

IHP+ Guidance on Civil Society Engagement in Country Health Sector Teams

Background

The International Health Partnership (IHP) was launched in September 2007 with the broad goal of improving results against the Millennium Development Goals (MDGs) related to health by increasing access to, and quality of, essential health services. The IHP is related to a range of other initiatives (Annex 1), all bound by a common workplan. Together, the IHP and related initiatives are commonly referred to as the IHP+.

IHP+ partners pledged to undertake the challenge of improved results against the health-related MDGs through both increased and more effective financing for health and improved coordination and alignment - all in accordance with the Paris Declaration on Aid Effectiveness. Signatories have also committed to engage Civil Society (CS) as a full partner and work with CS in the design, planning, implementation and evaluation of the IHP+ and to be accountable to partner-country citizens for reaching both financial and health outcome targets.

The IHP+ workplan commits developing country partners to conduct “stocktaking exercises,” which entails reviewing existing national health plan/strategies and their link to broader development plans of the country (e.g. Poverty Reduction Strategies (PRS), Medium-Term Expenditure Framework (MTEF), etc.), as well as existing structures and processes (e.g. joint reviews, etc.) in each country. These stocktaking assessments are intended to inform and guide the development of country health plans, strategies and budgets towards a “compact” with international development partners.

Taking into account the experience of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the ‘Three Ones,’ country compacts are expected to result in: (i) increased focus on health results based on national health plans and strategies as well as AIDS and other disease plans and strategies; (ii) improved harmonization and alignment of aid; (iii) long term predictable financing (from both domestic and international sources); (iv) improved coordination between governments, national stakeholders and development partners, including civil society; and (v) strengthened mutual accountability and transparency. The first IHP+ country compacts have recently been signed (Ethiopia, Mozambique) and others are expected in the near future (Mali, Zambia).

It is recognized that civil society has an important role to play in the design and implementation of country health plans and in holding all partners accountable for delivering on the country compacts and achieving improved health outcomes. While significant progress has been made in engaging civil society at the global level, work is still needed at the country-level, particularly within country health sector teams. This note outlines opportunities to widen and enhance engagement of Civil Society (CS) at the country level to support meaningful contributions to the development of country health plans.

Role and Added Value of Civil Society at the Country Level

The role that CS plays in achieving better health outcomes and outputs at the country-level is critical. CS offers a wide range of experience and knowledge that is essential to the IHP+. Civil Society Organizations (CSOs) possess a wealth of experience and provide insight into gaps in health service delivery and the real, practical, and political challenges that need to be overcome to make progress in achieving improved health outcomes and status. They also have hands-on experience and knowledge of what works in many different settings for various communities that can offer solutions to some of these challenges.

At the country level, CS encompasses a diverse array of actors, including patient groups, health workers, medical/health unions/associations, faith-based organizations, non-governmental organizations, community-based organizations, academic institutions, media, advocacy groups, refugees, women, youth, and other neglected/vulnerable groups. CS groups that are of particular importance to ensuring the IHP+ achieves its intended results are those with expertise in maternal health, child health, immunizations, HIV and AIDS, tuberculosis, malaria, nutrition, health systems and services, monitoring and evaluation (particularly program evaluation, budget tracking and monitoring).

In addition to the objectives outlined in the IHP+ CS Engagement Note¹, priority areas of engagement of CS based on their experience, skills and capacity at the country level include:

- a) Working with country teams to ensure development of robust and evidence-based health plans, strategies, and budgets, with a particular emphasis on reaching the poor, vulnerable and most marginalized communities;
- b) Strengthening synergies between priority disease interventions and health systems;
- c) Helping country teams to identify existing finance gaps;
- d) Ensuring that financing gaps are met by development partners and country governments; and
- e) Holding all partners (country governments, international partners and CS) accountable to commitments and results.

Given these priorities, it is recommended that CS be engaged by existing country health sector teams (if not already engaged), including development, implementation, and monitoring and evaluation of country compacts. It is envisioned that CS can play an important role in:

- Ensuring countries' health plans, policies and strategies reflect the unmet needs of the poor, vulnerable and marginalized by integrating evidence and good practices and that these plans, policies and strategies are fully resourced and implemented;
- Advocating for full financing of budgets to support national health plans and strategies by country level CS as well as linking to the global CS community²;
- Providing and scaling up direct services to communities, particularly marginalized or overlooked groups, in support of universal access to comprehensive primary health care; and
- Developing and implementing mechanisms for monitoring, accountability, transparency and improved governance on the implementation of national plans, policies, strategies and budgets.

