may earn profits on supplemental insurance only.

2.6 Factors for success: translating the theoretical approaches into practical realities

As seen in the previous parts of this chapter, a successful population consultation can allow health policy-makers to:

In preparing for population consultations, policy-makers should pay special attention that methods and measures capture the views of all groups of the population, including the "hard-to-reach".

1. engage with different socioeconomic groups;
2. increase people's understanding of and engagement in the policy-making processes; and
3. assess people's opinions and expectations, and better inform the decision-making process.

To all the three layers of a population consultation, there are issues that one would need to take into consideration because they might cause more concern than others, depending of the context of the country in question.

Issues of concern which policy-makers will need to pay special attention to:

1. the methods and measures should be able to capture the views of all groups of the population, including the so-called "hard-to-reach";
2. findings should be relevant as opinions and expectations of the population.

2.6.1 Reaching the hard-to-reach

When undertaking a population consultation, particularly in the context of moving towards universal health coverage, it is important to design a methodology which addresses the full social and political spectrum of the country. Issues that one might be confronted with and which might cause special concern are linked to gauging the opinion of those who are not well represented. One of the main conceptual and logistical challenges is to capture opinions and expectations of marginalized minority groups, who are "hard-to-reach"[VII] due to geographical and/or social barriers. To this end, it is important to understand who these population groups are and why they are hard-to-reach.

VII This handbook uses the term "hard-to-reach", bearing in mind its limitations and risks, since the main idea is to provide an idea of how to overcome the challenges.

Box 2.7

Romanian health sector reform: what do the more vulnerable and hard-to-reach think?

The 2002 assessment of population opinion on the health sector reforms which took place in the decade following the fall of the Berlin Wall in 1989 and the consequent dissolution of the Soviet Union in 1991 highlighted that involving the population in (reform) decisions leads to better acceptance of the changes (e.g. when introducing co-payments). The assessment surveyed roughly 600 adults from Dolj district and demonstrated that one third of the respondents believe that the reforms have affected the quality of care in a negative way; half of the respondents had a contrasting opinion. The majority of the respondents preferred the new health care system over the old one.

An interesting sub-analysis, however, showed that those who use health services more frequently believe that they have less access to health services than before the reforms. The elderly, the chronically ill, and the poor consistently expressed their belief that quality of care and accessibility of services have decreased over time. This category of respondents is usually the target of health sector reforms under the principle of providing care to those who need it most – but according to the study in Romania, this is the very category of people who seem to prefer the previous health care system.

The study authors advance the problematic of Romania's health reform decisions being non-participatory as a key reason for vulnerable groups' distrust in and negative evaluation of the reforms. The study results underline the need to particularly target hard-to-reach and vulnerable groups when seeking population opinion and when designing reform, especially since they will likely be the most affected by it and the ones who have the most decided opinion on it.[31]

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Who is hard-to-reach for a population consultation and why is it important to reach them?

There is no homogenous definition of hard-to-reach population groups. "Hard-to-reach" as a term is problematic itself since it is used inconsistently, can be misleading and might even be stigmatizing.[32] Therefore it is important to have a closer look at the structure of hard-to-reach groups to be able to allow for some differentiation and hence, more suitable consultation methodologies.

When studying the literature, we can see that there are two perceptions of "hard-to-reach" groups:

"Hard-to-reach" groups are most commonly perceived as those who might be difficult to access when providing services and those who are unable or might not feel comfortable engaging in the consultation process.

- those who might be difficult to access when providing services (service delivery perspective); and
- those who are unable or might not feel comfortable engaging in the consultation process (a so-called "sociological perspective").

It is the sociological perspective (or lens) that we need to take into consideration, in addition to the aspect of being unable to receive health services (e.g. economically disadvantaged), when discussing population consultation. For this specific group of people to be included in a population consultation, it might be necessary to design tailored approaches that are adjusted to their needs and living conditions, and that can manage to capture their input.

People who are hard-to-reach for a population consultation could be:

unresponsive: time-poor, hard-working, commuting between job and home;

silent: illiterate, not enough formal education to be able to answer surveys;

uninterested: the consultation could not be of interest because it is not perceived as useful to them;

travelling: no identification with local area/district (migrants, nomads);

not travelling: people who might lack transportation to the consultation venues;

averse: disappointed with political processes or previously rejected by political authorities (e.g. single parents) or difficult to influence (e.g. strong religious beliefs);

young: people who might not have the age to vote or actively participate in political process yet (not registered), but still might be a good source of information.

The two perspectives of "hard-to-reach" groups ("service delivery perspective" and "sociological perspective") might not be mutually exclusive. Persons difficult to be approached from a service delivery perspective ("underserved"), might also be silent or unresponsive. People who are not visible in public or formal space might not have adequate access to health services.

Each country will need to define its hard-to-reach population according to its own context and characteristics, and tailor its approaches to consulting the broad spectrum of population accordingly.

Designing tailored approaches to gather needs and opinions of hard-to-reach population groups

Context-specific tailored approaches to design an inclusive consultation process including hard-to-reach groups need to be developed, for example:

- printing materials in different/local languages/dialects and even considering illiteracy, working with visual techniques or simply adjusting methodologies to the skills of participants;
- interviewers speak local dialect and/or are from the community themselves;
- methodologies (questionnaires, interviews, etc.) chosen depending on the community context;
- design of interview questions to be chosen according to the context of the community;
- involving community leaders, or peer-group leaders, in the design and logistical arrangements of the consultation to increase comprehensiveness of the consultation materials or processes and reliability of the participants;[33]
- when intending to create relationships between policy-makers and population groups, a face-to-face methodology might be more helpful.

Any methodology chosen will have effects on the short-term arrangements as well as on the long-term goals of the consultation. Including qualitative components (e.g. personal interviews, group brainstorming) will also allow for more flexibility towards people in marginalized living conditions, and will enable the interviewer to capture information regarding the context of these living conditions – and might therefore be more appropriate for consultation of the hard-to-reach.[34]

Potential risks

When tailoring approaches for hard-to-reach groups, it might be worthwhile using supporting documentation (e.g. community health records, statistical information) and also trying to draw from the knowledge and experience of health workers. However, a certain caution might be necessary, since health workers may only have information on those who actually use health services, which may be biased towards people who can afford health services (most likely homeless or very poor/destitute might not be able to do so) and believe that the available health services can help them. Also, information gathered through supporting documentation might not necessarily represent the opinions and expectations of the hardest-to-reach.

Supporting data and information that is drawn from health workers might be biased towards those who can afford health services.

Positive effects of consulting hard-to-reach are listed below:

- It might increase the sentiment of recognition of their specific problems by the MoH and the social/political system.
- Consultation processes can pave the way of better involving marginalized and hard-to-reach communities in policy and decision-making processes.
- It enables policy-makers to design specific, tailored policies better accepted by these groups and potentially improving the equity orientation of health systems performance.
- Strategies and plans tailored to these groups are more likely to be supported by the communities, which might increase the likelihood of success of these strategies.

2.6.2 Ensuring relevance of the findings

Understanding and correctly interpreting the replies to a consultation is essential to drawing the right conclusions. It also increases the legitimacy of the policy decision that will (hopefully) build on its findings. At the same time, making most use of the results of the consultation for the ensuing situation analysis and priority-setting processes is essential for it to be successful. This section explores when a consultation can be considered relevant and useful in terms of participants and contents.

Relevance in terms of participation

The inclusion of marginalized or hard-to-reach groups in the overall sample is a key criterion to assess representativeness. In addition, even though the information drawn from the survey (or any other method that was used) seems to be correct, there might still be some caveats regarding the relevance of the information sought. A few examples:

Hard-to-reach population groups are not homogenous, they vary from country to country and sometimes even within a country, based on political context and social living conditions.

Was the methodological approach chosen (e.g. culturally and socially) acceptable to the consulted groups? Would a different methodology have a different return of information?

Were the levels of knowledge and understanding of the participants high enough to be able to give well-thought-out replies to the questions?

Were the questions phrased simply enough to ensure that every participant was able to provide an answer that is useful to the consultation?

Is it possible to assume that the needs and opinions expressed by the chosen participants are characteristic for the whole population of the assessed district or country?

Were the formats for consultation appropriate for the circumstances/living conditions and capacities of more disadvantaged and marginalized populations (e.g. in case of lack of IT connectivity, illiteracy, opportunity costs of engagement).

It is important to keep in mind that consultation (as outlined on section 2.1.1) consists of a "two-way flow of information" and it is part of the responsibility of the MoH when undertaking a consultation to pass on all relevant information in an understandable and open way to the concerned population, in order for them to be able to give informed answers.[35] There is a danger that people might not be knowledgeable enough to give well-thought-out answers.[36]

Pure participation of marginalized groups does therefore not automatically increase relevance or representativeness.[37] When looking at the population consultations that were undertaken to assess opinions on changes in the Romanian healthcare system[38] as well the Turkish health care reform,[39] it becomes apparent that opinions might vary greatly among individuals wand among socioeconomic groups. The participation of a variety of (sub-)groups is therefore extremely important and cannot be limited to those who are most easily accessible and available.

Sometimes, including the full population might not be possible. In this case, recruitment criteria for participants will need to be established, keeping in mind that any sort of recruitment criteria and methodology will introduce some bias into the consultation, given that the criteria will be based on preferences of the institution undertaking the consultation.

