Implementing citizen engagement within evidence-informed policy-making

An overview of purpose and methods

World Health Organization

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Contents

Foreword

Integrating people's voices into health policy-making

To improve global health and facilitate achievement of the World Health Organization (WHO)'s Triple Billion targets, we need to ensure that decisions are made on the basis of the best available evidence. As we advance the systematic integration of research evidence, health data and the experience and expertise of policy-makers within these efforts, we must not forget the innate knowledge of the public in contributing to this evidence base. This is as much a matter of enhancing the effectiveness of policy-making as it is a foundation of democracy in ensuring that the people affected by decision-making are involved in policy formation. This area of work gets to the heart of the type of society we want to live in.

The importance of evidence-informed policy-making has long been recognized by WHO and its Member States. Through WHO's Thirteenth General Programme of Work (GPW13) and the creation of the Science Division, WHO has sought to integrate such approaches to policy formation and implementation throughout the Organization. Public engagement in this area has long been a priority, with the WHO Internal Working Group on Community Engagement and its external expert group having previously developed a handbook on social participation. This document complements and builds upon such guidance, while highlighting how such participation can be best integrated into existing approaches to evidence-informed health policy-making.

The necessity for broader understanding in this area was brought into sharp focus through the challenges posed by the COVID-19 pandemic. Member States' requirement to implement timely and decisive evidence-informed policy-making in an area of public health requiring comprehensive societal acceptance has highlighted the necessity of the wider public's role in developing such policies. For this reason, it is crucial that such mechanisms are integrated into the structures of health policy-making at global, regional and country levels.

The comprehensive integration of public participation and the mainstreaming of deliberative mechanisms in evidence-informed health policy-making will ensure that the ensuing policy is more effective, transparent and accountable. It will promote the development of relationships and trust between citizens and policy-makers and will also develop the capacity of both to engage with one another on an ongoing basis. Such mechanisms will equip countries to deal with future public health emergencies more effectively and ensure that health policy reflects the will of the people.

As the first in a series of WHO resources in this area, this overview document provides an introduction to the concept and aims to encourage wider knowledge and acceptance of the integration of public voices within evidence-informed health policy-making. Subsequent resources will include guidance and practical "toolkits" to equip WHO Member States and other actors with the requisite knowledge to implement these principles in practice. Regardless of their sociopolitical situation, countries will be able to take steps to democratize policy-making in health, to the benefit of both governments and the public alike.

Dr John Reeder
Director, Research for Health
Department, Science Division

Abbreviations and acronyms

CE	citizen engagement
CSO	civil society organization
EBP	evidence brief for policy
EIP	evidence-informed health policy-making
EVIPNet	Evidence-informed Policy Network
KT	knowledge translation
KTP	knowledge translation platform
LMICs	low- and middle-income countries
NGO	nongovernmental organization
UN	United Nations
WHO	World Health Organization

Purpose of this document

This overview provides a fundamental understanding of citizen engagement (CE) and its relevance to the evidence-informed policy (EIP) work of the World Health Organization (WHO) and its Member States. The document introduces readers to the rationale and concept of CE, outlining its conceptual strengths, implications and practical applications. It serves to justify and promote the integration of citizens' voices as a crucial and underutilized form of evidence in policy- and decision-making. This overview document is the first in a series of WHO publications on the topic of CE in EIP. Subsequent resources will include practical guides and toolkits.

Development of the document

This overview synthesizes a wide range of international literature on the topic of CE in EIP. A scoping review methodology was undertaken, outlined in Appendix 1.

An editorial board of renowned experts in the field oversaw and provided technical contributions to the development of the overview document (for details of the experts involved, *see* Acknowledgements). The overview document was subjected to internal and external review.

Structure of the document

This overview outlines the justification, considerations and concrete steps that need to be taken to engage citizens in EIP processes.

Section 1 sets out the background to CE, including context, definitions and steps towards the integration of CE in EIP.

Section 2 makes a positive case for the integration of CE, outlining its theoretical justification and potential benefits.

Section 3 details the steps involved in managing and delivering CE activities. The described process presupposes the involvement of some form of knowledge translation (KT) mechanism, similar, for example, to the knowledge translation platforms (KTPs) supported by the WHO Evidence-informed Policy Network (EVIPNet) *(1)*.

Section 4 contains a summary of key messages and suggested next steps for policy and research in this field. In addition, there are suggestions and resources for further reading, such as tools to inform the practical implementation of CE into EIP.

Section 1: Background

Evidence-informed health policy-making (EIP) is an approach that promotes the systematic and transparent use of the best available data, research and other forms of evidence in decision-making *(2–4)*. What types of evidence are used, and how they are translated into policy, is a political decision with implications for a country's health outcomes *(5)*.

In its EIP work, WHO promotes two complementary types of evidence: "explicit" knowledge, consisting of health data and health research, and "tacit" knowledge, comprising the views, perspectives and lived experience of policy-makers, stakeholders and citizens *(1,6,7)*. The WHO Evidence-informed Policy Network (EVIPNet), for instance, WHO's key initiative to strengthen and institutionalize country EIP capacity, supports knowledge translation platforms (KTPs) – multisectoral country teams that include policy-makers, researchers and other civil society representatives – in translating research evidence into national policy and action. The activities supported by these KTPs include the synthesis of the best available global and local research evidence to be used for policy deliberations between researchers, policy-makers and other stakeholders *(see* Fig. 1 for details).

Deliberative processes and tacit knowledge are key to interpreting and contextualizing research evidence and addressing issues for which research evidence is either uncertain, value laden and contested, or may not exist *(8)*. Participatory processes and including the voices of citizens in policy-making furthermore increases public interest in, and understanding of, evidence and political processes, which in turn enhances the legitimacy of policy decisions as well as societal trust *(9–11)*. However, despite its benefits, the lived experience and tacit knowledge of citizens remain underrepresented in policy processes *(12)*. Through this overview, and the subsequent suite of publications on this topic, WHO aims to rectify this omission and catalyse a new momentum and commitment to recognizing the value of citizen knowledge. The objective of this overview document is to provide a basic understanding of citizen engagement (CE), while future outputs will include hands-on guides and toolkits for the integration of CE in EIP.

Terms and concepts

What is citizen engagement?

CE is a deliberative form of public participation to inform effective policy-making by providing members of the public with a platform to discuss a policy issue. It is concerned with recognizing the views, perspectives and knowledge of a diverse group of people living within a particular region or country, as part of policy discussions *(13)*. These aspects of deliberation and direct integration between members of the public and a national policy-making process distinguish CE from other forms and mechanisms of participatory governance *(14)*. Other mechanisms of "community engagement" or "social participation" tend to focus on particular communities of place or interest and therefore may be more appropriate in the context of local health services, or the engagement with nongovernmental or civil society organizations (NGOs/CSOs) *(14)*. Thus, while acknowledging the history and impacts of other democratic innovations on societal trust and democratic culture, this overview focuses specifically on CE due to its relevance to the formal process of EIP in WHO Member States. The definition of CE adopted for this overview is that of the United Nations Department of Economic and Social Affairs *(15)*:

- → Citizen engagement is defined as "an active, intentional partnership between citizens and decision-makers, which is promoted and conducted by government authorities".

- → It represents "the public's involvement in determining how a society steers itself, makes decisions on major public policy issues and delivers programmes for the benefit of citizens".

- → It aims to "[give] citizens spaces and tools to process and analyse information on policy alternatives and share with them a real stake in the decision-making process and in monitoring and evaluation".

- → And, in practical terms, "Citizen engagement consists of a commitment from government to nurture deeper levels of understanding among citizens about the issue at hand and potential solutions, and to provide them opportunities to apply that knowledge in service of policy and programme development in a regular and enduring basis."

Who is a citizen?

