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ENGAGING CIVIL SOCIETY TO IMPROVE AID EFFECTIVENESS IN THE HEALTH SECTOR

ihp⁺
results 

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Lack of funds

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For those of us interested in making health aid more effective so that it delivers better health outcomes for people in developing countries, there are many challenges to address:

- The health Millennium Development Goals (MDGs) are off track. While some countries have achieved ‘spectacular progress’, more than 50 countries look set to miss their targets for reducing child and maternal mortality by 2015.¹
- Health aid is a significant part of health sector funding. In 2007, health aid provided to low-income countries by donors comprised almost a quarter (24.8%) of total health expenditure in those countries. This figure is much higher in some individual countries.
- Health aid is inefficient. For example, there are more than 100 global programmes in the mix of global health funding from multiple sources/donors, creating fragmentation of services and duplication of effort.

The International Health Partnership and Related Initiatives (IHP+) is a global partnership committed to improving the health of citizens in developing countries.² The IHP+ was set up in 2007 to improve the quality of health aid – its efficiency and effectiveness – to deliver better health outcomes and accelerate progress towards the health MDGs. The IHP+ supports civil society organisations (CSOs) to develop a better understanding of national health planning, coordination and review processes, and to identify opportunities to engage with decision-makers and influence health policy debates. The IHP+ is committed to putting the five Paris and Accra principles on aid effectiveness into practice: national ownership; alignment with national systems; harmonisation between agencies; managing for results; and mutual accountability.³

This paper on engaging CSOs in IHP+Results and broader health advocacy has been developed in consultation with national and international CSOs, and with support from the IHP+Results Consortium. It aims to provide some of the information and tools CSOs need to get involved in advocacy to make health aid more effective. We explain how the IHP+Results scorecards can help CSOs assess whether the quality of health aid in their country is improving. We also present key findings from the 2012 IHP+Results Annual Performance Report, which shows how we are doing so far, and areas where we need to strengthen our impact. We present examples of what some CSOs have achieved through health aid advocacy, including challenges they faced and lessons learned through their health advocacy work.

We believe that civil society has a critical role to play in improving the quality of health aid and holding governments and development partners to account for their commitments on health and aid effectiveness. We encourage more CSOs to get involved with the IHP+ process at the country and global levels and to work with all stakeholders to ensure that civil society is meaningfully engaged in health policy and planning processes. We hope this paper inspires you to get involved in advocacy to make health aid more effective, and engage with broader challenges facing the health sector in your country.

*Elaine Ireland, Marysua Joel,
Louise Holly, Innocent Laisson*

IHP+ Northern and Southern
Civil Society Representatives

1. N Mead, “Race against time” as 50 countries set to miss health-related MDGs”, The Guardian (online), 14 June 2012, [www.guardian.co.uk/global-development/datablog/2012/](http://www.guardian.co.uk/global-development/datablog/2012/jun/14/race-against-time-health-mdg)

2. Countries or donors accede to IHP+ by signing the IHP+ Global Compact. There are currently 56 signatories: 31 developing

country governments, 13 bilateral donors and 12 multilateral and international agencies. See the IHP+ website: www.internationalhealthpartnership.net/en/ihp-partners/

3. OECD, ‘Aid effectiveness: Paris Declaration and Accra Agenda for Action’, www.oecd.org/dac/aideffectiveness/parisdeclarationandaccraagendaforaction.htm

FOUR REASONS WHY HEALTH AID MUST BE MORE EFFECTIVE

PROGRESS TOWARDS ACHIEVING THE HEALTH MDGs REMAINS INADEQUATE

1.

In Africa, for instance, while the maternal mortality rate (MMR) (the number of women who die per 100,000 live births) fell from 850 in 1990 to 620 in 2008, it is still far from the target (see Figure 1 below) . In South-East Asia, while the MMR fell from 580 to 240 during the same period, it is also still some way off reaching the MDG target.⁴

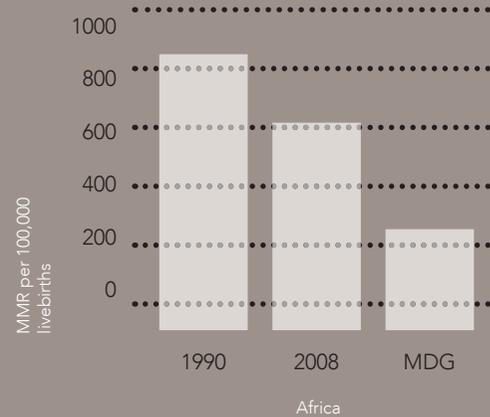


Figure 1: Maternal mortality rate in Africa, 1990 to 2008, compared with MDG target

MANY OF THE KEY CONSTRAINTS FACING HEALTH SYSTEMS ARE STILL NOT BEING ADDRESSED

2.

FOR EXAMPLE

Each year, 100 million people are pushed into poverty as a result of out-of-pocket expenditures on health.⁵

There are extreme shortages of health workers in 57 countries, 36 of them in Africa.⁶

It is estimated that half of all medical equipment in developing countries is not used, either because of a lack of spare parts or maintenance, or because health workers do not know how to use it.⁵

4. World Health Organization (WHO) (2010) Trends in Maternal Mortality: 1990 to 2008, Estimates developed by WHO, UNICEF, UNFPA, and The World Bank, p 39 and p 2, www.unfpa.org/webdav/site/global/shared/docu-

ments/publications/2010/trends_matmortality90-08.pdf (accessed 15 October 2012)
5. WHO (2005) 'Designing Health Financing Systems to Reduce Catastrophic Health Expenditure', Technical Briefs for Policy-Makers

No 2, www.who.int/health_financing/documents/pb_e_05_2-cata_sys.pdf (accessed 12 October 2012)
6. Global Health Workforce Alliance, 'The human resources for health crisis', www.who.int/workforcealliance/about/hrh_crisis/en/index.html (accessed 12 October 2012)

7. S Howie, S Hill, D Peel, M Sanneh, M Njie, P Hill, K Mulholland, R Adegbola (2008) 'Beyond good intentions: lessons on equipment dona-

tion from an African hospital', Bulletin of the World Health Organization, vol 86, no 1, p 54.