A common challenge regarding participation is the management of expectations. A Canadian study specifically looking into public consultation challenges highlighted this issue:

> *Officials anticipate large numbers of participants; fewer citizens participate than expected, creating the impression of public apathy. Officials expect citizens to have a solid grasp on the issues if they are offering them up as input to the policy-making process; some participants have limited policy knowledge, engendering scepticism about the practical value of their contributions.*[40]

Policy-makers and other stakeholders who are engaged in the consultation should be aware of their expectations beforehand; this can help put into perspective the relevance of the exercise and facilitate an increased level of participation.

Assessing the gaps between expectations and status quo as the main objective of a consultation – a difficult exercise

One of the main goals of a population consultation is to capture the gaps between population expectations and the current situation or, in other words, the difference between what the population perceives to get with the current system versus what the population would like to get (in the future). Some attention needs to be given to some aspects of the consultation process that might hinder capturing these gaps.

Gathered information should always be contextualized. As an example, the population consultation in Turkey on the health reform process showed that people with lower education levels where less satisfied with the Turkish health system than people with higher education levels. In this regard, it was essential to contextualize these findings, and acknowledge that people with low(er) education levels are exposed to higher chances of out-of-pocket expenditure which leads to lower levels of satisfaction.[41]

It is important to contextualize the data and information collected.

Also, individual views and experiences might differ from community views. It is almost impossible to include whole communities in nationwide consultation processes, but it should always be remembered to put extreme individual views in context.

Opinions and needs addressed to policy and decision-makers without them actively seeking it

Public stakeholders engaged in health should always be open-minded towards expressions of public opinions, whether they be officially organized consultations, conventional forms of expression through demonstrations or protests, or unconventional forms such as viral internet campaigns or on social media.

This chapter has mainly focused on discussing population consultation based on the understanding that a public institution is actively seeking population opinion and an expression of their needs. However, in some cases, it is not a public institution that is asking for information; it might as well be the population, or groups of the population, trying to pass a message to policy-makers in other ways. Capturing needs and opinions expressed by the population or groups of the population through "conventional forms" (e.g. demonstrations, protests, strikes, petitions) or "unconventional forms" of public engagement (e.g. viral campaigns via Internet) might be equally as important as an organized consultation. MoHs, parliamentary health groups, or any other public stakeholder engaged in health, should always be open-minded towards spontaneous or organized forms of expression of public opinion.

It is also important to recognize that social media has an increasing role in expression of public opinion. Population (groups) may find easy access to platforms of communication and possible ways of distributing their interests through the Internet. A MoH might want to take advantage of that and make use of social media to interact with the population.

However, it is important to keep in mind that the increasing role of mass media, which usually purports to echo public opinion, might not necessarily reflect representativeness. There is a risk that the most visible will be heard loud and clear whereas the invisible (hard-to-reach) might not have access to those functionalities.

Examples of forms of engagement for policy-makers

Protests

The health care reform ("ObamaCare") in the USA has led to a wide array of demonstrations and protests, both from supporters and from opponents. Both political camps used these protests to further nurture their campaigns and arguments. The decision-making process during the health care reform was heavily influenced and shaped by forms of spontaneous expression of public opinion.

Public consultation session

In Germany, most parliamentarians (including Ministers and Chancellor) offer public consultation sessions in their electoral districts. Anyone can attend those sessions and discuss whatever they feel important. Some of the parliamentarians even provide online chat sessions to interact with the public.[42]

Using social networks to communicate with the population

The Health Promotion Board of the MoH of Singapore[43] and the Ontario MoH and Long Term Care (Canada)[44] use Facebook to disseminate information on health issues and to communicate with the public. People can leave comments, ask questions and interact with the Board.

The MoH of New Zealand[45] and the United Kingdom Department of Health[46] use "Twitter" to disseminate information and react to comments.

2.6.3 Ensuring communication and feedback

Feedback and visible follow-up are two key elements to develop the dynamics of a virtuous circle between the population and the policy level that will have positive implications on accountability and ownership.

A crucial issue when interacting with the public is the management of expectations. It should be communicated from the beginning what the aim of the consultation is, why people are consulted and how their input to the consultation and the results of the consultation will be used.[VIII] In this sense, it is also essential to provide feedback to the population on the outcomes of the consultation. In addition, it is necessary to show that the consultation was followed-up, fed the decision-making processes and led to concrete actions.

Ensuring feedback to the population

Providing feedback is essential. It demonstrates to the communities both the value that is given to their opinion, views and expectations, and the importance of the consultation to policy-makers. Good communication regarding the translation of the population´s input to policy decisions is essential. This type of feedback to the population can also be done during another stage of the planning process, likely during or after the priority-setting exercise.

Another reason for providing feedback is to allow for continuity in the interaction and relationships built during the consultation process between the state and the population. If no feedback is provided, the population might resist undertaking another consultation at a later point in time. This feedback process must be thought through, planned and budgeted from the very beginning, during the initial planning phase of the consultation.

One step in the feedback process could be a verification of the results by the community at hand. This may or may not be feasible, depending on the heterogeneity of the community – it may be difficult for various community members to find themselves and their points of view in the synthesis document, which may lead to resentment. In such a case, an effort to dialogue with the community and adequately explain how the findings were derived might make more sense.

Feedback can be provided in various forms, with different degrees of interaction. The most direct form would certainly be providing feedback directly to the people that were surveyed or to the whole community. Another, less direct method, could be to use media, like newspaper, television or radio, including press releases or mailings to disseminate information on the outcomes and the follow-up of the consultation. The least direct version would be through a formal review process, for example during the MoH's annual sector review.[47]

Finally, and regardless of how feedback is provided, it is important to create mechanisms or transparent discussion platforms through which the findings from the consultation can be disseminated, discussed, and questioned afterwards.

Feedback after the population consultation is crucial; it shows communities that value is given to their opinion, views and expectations and allows for continuity in the interaction and relationships built during the consultation process between the state and population.

VIII Giving people the chance to opt-out and not participate in the consultation should also be ensured. Obviously, the preferred option is for the whole/consulted part of the population to participate. Nevertheless, communication with the population and preparation of the consultation should highlight the voluntary aspects of the consultation and that people might chose not to participate, without fearing restrictions or sanctions. Especially poor parts of the population depending on public services should be reassured that the (non-)participation as well as their replies to the consultation will not have any effect on their ability to benefit from public services.

Ensuring follow-up and sustainability of the dynamic created among and between population groups and stakeholders

Equally important as providing feedback is the actual follow-up of activities post-consultation that need to be timely and transparently communicated to the population.

Follow-up to the consultation mainly consists of translating consultation results into priorities and finally into policy decisions.

Follow-up to the consultation is mainly organized around the translation of the results into priorities and finally into policy decisions. As discussed above, feedback to the population and validation of their input – respective to the results of the consultation – is a first step in this process. Subsequent steps would include the translation of the population´s input into policy recommendations and then into policy design.

It is important to realize that the population consultation per se raises expectations. Those expectations need to be addressed, and communication on actions is key. These expectations may even create dynamics leading to better sustainability and further engagement, an opportunity that should not be missed by policy-makers. In some consultations an unexpected positive side-effect occurs due to continuing interaction with the population: communities and population groups find creative and innovative ideas themselves through discussions and debates, leading to local solutions to their own problems.[48]

A consultation might also serve as an entry point for introducing a permanent link for exchange between the public sector and the population, for instance through the establishment of an ombudsperson.[IX]

Whichever way to ensure follow-up is chosen, a population consultation without follow-up (just for the sake of the consultation) should be avoided. The follow-up process as well as the communication plan should be thought through, planned and budgeted at the planning stage of the consultation process.

