

USING A BEHAVIORAL LENS TO MOBILIZE CITIZENS AROUND UNIVERSAL HEALTH COVERAGE (UHC) IN TOGO

SUMMARY

Summary of the workshops

As countries work to achieve universal health coverage, there are promising opportunities for social accountability and social and behavior change efforts to work together to increase equity and efficiency. To generate evidence, the Accelerator is exploring various questions to better understand strategies and approaches countries can use to foster a productive alliance between citizens and governments.

The Accelerator facilitated two virtual workshops for the Togolese Universal Health Coverage (UHC) Task Force and Civil Society Organizations (CSOs). The workshops were designed using the findings from the Accelerator's study on [Improving the Linkages Between Social Accountability and Social and Behavior Change \(SA-SBC linkages study\)](#) and in consultation with key Togolese stakeholders. Participants were tasked with applying a behavioral lens to assess engagement barriers for civil society and to design action items that were later integrated into the national UHC workplan.

This brief summarizes the workshops and describes the challenges they aimed to address, the overall approach, and key insights from the implementation experience.

CHALLENGES

Limited citizen and civil society engagement

While the Togolese government has demonstrated a keen interest in achieving UHC, citizens and civil society were largely excluded from these dialogues. As shown in the SA-SBC linkages study, citizen engagement is seen as an important part of efforts to advance UHC with increasing demand for greater representation in decision-making around UHC. The political will to advance UHC is present in Togo, but increased inclusivity with citizens and civil society is needed to support the ambitious UHC efforts to be more equitable and responsive to population needs.

Missing voices of key groups

The discussions with Togolese stakeholders revealed challenges around what types of CSOs (if any) are included in national discussions around key health and policy issues. These contextual insights aligned with findings from the SA-SBC linkages study, which found similar results among the UHC efforts in Cote d'Ivoire, Ghana, and Guinea, which also lacked representation from key actors across the sexes, specific health and mental conditions, as well as location. Striving for greater representation is an important strategy to ensure that diverse needs are present in UHC efforts.

APPROACH

Participant list

Diverse participants were invited to the workshops. The Accelerator met with three Togolese CSOs familiar with the UHC efforts who helped develop a list of potential CSOs to invite.

The participant list included CSOs working with focused populations, including people with disabilities, people living with HIV, adolescent girls, women and children, and rural populations. Invited government officials included key individuals involved in either the UHC Taskforce or executing the national UHC roadmap. In total, there were approximately 30 participants across government and CSO actors.

Workshop objectives

The workshops were designed to facilitate dialogue between CSOs and the government to 1) address key barriers to citizen and civil society engagement using a behavioral lens and 2) design approaches to address these issues in the future. The content was developed based on the [SA-SBC linkages study](#) and feedback from the three Togolese CSOs on key contextual insights.

The specific objectives for the two workshops are summarized in Table 1.

TABLE 1	Objectives for the workshops on integrating social and behavior change into efforts to advance universal health coverage (UHC) in Togo	
	Workshop 1: November 17, 2021	Workshop 2: December 14, 2021
	<ul style="list-style-type: none"> • Present findings from the Accelerator study on improving the linkage between social accountability and social and behavior change • Map actors and behaviors through group work • Develop concrete actions to engage citizens and civil society in group work 	<ul style="list-style-type: none"> • Revisit the concepts of social accountability and behavior change • Present harmonized results on the mapping of actors and behaviors through group work • Validate the concrete actions identified to encourage the engagement of citizens and civil society in group work

The materials for the first workshop introduced the SA-SBC linkages study and its application to the Togolese UHC context. A mapping exercise was completed in small groups using focused worksheets that guided participants to list the different UHC actors and their roles.

Each group was also tasked with outlining the actions and behaviors of these actors that either facilitated or hindered UHC efforts.

Within the larger plenary, the group devised a list of activities for implementation that focused on addressing these behaviors to increase civil society engagement to advance UHC efforts.

The second workshop reviewed the concepts of social accountability and behavior change and finalized the action items developed during the first session. The list of actions was presented during the plenary and validated by all participants. The list included items that addressed gaps in civil society engagement in national UHC efforts and outlined behavioral approaches to close these gaps.

Examples included inviting CSOs to work with the MoH to develop and support specific UHC activities like community health efforts. Table 2 presents the list of action items and the issue they aim to address, that are now included in national UHC programming.

TABLE 2	List of action items developing during the workshops that are now included in national programming around advancing universal health coverage (UHC) in Togo	
Action	Gap Addressed	
1 Train CSO actors on the UHC roadmap at the national and sub-national levels	Limited communication and engagement between civil society and government on UHC	
2 Document actions during UHC implementation to learn how to improve CSO involvement	Limited communication and engagement between civil society and government on UHC	
3 Discuss UHC efforts with communes and CSOs	Limited government engagement with the public at the community level on UHC efforts	
4 Educate the community on the need to use protective measures against health risks and insurance pooling	Weak community uptake and engagement in UHC activities	
5 Establish a monitoring mechanism for UHC activities led by CSOs/CBOs	Poor government accountability for CSO/CBO activities, resource utilization, and policy adherence	
6 Strengthen capacity of CSOs to mobilize funds	Limited engagement between civil society and government on UHC efforts	
7 Update mapping of the actors and the roles to be played the UHC roadmap execution	Limited engagement between civil society and government on the UHC efforts	
8 Involve CSOs in advocacy efforts for community health resources	Limited engagement between civil society and government on the UHC efforts	
9 Develop a common financing package for community health	Limited engagement of CSOs in the planning and implementation of UHC efforts	

ACTION PLAN

Following the workshop, the Accelerator worked with country partners to incorporate items from the workshop action plan into practice. The team supported the planning and coordination of a UHC technical committee session which included government review and discussion to incorporate the workshop action items to address barriers to citizen and civil society engagement into the national UHC efforts.

The meeting took place in July 2022. UHC government stakeholders agreed to incorporate select items into their final national integrated UHC plan. Table 2 presents the list of action items and the issue they aim to address, that are now included in national UHC programming. Many items focus on addressing limited communication and engagement across actors.

KEY INSIGHTS

The implementation experience of the workshops and subsequent engagement illuminate numerous opportunities for future efforts and improvements. Importantly all participants understood that citizen engagement was low and that it needed to be increased for successful UHC efforts. Furthermore, they were interested to take responsibility to increase citizens involvement in UHC efforts. The acknowledgement that behaviors can impede citizen involvement was also widespread. These insights demonstrate the interest of actors, particularly in the government, to operate differently to implement successful UHC efforts. Yet the experience of these workshops found that thinking through the range and breadth of behaviors across actors and institutions with a socioecological lens was not clearly understood.

It was challenging for the workshop facilitators to convey these nuanced and complex messages within the delivery and limited duration of the two virtual meetings. Given the interest and initial understanding it seems like a worthwhile activity to pursue in the future though via more long-term engagement.

Contact Information

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Accelerator

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