The use of the term "citizen" in this document does not imply any form of legal, residential or citizenship status. The term may be used interchangeably with "public" with regard to considering the population of those living within a particular national jurisdiction. In this sense, "citizen" is used in an expansive sense, covering all of those who are affected by health policy-making within a particular Member State, as opposed to their nationality or legal rights within that country *(16)*.

Why is citizen engagement important?

The adoption of CE in EIP is beginning to gather momentum, in recognition of the central importance of accountable and deliberative democracy in policy-making processes *(17–20)*. By including the knowledge and values of citizens, CE activities are perceived to improve the decision-making process for more effective public policies *(21–23)*. This can be most beneficial when addressing moral and political questions for which there is no "right answer" as "lay" citizens can highlight factors and considerations that may not otherwise be apparent to policy-makers *(24,25)*. Within health policy, CE can be considered a moral imperative, given that the public both funds (as taxpayers) and uses public health systems services, and CE captures and reflects what is important to them *(26)*. More detail on the justifications for integrating CE in EIP are detailed in Section 2.

The need for CE is especially important in crisis situations, such as during the COVID-19 pandemic. While health policy-making faced new challenges during the pandemic, citizens were often unable to get involved in actual decision-making, which negatively affected both the response to, and consequences of, the pandemic *(27–29)*. The failure to adequately engage citizens in discussions around the pandemic heightened the range and consequences of misinformation and disinformation, exacerbating non-compliance with vaccination programmes and other restrictions on social interactions. Involving citizens in the planning and implementation of interventions was increasingly considered crucial to encourage the public to comply with recommended public health measures and make the required changes in their lives to curb the spread of the virus, with evidence illustrating the capacity of citizens to engage in such policy discussions during the pandemic *(30–33)*.

Fig. 1. The EVIPNet action cycle, illustrating the activities of a KTP *(1)*
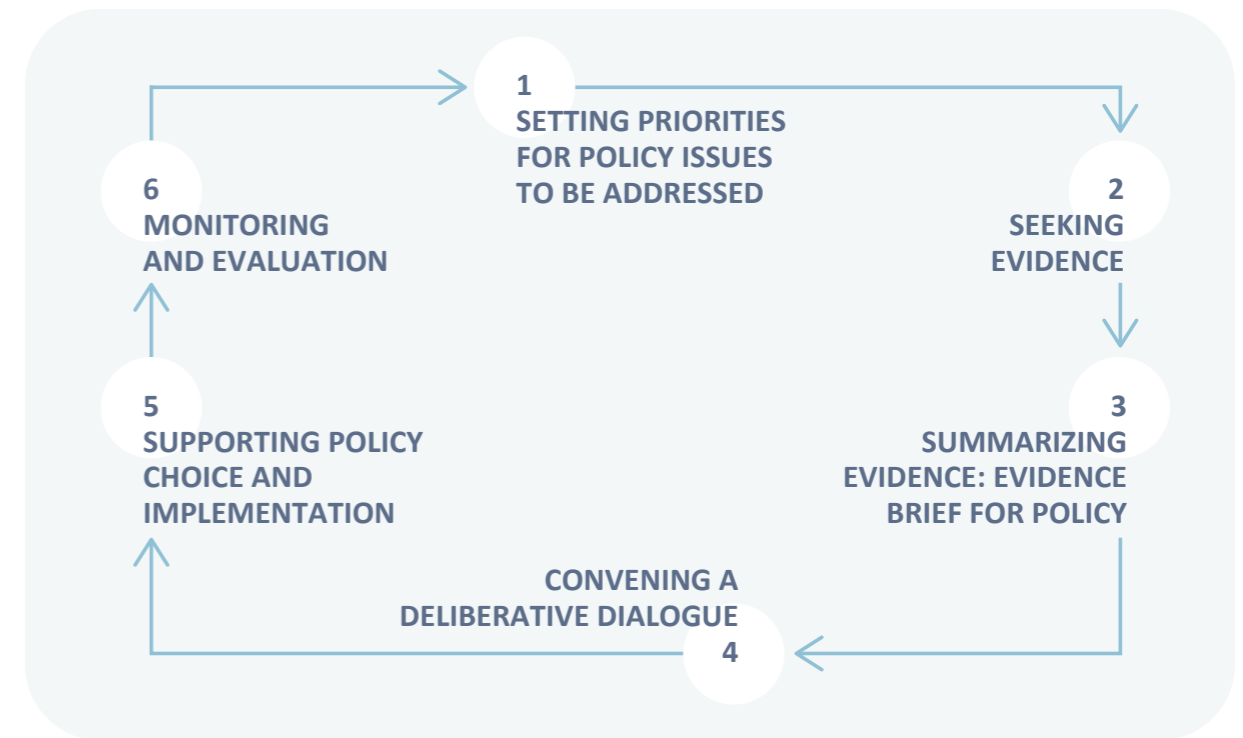
Step 1. Setting priorities for policy issues to be addressed: The KTP periodically organizes priority-setting processes to identify and frame public health policy and/or health system priority issues that they anticipate facing in the next 6-18 months and over longer time scales. The issues will be converted into topics for evidence briefs for policy, systematic reviews and/or new primary research.

Step 2. Seeking evidence: Once a health priority issue is identified, the KTP develops a searchable research question and a search strategy. Next, it finds, retrieves and maps relevant evidence. and appraises its quality. Finally, it examines the findings in terms of local applicability (assesses stakeholders' values and beliefs. power dynamics among actors, institutional constraints and donor funding flows) while taking related benefits, damage, costs and equity into consideration.

Step 3. Summarizing evidence: In this step, the KTP summarizes and packages the relevant information in a user-friendly format (e.g. an evidence brief) to frame the priority policy issue: outline the governance, delivery and financial considerations for viable policy options; and set out potential implementation issues.

Step 4. Convening a deliberative dialogue: A deliberative dialogue convenes key national stakeholders concerned with the priority policy issue addressed in the evidence brief to: discuss factors that influence decision-making about the issue: capture the tacit knowledge. views and experiences of stakeholders; and identify key next steps for different constituencies.

Step 5. Supporting policy choice and Implementation: In this step, the KTP fosters the integration of the findings into policy formulation and the implementation of actions.

Step 6. Monitoring and evaluation (M&E): KTPs regularlry monitor and evaluate their processes and results, and assess whether observed changes can be attributed to their interventions. The M&E findings should inform KTPs whether to continue, change or cancel activities.

Section 2: Why are people being asked to engage?

CE is an important component of policy-making processes. It pursues three separate, but interrelated, aims of improving (a) democracy, (b) decision-making processes, and (c) capacity *(34)*.

a. Democracy: enhancing transparency, accountability and societal trust

CE is a means through which the public can play a role in policy decisions, thereby democratizing the process of health policy-making *(15,35,36)*. The practical undertaking of CE can develop societal trust through the provision of information and the ability to effect change in health policy *(9–11)*. The transparent communication of the results and implications of the exercise will confer legitimacy and accountability upon the process *(37–39)*. Such evidence of the tangible power held by citizens will further strengthen societal trust and willingness to participate in future engagement exercises *(10,19,40)*.