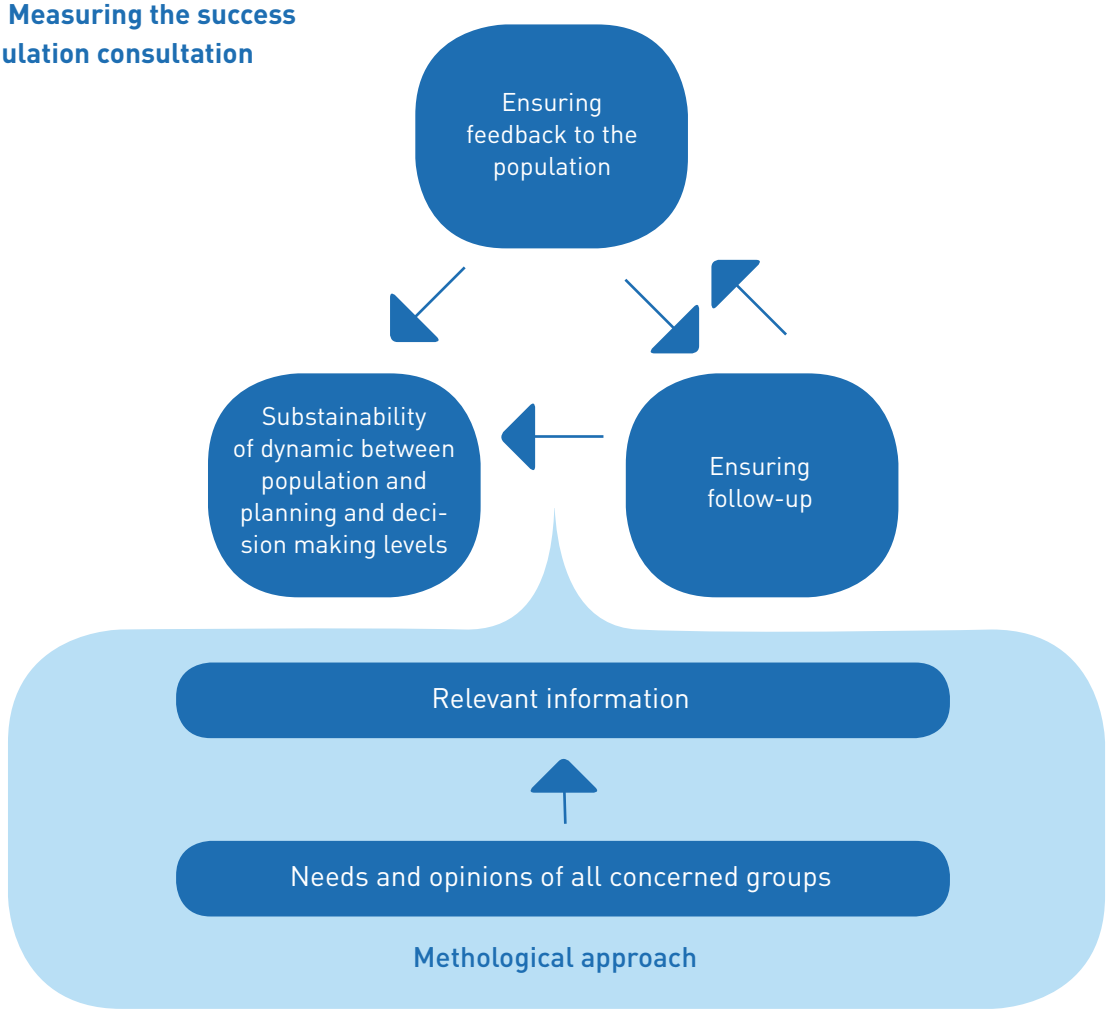
IX An example for a well-established system of ombudspersons, in the public sector as well as in the private sector, is Canada. See: Forum of Canadian Ombudsmen, www.ombudsmanforum.ca

2.7 How to measure the success of a population consultation

To summarize, for a population consultation to be successful, it is important to:

- design a satisfactory methodological approach to assess a population's needs and opinions;
- make sure to adequately translate and adapt the chosen methodological approaches to in-country reality;
- ensure optimal utilization of the results as well as sustainability of the consultation through responsible follow up action;
- incorporate the priorities that were identified through the consultation into the planning process and create a demand-oriented strategy/plan/policy;
- introduce a regularity of the consultation for it to credibly feed into national review process (JAR, MTR) and inform policy-makers on a regular basis.

Fig. 2.1 Measuring the success of a population consultation



One of the main aims of the population consultation is to feed into the situation analysis, the priority-setting and decision-making processes, as well as to support monitoring and evaluation efforts. A successful and effective consultation should go one step further and provide feedback, create a sense of follow-up action and introduce some regularity in regard to interaction between public institutions and the population. Providing feedback to the population is a very powerful mechanism to integrate population opinion and needs into the policy decision-making process. At the same time, it has the potential to build a degree of sustainability of the relation between policy-makers and population.

The population consultation should ideally be followed by the situation analysis, with both feeding into the priority-setting of the national (health) planning exercise. Of course, national planning processes are not linear. In some cases it might be very useful to carry out some analytical work before engaging in the consultation to have a better understanding of the questions to be raised.

A successful and effective consultation should provide feedback, create a sense of follow-up action and introduce some regularity in regard to interaction between public institutions and the population.

In the long-term, the consultation would be a point for reflection and policy correction. Every consultation exercise should demonstrate that the results were actively incorporated into the planning process.

Most population consultations in the health sector so far were seen as one-off exercises, which might not lead to the expected outcomes. Repetition or regularity should be sought, as it creates a knowledge base which helps to interpret the data correctly. It also allows participants get used to the process and increases their learning curve.

To summarize: Did we do a good job?

- ✓ The methodology chosen was adequately used and translated to the national context to assess the needs and opinions of the whole (targeted parts of the) population.
- ✓ Feedback was provided to the population after the consultation and a well-thought-out and responsible plan for follow-up action was developed and implemented.
- ✓ The priorities identified through the consultation were incorporated into the planning process and the strategy/plan/policy is demand-oriented.
- ✓ The consultation will happen on a regular basis and will feed into national review process (JAR, MTR) and inform policy-makers on a regular basis.

2.8 What if ...?

Some countries might be facing challenging and difficult situations where it might not be easy to undertake a population consultation or where certain conditions might require more flexible approaches. Subsequently, we are introducing "what if..." scenarios to highlight some of the most common concerns while planning or undertaking a population consultation.

2.8.1 What if your country is decentralized?

For decentralized[X] countries – political decentralization (federal system) as well as geographical (e.g. islands) – to undertake population consultations, it is necessary to look at their constitutional backgrounds and legal frameworks. Usually there is a clear understanding and regulation regarding the feasibility and responsibility concerning population surveys and referenda at national versus sub-national level (see box 2.8).

Box 2.8

Swiss example of rules and regulations between national and sub-national entities and how they are influencing the health landscape

Switzerland is one of the few countries where referenda are regularly undertaken. In addition, Switzerland is an interesting example due to the high degree of decentralization: the cantons have a strong autonomy and are heavily engaged in all phases of the political decision-making process at national level. Even though the cantons are responsible for health care, including for its financing, the health insurance law deals with healthcare policy at the national level.

In 2007 as well as in 2014, the population was called upon to decide whether to reform the health insurance system and abolish private not-for-profit funds, and introduce a single government-operated health insurance fund.

In both instances, the Swiss population voted against the reform. It is now up to the cantons (sub-national level) to bear the financial and managerial consequences of this decision; in most other countries, the reform would have had implications for the regulations and laws at national level.

X For a more detailed discussion regarding the dimension, degree and range of decentralization affecting the content and process of health planning, see Chapter 10 of this handbook.

From a consultation perspective, decentralization can be seen as an asset to engaging population through a consultation and especially to the follow-up. Sub-national entities (e.g. states) tend to be closer to the reality and living conditions of the population. There is an assumption that a bottom-up planning approach, favoured by a decentralized system, which includes participation in planning and political debate through a consultation, will increase the responsiveness of a government/MoH to local needs and expectations.[49] National policies that need to be adaptable to different sub-national (local) contexts will benefit from consultations at sub-national level.

From a consultation perspective, decentralization can be seen as an asset to engaging the population and especially to the consultation follow-up.

At the same time, remote areas could be integrated better into the prioritization process when the design of the consultation itself is taking a decentralized approach. Sub-national institutions could be strengthened during resource allocation negotiations on national level by providing informed evidence of needs and demands.

Laws and regulations in regard to roles and responsibilities between national and federal level will need to serve as the primary guidance. However, even if one of the two levels can overrule the other, it is important to keep in mind that a population consultation might generate useful evidence and information that would ideally feed into policy-making and subsequently into implementation, which is a matter of all levels of government. Therefore, it might still be worth informing and updating all levels regarding the consultation, and including all levels in all stages of the consultation and the subsequent follow-up process. In this case, the coordination between different stakeholders will be more complicated, as not just the horizontal level will need to be coordinated (different stakeholders), but also the vertical level (different levels of government).[50]

Sometimes it might not even be necessary for a consultation to be undertaken for the full country, but only certain groups of the population. In this case, it should be established before the consultation if the region, area or group of population that will be consulted is part of just one federal state or if it might be spread across different states. In the latter case, administrative boundaries should not stand in the way of capturing the views of the entire population concerned.

Table 2.2 gives an indication on what would need to be considered when undertaking a population consultation in a decentralized context, following the framework for a population consultation that was developed during the course of this chapter.

Table 2.2: Issues to consider when undertaking a population consultation in a decentralized setting

RECOMMENDED ACTION	IMPLICATIONS FOR A DECENTRALIZED SYSTEM
Design a satisfactory methodological approach to assess a population's needs and opinions	▸ Inclusiveness of national as well as sub-national levels in the design of the methodology ensured. ▸ Actors that only exist on sub-national (e.g. state MOH, grass-root organizations, professional associations), or only exist on national level (e.g. federal MoH, parliamentary groups, ministries of finance and planning, professional associations) are informed and adequately included.
Make sure to adequately translate and adapt the chosen methodological approaches to in-country reality	▸ Survey method chosen is compliant with legal framework and constitutional background. ▸ Roles and responsibilities between national and sub-national levels have been clarified. ▸ National and sub-national levels are adequately represented during the preparation and follow-up to the consultation. ▸ The methodological design of the consultation was tailored towards the differing characteristics of the population (e.g. different languages, different living conditions due to differences in services and entitlements per state).
Ensure sustainability of the consultation results through feedback and responsible follow-up action	▸ The results of the consultation were made available to all concerned levels. ▸ Follow-up on the results will be demonstrated by national as well as sub-national levels – clear understanding of which level will be responsible for implementation of the follow-up plan.
Incorporate the priorities that were identified through the consultation into the planning process and create a demand oriented strategy/plan/policy	▸ National and sub-national planning processes are equally benefiting from the results of the consultation. ▸ Sub-national as well as national level are accountable towards the population regarding the results of the consultation, regardless at what level the consultation was undertaken.
Introduce a regularity of the consultation for it to credibly feed into national review process (JAR, MTR) and inform policy-makers on a regular basis	▸ Review processes at national level are designed in a way that allows for the results of sub-national consultation processes to be included, and vice versa.