Guiding Principles for Civil Society Engagement in Country Health Sector Teams

In all IHP+ countries, regular meetings already take place among ministries of health and development partners³ to coordinate and make decisions on health planning, financing and implementation, and to measure and review progress and spending. The IHP+ aims to avoid duplicating existing structures and intends to work through these already established country health sector teams. As such, it is important that CS be included in discussions at the country level through full and meaningful

¹ (a) Engage and provide **guidance on the implementation of the IHP+ work-plan**, assisting in the facilitation of the IHP+ process at the country level by encouraging and supporting local CS organizations to participate in all stages of the development and implementation of country compacts; (b) Facilitate and improve **dissemination of IHP+ developments and results**, sharing good practices widely through existing networks, supporting implementation of locally appropriate implementation methods and strategies, and establishing linkages with other existing similar or complimentary efforts; (c) **Monitor progress** achieved as a result of the IHP+, advising on ways to **strengthen effectiveness of the IHP+ process** and effectively relaying potential and existing bottlenecks to implementation (global and country level) for problem solving (donor bottlenecks, implementation bottlenecks, etc); and (d) Ensure responsiveness of the IHP+ to government-led, inter-agency country teams, **holding IHP+ development partners accountable** to commitments.

² Lessons learned and experience by advocacy CSOs to ensure full funding of the Global Fund is one important example of the effective synergy between country and global CSOs in achieving additional and needed resources.

³ The make-up of development partners and country health teams varies by country. In some countries CS is represented.

participation in country health sector teams. [Financial and technical support will be needed to support meaningful participation.]

The following are several key guiding principles for CS engagement in country health sector teams:

- Participation of CS representatives in all country health sector teams meetings is a key prerequisite for establishing meaningful engagement with CS. As much as possible, CS reps should inform the country health sector team of their absence in advance of meetings and arrange a follow up plan. However, country health sector teams should follow up with CS reps if they miss at least two consecutive meetings without giving prior notice.
- CS representatives should be decided through a process of self-selection and based on relevant experience, capacity and skills specific to issues that are being discussed. CS representatives should be accountable to the broader CS community through regular communication (i.e. disseminating information, reporting back, getting feedback on community concerns, issues and questions and raising with the country team).
- CS representatives participating in country health sector teams should be briefed on the IHP+ and the compact process prior to work beginning. This will ensure from the onset clear understanding by all partners of the role and value of CS engagement in the compact development, implementation and monitoring.
- CS representatives should be given sufficient time (~10 business days) to get feedback from the broader community on discussions, documents and information to feedback to the country health sector team.

Financing Participation of Civil Society in Country Teams

The IHP+ has committed to include CS in the design, planning and implementation phases of the IHP+ process. Therefore, the IHP+ will facilitate additional financing for CS engagement in the IHP+ process at both global and country levels. Additional financing may be provided via the Global Fund to fight Aids Tuberculosis and Malaria (GFATM), Global Alliance for Vaccines and Immunization (GAVI), donors and technical health agencies. For example, the Department for International Development (DFID) has committed to providing some financial support to CS to enable their meaningful participation at the country level. Country level representatives of development partners as well as representatives from the ministry of health should work proactively with CS representatives to gauge resource needs and, wherever possible, provide coordinated financial support to enable them to participate effectively or provide technical support to CS in preparing proposals or applications for financing. At the global level, CS will provide a costed budget and narrative of activities and resources needed to support effect functioning of the CS representatives on the business and steering Scaling up Reference Group (SuRG)⁴.

Next Steps

Most IHP+ countries have already completed their stocktaking report. A guidance note for developing a country compact has been finalized⁵. Compact development will necessarily vary by country, but it is clear that participation of CS in country level processes is critical. Work needs to be done to scale up engagement of CS in country health teams, particularly grassroots and community-based organizations. The following outlines important next steps to be taken to scale up engagement of CS at the country level and within country health teams based on existing CS representation in the country team and CS involvement to date.

⁴ The business SuRG comprises the H8 and meets monthly. The steering SuRG comprises the H8 and international donors and meets bi-monthly.

⁵ This document will be made available via the IHP+ website – www.internationalhealthpartnership.net.