However, if deliberately manipulated or not implemented effectively, CE can do the opposite, decreasing trust between citizens and policy-makers. There is a risk of CE leading to "fake dialogues" *(15)*; a tick-box exercise to legitimize a pre-made decision *(35)*, especially when citizen input is invited at a stage too late to make a difference to policy decisions *(41)*. CE activities can act as a cover to decrease public cynicism in the policy-making process *(24,42–45)*, while sharing the responsibility and credit (or blame) for the outcomes of a particular policy *(23)*. The potential for such misuse or "hijacking" of this process necessitates a deep understanding of the purpose of the CE process, and the close adherence to the steps outlined in Section 3.

b. Decision-making processes: improving the quality of decision-making

Fundamentally, through leveraging the knowledge and social values of citizens, CE activities are intended to improve the decision-making process and aim to result in more effective public policies *(21–23,26)*. Despite evidence that citizens can "form coherent judgements about a new policy issue" *(13)*, their ability and capacity to engage in policy discussions has been questioned, especially regarding complex health policy issues *(41,46)*, due to a perceived lack of technical knowledge. However, the evidence sought from citizens is often the ethical, social and moral values of the population *(13,47–49)*, thus not requiring specialist knowledge *(13,48,50–52)*. Policies that contain a significant value-based element can be improved through the integration of citizen's voices *(21,22,24,26,34,41,44,48,52–57)*, for example, by illuminating aspects that may not be clear to patients or policy-makers and indicating public perspectives towards proposed policies *(25,26)*. Such policies may be those where there is a significant ethical or moral judgement to be made, where a complex mix of multiple perspectives prevails, or those where it is difficult to measure success or failure, such as discussions around assisted suicide *(51)*. CE can help policy-makers to understand the nature of these perspectives and the reasons for disagreements, which can then be taken into account when designing policy *(13,23,57)*.

c. Capacity: enhancing the knowledge and capacity of participants and policy-makers

The third goal of CE is to improve the knowledge and capacity of citizens to understand the evidence and engage in political processes *(34,35,47)*, as well as enhance the ability of policy-makers to integrate this new form of evidence into policy.

Engagement in CE activities increases participants' knowledge of policy-making *(35,48,58)* and of a specific subject matter *(34,36,52,59)*. The mobilization and provision of the best available evidence on the subject matter, followed by deliberating proposed policy options with other participants, are crucial for developing such an understanding *(21)*. Deliberative discussion is the key distinguishing aspect of CE *(25,58)*, differentiating it from other means of eliciting public opinion, such as surveys, polls or public hearings. Indeed, it is the process of deliberation, more so than simply informing or "educating" participants, which considerably enhances their knowledge of the subject matter. This increased democratic literacy can also enhance societal trust, especially between citizen and policy-maker, due to an increased understanding of the decisions and trade-offs involved in policy-making *(46)*.

There is also a need to enhance the capacity of policy-makers to commission or facilitate CE activities and integrate their outputs into policy design. International organizations such as United Nations (UN) agencies (including WHO) and the World Bank can encourage and support policy-makers to adopt CE mechanisms *(15,60)*. The capacity of both citizens and policy-makers to engage in CE mechanisms can be built through the provision of education and training by such non-State actors, as well as local CSOs *(15,37,39,60–65)*. Further encouragement can be given through advocating for the contribution it can make to effective policy-making, or through making financial or other support dependent upon the integration of CE *(66)*.

Section 3: How to integrate citizen engagement into evidence-informed policy-making

This section outlines the key steps involved in undertaking CE activities. While not intended to provide in-depth practical guidance, it offers a comprehensive introduction to the structure and steps involved in CE.

Context

The practicalities of integrating CE in EIP are influenced by a State's social, economic and political characteristics, and may thus need to be adapted and tailored to local circumstances when introducing CE in different contexts *(46,67–69)*. Contexts with wider socioeconomic inequalities and power imbalances may necessitate a different approach to conducting CE in EIP *(68,70,71)*. Mutual trust between citizens and policy-makers may be lacking in States without a tradition of transparent and accountable participatory engagement, or a policy-making culture that does not value citizen input and is restricted in both capacity and finances *(66)*. Missing trust and a deliberative culture limits both the policy-makers' willingness to place any power in the hands of citizens *(10,39)*, and consequently reduces citizens' likelihood of engaging in a project for which there may be little consequent effect *(35,66)*. Thus, in such situations, CE may initially be best introduced for the first time in a country or society at a subnational (e.g. district) level *(10,35,72)*.

Subnational and service-level engagement with citizens can enhance communication and trust between citizens and policy-makers, and build the knowledge and capacity of citizens *(22,34,38,39,60–63,71,73–79)*. Such activities may benefit from the involvement of institutional brokers who can facilitate the development of processes that are reflective of diverse cultures of democratic participation. Their successful implementation counters claims that citizens of some countries are incapable of participating in CE due to their lack of knowledge, ability or desire *(35,72,80,81)*. This is possible, and indeed encouraged, even in circumstances of fragility, conflict and violence *(82)*. Innovative digital means, including online platforms for discussing and voting upon a particular policy issue, are also being trialled in an attempt to reduce the "friction of distance" disproportionately experienced in low- and middle-income countries (LMICs) *(83)*, though with the caveat that such means can also enhance disparities between groups dependent on digital infrastructure and capacity. Once a sufficient level of political trust is established (whether or not through the implementation of subnational CE activities), CE mechanisms can follow the steps detailed below, regardless of the sociopolitical circumstances of the State in which it is being introduced *(17,84)*.

CE can be complex and can involve considerable cost and time commitment. It should therefore be planned and organized in advance. Decisions must be made as to the specific mechanism and stage of policy-making, based on the aims and objectives of the CE exercise. Subsequently, a choice of method is to be made on how citizens and experts/witnesses will be recruited to take part in the CE exercise. The CE activity itself consists of a process of informing a group of citizens on a particular topic, before allowing them to examine and interrogate the evidence, deliberate over solutions and finally reach a conclusion, which may or may not reflect a specific recommendation. This is then communicated to policy-makers to inform policy, while the outcome of such policy discussions is fed back to the citizen participants. This process is depicted in Fig. 2.

Fig. 2. Steps involved in the practical undertaking of CE activities
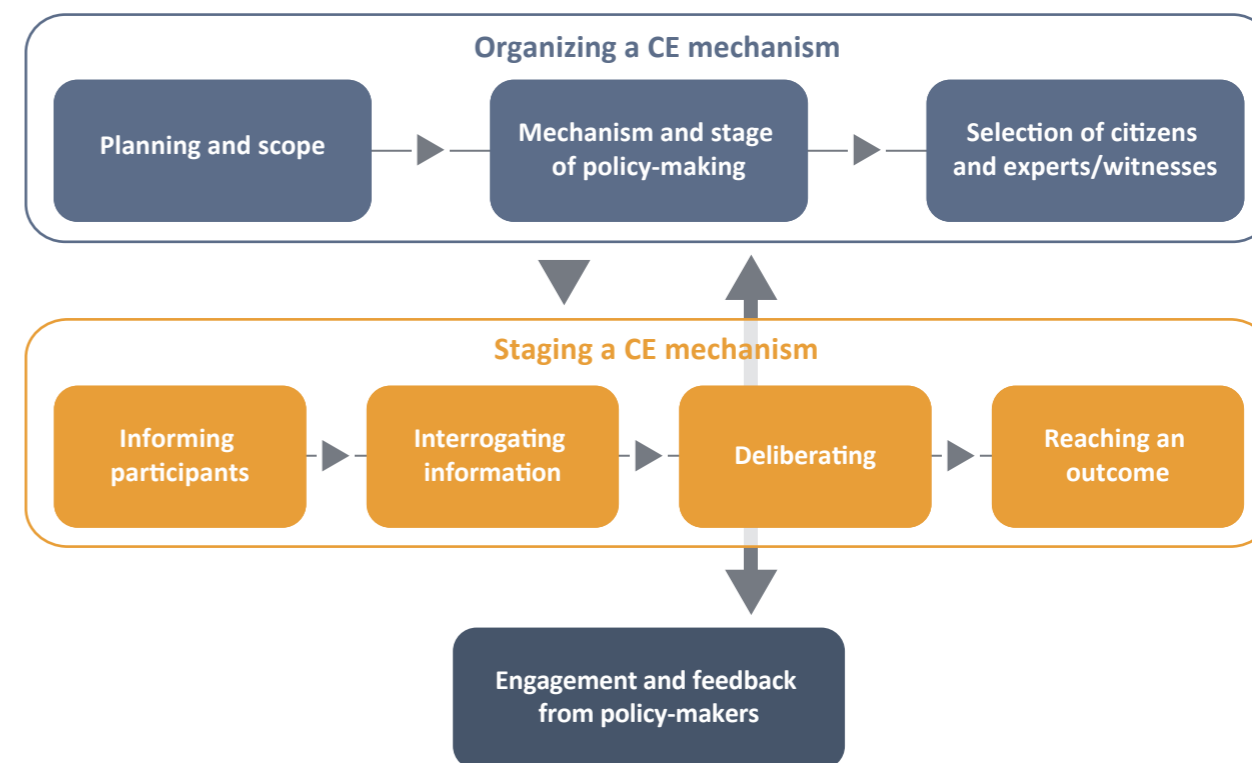
Organizing citizen engagement