2.8.2 What if fragmentation and/or fragility is an issue in your country?

This section looks at how to undertake population consultations in fragile scenarios. "Fragility" refers to a country that includes certain areas of limited statehood, "where the state does not have the administrative capacity (either material or institutional) to exercise effective control over activities within its own borders".[51]

Countries in crises especially require national health planning approaches tailored to their dynamic context – a population consultation can be very helpful in this regard.

Countries in crises especially require health strategy and plan approaches that are tailored to their dynamic context – a population consultation can be very helpful in this regard. However, fragile contexts are usually highly aid-dependent, with donors influencing the political debate and prioritization processes. Needs and expectations identified through the consultation might have to be defended against donor priorities.

Nevertheless, in a context where efforts must be concentrated and financial and human resource capacities are low, a population consultation could be a good way to not just support the identification of priority areas, but also to realistically measure the resources that might be needed.

Consider whether a population consultation would be possible and what prerequisites would be needed

It might be possible to conduct a population consultation in a country with:

- politically-legitimate but technically-weak government, with a MoH willing to lead health care developments;
- absent, uninterested or resource-less government, leaving both policy formulation and health care provision to other actors.

In such contexts, the MoH might have the ability to conduct the consultation but might need to be supported by other actors.

It might be difficult, but not impossible, to conduct a population consultation in a stable but poor and vulnerable country, with health authorities unable to play a leading role in the health care field (despite their legitimate mandate). The consultation might therefore need to be conducted by a neutral party, supporting the MoH.

It might be impossible to conduct a consultation in a country with a:

- recognized government, formally in charge of the health care field, but opposed by powerful donors on political or human-rights grounds;
- protracted turmoil, with contested government, competing power holders, unresolved conflicts.

Design a satisfactory methodological approach to assess a population's needs and opinions

When designing a methodological approach in distressed situations, it is essential to consider if it is logistically even possible and safe to undertake a population consultation. Fragmented and unstable scenarios can pose an additional burden to the feasibility of the consultation. Additionally, there might be resource and capacity constraints that will need to be tackled with caution.[52]

Due to the political and financial constraints there tends to be a high disconnect between existing policies and plans and realities in fragile/fragmented countries. The focus of the consultation should therefore be around the identification of priorities, to be able to increase government engagement in improving living conditions.

Nevertheless, a population consultation in the face of the highly demanding logistical and political challenges of seeking the population's needs and opinions in these scenarios might be one of the few chances to increase engagement with remote and hard-to-reach population groups. In that regard, a "good governance" approach might even be supported through the consultation.[XI]

Additionally, the consultation could be designed more comprehensively to identify the key contextual factors that need to be considered in the development of health strategies and plans, since those are highly dependent on the current context of the country.

Based on the problem that documentation and quantitative as well as qualitative information regarding the health of the population can be unavailable or difficult to retrieve, the population consultation, if undertaken, can also serve the purpose of putting a firm emphasis on population needs and health status, not just assessing the expectations.

A population consultation in the face of the highly demanding logistical and political challenges in fragile settings might be one of the few chances to increase engagement with remote and hard-to-reach population groups.

XI For a discussion on the inclusion of population (groups) in policy and decision making processes in light of "good governance" see: United Nations Democracy Fund (www.un.org/democracyfund, accessed 4 January 2016).

Make sure to adequately translate and adapt the chosen methodological approaches to in-country reality

The methodological approach used for a population consultation in a fragile setting must be well-thought-out and adjusted to the living conditions of the people.

Adapting methodological approaches to the country context, and especially taking into consideration how to reach all (concerned) parts of the population could be challenging. As discussed, designing context-specific tailored approaches is key in that regard. However, additionally to hard-to-reach groups, political fragility and instability – often going hand-in-hand with a lack of trust in governmental institutions – might decrease a population's interest in participating in this kind of exercise even more.[53] It is therefore important to adjust the methodological approach to the living conditions of the people – hard-to-reach might even be harder to reach when the political and security environment does not offer comfort. Designing a well-thought-out approach and using specifically-tailored methodologies will be critical. Due to the high level of fragility, countrywide generalizations should be avoided when analysing the results of the consultation. It is also important to keep in mind when designing the consultation that violence-affected locations may be better served than peaceful ones, owing to a high representation of donors and aid-backed investments.

It is even more important in these scenarios to be precise and thorough when designing the tailored approach. The approach should be adjusted to the conditions of the (politically and geographically separated) population groups.

- A geographical fragmentation, for example through displacements due to natural disasters, would put an additional logistical burden on a consultation because the population to be consulted might be spread across a huge area.
- If the fragmentation is not geographical, but political, it should take political sensitivities into account. For example, a consultation in a fragmented environment with strong hierarchies could also reinforce those hierarchies and additionally marginalize hard-to-reach groups.[54]

Ensure sustainability of the consultation results through feedback and responsible follow-up action

From a more political perspective, in divided scenarios (either politically and/or geographically) there is, as highlighted before, a danger of using results of a population consultation according to political priorities. In that sense, it is important to be aware that fragmentation in a society might be mirrored in the results of the consultation – depending on the group of population and its relationship with the government/MoH. This will be even more the case in conflict scenarios, where consultations might be used to increase support for one of the conflict groups.

Looking at this from a different angle, a population consultation could also pose an opportunity. Making informed choices during a situation of political fragility could be one of the results of a population consultation and may lead to a more sustainable political scenario. The way decisions are taken could be changed by following-up thoroughly on the results of a population consultation.

Bearing this in mind, follow-up action should be seen as one of the most critical elements of the consultation. Even if the political situation is too difficult to follow-up on a plan right away, feedback to the population should nevertheless be provided.

Even in divided scenarios, consultations have the potential to help change the dynamics of the situation.

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Identify priorities through the consultation to support national health planning processes or system-strengthening processes

During a phase of high fragility and instability, designing a new national plan might not be feasible. The results of the population consultation, instead of laying the groundwork for a well-designed national plan, can be used to support bottom-up planning by introducing demands and needs into the process of building up a functional system.

In that case, the methodological design of the consultation would need to be adjusted so that priorities identified are actually supporting a system-building process. They should, therefore, focus on concrete objectives of the process to improve the health of the population, rather than on defining a conceptual vision that might not be useful for the current situation of the country.

In a context where financial and human resource capacities are low, a population consultation can support the identification of priority areas as well as the estimation of the resources that might be needed.

Keeping this in mind, it is also important to consider that the information that will be collected might not be sufficient in the end to support system-building efforts. Political fragility and instability might decrease a population's capacity, interest, and accessibility to participate in this kind of exercise.

In contexts where part of the country is very accessible, conducting a consultation in that limited area might be possible. However, reliability and representativeness of the results might become an issue of concern, since areas that are open to government/MoH initiatives in a (politically) unstable environment, might not be politically neutral. Including an independent facilitator for the consultation (e.g. research institution) could increase legitimacy.

Introduce a regularity of the consultation for it to credibly feed into national review process (JARs, MTRs) and inform policy-makers on a regular basis

Especially in fragmented and fragile scenarios, it will always be essential to consider the transaction costs of the consultation. If the distressed situation of the country is due to a fragile political environment or based on political unrest, the transaction costs might be too high to conduct a population consultation or introduce certain regularity.

However, even in a distressed situation, the potential benefits of the exercise may overweigh the transaction costs. Therefore, a sound analysis of the environment of the consultation will be necessary, as well as a serious consideration of the potential benefits and negative consequences. Although the work might be very resource-intensive, in fragile scenarios, monitoring trends and evaluation of implementation might be particularly important; a regularly undertaken population consultation might help in this regard.

The following table summarizes some of the issues that should be considered when planning for a population consultation in a fragile environment. Countries under stress will most likely not be able to meet all the criteria that we are suggesting. For a consultation to be successful, therefore, it will be essential to weigh all the criteria against each other.