THE ROLE OF CIVIL SOCIETY WITHIN THE IHP+

Civil society organisations (CSOs) are crucial partners for IHP+ both within country and globally. They can make important contributions to planning, implementing and monitoring of national health strategies. They can hold their government, donors and other

stakeholders accountable for commitments made and how resources are used. By participating in the IHP+ processes within their country, CSOs can help ensure that IHP+ delivers positive change that contributes to improved health outcomes for all citizens.



READ
MORE

The IHP+ has developed some guidance on civil society engagement in country health sector teams, which has been revised in 2012. The guidance provides information on the role of CSOs at country level, provides guiding principles and recommendations for next steps. The document can be accessed on www.internationalhealthpartnership.org (under: Civil Society; IHP+Guidance on Civil Society Engagement in Country Health Sector Teams (revised 2012)).

WHAT CAN CIVIL SOCIETY DO TO CONTRIBUTE TO IMPROVED AID EFFECTIVENESS?

WHY SHOULD YOUR CSO GET INVOLVED IN IHP+?

You could benefit from being more closely involved with IHP+ and other health advocacy initiatives by:

Taking advantage of opportunities to collaborate with other CSOs to share experience and learn from each other's successes and failures.

Becoming a more effective partner, able to challenge your government on its performance by using the IHP+Results scorecards (see page 13) as evidence to show what health aid is achieving (and what it is not) in your country.

Becoming more effective in advocating for particular health priorities by developing a better understanding of the bigger picture and the progress your government is making (or not making) in that area.

It promotes CSOs' involvement in the development of national health plans, joint assessments of national strategies (JANS), country compacts, and joint annual review processes, as well as working with parliamentary committees. The IHP+ also runs a small grants programme for southern CSOs to support their advocacy activities, called the Health Policy Action Fund.¹¹

At global level, CSOs are represented on IHP+ governance bodies¹² and in thematic working groups.¹³ The Civil Society Consultative Group aims to improve coordination among the many different types of CSOs involved in the IHP+, and to garner wider input from CSOs into IHP+ decision-making processes. There is a wealth of information about IHP+ that is specifically for CSOs, which can be accessed through the IHP+ Civil Society Listserve. This electronic mailing list helps us to share information on IHP+ decisions and processes, and provides a space where CSOs can share their experiences. To join the listserv, please contact any of the IHP+ civil society representatives (See page 6).

11. For more information, please go to: www.healthpolicyactionfund.org or get directly in touch with Tobias Luppe at tluppe@oxfam.de
12. CSOs are represented on the IHP+ Execu-

tive Team and Scaling Up Reference Group. See IHP+ Management + Documents, www.internationalhealthpartnership.net/en/about-ihp/management-documents/

13. For a list of the IHP+ Inter-Agency Working Groups, see: www.internationalhealthpartnership.net/en/about-ihp/working-groups/

WHAT CAN CIVIL SOCIETY DO TO CONTRIBUTE TO IMPROVED AID EFFECTIVENESS?



Each area includes processes, mechanisms and tools that CSOs can use to engage with health planners and policy-makers in their country to advocate for improvements in the quality and effectiveness of health aid.



To find out more about how your CSO can get involved in IHP+, please contact:

Northern IHP+ civil society representative:
Elaine Ireland, Sightsavers:
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WHAT CAN CIVIL SOCIETY DO TO CONTRIBUTE TO IMPROVED AID EFFECTIVENESS?

CSOs CAN ENGAGE WITH IHP+ THROUGH ANY OF ITS FIVE MAIN AREAS OF WORK

Joint assessment of national health strategies and plans

2.

KEY QUESTIONS TO ASK IHP+ PARTNERS (COUNTRY GOVERNMENTS OR DEVELOPMENT PARTNERS)

-○
-○
- Has a JANS been conducted in my country? If not, are there plans to conduct one? How will CSOs be involved?
- If a JANS has been conducted, how has the assessment been used?

OPPORTUNITIES FOR CSOs TO ENGAGE

-○
-○
-○
- Ideally: from the start of the process of planning a JANS
- If not: during the JANS assessment
- If not: by following up on how the JANS assessment is being used to strengthen the national strategy

Joint Assessment of National Health Strategies (known as JANS) is a shared approach to assess the strengths and weaknesses of a national health strategy or plan.

“The JANS process enhanced partners’ confidence and provided an inclusive, structured and comprehensive framework for engagement in health strategy development. More development partners, including the US and GAVI [Global Alliance for Vaccines and Immunization], are aligning their plans with our strategy.”

Dr. Enkossa, Federal Ministry of Health, Ethiopia

- To improve the quality of the national health strategy or plan.
- Support to national planning processes.
- To increase confidence in the strategy or plan and help inform decisions about funding from different donors and domestic sources.



