Stakeholder Participation in Health System Strengthening

Why is stakeholder participation important?

Planning and implementing change in a policy, service, or operation will more likely succeed when people who are directly affected by the change help to shape the change. While consulting stakeholders—and incorporating their input—requires time and other resources, it increases the possibility that a proposal will

- fulfill the needs of the people expected to implement or benefit from it,
- allow consideration of objections and help avoid foreseeable pitfalls, and
- make acceptance more likely—and consequently, more sustainable.

Systematic ways to reach and communicate with stakeholders, as well as sufficient resources for this effort, have to be incorporated into the design, testing, and monitoring of health policy or health system interventions. Overlooked stakeholders may block initiatives, whereas vested stakeholders are motivated to support, implement, and promote initiatives.

Tools such as stakeholder analysis and mapping help identify interest groups and influential individuals whose input then is sought using a number of approaches:

- In-depth or key informant interviews
- Focus groups and consultative or consensus-building meetings
- Awareness, advocacy, media, or health promotion activities
- Household or facility polls and surveys

Who are stakeholders in the health system?

In the context of health system strengthening, potential stakeholders are health care consumers and community groups, providers, insurers, health system and facility managers, staff at ministries of health, finance, and education, elected officials, and other decision makers.

What are real-life examples of stakeholder participation?

PHR used the approaches enumerated above to identify and engage stakeholders at different points in the reform process and on different levels of the health system.

Decentralized stakeholders. In Bolivia, the government sought to strengthen a maternal and child health insurance program using the findings from an evaluation. Ministry of Health counterparts and local consultants trained by PHR held consultative meetings at which department- and district-level stakeholders—system managers, facility administrators and providers, elected officials, community representatives—discussed evaluation findings. This built consensus about next steps, integrated local input into services and national insurance planning, and improved the ability of the insurance program to deliver essential services to the poor.

Stakeholder feedback. In Egypt, PHR assisted the Ministry of Health and
Population (MOHP) to launch a demonstration site and test a new integrated care model for primary services. To get feedback on the new operation before replication at other sites, PHR assisted with the conduct of a series of focus groups with a variety of stakeholders. One series examined to what extent the new model met patient needs. Others queried facility workers who deliver and administer the services. Consumer responses validated the prepayment system in as many districts as possible.

**Stakeholder analysis and community project design.** In India, USAID asked PHR to help design a project involving NGO cooperation to deliver an essential package of maternal and child health services. PHR trained a local group to do a stakeholder analysis, which included more than 100 interviews with local government and NGO representatives, community members, and private providers. This work provided stakeholder reactions to proposed activities and suggested strategies to involve key groups in the project and indicators to monitor their support. The analysis was an important input to negotiations between the USAID mission and the local government. It also was one of the first systematic attempts to demonstrate that this approach can be used to design new ways of financing and delivering health services at the community level.

**Stakeholder mapping for MOH modernization.** An often overlooked group of key stakeholders are the MOH officials, managers, and workers who are expected to implement and monitor system improvements. To strengthen a health system, it is often necessary to first strengthen the capacity of public institutions that finance, regulate, or provide health services. In Ecuador, the government resolved to modernize the MOH as the lead institution for sectorwide reforms. PHR trained MOH counterparts to use stakeholder analysis and political mapping to determine support and opposition to the changes, and then to develop an advocacy strategy to increase support.▲