Table 2.3: Issues to consider when undertaking a population consultation in a fragile state setting

RECOMMENDED ACTION	IMPLICATIONS IN A FRAGILE SETTING
Design a satisfactory methodological approach to assess a population's needs and opinions	▸ Would the potential benefits of the consultation outweigh the costs? ▸ Are logistical arrangements feasible and do they not pose an unacceptable burden on the country? ▸ Are financial and human resources as well as capacities sufficient to manage the process of a consultation? ▸ Is the methodology focusing on the identification of priorities to enable increased government engagement in improving living conditions?
Make sure to adequately translate and adapt the chosen methodological approaches to in-country reality	▸ Do political interests or fragility and instability not undermine the effort to reach out to all (concerned) parts of the population (hard-to-reach)? ▸ If only a part of the population can be reached due to political or geographical inaccessibility, can the outcome of the consultation still be considered representative? ▸ Does the population feel comfortable and secure to participate in the consultation? ▸ Does the population feel safe to express their opinion and needs freely, even though their answers might reflect on the difficult political situation that the country is undergoing? ▸ Are political sensitivities that might influence the process and the outcome of the consultation taken into consideration?
Ensure sustainability of the consultation results through feedback and responsible follow-up action	▸ Will results of the consultation be used in a neutral manner and not be subject to arbitrary political interpretation by opposing (political) camps? ▸ Will follow-up action be possible to undertake, even though the security situation and political context of the country might be changing? ▸ Are results of the consultation reliable enough to be representative, despite a possible lack of control of the information-gathering processes?
Identify priorities through the consultation and support national health planning processes or system-strengthening processes	▸ Can priorities identified in the consultation be used to support planning processes and/or system-building processes? ▸ Can priorities be identified and translated into concrete courses of action? ▸ Will information gathered through the consultation be sufficient to support the purpose of the consultation? ▸ Are donors' engagements coordinated and their efforts harmonized to support priority-setting processes based on the consultation results?
Introduce a regularity of the consultation for it to credibly feed into national review process (JAR, MTR) and inform policy-makers on a regular basis	▸ Are the transaction costs of a population consultation too high to introduce regularity? ▸ Will review processes take place that would benefit from the results of the consultation? ▸ Will policy and decision-makers be able to benefit from the consultation?

2.8.3 What if your country is heavily dependent on aid?

A country that is heavily depending on external aid might suffer from two main constraints when discussing population consultation during a health-planning process.

(a) In a heavily aid-dependent context, prioritization and agenda-setting processes might be influenced by donor priorities. Those priorities and strategic preferences might not necessarily reflect the situation in the country, but might be defined by domestic politics of a donor country – be it through direct support through the donor or through indirect support via Global Health Initiatives.[55] This situation could lead to another risk.

Donor dependency might not necessarily impact the methodology and feasibility of the consultation, but can influence the process as well as impact the outcomes of the consultation.

(b) Countries that are heavily dependent on foreign aid often suffer from a verticalization in the health sector due to programme-specific approaches or programmatic priorities by external donors.

The methodology and feasibility of a consultation might not necessarily be linked to a high or low donor dependency. The question is rather whether a high degree of reliance on foreign aid could influence the process as well as impact the outcomes of the consultation. To better understand in what way the consultation could be affected, policy-makers might need to analyse the situation of their country and assess: a) to what extent donors are influencing the policy autonomy and hence the priority-setting of the government, and b) the institutional strength and weaknesses of the health system.

Based on this assessment, it might be easier to understand how the consultation could be undertaken, what the purpose of the consultation could be, and how donors' support could be helpful without distorting the process or the outcomes of the consultation. From the perspective of a MoH it might be important to consider the gains of such a consultation. A population consultation in an aid-dependent context could be used as a means to provide evidence-based information to support negotiations between and among development partners and government to regain the policy autonomy of the government.[56]

The results of the consultation might even be used to hold up national or local needs and opinions against external priorities. External donors' need for justification back at home ("success stories") could be realized through a public consultation. Policy decisions and actions based on the results of a population consultation are more likely to be supported by the communities, which might also increase the likelihood of success. Whether directly or indirectly (through publicity), success of programmes might attract donor funding. External development partners might even be considered as a source for funding, as well as technical and logistical support for the consultation.

A second layer to this is that active participation of concerned groups in the policy formulation process (in this case, through the consultation) could also lead to an improvement of the quality of aid that is provided by external actors. A population consultation could serve as a control mechanism regarding the quality as well as the compliance with local structures.[57] Many international as well as national initiatives (Busan Partnership, IHP+, Paris Declaration) are trying to increase aid effectiveness and efficiency practices as well as individual donor behaviour to align donor engagement with national priorities as outlined in the National Health Strategy or Plan.[58] The MoH should not hesitate to remind the donor community of their commitments (WHO could be a useful companion in this regard).

The Table 2.4 provides some suggestions of what should be considered when undertaking a population consultation in a heavily external aid-dependent context.

Table 2.4: Issues to consider when undertaking a population consultation in an aid-dependent context

RECOMMENDED ACTION	IMPLICATIONS FOR AN AID-DEPENDENT SETTING
Design a satisfactory methodological approach to assess a population's needs and opinions	▸ When establishing the methods and deciding on who is to be involved (stakeholders), it might be necessary to involve and consult external partners, while retaining the independence of the consultation. ▸ The consultation might be used as a tool to hold national or local needs/opinions against external priorities. Therefore, it could be important to make sure not to stumble over any methodological, conceptual or procedural flaws, and to be very precise and accurate in the design of the approach.
Make sure to adequately translate and adapt the chosen methodological approaches to in-country reality	▸ Donor engagement in consultation processes might change the dynamics and reception of the consultation process within the population, which might influence the results of the consultation.
Ensure sustainability of the consultation results through feedback and responsible follow-up action	▸ Demand orientation will be based on priorities identified in the consultation; in some cases this might not be congruent with programme-specific approaches of donors. A follow-up plan will need to take possible discrepancies into consideration.
Incorporate the priorities that were identified through the consultation into the planning process and create a demand-oriented strategy/plan/policy	▸ In addition to the population consultation, external development partners might still conduct their own analysis (or even consultation) of a specific programme or interpreting people's living conditions. This would need to be clarified well in advance. ▸ Donors' engagements can be coordinated and their efforts harmonized to support priority-setting processes based on the consultation results.
Incorporate the priorities that were identified through the consultation into the planning process and create a demand-oriented strategy/plan/policy	▸ It should be taken into consideration that people benefitting from external aid might not see the difference between external and national actors (e.g. service provision). In some cases, this might distort the results of the consultation and might even influence the outcomes of national review processes.

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2.9 Conclusion

A population consultation will always have positive effects on the interaction between policy-makers and the population, even if it is just a first step. The political power of a population consultation in influencing the policy dialogue should not be underestimated.

A population consultation is a crucial source of information for policy- and decision-makers and an essential component for non-government actors to influence policy in a way which reflects population's perceived needs. Population consultations serve to increase the population's ownership of policies and plans, thereby increasing the chance of successful implementation. In addition, a government demonstrates itself as transparent and accountable by supporting regular population consultation processes and following up on its results.

The most common population consultation approaches as outlined in this chapter range in complexity, resource needs, and scope: a face-to-face dialogue with a large population sample; consultative methods with invited participants from different population groups; surveys with invited or selected population groups; and individual surveys.

A country may choose one or a combination of these methods, depending on its objective, capacities, and resources.

Optimally, the results of the consultation will feed into the priority-setting exercise of the national health planning process. The population consultation unfolds its full usefulness when it is embedded as an essential step of the process into the planning cycle. Different stages of planning can draw from its results. Given that this would be the only possibility for policy-makers to directly interact with the population to jointly define priorities during the planning process, policy-makers should not hesitate to take advantage of this unique opportunity.

Skilful national health planning is an essential part of the aim to reach universal health coverage. In this regard, a population consultation provides a strong foundation for the planning process, linking factors that are outside the health sector (social determinants of health) back to the arena of the MoH, and strengthening the role of state actors in their aims of providing qualitative and free services to all parts of the population.

References

1 Rodrigo D, Amo PA. Background document on public consultation. Paris: Organisation for Economic Co-operation and Development; 2006 (http://www.oecd.org/mena/governance/36785341.pdf, accessed 30 December 2015).

2 Oxford Dictionaries. Oxford: Oxford University Press; 2015 (http://www.oxforddictionaries.com/definition/english/population, accessed 30 December 2015).

3 Cohen JL, Arato A. Civil society and political theory. Cambridge (MA): Massachusetts Institute of Technology; 1994; 9 (Studies in Contemporary German Social Thought).

4 Potts H. Participation and the right to the highest attainable standard of health. Colchester: Human Rights Centre, University of Essex; 2008 (http://repository.essex.ac.uk/9714/, accessed 30 December 2015).

5 United Nations. Human rights indicators: a guide to measurement and implementation. New York (NY)/Geneva: UN Office of the High Commissioner on Human Rights; 2012 (http://www.ohchr.org/Documents/Publications/Human_rights_indicators_en.pdf, accessed 30 December 2015).

6 For a discussion of the roles of (standing) Health Committees and their role in policy-making processes, see: Neuhold C. The "legislative backbone" keeping the institution upright? The role of European Parliament committees in the EU policy-making process. European Integration online Papers. 2001; 5(10) (http://eiop.or.at/eiop/pdf/2001-010.pdf, accessed 30 December 2015).

7 Brookings Institution; University of Bern Project on Internal Displacement. Moving beyond rhetoric: consultation and participation with populations displaced by conflict or natural disasters. 2008 (http://www.brookings.edu/~/media/research/files/reports/2008/10/internal%20displacement/10_internal_displacement.pdf, accessed 30 December 2015); Rodrigo D, Amo PA. 2006 (see ref. 1).

8 Rodrigo D, Amo PA. 2006 (see ref. 1).

9 Handbook on stakeholder consultation and participation in AfDB operations. Tunis-Belvedère: African Development Bank; 2001 (http://www.afdb.org/en/documents/document/handbook-on-stakeholder-consultation-and-participation-in-afdb-operations-17096/, accessed 31 December 2015).

10 Potts H. 2008 (see ref. 4).

11 Government of the UK. Consultation principles. London: Government Digital Service; 2013. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255180/Consultation-Principles-Oct-2013.pdf, accessed 31 December 2015).