COUNTRIES ARE USING JANS FOR THREE MAIN PURPOSES



More information on how to conduct a Joint Assessment of a National Health Strategy (JANS) and lessons learned can be found at www.internationalhealthpartnership.net > Key Issues > National Health Planning & JANS

WHAT CAN CIVIL SOCIETY DO TO CONTRIBUTE TO IMPROVED AID EFFECTIVENESS?

CSOs CAN ENGAGE WITH IHP+ THROUGH ANY OF ITS FIVE MAIN AREAS OF WORK

Country compacts

3.

Country compacts are written commitments made by governments and development partners that describe how they will work together to improve health outcomes.

A country compact can be used as a tool for mutual accountability, by introducing indicators for tracking progress against

agreed commitments made by governments and development partners. Twenty IHP+ countries now have, or are developing, some form of country compact or partnership agreement. Some countries that have never had any form of partnership agreement are developing 'pre-compacts' as a first step.

OPPORTUNITIES FOR CSOs TO ENGAGE:



KEY QUESTIONS TO ASK IHP+ PARTNERS (COUNTRY GOVERNMENTS OR DEVELOPMENT PARTNERS)



Has my country developed a country compact? If not, are there plans to develop one? How will CSOs be involved?

If a compact exists, how is it used to guide policy and planning? Has it been reviewed? If not, when is a review planned?

Are CSOs included as signatories? If not, why not?



An IHP+ Guidance Note, 'Development of a country compact', and a paper 'Developing a compact / partnership agreement – is it worth the effort?' can be accessed at www.internationalhealthpartnership.net > Key Issues > Compacts

WHAT CAN CIVIL SOCIETY DO TO CONTRIBUTE TO IMPROVED AID EFFECTIVENESS?

CSOs CAN ENGAGE WITH IHP+ THROUGH ANY OF ITS FIVE MAIN AREAS OF WORK

A single framework to monitor results and track implementation

4.

A strong, country-led monitoring and review system is the foundation for policy dialogue, action and accountability. The IHP+ promotes a single framework for monitoring and reviewing the

implementation of national health strategies. This is to try to overcome poor quality and incomplete data, and time-consuming reporting processes of different partners.

IHP+ ENCOURAGES SIGNATORIES TO

Use the national health strategy as the basis for information and accountability.

Use mechanisms such as annual performance reviews as the basis for joint review and action.

OPPORTUNITIES FOR CSOs TO ENGAGE

- Progressively align development partners' reporting needs with national reporting systems.
- Document progress made in moving towards one framework for monitoring results.
- Develop country-led efforts to define roadmaps towards one monitoring platform, whose implementation is supported by all partners.
- Commit to greater transparency in the availability and use of resources in country compacts.

Take part in M&E workshops organised by the World Health Organization (WHO) (regional or country level).

Participate in the development of an M&E roadmap.

Lobby for the inclusion of aid effectiveness indicators in M&E plans.

KEY QUESTIONS TO ASK IHP+ PARTNERS (COUNTRY GOVERNMENTS OR DEVELOPMENT PARTNERS)

Has an M&E workshop organised by WHO been held? If not, are there plans to hold one?

Has a roadmap been developed for a unified M&E framework? If so, is it being implemented?



An overview of country M&E assessments and roadmaps can be found at the WHO website at www.who.int/healthinfo/country_monitoring_evaluation/situation/en/index.html

WHAT CAN CIVIL SOCIETY DO TO CONTRIBUTE TO IMPROVED AID EFFECTIVENESS?

CSOs CAN ENGAGE WITH IHP+ THROUGH ANY OF ITS FIVE MAIN AREAS OF WORK

Promoting mutual accountability by monitoring progress against compact commitments **5.**

The IHP+Results Consortium, an independent consortium of research and advocacy organisations, is mandated by the IHP+ Global Compact¹⁵ to monitor progress in the implementation of the IHP+. Since 2009, IHP+Results has produced three annual performance reports. We present the findings from the latest report (2012) on pg 16.

The data collected by IHP+Results are presented through performance 'scorecards'. These can be used by IHP+ signatories and civil society organisations to strengthen accountability and to inform ongoing discussions about how to make health aid more effective. We describe how CSOs can use the IHP+Results scorecards on page 13.

OPPORTUNITIES FOR CSOs TO ENGAGE

- For IHP+Results participants:¹⁶ lobby for discussion of the IHP+Results scorecard in the national health sector coordination mechanism or other forums.
- Discuss with individual IHP+ signatories their performance in improving aid effectiveness (using IHP+Results scorecards – see below).
- Raise questions about plans for future monitoring of aid effectiveness in your country.
- What future plans do IHP+ signatories in my country have to continue monitoring the effectiveness of health sector aid?

KEY QUESTIONS TO ASK IHP+ PARTNERS (COUNTRY GOVERNMENTS OR DEVELOPMENT PARTNERS)

- Did my country participate in IHP+Results 2012 monitoring? If not, why?
- If my country did participate in IHP+Results 2012 monitoring, how well did IHP+ signatories perform? What were the strengths and weaknesses identified?
- Are there plans for the results of the monitoring to be discussed in a forum with all partners present, including CSOs?
- Will an action plan be developed to tackle areas of slow progress, and if so, when will it be implemented?



Data on the performance of IHP+ country partners and development partners are available at

www.ihpreresults.net

15. IHP+ Global Compact, www.internationalhealthpartnership.net/en/tools/global-compact/

16. In 2012 the following countries participat-

ed in IHP+Results monitoring: Benin, Burkina Faso, Burundi, Djibouti, the Democratic Republic of Congo (DRC), El Salvador, Ethiopia, Mali, Mauritania, Mozambique, Nepal, Nige-

ria, Rwanda, Senegal, Sierra Leone, Sudan, Togo, and Uganda.