1. Conduct assessment of CS involvement: Country health sector teams should conduct an initial assessment of existing CS representation, their level of understanding of the IHP+ and compact process and level of participation. This assessment will reveal gaps in communication, technical or other areas to be addressed, improved and strengthened. This assessment should also include discussion on resource needs to support more effective CS involvement. As needed, country health sector teams should devise a plan to provide or help CS mobilize these resources.
2. Clarify mechanisms for CS to provide input: Country health sector teams with CS representatives should work together to determine or clarify the mechanisms for CS to give input on draft documents, such as draft compacts and national health and disease-specific strategies that are undergoing review, particularly to help country teams identify health systems constraints, unmet needs and overall gaps and challenges in the existing country health plans and strategies in achieving results for the health MDGs, especially for the poor and vulnerable (transparent input could be facilitated by using the IHP+ website and existing country level processes and mechanisms). Mechanisms for providing input on financing scenarios, draft budgets for the national health and disease-specific strategies should be clarified as well as CS' role in monitoring and evaluation frameworks and processes.
3. Organize CS consultations: CS representatives should be supported by country health sector team members to organize broad CS consultations to: [Existing channels of communication should also be explored as additional vehicles for raising awareness and sharing information.]
 - Inform CSOs working in the health sector about the IHP+ and its importance for the health sector in their country;
 - Make known the members of the country health sector team; and
 - Describe the country level time-lines and processes for developing the compact (as applicable) and implementing the compact over the next 18 months.
4. Translation of documents: In order to facilitate ease of coordination and participation of civil society, global core IHP+ documents will be translated in French and Portuguese by the IHP+ core team. Country-specific IHP+ documents should be translated in-country and facilitated by the country health sector team.
5. Monitoring progress in achieving meaningful CS involvement: CS representatives to the SuRG will be primarily responsible for supporting country level CS colleagues to ensure progress is being made towards effective participation. This work will be supported by the IHP+ core team and the Business and Steering SuRGs.
6. Dissemination of the guidance: The IHP+ Business and Steering SuRGs will disseminate this guidance to the following key audiences:
 - In-country representatives on the country health sector teams
 - Other development partners
 - IHP+ Civil Society Forum listserv (to be facilitated by existing CS representatives to the SuRG)

Annex 1: Initiatives related to the International Health Partnership

The **Harmonization for Health in Africa (HHA)** mechanism is consolidating itself as the operational and capacity building support modality to countries and development partners to facilitate: (i) evidence- and country-based planning, costing and budgeting for health outcomes; (ii) alignment to country processes and harmonization; and (iii) systems bottleneck analysis and support to overcome them. Developed by the African Development Bank (AfDB), United Nations Population Fund (UNFPA), United Nations Children Fund (UNICEF), UNAIDS, World Health Organization (WHO), and the World Bank, the HHA is an Action Framework for 'tackling the barriers to scaling up in health'.

The **Catalytic Initiative (CI)** aims to intensify efforts to achieve MDGs 4 & 5 by strengthening the focus of national plans and budgets and the capacity of country-led systems to deliver packages of proven, high-impact and cost-effective health and nutrition interventions for children and pregnant women. Community partnerships are supported to strengthen health systems and to educate and inform families on best practices to care for women and children. The CI should be viewed as a concrete step for country-level scale-up of a continuum of care, community partnerships and health systems for outcomes with a focus on “Programme Monitoring and Results Tracking”, in order to demonstrate lessons learned (learning by doing).

The **Providing for Health (P4H) Initiative** was designed to complement other initiatives and activities that are working with countries to reduce the health system constraints to scaling up. The focus is on the development of national financing plans, strategies and systems that will provide better social health protection. It aims to ensure that domestic funds for health are raised in a way that does not impose financial barriers to access, and does not result in financial catastrophe or impoverishment when people use services.

GAVI's Health System Strengthening (HSS) programme assists countries to overcome bottlenecks which often impact other child and maternal health care initiatives. GAVI's HSS mandate is intended to help countries overcome health system weaknesses that impede sustainable increases in immunization coverage. Though not endemic to all countries, the weaknesses include limited local management and supervisory skills, infrastructure failures (transport or equipment), workforce numbers and motivation and training.

The Global Fund - National Strategy Applications. The Global Fund Board decided to enable requests for Global Fund financing consisting of an existing national strategy – which has been certified (or validated) by an independent review mechanism (IRM) – together with minimal additional information (a procedure referred to as “National Strategy Applications”). The aim is to increase aid effectiveness by having partners mobilize around a single common agenda – the development, financing and implementation of robust national strategies. For this reason, the Global Fund Board called upon all partners to develop a shared validation approach for national strategies.

The **Health Metrics Network (HNM)** is a global partnership established to help address the lack of reliable health information available in developing countries. The network encourages civil registration as a tool for managing records of births, deaths and marriages in any particular country. These statistics are valuable because they are an indicator of the effectiveness of a national health system as well as a tool for measuring the effectiveness of development aid spending within the country.

The **Global Health Workforce Alliance (GHWA)** is a partnership dedicated to identifying and implementing solutions to the health workforce crisis. A shortage of health workers is impairing provision of essential, life-saving interventions such as childhood immunization, safe pregnancy and

delivery services for mothers, as well as access to treatment for HIV/AIDS, malaria and tuberculosis, chronic disease outbreaks and other health challenges. The GHWA brings together a variety of actors including national governments, CS, finance institutions, workers, international agencies, academic institutions and professional associations.

The **MDG Africa Initiative** launched in September 2007 by the Secretary-General of the United Nations has three core objectives: (i) Strengthening international mechanisms to support policy design and mobilize financing in health, 5 education, agriculture and food security, infrastructure and trade facilitation, and statistical systems; (ii) Improving the predictability of aid; (iii) Enhancing the coordination of joint country-level work. WHO and UNICEF will coordinate the work of the thematic group on health, and provide the link to existing coordination mechanisms.