12 Communication from the Commission: towards a reinforced culture of consultation and dialogue – general principles and minimum standards for consultation of interested parties by the Commission. Brussels: Commission of the European Communities; 2002 (COM 704 final ; http://ec.europa.eu/governance/docs/comm_standards_en.pdf, accessed 31 December 2015).

13 Documents related to this consultation are archived at: http://www.fhb.gov.hk/beStrong/emain.html, accessed 29 December 2015.

14 http://www.myhealthmychoice.gov.hk/pdf/report/full_report_eng.pdf, accessed 31 December 2015.

15 Local market situation and overseas experience of private health insurance and analysis of stakeholders' views. Hong Kong: Milliman Limited; 2010 (http://www.myhealthmychoice.gov.hk/pdf/studyreport/insurance_background_research.pdf, accessed 31 December 2015).

16 Brücker G, Caniard E. États généraux de la santé: une démarche innovante pour plus de démocratie. Actualité et Dossier en Santé Publique. 1999;27:6–9 (http://www.hcsp.fr/explore.cgi/adsps?ae=adsps&menu=11, accessed 31 December 2015).

17 Ibidem.

18 EU-Luxemburg-WHO Universal Health Coverage Partnership: supporting policy dialogue on national health policies, strategies and plans and universal coverage. Year 2 Report: Jan. 2013 – Dec. 2013. Geneva: WHO. 2014 (http://www.uhcpartnership.net/documents/, accessed 31 December 2015).

19 Universal Health Coverage Partnership [website]: (http://www.uhcpartnership.net/citizens-jury-concludes-in-tunisia-with-key-recommendations-for-a-15-year-health-sector-policy-and-plan/).

20 Notre santé un droit une responsabilité: dialogue sociétal sur les politiques, les stratégies, et les plans nationaux de santé. En bref. Tunisie; 2014 (http://www.hiwarsaha.tn/upload/1409230744.pdf).

21 Preparation of the EGS in Guinea was intensively supported by WHO under the EU-LUX Universal Health Coverage Partnership.

22 Turkish Statistics Institution Data base (TURKSTAT); 2013: table 3 (www.tuik.gov.tr/VeriTabanlari.do?ust_id=11&vt_id=30, accessed 31 December 2015).

23 Ali Jadoo SA, Aljunid SM, Sulku SN, Nur AM. Turkish health system reform from the people's perspective: a cross sectional study. BMC Health Serv Res. 2014;14:30. (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3932508/, accessed 31 December 2015).

24 Eurobarometer surveys are explained at: http://ec.europa.eu/COMMFrontOffice/PublicOpinion/, accessed 12 January 2016).

25 Signorelli S. The EU and public opinions: a love-hate relationship. Paros:Notre Europe – Jacques Delors Institute; 2012 (Studies & Reports 93; http://www.notre-europe.eu/media/eupublicopinionsurveys-signorelli-ne-jdi-nov12.pdf?pdf=ok, accessed 31 December 2015).

26 Sport and physical activity report. Brussels: European Commission; 2014 (Special Eurobarometer 412; http://ec.europa.eu/health/nutrition_physical_activity/docs/ebs_412_en.pdf, accessed 31 December 2015).

27 Press release. Eurobarometer on sport and physical activity. Brussels: European Commission; 2014 (http://europa.eu/rapid/press-release_MEMO-14-207_en.htm).

28 Kirchgaessner E. The status quo bias in direct democracy: empirical results for Switzerland, 1981–1999. (Preliminary version, January 2007, of paper to be presented at the Annual Congress of the Verein für Socialpolitik, Munich, October 9–12, 2007; https://www.researchgate.net/publication/255596026_The_Status_Quo_Bias_in_Direct_Democracy_Empirical_Results_for_Switzerland_1981_-_1999, accessed 17 February 2016).

29 Krieger J, editor. The Oxford companion to comparative politics. volume 2. Oxford: Oxford University Press; 2012, p.430.

30 Immergut EM. Health politics: interests and institutions in Western Europe. Cambridge: Cambridge University Press; 1992.

31 Bara AC, van den Heuvel WJ, Maarse JA, van Dijk J, de Witte LP. Opinions on changes in the Romanian health care system from people's point of view: a descriptive study. Health Policy. 2003;66(2):123–34. pmid: 14585512

32 Jones T, Newburn T. Widening access: improving police relations with hard to reach groups. London: Policing and Reducing Crime Unit, Research, Development and Statistics Directorate; 2001 (Police Research Series 138; http://webarchive.nationalarchives.gov.uk/20110220105210/rds.homeoffice.gov.uk/rds/prgpdfs/prs138.pdf, accessed 31 December 2015).

33 Community health needs assessment: an introductory guide for the family health nurse in Europe. Copenhagen: World Health Organization; 2001 (http://www.euro.who.int/__data/assets/pdf_file/0018/102249/E73494.pdf, accessed 4 January 2016).

34 Nicola Brackertz, Who is hard to reach and why? Hawthorn (Victoria); Swinburne University of Technology, Institute for Social Research; 2007 (ISR Working Paper; http://researchbank.swinburne.edu.au/vital/access/manager/Repository/swin:6419?queryType=vitalDismax&query=Nicola+Brackertz&y=0&x=0, accessed 9 January 2016);
Brackertz N, Meredyth D. Social inclusion of the hard to reach community – consultation and the hard to reach: local government, social profiling and civic infrastructure. Hawthorn (Victoria): Swinburne University of Technology, Institute for Social Research; 2008 (http://healthissuescentre.org.au/images/uploads/resources/Social-inclusion-of-the-hard-to-reach.pdf, accessed 9 January 2016);
Community health needs assessment: an introductory guide for the family health nurse in Europe. Copenhagen: World Health Organization; 2001 (http://www.euro.who.int/__data/assets/pdf_file/0018/102249/E73494.pdf,.accessed 4 January 2016);
Farrell SJ, Reissing E, Evans S, Taylor J. Using community collaboration to develop the first successful needs assessment of the street homeless population in Canada. J Interprof Care. 18(2);2004:197–8 (http://www.tandfonline.com/doi/abs/10.1080/13561820410001686945 [subscription required])DOI:10.1080/13561820410001686945;
Pain R, Francis P, Fuller I, O'Brien K, Williams S. Hard-to-reach young people and community safety: a model for participatory research and consultation. London: Policing and Reducing Crime Unit, Home Office Research, Development and Statistics Directorate; 2002 (Police Research
Series Paper152);
Brookings Institution. 2008 (see ref. 7).

35 Code of good practice on public consultation. Bristol: Bristol City Council. (http://www.bristol.gov.uk/page/council-and-democracy/code-good-practice-public-consultation, accessed 31 December 2015).

36 Fishkin JS, Luskin RC, Jowell R. Deliberative polling and public consultation. Parliam Aff. 2000;53(4):657–66 (http://pa.oxfordjournals.org/content/53/4/657.citation [subscription required.])

37 De Geoffroy V. ALNAP Global Study on Consultation and Participation of Disaster-affected populations. Country monograph: the case of Colombia. London: Overseas Development Institute; 2003 (http://www.alnap.org/resource/5367, accessed 4 January 2016).

38 Bara AC, van den Heuvel WJA, Maarse JAM, van Dijk J, de Witte LP. 2003 (see ref. 31).

39 Ali Jadoo SA, Aljunid SM, Sulku SN, Nur AM. 2014 (see ref. 23).

40 Culver K, Howe P. Calling all citizens: the challenges of public consultation. Toronto: Canadian Public Administration; 2004. doi:10.1111/j.1754-7121.2004.tb01970.x.

41 Ali Jadoo SA, Aljunid SM, Sulku SN, Nur AM. 2014 (see ref. 23); Pain R, Francis P, Fuller I, O'Brien K, Williams S. Hard-to-reach young people and community safety: a model for participatory research and consultation. London: Policing and Reducing Crime Unit, Home Office Research, Development and Statistics Directorate; 2002 (Police Research Series Paper152).

42 Deutscher Bundestag [website]. Berlin: Deutscher Bundestag - Verfassungsorgan der Bundesrepublik Deutschland. (https://www.bundestag.de/service/faq/abgeordnete/244894, accessed 31 December 2015).

43 Health Promotion Board Singapore [Facebook]. Singapore: Singapore Government. (https://www.facebook.com/hpbsg, accessed 31 December 2015).

44 Ontario Ministry of Health and Long-Term Care [Facebook]. Ontario: Ministry of Health and Long-Term Care. (https://www.facebook.com/pages/Ontario-Ministry-of-Health-and-Long-Term-Care/217753654940869, accessed 31 December 2015).

45 Ministry of Health, New Zealand [Twitter]. Wellington: Ministry of Health, New Zealand. (https://twitter.com/minhealthnz, accessed 31 December 2015).

46 Department of Health [Twitter]. London: Government of the UK. (https://twitter.com/DHgovuk, accessed 31 December 2015).

47 Communication from the Commission: towards a reinforced culture ... 2002 (see ref. 12)

48 Pain R, Francis P, Fuller I, O'Brien K, Williams S. 2002 (see ref. 34).

49 Hadingham T, Wilson S. Decentralisation and development planning: some practical considerations. commissioned by the Infrastructure and Urban Development Department (IUDD) of the Department for International Development (DFID); 2003 (http://www.ilo.org/wcmsp5/groups/public/@ed_emp/@emp_policy/@invest/documents/publication/wcms_asist_8213.pdf, accessed 4 January 2016).