Planning and scope

A CE activity tends to be commissioned by a specific ministry or public institution to inform a particular governmental policy. The planning and undertaking of CE activities should be overseen by an external committee *(25,45)*, such as the EVIPNet KTPs, which increases the acceptability of CE outcomes *(85)*. The CE committee comprises researchers/administrators of the CE activity and policy-makers (as well as other stakeholders or "guarantors" deemed necessary to ensure the "balance" and integrity of the process, such as citizens or civil society representatives) with adequate knowledge and experience of the issue at hand. Close engagement between the body commissioning the exercise and the CE committee must be maintained to increase the chances that this evidence will inform policy *(44)*. However, there must be acknowledgement of the potential for conflicts of interest or undue influence within these structures, and all other actors involved in the CE process, with measures (including the presence of such "guarantors") taken to ensure that the process is independent, transparent and unbiased *(14)*.

During the process of planning the CE activity, it is important to understand exactly what is being asked of the participants, the scope of their discussions, which questions require input, and how the outcomes of the CE will be used *(13,36,44,53,56)*. Further, participants should be made aware of the extent of policy-making possibilities and other constraints on selection of policies *(44,57)* so that policy suggestions can be both pragmatic and implementable *(45)*.

Budgeting for the CE exercise is an important component of the planning phase. Depending on the national context, participants may be paid for their time, including travel and accommodation costs, and provided with catering and an appropriate venue *(43,47,50)*. Furthermore, deliberative mechanisms can take a long time to plan and organize, with recommendations to budget at least a year for their organization *(47)*. However, these costs may be considered justified and necessary due to the impacts on societal trust and consequences of having faith in public health policy and messaging, as well as improvements to the effectiveness and responsiveness of public policy, which the integration of this additional evidence is considered to lead to.

Mechanism and stage of policy-making

CE mechanisms can be tailored to the specific aims, circumstances and resources of the commissioning body *(34)*, with particular approaches suited to different needs *(21,86)*. Various approaches to CE have been adopted by national governments and supported by supranational organizations to integrate citizens' voices at various stages of the EIP process *(14,60,84,87)*. Among the most widely adopted are citizen juries, citizen panels and citizen councils, with the key distinctive features of each outlined below (for more detailed information, *see* 14,84). While these mechanisms differ in detail, almost all comprise a process of: gathering a demographically diverse group of citizens; presenting them with various forms of information on a topic; allowing them to discuss and deliberate; and returning a final record of their conclusions *(15,17,18,88)*. The steps set out below aggregate these mechanisms to consider their constituent parts with regard to EVIPNet's policy action cycle, as opposed to focusing on any one particular approach.

CE should take place throughout the policy-making process *(41)*. Individuals should have the opportunity to engage from the outset of the policy-making process *(35,42)*. Thus, CE can be considered an ongoing process as opposed to an isolated event (*see* Fig. 1). However, there are some specific differences that render approaches more or less suited for different stages of the policy-making process. Citizen panels, which adopt a more inductive, bottom–up consideration of perceptions and opinions, *(13,21,41,48,49,53,89)* are more appropriate for use in priority-/agenda-setting (Stage 1) than later in the process.

The most common approach is to involve citizens at the point of policy selection (Stage 5), when information and arguments for different options can be synthesized and presented, mirroring the "deliberative dialogue" process undertaken by policy-makers (Stage 4). Citizen juries *(25,42,45,47,50,58,85,90–92)* are suited to integration at this stage; considering a finite number of policy options presented to them *(49)*, which they must select and defend *(25)*. One drawback of engaging citizens only at the point of policy selection (Stage 5) is the restriction of choosing between a finite number of policy options, having played no role in shaping those options *(23,35)*. This can lead to participants questioning the finite nature of policy options and discussion topics, and deliberating beyond the boundaries of their remit *(35,44,48)*. While it may be possible to incorporate emergent themes and ideas, it is recommended to instead reduce the possibility of this eventuality through early and systematic adoption of CE throughout the policy-making process *(24,57,86)*.

An integrated approach to doing so is through the use of citizen councils *(26,42,93)*, a more permanent body appointed to serve a period of several years, instead of the single-issue nature of panels and juries. While citizen councils can consider a wide range of issues brought to them, they can also engage in multiple stages of the same policy action cycle. Beyond this, it is recommended that a CE body be institutionalized within EIP in order to maintain institutional knowledge and be able to deliver regular and ongoing opportunities for CE at short notice, while reducing start-up costs.

As outlined, while there may be specific elements or approaches that may be more appropriate for particular stages of the policy-making process; each mechanism follows a broadly similar process. This process is detailed in the following sections.

Selection of citizens

The goal of CE is to gather a diverse range of voices representing broader attitudes, perspectives and opinions in a specific society *(56,89,94)*. Thus, the selection of participants needs to reflect that diversity of social values *(44)*. While theoretically this should constitute "discursive representation" *(55)* in the diversity of views people have (as opposed to the "types" of people they are), it is often easier to represent a range of demographics *(25,26,44,50,57,58,86,89,92–94)*, using this as a proxy for discursive diversity, which may not be possible to assess without a pre-activity survey or interviews *(25,47,52,90,92)*. The size of the participant sample needs to be sufficient to represent a range of such viewpoints *(53,94)* and commonly consists of between 10 and 25 participants *(26,58,92)*, although some deliberative mechanisms can gather much larger groups.

Common recruitment techniques include the "civic lottery" system or stratified random sampling, whereby the demographic characteristics of thousands of residents can be considered and sampled for diversity on various demographic variables *(13,25,41,42,44,45,53,89,94)*. While this method is effective in being able to attract a broad sample, it is time- and resource-intensive and also relies on self-selection, potentially removing those experiencing structural barriers to participating. Random-digit dialling utilizing census results or the electoral role is a means through which specific demographic characteristics can be targeted, though this is also resource-intensive *(23,50,92,94)*.

While capable of reaching a large audience, these techniques may not be effective in recruiting marginalized voices and those from "hard-to-reach" groups to engage in CE activities *(35,55)*. To do so, it may be necessary to purposively sample specific groups perceived to have a different, and important, viewpoint *(21,22,44,57,94)*, including those experiencing structural barriers and disincentives to participation, or are underrepresented due to sampling bias *(41,55)*. Decisions around each of these factors must be carefully considered as they affect the extent to which the respondent group can be considered representative of the population or the minority groups within it. Further, while respondents with specific personal knowledge of a topic may be sought *(34,35,54,59,85)*, respondents considered to have strong views are sometimes excluded as their opinions are considered informed rather than "lay" *(42,57)*. Again, a judgement call must be made as to whether the personal experience of the topic being discussed is valuable to deliberations and is representative of the population, or whether these may be considered conflicts of interest with regard to deliberation of policy options.

