

**From
Participation
to Partnership:**

Civil Society Engagement in National Health Compacts

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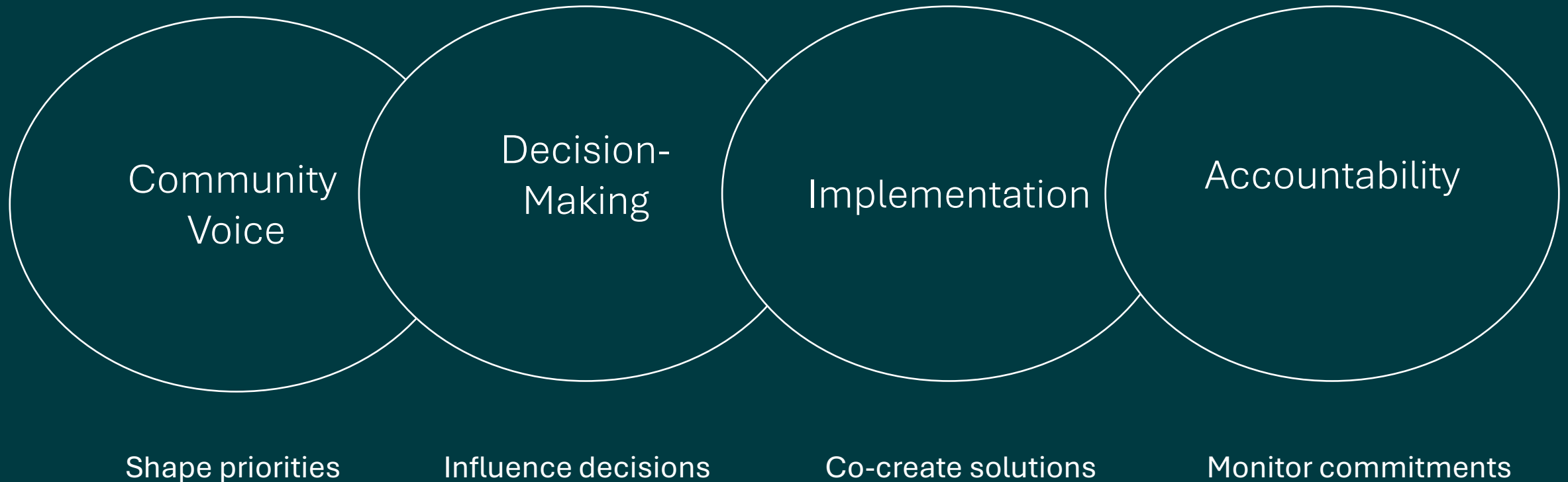
PHOTO: SELF-PEER SUPPORT GROUP MEETING AMONG TB SURVIVOR



What Does Meaningful Engagement Mean?

From being consulted → to having influence

VOICE → INFLUENCE → ACTION → ACCOUNTABILITY



Health Compacts Must Reflect People's Realities

A Health Compact is more than an agreement

Government + Development Partners + Communities + Civil Society

Better health outcomes for people

Government

Health Providers

“People
and
Communities”

Civil Society Organization

Development Partners



Who Needs a Voice?

Put affected communities at the centre

 HIV |  TB | Support
 Disability |  Women & Girls |  Key Populations
 Migrants |  Poverty |  Underserved Communities



Those closest to the problem often understand the gaps best.

Communities See the Gaps First

Where does the health system fail people?

- Why don't people seek care?
- Why don't they complete treatment?
- Why is a service available—but inaccessible?
- Why do stigma and discrimination persist?



The Key Question

When are we involved—and how much influence do we have?

Consultation	Genuine Partnership
Priorities already decided	Priorities co-developed
Budget already set	Resources discussed
Indicators already defined	Measures jointly shaped
Feedback collected	Decisions influenced
Participation	Co-creation

From Commitments to Accountability

Make commitments visible. Make progress measurable.

PROMISE



RESOURCE



IMPLEMENT



MONITOR



LISTEN TO COMMUNITIES



ADAPT



Participation Requires Investment

Meaningful participation does not happen automatically

CAPACITY

Communities need skills and support.

INFORMATION

People need access to relevant data.

RESOURCES

Participation requires sustainable investment.

SPACE

There must be genuine opportunities to influence decisions.



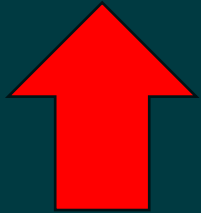
Civil society is diverse. Communities themselves must remain at the centre.