50 Mullins DR. Accountability and coordination in a decentralized context: institutional, fiscal and governance issues. Washington (DC): American University; 2004 (http://www1.worldbank.org/publicsector/decentralization/June21seminar/LiteratureReview.pdf, accessed 4 January 2016).

51 Krassner S, Risse T. External actors, state-building, and service provision in areas of limited statehood: introduction. Governance. 2014;27(4):545–67 (http://onlinelibrary.wiley.com/doi/10.1111/gove.12065/pdf, accessed 4 January 2016 {subscription required]).

52 Ibidem.

53 Diamond L. Building trust in government by improving governance. Stanford's Center on Democracy;2007. (Paper presented to the 7th Global Forum on Reinventing Government; 2007 June 27. UN Headquarters in Vienna, Austria; (http://stanford.edu/~ldiamond/paperssd/BuildingTrustinGovernmentUNGLobalForum.pdf, accessed 4 January 2016).

54 Brookings Institution. 2008 (see ref. 7); and Rodrigo D, Amo PA. 2006 (see ref. 1).

55 For a discussion on donors influence on policy decisions and design see: Caines K, Buse K, Carlson C, de Loor RM, Druce N, Grace C, et al. Assessing the impact of Global Health Partnerships. London: DFID Health Resource Centre; 2004 (GHP Study Paper 7; http://www2.ohchr.org/english/issues/development/docs/WHO_synthesis.pdf, accessed 4 January 2016).

56 For a discussion on the challenges of aid dependency for policy autonomy and national planning processes, see: Thomas A, Viciani I, Tench J, Sharpe R, Hall M, Martin M, et al. Real aid 3: ending aid dependency. London: ActionAid UK; 2011 (http://www.actionaid.org/sites/files/actionaid/real_aid_3.pdf, accessed 9 January 2016).

57 De Geoffroy, V. 2003 (see ref. 37).

58 Aligning for better results [website]. Geneva: International Health Partnership. (http://www.internationalhealthpartnership.net/en/, accessed 4 January 2016).

Further reading

Brookings Institution; University of Bern Project on Internal Displacement. Moving beyond rhetoric: consultation and participation with populations displaced by conflict or natural disasters. 2008 (http://www.brookings.edu/~/media/research/files/reports/2008/10/internal%20displacement/10_internal_displacement.pdf, accessed 30 December 2015).

Culver K, Howe P. Calling all citizens: the challenges of public consultation. Toronto: Canadian Public Administration; 2004. doi:10.1111/j.1754-7121.2004.tb01970.x.

Eurobarometer surveys: methodology – instrument description [website]. Brussels: European Commission; 2015 (http://ec.europa.eu/COMMFrontOffice/PublicOpinion/, accessed 12 January 2016).

Rodrigo D, Amo PA. Background document on public consultation. Paris: Organisation for Economic Co-operation and Development; 2006 (http://www.oecd.org/mena/governance/36785341.pdf, accessed 30 December 2015).

Trochim, WMK. The Research Methods Knowledge Base [online database], 2nd edition. 2006 (http://www.socialresearchmethods.net/, accessed 30 December 2015).

United Nations Development Programme (UNDP). Handbook on planning, monitoring and evaluating for development results. New York (NY): United Nations Development Group; 2009 (http://web.undp.org/evaluation/handbook/documents/english/pme-handbook.pdf, accessed 30 December 2015).

United States Agency for International Development (USAID). Performance monitoring and evaluation tips. Washington (DC): Center for Development Information and Evaluation (https://www.usaid.gov/evaluation/policy, accessed 14 January 2016).

World Bank. Monitoring and evaluation for results: some tools, methods and approaches. Washington (DC), World Bank: 2004 (http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2006/02/15/000012009_20060215093620/Rendered/PDF/246140UPDATED01s1methods1approaches.pdf , accessed 30 December 2015).

World Bank. Qualitative methods. Washington (DC): The World Bank [website]. (http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTISPMA/0,,contentMDK:20190070~menuPK:412148~pagePK:148956~piPK:216618~theSitePK:384329,00.html, accessed 30 December 2015).

Annex 2.1

Table A.2.1: Description, advantages and challenges of individual survey tools

INDIVIDUAL SURVEY TOOLS	DESCRIPTION	ADVANTAGES	CHALLENGES
Structured interviews (cf. survey)	▸ Interviews supported by questionnaires. ▸ Standardized approach to obtaining information on a wide range of topics from a large number or diversity of stakeholders. Structured/standardized open-ended interviews consist of a set of open-ended questions carefully worded and arranged in advance. ▸ The interviewer asks each respondent the same questions with essentially the same words and in the same sequence.	▸ Collects detailed data systematically and facilitate comparability among all respondents. ▸ Quickly gathers descriptive data on a wide range of topics . ▸ Easy to analyse. ▸ Relatively low cost. ▸ Gives anonymity to respondents. ▸ Particularly appropriate when there are several interviewers (minimize the variation in the questions they pose); also useful for gathering the same information from each interviewee at several points in time or when there are time constraints for data collection and analysis.	▸ Susceptible to selection and interviewer biases. ▸ Data may provide a general picture but may lack depth; may not provide adequate information on context. ▸ Does not permit the interviewer to have broad understanding and insight, and to pursue topics or issues that were not anticipated when the interview instrument was developed.

INDIVIDUAL SURVEY TOOLS	DESCRIPTION	ADVANTAGES	CHALLENGES
Semi-structured interviews (usually with "key informants")	▸ A series of open-ended questions ▸ Interviews are qualitative, in-depth, and semi-structured. They rely on interview guides that list topics or questions. ▸ Key informants are usually community experts who can provide particular knowledge and understanding of problems and can recommend solutions. ▸ Involve the preparation of an interview guide that lists a predetermined set of questions or issues that are to be explored. This guide serves as a checklist during the interview and ensures that basically the same information is obtained from a number of people. Yet, there is a great deal of flexibility. The order and the actual working of the questions are not determined in advance. Moreover, within the list of topic or subject areas, the interviewer is free to pursue certain questions in greater depth. ▸ If informants agree, interviews can be audio-taped.	▸ Low cost, simple and quick to conduct. ▸ Provides flexibility to explore new ideas and issues not anticipated. ▸ Makes interviewing of a number of different persons relatively systematic. ▸ Can provide insight on the nature of problems, a snapshot of the current state of a system, and give recommendations for solutions. ▸ Can provide different perspectives on a single issue or on several issues. ▸ Can be especially useful to highlight the constraints faced by private actors in systems historically dominated by public entities (perception of barriers, systems constraints, and untapped, under-exploited or emerging opportunities).	▸ Susceptible to selection and interviewer biases. ▸ Can be difficult to analyse. ▸ Must have some means to verify or corroborate information (triangulation). ▸ Less valid, reliable, and credible than formal surveys.
Open or informal interviews	▸ Informal conversational interviews rely primarily on the spontaneous generation of questions in the natural flow of an interaction. This type of interview is appropriate when the evaluator wants to maintain maximum flexibility to pursue questioning in whatever direction appears to be appropriate, depending on the information that emerges from observing a particular setting or from talking to one or more individuals in that setting.	▸ The interviewer is flexible and highly responsive to individual differences, situational changes and emerging new information.	▸ Susceptible to selection and interviewer biases. ▸ May generate less systematic data that are difficult and time-consuming to classify and analyse. ▸ Must have some means to verify or corroborate information (triangulation).

INDIVIDUAL SURVEY TOOLS	DESCRIPTION	ADVANTAGES	CHALLENGES
Face-to-face or personal interview	▸ The interviewer works directly with the respondent and has the opportunity to probe or ask follow-up questions. ▸ A special case is the household drop-off survey. In this approach, a researcher goes to the respondent's home or business and hands the respondent the instrument. (In some cases, the respondent is asked to mail it back or the interviewer returns to pick it up.)	▸ Interviews are generally easier for the respondent, especially if opinions or impressions are sought. ▸ Allows personal contact and gestural communication. Allows follow-up questions to explore the answers of the respondents. Facilitates the researcher's understanding of the respondent's answers. ▸ Suitable for locations where telephone or mail are not developed. ▸ The household drop-off survey blends the advantages of the mail survey and the group administered questionnaire: the respondent can work on the instrument in private, when it is convenient; and the interviewer makes personal contact with the respondent, and the respondent can ask questions about the study and get clarification on what is to be done. This is expected to increase the percentage of people willing to respond.	▸ Time-consuming ▸ Resource intensive ▸ Susceptible to interviewer bias. The interviewer is considered a part of the measurement instrument and interviewers have to be well trained in how to respond to any contingency. ▸ Easy to manipulate.
Telephone	▸ Questionnaire administered by telephone. Many major public opinion polls are based on telephone interviews.	▸ Enables a researcher to gather information rapidly. ▸ Fairly cost-effective. ▸ Like personal interviews, they allow for some personal contact between the interviewer and the respondent. ▸ Higher response rates ▸ Allows the interviewer to ask follow-up questions.	▸ Many people do not have publicly-listed telephone numbers. Some do not have telephones. ▸ May be perceived as intrusive. ▸ Interviews have to be relatively short or people will feel imposed upon. ▸ Susceptible to interviewer bias. ▸ Cannot be used for non-audio information.