IHP+RESULTS SCORECARDS

The scorecards are a key output of the IHP+Results monitoring process. Their purpose is to present clear and simple data (self-reported by IHP+ signatories) on progress made in implementing commitments under the IHP+ Global Compact. They include ratings (see below) for a set of standardised performance measures that have been agreed by IHP+ signatories as the basis for monitoring their individual and collective progress.

Figure 4:
Rating symbols as used
in the Scorecards



WHAT DOES THE INFORMATION ON A SCORECARD TELL YOU ABOUT THE PERFORMANCE OF IHP+ SIGNATORIES (GOVERNMENT AND DEVELOPMENT PARTNERS) IN YOUR COUNTRY?

A scorecard has been produced for each of the countries that took part in the 2012 monitoring processes (see footnote 16, page 12). The partner scorecard presents an overall picture of a particular

development partner's performance in supporting the national health sector. The country scorecard provides an overview of the partner country's progress as a whole.

HOW CAN USING SCORECARDS HELP CSOs?

SCORECARDS CAN

Provide a structured overview of how country partners and development partners are performing.

Help drive better performance, because they provide evidence and opportunities for feedback.

Help increase access to data that can inform ongoing debates about health sector aid effectiveness.

Based on our experience, scorecards work best when used with other sources of information such as qualitative data (e.g. case studies, best practice examples) that can explain results and put them into context. We recommend that scorecards are used as a tool to foster debate and discussion between all stakeholders in the health sector.

You can view interactive versions of the scorecards and download all country and development partner scorecards from www.ihprezults.net. Disaggregated data for your country can be found in the 'Data and Analysis' section of the website.

To help you understand the IHP+Results scorecards, we now present some examples of what they look like, and the information they contain.

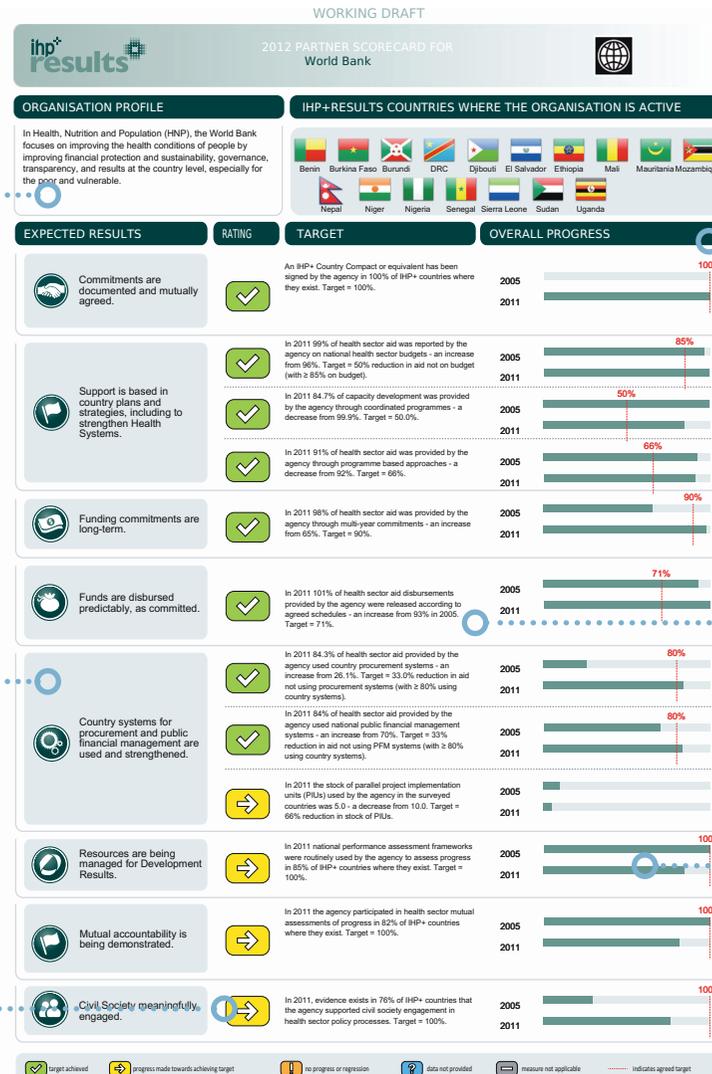
IHP+ RESULTS COUNTRY AND DEVELOPMENT PARTNER SCORECARDS

Figure 5: IHP+Results development partner scorecard (front)

Brief organisational profile.

Column of expected results reflecting commitments made in the IHP+ Global Compact.

Assessment of progress in implementing the expected results - one rating per indicator.



How can you use the information on the IHP+ Results scorecards for your country?

For further advice and support on how to use the information on the scorecards, as well as how to get involved in IHP+, please contact one of the IHP+ CSO representatives (details are on page 6). You might also wish to contact your IHP+ focal point in the Ministry of Health and any relevant development partners to begin engaging with them on making health aid more effective in your country.

Presentation of performance. This is an aggregated view incorporating the results for ALL countries an agency is reporting from.

Summary of aggregate data on which ratings are based.

Graphical view showing aggregate progress in relation to targeted performance.

IHP+ RESULTS COUNTRY AND DEVELOPMENT PARTNER SCORECARDS

Figure 6: IHP+Results development partner scorecard (back)



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In this space, the development partner can give more detail about the reasons for the ratings given on the front page.

Some information on how to read and understand the scorecard.

