

THE GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

FAST-TRACK CITY CONFERENCE 2019 LONDON, UNITED KINGDOM

MODERNIZING STAKEHOLDERS **ENGAGEMENT IN** THE HEALTH RESPONSE

WHAT HAVE CHANGED?

Communications and information sharing becomes:

- Faster: information shared in real time (as-it-is happening)
- More intense: people use more time in 24 hours to share information and process them
- More density: network of information sharing not only expand in size, but also in density. For example, more topics discussed within the network

People's appetite for information have dramatically increased

- The appetite increased in frequency: for example, in how often they want an update of an activity
- And in terms of quality: in how elaborate and descriptive they want the information to be



WHAT HAVE CHANGED? (CONT.)

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We know better what worked

- Peer-to-peer approach is critical
- People-centered service model increased effectiveness
- Engagement of communities-health service providers-policy maker ensure effective policies and programs

Health policy conversations shifted

- Focus on single disease now evolve to health for all
- From mortality to quality of life
- Interlinkages between health and sectors beyond health

This caused significant changes in modern civil society activism

Organizing a movement and activism used to rely on heavy planning

But now a single tweet, a single Facebook post can trigger a massive cross-sectoral movement

Fundamental organizational and CS engagement tool such as operational plan, strategic plan, partnership plan – seems to be becoming too "static and rigid" for modern days



MODERN CS ENGAGEMENT

All of the technological progress on how information is shared and processed presented new opportunities and new ways of engagement

It is important to note that <u>civil society is</u> <u>not a homogenous entity</u> and therefore there is a wide-spectrum of civil society advocacy agenda

In the past, it is impossible to meaningfully engage EVERYONE but now it is not only that it is possible, it is THE NORM



FUNDAMENTAL **COMPONENTS OF** STAKEHOLDERS ENGAGEMENT FOR

E. F.

• COLLECTIVE THINKING

- DIGITAL ENGAGEMENT ALLOWS FOR MORE DIVERSE STAKEHOLDERS TO ENGAGE IN POLICY MAKING, PROGRAM DELIVERIES AND MONITORING IMPACT AND RESULTS
- NOT ONLY THE USUAL SUSPECTS
- MINIMALIZE GATE KEEPERS
- TRANSPARENCY IS CRITICAL. PUBLICLY ACCESSIBLE INFORMATION IS IMPORTANT TO MAKE SURE EVERYONE ENGAGED WITH THE SAME LEVEL OF INFORMATION
- THE DAYS OF HEALTH SYSTEM IS OVER. IT IS TIME FOR "SYSTEMS FOR HEALTH". INTERCONNECTEDNESS IS THE KEY TO EFFECTIVE PERFORMANCE AND SUSTAINABLE RESULTS
- ENSURING COMMUNITY ADVOCACY PROPERLY SUPPORTED (FINANCIALLY AND POLITICALLY) MEANS THAT THE ENTIRE HEALTH RESPONSE GOVERNANCE COMMITTED TO CONTINUOUSLY IMPROVE THE QUALITY OF POLICIES AND PROGRAMS
- LEAVE NO ONE BEHIND IS NOW ENTIRELY POSSIBLE. THE QUESTION IS THE POLITICAL COMMITMENT.

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