It is common practice for participants to be remunerated for their time and input *(26,93)*. The amount can vary from a token gesture *(53,54,59)* to a quantity larger than what the respondent would usually earn in a day *(25,42,45,50,52,55,56,90–92)*. Remuneration removes financial barriers to taking part in the

activity, alongside further subsidies for rural residents or those who have to travel for long distances (*22,55,57,90,92,94*). However, an ethical consideration of "appropriate remuneration" would be required to ensure that respondents are not being excluded or influenced by the provision of recompense (*95*).

Key considerations when selecting citizens

➔ The size of the participant sample needs to be sufficient to represent a range of different viewpoints, with demographic variation often used as a proxy for the discursive diversity of citizens.

➔ Different recruitment methods can have consequences for the selection of a diverse sample. The selection process should ensure that the resulting group is representative and includes marginalized or "hard-to-reach" voices.

➔ In addition to the cost and resources involved in recruitment, a decision must be made regarding the remuneration of participants.

Selection of experts/witnesses
The role of experts or "witnesses" is to present information to participants and answer any further questions they have. A comprehensive range of voices is necessary. As the selection of individuals to fulfil these roles has the potential to influence the jury/panel in different ways, experts/witnesses should provide a broad range of opinions and options (and be restricted to standardized times to present them) to try to avoid "capture" of participants in a particular perspective (*44,55,85,86*). In this sense, the identity of witnesses is less important than the group's ability to collectively present informative, balanced testimony to the participants.

Individuals act as advocates, neutral "experts", or provide personal perspectives (*52,89,94*), in order to inform and persuade (*47*). In addition to policy-makers (*26,93*), advocates, funders and "objective" experts (*26,42,50,91*), representations can be made by a patient of a particular condition (*42,86*) or their family (*55*), health-care providers (*26,42,85,91*), specialist researchers (*35,50,55,85,91*), manufacturers of a particular treatment (*42*), representatives of minority ethnic groups (*23,57*) and participants of previous deliberative exercises (*57*). The selection of these individuals is based largely on their ability to provide one particular perspective on a topic. This renders it even more important to acknowledge and state any conflicts of interest alongside the evidence they provide.

Key considerations when selecting experts/witnesses

➔ The role of an expert/witness is to provide information to participants during the CE activity.

➔ The information given can be neutral or subjective and persuasive, so long as participants are offered a balanced range of perspectives upon which to inform their deliberations.

➔ Experts/witnesses must be drawn from a wide range of backgrounds, offering different perspectives on the subject under consideration.

Staging the citizen engagement mechanism

CE activities involve bringing participants together for a period of time to personally interact. While deliberative exercises can be conducted online (*21,34,55*), there is conflicting evidence as to whether this may enhance or deter access and levels of active participation (*34*).

The time period varies between one and six days and consists of presentations, discussions, cross-examination – not necessarily in that order – and the development of a summary document. This can be achieved over one time period or across non-contiguous weekends, with the latter allowing participants to discuss and consider issues in the intervening time (*86*). While citizen juries are commonly held over two (*22,23,55,57,86,94*) or three (*89*) non-contiguous weekends, citizen panels are often convened over longer periods of time, with participants meeting around five times over 18 months (*13,41,48,53*). While such time periods are considered most effective for policy-making in "normal" circumstances, they can be shortened, condensed or compressed when reacting to an emerging or emergency situation, such as the coronavirus pandemic (*31,32*).

Informing participants
Identification of a preferred policy may require a basic understanding of the social, political and financial implications of available policy options, in addition to the evidence base supporting them and their potential health implications. These would help in deciding which is the most appropriate solution (*48*). One of the central tasks of CE is to inform "lay" members of the public as to the contextual information and ethical questions surrounding a particular policy discussion (*25,58,93,94*). This information commonly comes in two main forms: paper-based resources for participants to read; and oral presentations delivered to participants. While these two forms can be considered the bare minimum, it is recommended that a range of types of resources and opportunities for learning to be incorporated, catering to a variety of learning styles.

Key steps to informing CE participants

➔ Participants must be presented with information that supports them in their deliberations and in reaching a conclusion or conclusions.

➔ Evidence should be presented in a systematic and structured way, including summaries of global research evidence (such as systematic reviews) and relevant local data, including legal, ethical and political considerations, as well as the lay views of various demographic groups.

➔ Evidence should be provided in written form prior to the CE activity and supplemented by oral presentations during the activity. Both require careful consideration to ensure that participants are not unduly led through biased or one-sided information.

➔ Participants should also be made aware of the scope and extent of their abilities and influence so that their suggestions can be practical and relevant.

Written information provides an initial introduction to the discussion topic *(34)* and different public interests and perspectives *(55)*, as well as other forms of evidence *(48,96)*.[1] Evidence should be presented in a structured way, representing a wide range of legal, ethical and political considerations (utilizing both qualitative and quantitative evidence), as well as the lay views and the experiential and local knowledge of various demographic groups *(22,57,86)*. Sources of evidence are compiled into "evidence summary packs" to be circulated to participants in advance of each meeting *(13,22,36,48,52,57,94)*. These often contain a pre-made workbook to bring together evidence, discussion topics and the opportunity for written reflections over the course of the exercise *(13,41,48,53,90,91,94)*. The WHO Evidence Brief for Policy (EBP) is another format that systematically brings together and packages the best available global evidence and context-specific knowledge in a user-friendly way to inform deliberations about health policies and programmes, and can equally be adapted for use in CE activities *(97)*.

The preparation of materials for participants is a key step in the CE process, and may require additional expertise or training to undertake effectively *(53)*. While materials can be vetted to ensure that they are balanced or "neutral" *(35)*, they can also choose to purposefully not do so, encouraging the participants to challenge the perspectives of particular resources *(94)*. As well as the provision of information on the subject matter from different perspectives and viewpoints, it may also be necessary to inform participants as to the robustness and reliability of different forms of evidence. This will help participants to rectify potentially conflicting evidence and consider which one(s) they can "trust". As well as informing their deliberations within the CE exercise, this process may also give an insight into the realities of EIP *(7,98)*.

Experts/witnesses will also present information through oral presentations *(26,50,93)*, including the practical, ethical, political and financial facets *(50,93)*. These presentations should provide factual, balanced information on the topics under discussion *(56,90)*, whether through different policy advocates (or "champions") or presenting objective pros and cons of each option. Witnesses should make clear who they are and what background they come from as they may have a vested interest in policy options, which should be acknowledged by participants *(86)*. In this sense, individual presentations may be biased or from one particular perspective, so long as balance is achieved over the range of presenters. Undue coercion or "stakeholder capture" *(86)* should be avoided, especially due to the inequality in knowledge inherent in such environments. If, during the course of their deliberations, participants ask for further information or evidence, the CE committee should endeavour to source it, and distribute it as soon as possible *(47)*.

Interrogating information

An important part of the process of developing knowledge on a topic is the ability to critically assess the sometimes conflicting evidence being presented *(26,56)*. Within CE, this can take the form of a "cross-examination" of experts/witnesses to provide further information to discuss and deliberate over *(42,47,50,58,90,92)*. It is recommended that adequate time be given to challenge and interrogate the experts/witnesses to allow for a two-way exchange and adequately inform decisions *(35,58,86,90,92)*.

The presence of and direct interaction with policy-makers themselves during the CE exercise not only provides further learning on the topic and processes of policy-making *(25)*, but also serves as encouragement for participants, assuring them that their contribution will be considered when shaping policy *(48,53)*.