IHP+ RESULTS COUNTRY AND DEVELOPMENT PARTNER SCORECARDS

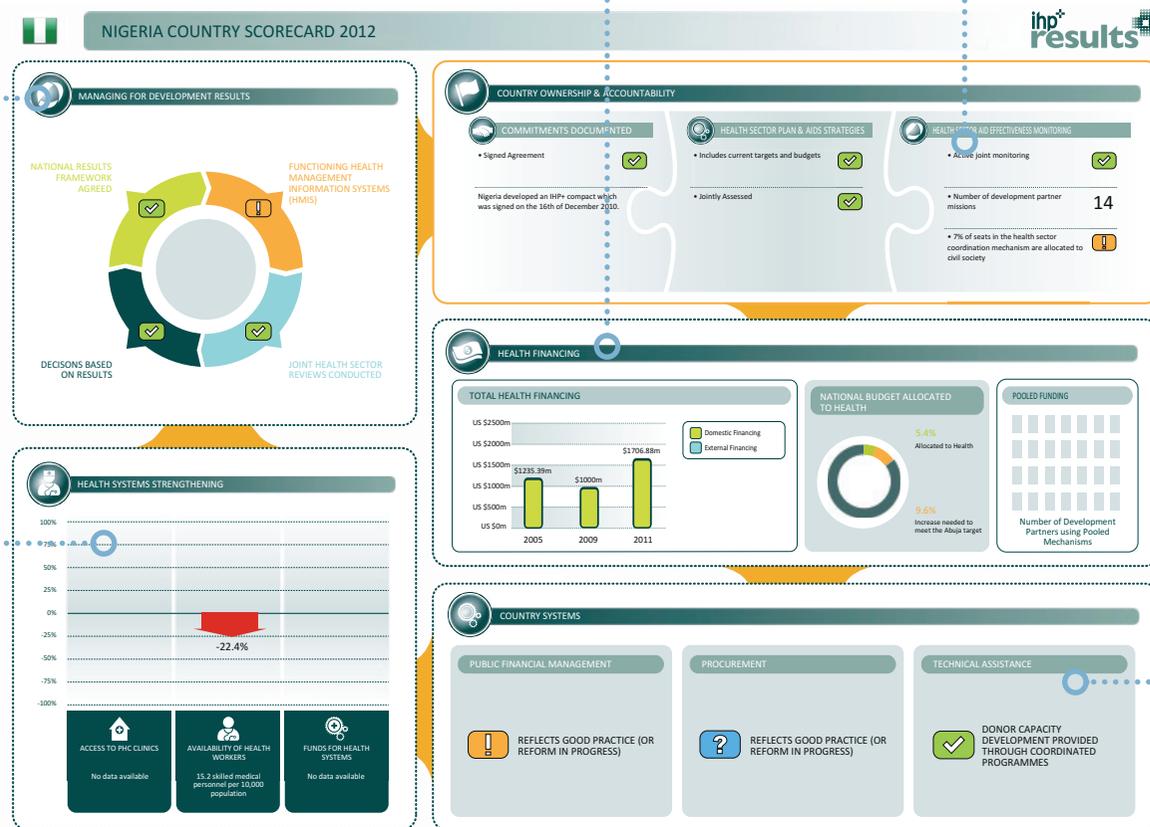
Figure 7: IHP+Results country scorecard (front)

Showing aspects related to health financing, e.g. domestic & external financing, national health budget allocated to health and pooled funding.

Showing ratings related to ownership & accountability, e.g. documentation of commitments, strategy and monitoring.

These icons refer to five 'results areas' that are linked closely to the Paris Declaration principles.

These graphs show the progress made in the three areas related to health systems strengthening.



! MORE INFO

How can you use the information on the IHP+ Results scorecards for your country?

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Showing ratings related to country systems, including public financial management, procurement and technical assistance.

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IHP+ RESULTS COUNTRY AND DEVELOPMENT PARTNER SCORECARDS

Figure 8: IHP+Results country scorecard (back)

Presentation of country-specific MDG data.

Column of expected results reflecting commitments made in the IHP+ Global Compact.