From Participation to Partnership

Participation
→ Partnership

Consultation → Co-
creation

Commitments →
Accountability



“Nothing about communities should be decided without communities.”

Three Questions for Dialogue

Where do we go from here?

1. VOICE

How can vulnerable and marginalized communities have a meaningful seat at the table when National Health Compacts are developed?

2. INFLUENCE

How can civil society contribute to policy development, resource allocation and monitoring—not only implementation?

3. ACTION

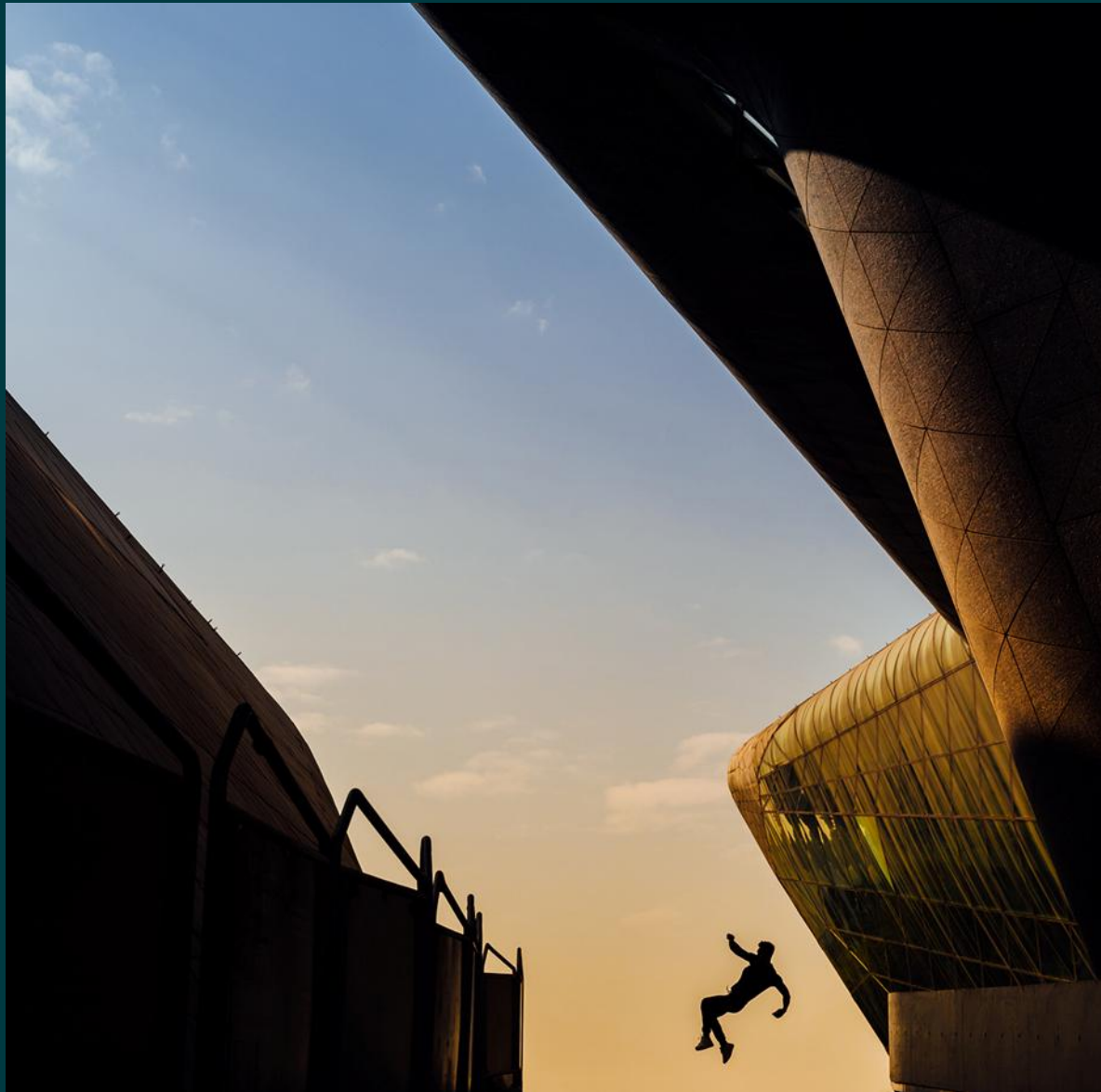
What practical mechanisms will ensure community voices actually influence decisions?

***From listening to action.*

*From participation to partnership.***

Albert Einstein

“Strive not to be a success, but rather to be of value.”



Q&A

Panel discussion session