Deliberating

Following the presentation of information, participants discuss and deliberate its implications for a specific policy problem *(41,42,52,53,59)*. Deliberations are a key distinguishing aspect of CE *(25,58)*, differentiating it from other means of understanding public opinion, such as surveys. As the process of deliberation is considered to enhance participants' knowledge of the subject more than either the written material or presentations *(21)*, allowing adequate time for structured and unstructured deliberations is an important aspect of successful CE mechanisms *(53,55,58)*. In so doing, it is crucial that participants are able to conduct respectful debate in an "environment that facilitates reason-based discussion" *(21,44)*, even if it does not ultimately lead to group consensus *(86)*. Commonly defined ground rules such as equality of participation and accepting diverse views should be established and followed by participants *(35,55,57)*.

A combination of small- and large-group discussions are staged to allow for both breadth (wider range of issues with less detail in larger group) and depth (fewer issues in more detail in smaller group) in deliberation *(13,21,26,42,56,57)*. Exercises can involve the discussion of multiple scenarios *(36,50)*, for example, with relevance to the discussion of different potential policy options presented in EBPs. Experts/witnesses/policy advocates can be made available during deliberations for follow-up questions and clarifications, in order to inform ongoing deliberations *(21,36,47,53,55,85)*.

Key considerations for facilitating deliberation

➔ Time for deliberation is crucial for effective citizen engagement.

➔ Ground rules should be established to encourage honest expression of views.

➔ Different approaches to group size can be effectively utilized to seek depth and breadth of consideration, as well as to encourage all participants to engage.

➔ Some facilitation is recommended to ensure that participants stay within their scope and remit of discussions.

The make-up of the small groups can be controlled for the purposes of grouping similar views, differing views, or other demographic or professional reasons *(22,35,52,55,94)*. While small groups are often facilitated (or "moderated") to keep the discussions "on track" *(22,23,34,44,47,51,52,54,56,90,91,93,94)*, the opportunity for unfacilitated, open discussions should also be provided to not "lead" the discussion *(36,58,59,85,92)*. Facilitators can bring together the conclusions of more in-depth smaller group discussion *(23,42,58,86,93)* into the larger or "full" group, in an attempt to build "common ground or consensus" among all participants *(13,22,36,42,44,45,52,55)*.

For these reasons, the role of the facilitator is very important and care should be taken in their recruitment and appointment. It is crucial that the role of the facilitator is one of an objective observer, allowing the discussion to develop without undue engagement or perceived bias *(99)*, and ensuring that quieter or more reticent participants are given the opportunity to contribute to overcome real or perceived power asymmetries *(23,51,57)*. For this reason, it is important that at least one suitably qualified independent facilitator is employed, with a recommendation of two or three.

Reaching an outcome

The output of a CE activity takes the form of a report detailing discussions and any recommendations emerging from them *(23,45,47,51,57,93)*. This may be called a "conclusion" or "verdict" *(58)*, but it is important to recognize the plurality of beliefs and opinions and the point(s) of convergence and disagreement expressed during the CE activity *(22,23,44,94)*. The willingness of respondents to compromise to aim for

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1 Evidence can include the following:
  • educational materials *(13,21,35,36,44,45,48,52,53,85,89,90)*;
  • relevant academic articles *(13,23,41,44,45,48,53,55,86,94)*;
  • information about policy options, including recommendations and their relative costs *(13,21,25,35,36,43,44,48,49,52,57,58)*;
  • case studies *(21)*;
  • newspaper clippings *(13,23,41,48,53–55,94)*;
  • podcasts, documentaries and videographics *(96)*;
  • discussion questions *(13,48)*;
  • ethical considerations *(55,57,58)*.

consensus reflects the extent to which participants feel strongly about minority stances or persistent disagreements *(50,91)*. This statement, therefore, may include details of persistent disagreement between participants, allowing for, and even valuing, the plurality of views on the topic *(26,57,58,86,94)*. The extent of plurality of views can be expressed through a number of methods, including: deliberative polling *(22,44,45)*; indicating, by placing a point on a spectrum, the extent to which an individual supports a policy at different stages of the deliberative process *(35,90)*; and Q methodology *(55,94)*. These methods do not seek to "aggregate" the results or indicate a "winner" based on the most support *(44)*, but allow participants to express their continuing disagreement and defend minority positions *(52)*.

The final report is compiled following the conclusion of the CE activity. Final reports of CE activities can comprise the final conclusions and justifications of the participants as well as the insights of researchers and participants into the process of the group discussions themselves *(57)*. This can result in up to three forms of evidence: deliberative outputs recognizing the nature of discussions; individual reflections of participants noted in their workbooks; and analytical outputs detailing the nature of conclusions *(23)*. Such outputs contribute to the understanding of how citizens consider complex ethical questions in this kind of setting, and add further insight into issues of both consensus and disagreement *(57)*. They also allow for the assessment of points at which participants changed their minds, and what prompted them to do so *(22)*. The comprehensive analysis of deliberative outputs provides added information on the CE process, which may be of interest to researchers and academics, as well as recognizes the contribution of evidence to policy-making *(22)*. Following the drafting of the report, it undergoes a process of "ratification" where participants ensure that it accurately reflects the deliberations and conclusions *(22,26,44,57)*.

Key considerations for reaching and delivering an outcome

➔ The outcome is a report of the discussions and conclusions of the participants, which forms the evidence to be considered by policy-makers.

➔ The outcome may not reflect a unanimous position, but all points of convergence and divergence should be outlined and explained.

➔ A written report is developed during and/or after the CE activity and is "ratified" by participants to ensure that it reflects the discussions and views expressed.

➔ The outcome developed by participants may be supplemented by a secondary assessment of the process developed by facilitators, observers or members of the CE committee.

Engagement with, and feedback from, policy-makers

It is critical for the legitimacy and perceived value of deliberative exercises that policy-makers are supportive of the exercises and welcoming of their findings *(48,55,94)*, while ideally engaging directly with participants during the process. Participants need to know that their responses will be taken seriously and not diluted or misinterpreted (intentionally or otherwise) by policy-makers *(23,45,47)*. Otherwise, the process risks not being able to recruit or energize people *(57)* and can damage trust between citizens and policy-makers, jeopardizing future CE activities. As well as taking the conclusions of the exercise seriously, the presence of senior policy-makers at CE meetings contributes to participants' belief in the value of taking part, and is thus beneficial to the aims of the CE process *(22,53)*.

Participants in CE activities should be invited to meetings of policy-makers to both present their conclusions and oversee the decision-making processes *(48,53)*. This is important for the purposes of both democratic accountability and further integration of citizens within the policy-making process. The

improved knowledge and confidence of citizen participants on the topic may help to overcome the power imbalances that may have previously rendered their presence tokenistic.

The provision of examples of the ways in which previous CE exercises have informed policy, through personal meetings between participants and policy-making advisory councils *(44,45,48,94)* and responding to consultations *(47)*, can help to convince respondents of the power and responsibility they have, as well as strengthen democratic legitimacy *(48)*. Further assurance may come in the form of the contractual obligation for the body commissioning the CE exercise to take the conclusions into account *(47)*. The extent to which CE mechanisms influence policy has been suggested as one method of evaluating their effectiveness in encouraging democratic accountability and bridging the "deliberation-to-policy gap" *(14,41)*. Furthermore, while it is recognized that the results of CE are only one source of evidence and policy-makers are not bound to implement recommendations deriving from them, conclusions must be acknowledged, with feedback provided and justification offered if the recommendations are not adopted *(47,55,58)*. The above is constrained by limitations in the monitoring and evaluation of CE and other public engagement exercises, with recommendations to strengthen these mechanisms *(100)*.

Key considerations for feedback

➔ The influence and legitimacy of CE activities requires the support and acknowledgement of policy-makers.

➔ Policy-makers should provide feedback to participants on how their evidence has been considered and to what extent it has been implemented.