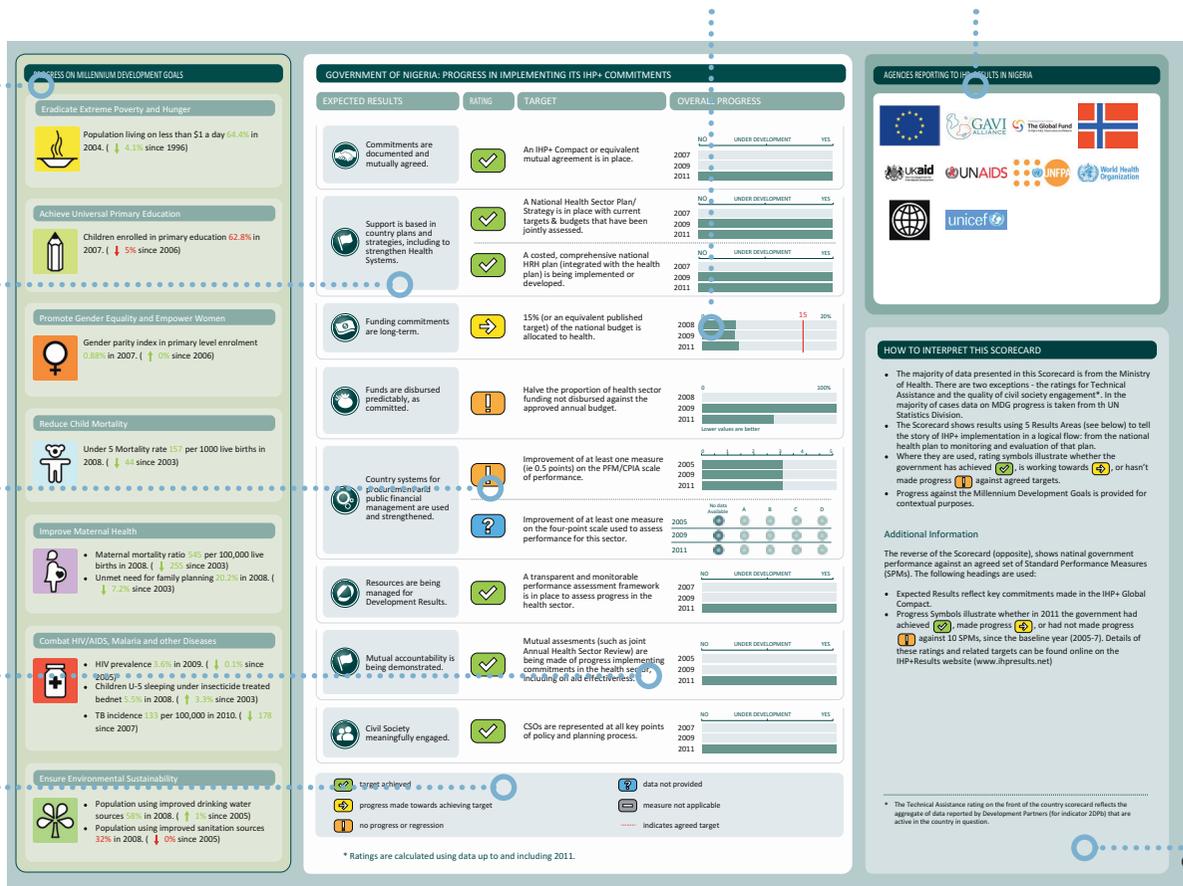
Assessment of progress in implementing the expected results - one rating per indicator.

Summary of aggregate data on which ratings are based.

Key for rating symbols.

Graphical view showing progress in relation to targeted performance.

List of IHP+ agencies reporting from this country.



! MORE INFO

How can you use the information on the IHP+ Results scorecards for your country?

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Some information on how to read and understand the scorecard.

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THERE HAS BEEN PROGRESS ON SOME AID EFFECTIVENESS INDICATORS

Partner-country governments strengthened leadership and aid governance...

18 partner countries had national health plans, and 11 had compacts; 13 partner countries had a performance framework in place, 14 had a mutual assessment process in 2011, and 14 reported that they were engaging civil society in national planning and review processes..

... and they strengthened financial management systems, with some spending more on health:

13 partner countries met the target for improving public financial management systems. Three (Burkina Faso, El Salvador and Rwanda) allocated more than 15% of their government budget to health, and eight were moving towards this target.

Development partners are supporting country leadership...

Development partners with a country presence mostly supported compacts, used National Results Frameworks, and participated in mutual assessment exercises. All development partners supported civil society organisations, mostly with financial support or advocacy to engage them in health planning processes.

... and they are providing better-coordinated support.

Development partners exceeded the target for providing coordinated capacity building support. In 2011, 81% of health aid was programme aid (rather than projects), and eight development partners met the target of 66% of their aid being programme aid.

“The anticipated step change in aid effectiveness has not been achieved, but IHP+Results reporting can be used to promote accountability, and the finding that this is not yet happening is a missed opportunity to drive aid effectiveness. Opportunities must be seized to improve mutual accountability and civil society have a critical role to play in pushing this agenda.”

Shaun Conway
IHP+Results
Programme Director

We know that the quality of health sector aid is not improving quickly enough. We also know that civil society organisations (CSOs) can play a key role in accelerating change through holding health systems and decision-makers to account.

Here, we present key findings from the IHP+Results 2012 Annual Performance Report.¹⁷



For a more detailed explanation of these findings, please go to www.ihpresults.net

17. The report reflects self-reported data from 36 IHP+ signatories (19 countries and 17 development partners) that reported against

an agreed monitoring framework. To find out more, see: www.ihpresults.net

THERE HAS BEEN LESS PROGRESS ON SOME AID EFFECTIVENESS INDICATORS

In some partner countries, government spending on health decreased.

In 2011, development partners delivered more predictable health aid, but missed the target for the proportion of this external funding recorded on national budgets...

In five partner countries, the budget allocation for health (as a percentage) decreased.

16 development partners met the target of disbursing 71% of their aid in the planned year. In total, development partners provided 75% of health aid in multi-year commitments in 2011. The proportion of health aid recorded on national budgets was 59%.

Development partners did not increase the proportion of aid delivered through country systems...

The overall proportion of health aid using country public financial management systems was 58%. Only five development partners met the target of 80% of aid flowing through the recipient country's public financial management systems.

"On current performance, Development Partners will not meet the Busan targets that have been renewed from the Paris framework for delivering more effective aid (in the health sector)."

IHP+Results 2012 Annual Performance Report



For a more detailed explanation of these findings, please go to www.ihpresults.net

WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?

HP+Results conducted a survey among civil society organisations (CSOs) in participating countries in April and May 2012. The responses reveal the

unique role that CSOs can play in making a positive contribution to the aid effectiveness debate, using innovative, effective methods.

The following case studies highlight some of the strategies used by CSOs in different contexts, and what they have achieved.



WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?