INDIVIDUAL SURVEY TOOLS	DESCRIPTION	ADVANTAGES	CHALLENGES
Mail-out	▸ The questionnaire may be handed to the respondents or mailed to them, but in all cases they are returned to the researcher via mail.	▸ Relatively inexpensive to administer; more cost effective than face-to-face interviews, especially for studies involving large sample sizes, large geographic areas and large number of questions. ▸ Ideal for asking closed-ended questions; can send the exact same instrument to a wide number of people and thus reduce bias, and is easy to analyse. ▸ Allows the respondent to fill it out at his/her own convenience and is thus less intrusive than telephone or face-to-face surveys. ▸ Possible to obtain large amount of information.	▸ Response rates are often very low. ▸ Long delays, often of several months, before the surveys are returned and statistical analysis can begin. ▸ Not suitable for issues that may require clarification. ▸ Little flexibility left to the respondent (nuances easily lost). ▸ Lack of personal contact; limited researcher understanding of the respondent's answers. ▸ Uncertainty about the respondent's identity. ▸ Subject to levels of literacy.
Online	▸ Questionnaires are now commonly administered online, as in the form of web surveys. Different types of survey software exist to help design, administer and analyse online surveys.	▸ Similar to mail-out; faster, simpler, and cheaper. ▸ Ease of data gathering. ▸ Flexibility in design; more dynamic interaction between the respondent and the questionnaire. ▸ Quicker response and analysis time. ▸ Less intrusive. ▸ Suffer less from social desirability bias.	▸ Similar to mail-out; response rate higher. ▸ Subject to reading and PC/internet equipment. ▸ Susceptible to survey fraud.
Mobile	▸ Survey tool available on a device such as a smart phone or a tablet.	▸ Not subject to constraints relative to time and location of the respondent. ▸ In places with high mobile phone penetration, possibility to reach previously hard-to-reach target groups. ▸ Quicker response times.	▸ Subject to reading and appropriate equipment/software.

Annex 2.2

Checklist: Selecting the most appropriate type of survey for my setting

Checklist: Selecting the most appropriate type of survey for my setting

Selecting an appropriate survey is a critical decision which should be guided by a number of factors.

- ☑ Population issues: Can the population be enumerated? Is the population literate? Are there language issues? Will the population cooperate? What are the geographical restrictions?
  For example, If the population is not literate or there are language barriers, telephone or face-to-face interviews may be considered.

- ☑ Sampling issues: What data is available? Can respondents be found? Who is the respondent? Can all members of population be sampled? Are response rates likely to be a problem?
  If the population to be surveyed is small, you can survey them all, for example. Otherwise, you are likely to need to go through sampling techniques.
  Qualitative studies can rely on less restrictive sampling techniques, for example convenience sampling and interviews until information saturation.

- ☑ Question issues: What types of questions can be asked? How complex will the questions be? Will screening questions be needed? Can question sequence be controlled? Will lengthy questions be asked? Will long response scales be used?
  Closed (multiple choice) questions are easy to administer through written questionnaires.
  Open-ended questions are often better administered through interviews.
  Mail-out or online questionnaires are probably better if there are a lot of questions.
  Telephone interviews should rather be short.
  Face-to-face interviews may be longer but it is preferable to plan them in advance.

- ☑ Content Issues: Can the respondents be expected to know about the issue? Will respondent need to consult records?
  If respondents cannot answer directly, written (mail-out or online) questionnaire is better.

- ☑ Bias issues: Can social desirability be avoided? Can interviewer distortion and subversion be controlled? Can false respondents be avoided?
  If there is a strong potential for social desirability (respondent wanting to please interviewer) and/or topics which will not be discussed due to the characteristic of the interviewer (for instance women vis-à-vis male interviewers), avoid face-to-face and telephone interviews.

- ☑ Administrative Issues: costs; facilities; time; personnel

Source: Trochim WMK. The research methods knowledge base (see Further reading, above).

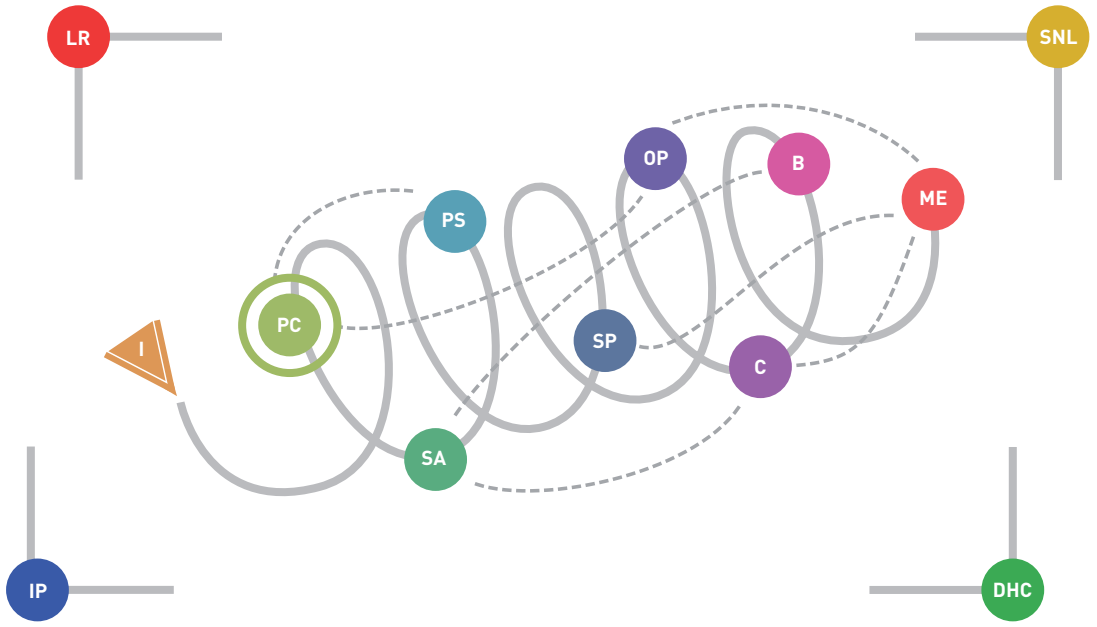
Annex 2.3

Table A.2.2: Questionnaire vs. interviews

ISSUE	QUESTIONNAIRE			INTERVIEW	
	Group	Mail	Drop-Off	Personal	Phone
Will visual presentations be possible?	+	+	+	+	-
If you prefer short, closed-ended survey responses...	+	+	+	+/-	-
If privacy is an issue which needs to be considered...	-	+	-	+	+/-
If flexibility in administering the questionnaire is important...	-	-	-	+	+
If you wish to increase your likelihood of good open-ended responses...	-	-	-	+	+
Reading and writing are necessary for...	+/-	+	+	-	-
The quality of the response can be evaluated	+	-	+/-	+	+/-
Are high response rates likely?	+	-	+	+	-
If you wish to be able to explain the study in person...	+	-	+	+	+/-
The lower-cost options are...	+	+	-	-	-
Resource requirements such as staff/facility are low	+	+	-	-	-
Are you seeking to target a sub-section of the population which is hard-to-reach?	-	+	-	-	-
If you want to ensure ample time for respondents to answer...	-	+	+	-	-
If potential interviewer bias could be a problem...	-	+	-	-	+
If you wish to undertake a longer, open-ended survey...	-	-	-	+	-
If quick turnover time is important...	-	+	-	-	+

+ : Yes	- : No	+/- : it depends on several factors and context

Sources:
Kumar, K, editor. Rapid appraisal methods. Washington (DC): The World Bank; 1993 (World Bank Regional and Sectoral Studies).
Handbook on planning, monitoring and evaluating for development results. New York (NY): United Nations Development Group (UNDP); 2009 (http://web.undp.org/evaluation/handbook/documents/english/pme-handbook.pdf, accessed 30 December 2015).
United States Agency for International Development (USAID). Performance Monitoring and Evaluation Tips. Washington (DC): Center for Development Information and Evaluation:
Conducting a participatory evaluation, n°1, 2011 printing (http://pdf.usaid.gov/pdf_docs/pnadw101.pdf, accessed 30 December 2015)
Conducting key informant interviews, n°2, 2011 printing (http://pdf.usaid.gov/pdf_docs/pnadw102.pdf, accessed 30 December 2015)
Using rapid appraisal methods, n°5, 2nd edition 2010 (http://pdf.usaid.gov/pdf_docs/pnadw105.pdf, accessed 30 December 2015)
Conducting focus group interviews, n°10, 2011 printing (http://pdf.usaid.gov/pdf_docs/pnadw110.pdf, accessed 30 December 2015)
Monitoring and evaluation for results: some tools, methods and approaches. Washington (DC): World Bank; 2004 (http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2006/02/15/000012009_20060215093620/Rendered/PDF/246140UPDATED01s1methods1approaches.pdf, accessed 30 December 2015).
World Bank [website]. Qualitative methods. Washington (DC): The World Bank; 2004 (http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTISPMA/0,,contentMDK:20190070~menuPK:412148~pagePK:148956~piPK:216618~theSitePK:384329,00.html, accessed 30 December 2015).
WHO evaluation practice handbook. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/handle/10665/96311, accessed 30 December 2015).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