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Social Participation in Health Policy: A Key Component of Fair Decision-Making

On 20 May 2025, LSE co-hosted a Ministerial Roundtable on Social Participation in Health as a side event at the World Health Assembly in Geneva, in collaboration with Brazil, France, Norway, Slovenia, Thailand, and Tunisia, and supported by staff from the World Health Organization (WHO). Civil society organizations and senior delegations from fifteen member states from across the world attended.

*Professor Alex Voorhoeve (Department of Philosophy, Logic and Scientific Method) shared key findings from a multi-year, collaborative research project involving policymakers and researchers from Norway, India, Mexico, South Africa, Ghana, the Gambia, Tanzania, Thailand, and Ukraine. The project's findings are published as a World Bank Report, **Open and Inclusive, Fair Processes for Financing UHC**, and in the journals **Health Policy and Planning** and **Health Economics, Policy and Law**. Professor Voorhoeve summarizes them below.*

Overview

Our research has found that social participation in health *can* (but not always *will*) help realize **four benefits**:

- i. more effective policy with more equitable outcomes;
- ii. greater legitimacy of health policy;
- iii. enhanced trust;
- iv. greater durability of reforms.

A key finding is that social participation contributes most to generating these benefits when it is embedded in a broader commitment to procedural fairness in decision-making in health, that is, equity in

how decisions are made. The research team's conception of procedural fairness is depicted in Figure 1, and explained in more detail in a related [post](#).



Figure 1: Elements of Fair (Open and Inclusive) Decision-Making. World Bank (2023, p. 10).

One core principle of procedural fairness is equality, understood as an equal opportunity to contribute to decision-making, alongside equal consideration of interests and respectful engagement with diverse views.

This principle requires complementary action across three domains. The Voice Domain is about inclusive social participation. This is often essential, but its power is partly determined by action in two other domains. These include, in the Information Domain, transparency about decision criteria, and the use of accurate and complete sources of information, including the lived experience of service users. And in the Oversight Domain, the institutionalization of social participation through laws and their enforcement through the courts.

Two of the research team's country case studies illustrate this synergy between domains. One concerns the decision in 2021 to include in the Thai Universal Coverage Scheme pre-exposure prophylaxis (PrEP)

for HIV for high-risk, marginalized groups. The **study** found that the Voice Domain was well developed: participatory institutions enhanced the ability of Civil Society Organizations representing the affected population to place PreP on the agenda and provide evidence. But crucially, their actions were influential because other aspects of procedural fairness ensured that their strong arguments prevailed—including, in the Information Domain, transparency about the criteria used by the decision-making committee, such as cost-effectiveness. The resulting policy advanced health equity; the open, inclusive process built trust.

The **second example** concerns South Africa's Sugary Beverage Tax, adopted in 2018. The Constitution mandates social participation in the process of adopting tax laws. The Constitutional Court has developed guidelines for such participation. These required soliciting comments from health-related Civil Society Organizations and academics alongside industry, to which the Treasury was required to reply publicly and point-by-point. The process led to an effective, evidence-based policy that has endured. This case highlights the importance of the Oversight Domain, which in South Africa involved legal requirements for social participation, and the Information Domain, which included commitments to transparency and public reason-giving. But the case also shows the importance of mitigating power imbalances to protect inclusive, equal social participation. For the decision to implement a lower tax rate than initially proposed may have resulted from the particularly strong voice of industry in the consultation. More equitable engagement with the views of all affected might have counterbalanced this influence.

Policy Impact

This research has had a marked policy impact. One of the team's lead researchers, Dr. Elina Dale of the Norwegian Institute of Public Health, drew on its findings in her work on **a resolution on social participation** which was adopted at the 2024 World Health Assembly. The resolution sends a clear message: social participation is a strategic, ethical, and democratic imperative that underpins inclusive, equitable, resilient, accountable, and trusted health systems and is an enabler of progress towards Universal Health Coverage.

At the 2025 Ministerial Roundtable, Member States reiterated their commitment to this resolution and exchanged their experiences in attempting to advance social participation in health policy. Countries provided fascinating policy examples, including working with organizations trusted by men (such as sports clubs and hunting associations) to overcome men's reluctance to take up cancer screening; new national guidelines for user involvement in the fields of substance use and mental health regulations; and sustained domestic funding for user and carer organizations, to ensure vibrant civil society that can contribute effectively to policy-making.

Lessons from the discussion between countries include the importance of institutionalisation (including the adoption of strong legal frameworks), securing sustained public investments to strengthen the capacities of both ministries of health and civil society, and fostering true partnership among participants in social dialogue. These mirrored the research team's finding that inclusive, equal social participation can contribute to policy effectiveness and substantive equity, legitimacy and trust, and more enduring

policies, but that it does so most effectively when it is part of institutions that promote procedural fairness in decision-making in health.

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About the author

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Alex Voorhoeve is Professor in the Department of Philosophy, Logic and Scientific Method at the LSE. He works on the theory and practice of distributive and procedural justice (especially as it relates to health), on rational choice theory, moral psychology, and Epicureanism. He has acted as a consultant on justice in health to the World Health Organization, the World Bank, and the Norwegian Institute of Public Health.

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