ASDAP (the Association of Support in the Development of Activities of Population) is a Malian NGO that has worked with other CSOs on national health advocacy campaigns for the past 20 years. By working collaboratively with these long-term partners, and with

technical support from other partners in-country, ASDAP has paved the way for a genuine framework for dialogue and consultation on how to strengthen the health system by reinforcing public-private partnerships in order to achieve Mali's public health objectives.

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WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?

SUCCESSES

Health budget tracking: Save the Children's health advocacy in Sierra Leone

IHP+Results conducted a survey among civil society organisations (CSOs) in participating countries in April and May 2012. The responses reveal the unique role that CSOs can play in making a positive contribution to the aid

effectiveness debate, using innovative, effective methods. The following case studies highlight some of the strategies used by CSOs in different contexts, and what they have achieved.

In Sierra Leone, Save the Children's team had developed a guide for CSOs wanting to get involved in health advocacy. The team approached government officials in the Ministry of Health & Sanitation (MoHS) to discuss the guide. They decided that a collaborative rather than confrontational approach to their health budget advocacy work would be more appropriate and bring better results.

A preliminary meeting was held with a health economist from the Ministry to briefly explain the guide and how it was being piloted in one district. Then a second, more formal meeting was organised with representatives from the Ministry of Finance and Economic Development (MoFED) and MoHS. At this meeting, Save the Children's team presented the budget guide and discussed how Save the Children could help ministry

officials use it in their work, particularly to advocate for increased health allocations and to ensure that the funds already allocated are being spent effectively to meet the health needs of the district population.

The staff from both ministries were very interested in working with Save the Children on rolling out a full pilot of this budget guide for civil society organisations. They asked for another meeting after the pilot had ended so that the findings could be shared. Both ministries are now represented on the Budget Tracking Working Group led by Save the Children, tracking the budget process in 2012 in all districts. They have had an important input in terms of refining the tracking tools, and smoothing the way for collection of data.

Source: Health Sector Budget Advocacy: A guide for civil society organisations

WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?



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effectiveness debate, using innovative, effective methods. The following case studies highlight some of the strategies used by CSOs in different contexts, and what they have achieved.

Mali: By ensuring that public health specialists from various CSOs were present at key meetings with central directorates in the health department, especially the Planning and Statistics Unit, we [as an organisation] were able to contribute to health policy debates.

Niger: ROASSN, an umbrella organisation for CSOs in Niger, is now represented on health policy committees. It has developed good working relationships with political leaders, and is respected as a key source of knowledge, even being invited to work with technical ministers and high-level institutions.

Uganda: The Action Group for Health, Human Rights and HIV/AIDS (AGHA) and other CSOs in the health sector have lobbied Members of Parliament to pressure government to increase investment in the health sector. Social services now annually invite CSOs to take part in committees, which analyse the health budget and identify goals to improve health outcomes, including efficiency of procurement, delivery of essential medicines and health supplies.

WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?



More than 50% of respondents claimed they had not been invited to formal meetings, and more than 40% claimed they were not identified as a formal member of coordination mechanisms, or were not informed about forthcoming consultation processes.

The biggest challenge for CSOs to contribute effectively to health systems strengthening is their lack of capacity to influence the government system and the government's apathy towards them.

Although I was regularly invited by the ministry of Health & Population in Joint Annual Review, Projecat Monitoring I still don't have a formal status.

Some policymakers do not see evidence provided by CSOs as credible to hold them accountable. They tend to ignore CSO efforts, especially those in the ruling government. Some policymaking processes are not open to CSOs, this, of course, hinders our participation.

IHP+Results conducted a survey among CSOs from participating countries in April and May 2012. The results revealed three main

challenges to engaging more closely with government and other stakeholders to improve the effectiveness of health aid.

WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?



Many CSOs felt they were not equipped to enter into technical discussions with governments and development partners about the impact of health aid. Those that did have technical knowledge reported that it made a big difference to their ability to influence debates.

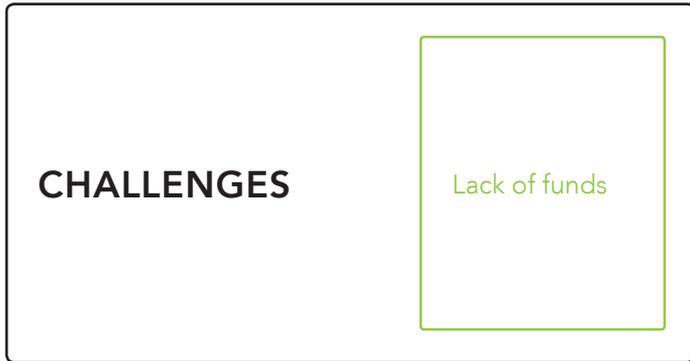
Capacity of CSO to engage government is still inadequate. We need to understand well the policy processes

Many civil society organisations are willing to contribute effectively, but few have the skills and knowledge to be able to address the level of debate that occurs around the national health system with the government, financial and technical.

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WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?



More than a quarter of all respondents said they did not have the resources to even participate in meetings, and that this was an obstacle to successful health aid advocacy. Many also highlighted the need for increased resources over a longer period of time, as advocacy, especially in certain arenas, takes time.



One challenge to civil society is insufficient financial resources to confront and sustain efforts.



Another challenge is to acquire financial support to sustain the CSOs activities and to strengthen advocacy.



Most advocacy funds provided are for short periods and are small amounts, yet advocacy efforts take a long time and require plenty of resources, for example a litigation approach.

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challenges to engaging more closely with government and other stakeholders to improve the effectiveness of health aid.

WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?

**LESSONS LEARNED:
HOW CSOs CAN
OVERCOME
CHALLENGES
TO SUCCESSFUL
HEALTH AID
ADVOCACY**

Ideas from
Uganda

Collaboration
and better
coordination

Based on the experience of CSOs already involved in IHP+, here are some examples of best practice

that worked in their settings, which you could consider.

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Build coalitions to gain stronger presence and influence – for example, working with other CSOs, creating an umbrella organisation, or inviting technical partners to meetings.

Work with a small number of key officials who are involved in policy discussions to understand the context and slowly gain a presence through this process.

Meet with representatives from the Ministry of Health to build and maintain a good relationship. Obtain an official 'letter of approval' (where possible and necessary).



One Ugandan CSO identified the need to increase funding for advocacy work at country level. Most advocacy funds provided are not sufficient, and for short periods of time. Yet advocacy work is often a long-term undertaking, which in some cases (eg, litigation) requires substantial resources. Also, more capacity building is needed so that CSOs can analyse health policy and develop advocacy strategies to effectively influence donors and governments and demand accountability. More funds are also needed to help CSOs gather evidence to support their advocacy work.

WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?

**LESSONS LEARNED:
HOW CSOs CAN
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ADVOCACY**

Capacity building

Based on the experience of CSOs already involved in IHP+, here are some examples of best practice

that worked in their settings, which you could consider.

Explore possibilities for mobilising resources for advocacy activities at all levels (local, national, regional and global).

Build capacity and experience in different aspects of policy and advocacy work, and mobilizing communities as well as the media.

Familiarise yourself and your organisation with the international and national health context, so that you appear knowledgeable, professional and responsive to the many pressures on government.

Undertake/contribute to research to provide evidence for your arguments or proposals, which will encourage government to take your views more seriously.

Increase your organisation's knowledge base and technical capacity by participating in national and international meetings, training workshops, study tours and exchanges.

Capacity building of CSOs in health policy analysis and advocacy has resulted in, among other things, the government inviting us to participate in the national health policy advisory committees

WHAT HAVE CIVIL SOCIETY ORGANISATIONS ACHIEVED TO DATE IN IMPROVING HEALTH AID EFFECTIVENESS?



Based on the experience of CSOs already involved in IHP+, here are some examples of best practice

that worked in their settings, which you could consider.

ADVICE FROM CSO REPRESENTATIVES

Uganda: The use of evidence in advocacy will increase trust, legitimacy and credibility of CSOs before governments and donors to meet their mandates. CSOs doing policy advocacy in politically restrictive environment need to understand well the context in which they operate and apply feasible advocacy strategies to produce results.

Mali: professionalism and credibility are essential when trying to influence decision-makers and key partners in the health sector and are the driver of any advocacy work. It is necessary to be cognizant of national and international health agendas. Also, avoid taking an overly aggressive approach. Sometimes it may be more appropriate to make contact and then wait to be invited to meetings where you can present your arguments about priorities for strengthening the health system.

THE WAY FORWARD

Based on the experience of IHP+Results monitoring, our survey of civil society organisations in participating countries, and other relevant work, it is clear there is still much work to be done to enable CSOs to play a more influential role in increasing the effectiveness of health aid and strengthening mutual accountability.

The importance of consulting with CSOs from the outset is increasingly being recognised as a means of strengthening country ownership of health plans and policies.¹⁸ Transparency of data, and access to information is essential as it allows CSOs to contribute to discussions and processes in an informed manner. Initiatives like IHP+Results – particularly the scorecards – can help by providing data that show what

progress is being made by individual development partners or countries, highlighting any gaps that need to be addressed. The key challenge now is to take this information and use it effectively in planning and decision-making processes at country level.

National governments and development partners should do much more to engage CSOs in health aid processes and decision-making. This means going beyond merely acknowledging their role, to equipping CSOs with the tools they need to meaningfully engage in these processes. Engagement should be a mutual learning process between governmental and non-government health actors if it is to eventually result in sustainable engagement and collaboration – based on realistic expectations, mutual trust, and an acknowledgement of limitations.

During our survey, some CSOs made suggestions about how country-level advocacy efforts could be strengthened. These could be incorporated in future monitoring plans to improve mutual partnerships. IHP+ signatories should:

- Enable civil society participation in the IHP+Results and triangulation of the scorecards.
- Support efforts to document and disseminate good practice in advocacy work on health aid effectiveness.
- Provide support for CSOs to disseminate reports at national, regional and global levels.
- Develop webinars and e-learning materials and an online space for CSOs working on health systems strengthening to share experiences and case studies and allow collaborative exchange and communications.
- Organise de-briefings – for instance, after the IHP+Results annual performance report has been published.

There are also opportunities for CSOs to get more involved in the IHP+, in the following ways:

- By applying to its Health Policy Action Fund for a small grant to support your health aid advocacy work.
- By using its online space for networking and information sharing – the IHP+ Civil Society Listserve.
- By becoming a CSO representative on its Civil Society Consultative Group.
- By providing us with examples of your advocacy work on health aid or strengthening health systems.

We would welcome stronger engagement by CSOs in the IHP+, so please contact us to discuss these and other ways of getting involved (again, see page 6 for how to get in touch).

18. J Pereira and C Villota (2012) 'Hitting the Target? Evaluating the effectiveness of results-based approaches to aid', Eurodad (European Network on Debt and Development), <http://>

eurodad.org/wp-content/uploads/2012/10/Hitting_the_target.pdf (accessed 16 October 2012).

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