➔ Not doing so can affect societal trust and, in turn, make it more difficult to recruit citizens to take part in future CE activities.
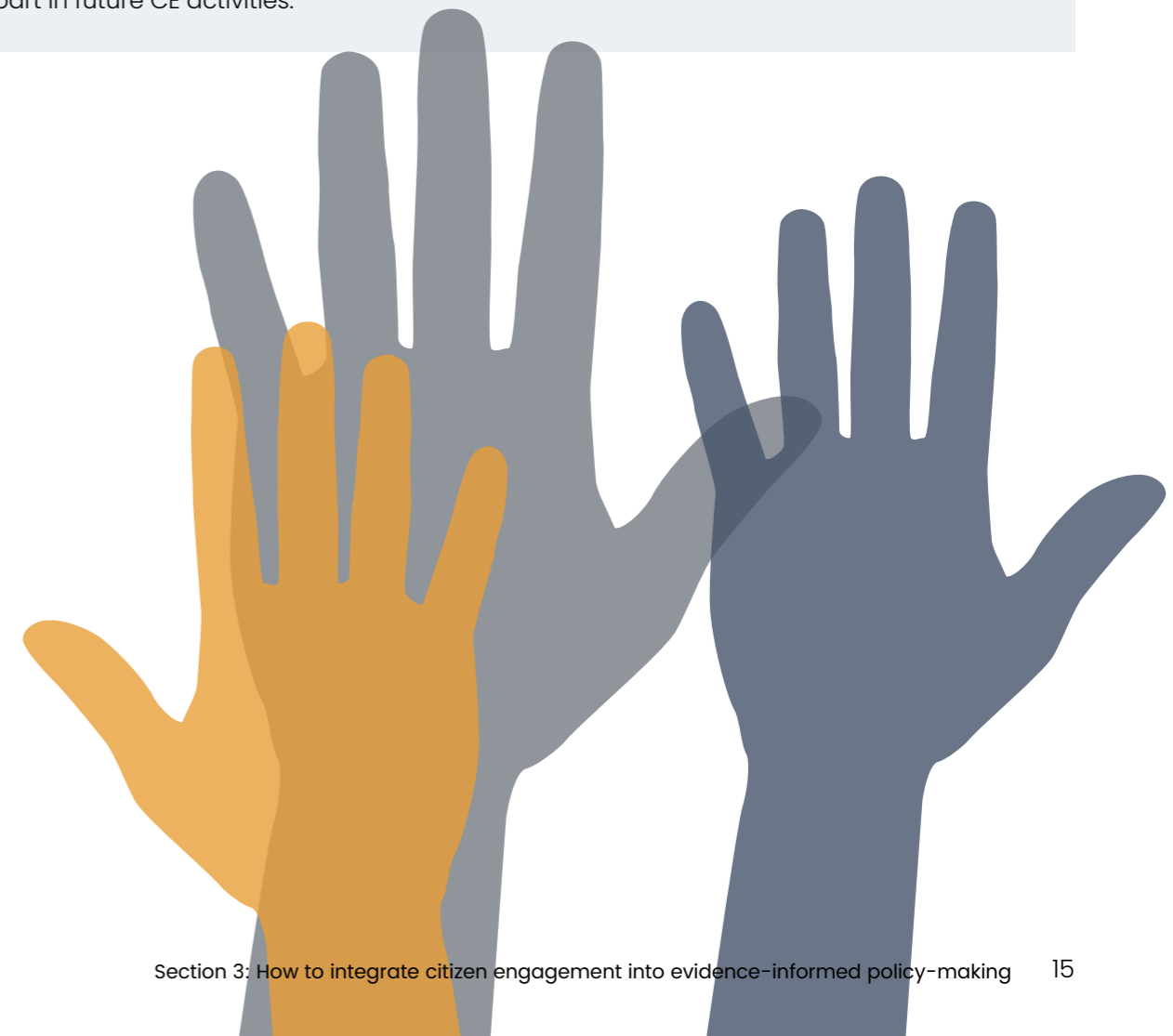
Section 4: Summary

This overview document has outlined the background, purpose, justification and practical steps involved in implementing and integrating CE into EIP. Section 1 introduced the concept of CE, outlining WHO's interest in its implementation, how it is already being integrated into EIP, as well as defining the terms used. Section 2 presented a positive case for CE in EIP, illustrating the positive benefits of CE, while also acknowledging some of the potential pitfalls and the need for careful planning and implementation of the mechanism. The steps outlined in Section 3 represent a comprehensive set of considerations in integrating CE into EIP and have been adopted by a wide range of countries *(84)*.

This section will summarize some of the key points, as well as present policy considerations, next steps for research and recommendations for further reading on this topic.

Key points

- Of the forms of evidence available to inform policy, the tacit knowledge of citizens is underused in the EIP process.

- CE is a deliberative form of public participation, connecting a representative group of residents within a country with policy stakeholders to inform health policy.

- There are a number of benefits associated with CE, including enhancing societal trust and democratic engagement; improving the effectiveness of policy-making through drawing on an often overlooked form of evidence; and developing the capacities of both citizens and policy-makers to engage in deliberations with each other, further enhancing trust and reducing power disparities.

- The ability to successfully integrate CE at the national level depends on the extent of societal trust in a given jurisdiction. Should such trust not exist, it is advisable to first implement participatory mechanisms at a subnational scale in order to develop and encourage trust between citizens and policy-makers.

- Staging a CE mechanism requires considerable time, expertise, finances and organizational infrastructure. International organizations may be able to support policy stakeholders in providing these resources to prepare them to integrate CE in EIP.

- There are a number of approaches to CE and stages of policy-making during which it can be implemented. It is recommended that a pragmatic consideration be taken to identifying the best approach, and that CE be implemented throughout the policy cycle.

- The selection of citizens and experts/witnesses must be undertaken with care and specific intention, as these decisions can affect both the results feeding into policy and the perceived success and transparency of the process itself.

- There are defined steps and procedures involved in providing information to participants, facilitating an environment that allows them to interrogate and deliberate over it, and reach an outcome of the CE process.

- The output emerging from the discussions should be acknowledged by policy-makers, and they should provide information and justification for why and how the recommendations were or were not adopted into policy.

Next steps for policy and research

This overview is the first in a series of WHO publications on this topic, with practical toolkits and other resources planned for publication. While the purpose of this document is to provide a general overview of CE as opposed to practical tools for its implementation, the following can be offered as considerations for policy-makers:

- There is a need for better understanding and acknowledgement among policy-makers of the value of CE as a form of evidence. Following this, a culture of collecting, considering and translating evidence into policy can develop, improving health policy-making.

- Policy-makers, NGOs, international organizations and civil society groups should encourage adoption of and enhance capacity to engage wilfully and intentionally in CE processes.

- Integrating permanent "infrastructure" for CE mechanisms will reduce the cost and burden of each individual activity. Following an initial "piloting" of the CE concept, policy-makers should consider how CE could be integrated as a routine process into EIP.

In addition to political will, further understanding is required to create specific guidance for the global integration of CE within EIP. Specifically, the following areas lack comprehensive knowledge:

- The nuances and practicalities of integrating CE in EIP in different sociopolitical contexts requires further investigation. While literature exists on CE in Africa, Europe and North and South America, other regions lack robust knowledge of its implementation or success. It is important to build this evidence base to understand how to best integrate CE in EIP in different regions.

- It is equally important to understand the implications of the application of different CE mechanisms at different stages in the policy action cycle. This will require an awareness of what works best when, where, and for whom. This understanding is necessary for reiterating the need to ideally integrate CE throughout the policy action cycle as a continuous process, as opposed to an isolated event.

- In all contexts, there is a lack of sufficient knowledge of the "instrumental" effect of CE in EIP, and of monitoring and evaluation of CE more generally *(100)*. Thus, while mechanisms appear to have been successful in achieving many of the aims of CE, the effectiveness of health policy incorporating such evidence is less clear *(20,67)*. Long-term longitudinal research is necessary to consider what benefits CE is delivering to the broader population.

