

From the Editors

In this issue of *World Health & Population*, we are pleased to introduce a special focus on population consultation as a means of ensuring that health reforms move towards Universal Health Coverage (UHC). As Rohrer, Rajan and Schmets (2017 p. 6) explain in their introductory paper, “despite ... increasing recognition that the ‘population’ is the key factor of successful health planning and high-quality service delivery,” it has received limited attention or research interest.

Using illustrations from World Health Organization locations internationally, the authors argue that population consultations can be used successfully to assess a population’s needs and expectations – especially in low-resourced jurisdictions:

“Giving the voice to the population is a means to strengthen accountability, to reinforce the commitment of policy makers, decision-makers and influencers (media, political parties, academics, etc.) to the health policy objectives of UHC, and, in the special case of donor-dependent countries, to sensitize donors’ engagement and alignment with national health strategies.”

Next in the issue, we turn to a series of “on-the-ground” perspectives from three jurisdictions that have employed population consultation as a tool for health planning – Tunisia, Guinea and Thailand.

Describing work-to-date in Tunisia, Mathivet (2017) explains that population consultation is being implemented in a multi-phase approach with Phase I

– regional consultation with thousands of participants – beginning in 2013. From that, a common vision for healthcare emerged. However, Phase II – development of health policy options to address each new priority – is proving to be more complicated than expected. One of the biggest challenges is to reach agreement on the actual wording of complex policy options so that the population can review and express their opinions. Another challenge during this process is managing the public’s expectations as well as shifting political climates.

In Guinea, population consultations were used to develop consensus on the current health system, and to develop a new vision and priorities for 2015–2024. As Yansané (2017) identifies, the process successfully uncovered areas of dysfunction as well as challenges and barriers within the existing health system, and opportunities to mitigate them. Another positive outcome from the population consultation was an increased sense of ownership of the health system by all stakeholders.

In Thailand, the 2007 National Health Act laid out guidelines for a participatory public policy process that included: health assembly, health impact assessments and creation of health system statutes (charters). Putthasri, Mathurapote and Srisookwattana (2017) explain that public consultation is required as part of the process of developing the local statute. Since 2009, more than 500 sub-districts or Tambons across Thailand have created their own local health system charter covering areas as diverse as: social determinants of health, risks and diseases, lifestyle, health services and health funding as well as

mental and social health, as they apply in the local context. Public engagement is critical to understanding the local context and creating the local health statute, and ensures accountability on the part of policy makers.

The special focus concludes with a thoughtful commentary from Raha and Grandvoinnet (2017), who agree that public consultations are a fundamental part of public health policy design and implementation. However, they caution against the assumption that population consultations are actually inclusive of the whole population, that policy makers will be influenced by the results or that consulting the public will lead to Universal Health Coverage. They suggested that to be successful, public consultations must focus on specifically stipulated objectives, and include a process for ensuring the results are implemented.

The research paper in this issue takes readers to another part of the world – Ukraine. Balabukha, Krishnakumar and Narine (2017) describe work they did

in developing a valid, reliable measure of financial strain among young adults attending post-secondary institutions. The intent was to develop an alternative approach to current objective measure of poverty and economic hardship that does not typically include consideration that many young people are actually living at home with parents where basic needs – housing, food and clothing – are being met. Financial strain has been positively correlated with declining physical and mental health, poor personal relationships and negative outlooks towards the future. The authors demonstrated that their new measure can be used to predict emotional distress and potential violence against romantic partners among college-attending young adults who are experiencing financial hardship.

As always, we look forward to your comments and insights on this collection of ideas and insights.

– The Editors

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