Such an understanding should ideally be gained through a combination of research and practical experience, informing the development of a tool through drawing on a range of different sources of evidence.

Further reading and practical tools

International overview
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Annex: Methods

A number of approaches were taken to systematically source relevant literature on this topic.

- A recent scoping review *(84)* adopted a comprehensive approach to sourcing relevant literature on CE in EIP. A number of methods adopted built on this research:

  - First, the 57 identified sources were re-analysed for the purposes of this overview.

  - Second, the 152 papers rejected by the authors were assessed for relevance to this research, resulting in four relevant papers.

  - Third, the scoping review was re-run and updated from its previous threshold of April 2017 adopting the same search strategy (*see* Table A1). A further 309 papers were analysed, with 11 considered relevant.

- Finally, the sources comprising another recent scoping review *(46)* were considered with regard to their relevance to this tool, resulting in an additional 21 sources.

This resulted in a total of 93 sources analysed. The line-by-line qualitative coding was designed to record information related to the procedure, location, data analysis, factors considered to influence success, ways in which information was synthesized for policy-makers, sampling and recruitment, and other details. These data were extracted to inform the development of this overview.

Finally, over the course of developing this overview document, additional relevant sources were identified and analysed. These included the peer-reviewed and grey literature not previously identified through the above methods. Further, during the review process for this overview, a number of new sources were suggested to be included. These have been included where relevant.

Table A1. Updated scoping review

Database name	Search strategy	# hits
Ovid MEDLINE(R) in-process & other non-indexed citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) **14 April 2017 to 11 December 2019**	1. (citizen* or patient* or public* or stakeholder* or deliberat*).mp 2. (panel* or jur* or deliberat* or conference* or dialogue* or poll* or map* or engag*).mp 3. (health* or "public health" or clinical).mp 4. Polic*.mp 5. 1 ADJ 2 6. 3 AND 4 AND 5	60
Embase **April 14 2017 to 11 December 2019**	1. (citizen* or patient* or public* or stakeholder* or deliberat*).mp 2. (panel* or jur* or deliberat* or conference* or dialogue* or poll* or map* or engag*).mp 3. (health* or "public health" or clinical).mp 4. Polic*.mp 5. 1 ADJ 2 6. 3 AND 4 AND 5	121
Health Evidence **14 April 2017 to 11 December 2019**	1. citizen* or patient* or public* or stakeholder* or deliberat* 2. panel* or jur* or deliberat* or conference* or dialogue* or poll* or map* or engag* 3. polic* 4. 1 AND 2 AND 3	20
Health Systems Evidence **14 April 2017 to 11 December 2019**	Filters: Consumer participation in policy and organizational decisions, consumer participation in systems monitoring, consumer participation in service delivery	74
CINAHL **14 April 2017 to 11 December 2019**	1. citizen* or patient* or public* or stakeholder* or deliberat* 2. panel* or jur* or deliberat* or conference* or dialogue* or poll* or map* or engag* 3. health* or "public health" or clinical 4. Polic* 5. 1 W1 2 6. 3 AND 4 AND 5	6

Database name	Search strategy	# hits
Cochrane Library **14 April 2017 to 11 December 2019**	1. citizen* or patient* or public* or stakeholder* or deliberat* 2. panel* or jur* or deliberat* or conference* or dialogue* or poll* or map* or engag* 3. health* or "public health" or clinical 4. Polic* 5. 1 AND 2 AND 3 AND 4	21
Comprehensive search of included study reference lists, open grey, grey literature report, and targeted websites **14 April 2017 to 11 December 2019**	Similar search terms to those identified above were iteratively used to identify pertinent literature.	7
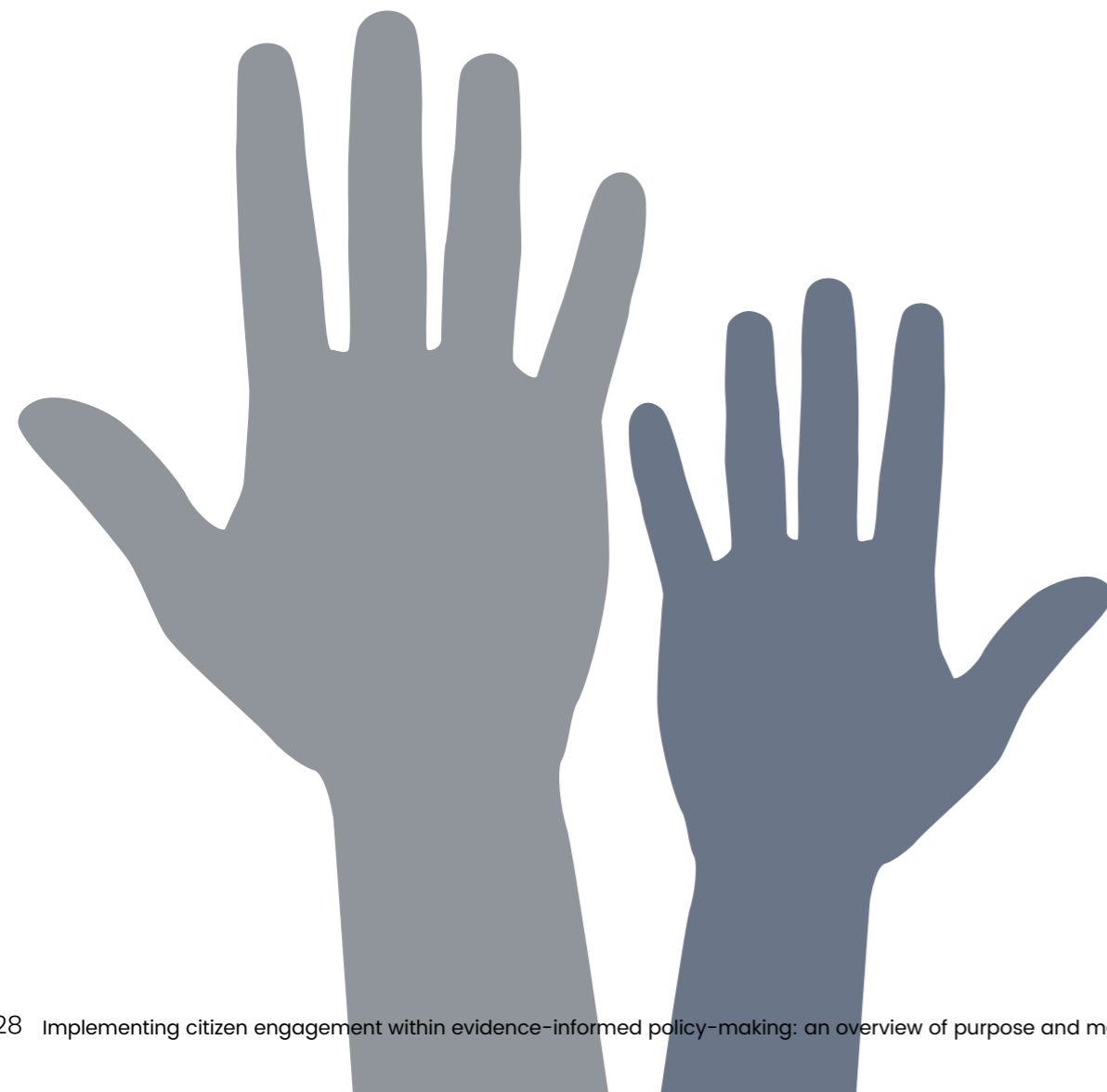
World Health Organization

Avenue Appia 20
1121 Geneva 27
Switzerland

EIDM@who.int