



# **Survey Report for CSO Engagement Mechanisms in *UHC2030***

**November 2016**

**“To promote and ensure a holistic approach to the implementation of the SDGs, we need to be moving away from silo thinking”**

**“Transformed mindset towards collective responsibility”**

**"...And do not ‘verticalize’ UHC, nor claim leadership on all health-related civil society engagement”**

**Bruno Rivalan, IHP+ CSO Northern Representative – Global Health Advocates France**

**Annick Jeantet, Independante Consultante on International Development Policies**

**Table of Contents**

- Summary of the CSEM proposal and proposed way forward..... 3**
- Part One: Background, methodology and Respondents profile ..... 4**
  - 1 - Background..... 4**
  - 2- Methodology..... 4**
  - 3- Respondents profile..... 5**
    - Number of participants ..... 5
    - Languages – countries – CSO type..... 6
- Part two: results and analysis..... 8**
  - 1 - Vision, guiding principles and core functions..... 8**
    - The vision..... 8
    - The guiding principles..... 8
    - Core functions ..... 9
  - 2 - Detailed analysis and result of the key functions..... 11**
    - Advocacy and Accountability for HSS and UHC..... 11
    - Capacity building support..... 12
    - Coordination and engagement with CSO Health constituencies ..... 13
  - 3 - Governance and level of engagement..... 14**
    - Level 1: CSO representatives in UHC2030 Steering Committee ..... 15
    - Level 2: A Global CSO Advisory Group and the Secretariat..... 16
    - Level 3: National Groups ..... 19
    - Level 4: Regional Focal Points. .... 20
  - 4 - Financing ..... 21**
- Part Three: Conclusion and way forward ..... 23**
  - 1 – Conclusion ..... 23**
  - 2 – Way forward : how to operationalize the CSO constituency in UHC2030 ..... 23**

## Summary of the CSEM proposal and proposed way forward

A Civil Society Engagement Mechanism (CSEM) in UHC2030 has been developed by the IHP CSO representatives, and informed by an extensive public consultation with civil society constituencies across regions, languages and areas of expertise, and a review of lessons from existing global health initiatives on civil society engagement. The proposal also sets out next steps to operationalise the CSEM by the June 2017 UHC2030 Steering Committee meeting (including identification of representatives), through building wider support, setting up the structures proposed, and mobilising funding for implementation of the CSEM workplan.

The CSEM aims to be the civil society arm of the UHC movement and a critical contributor to UHC2030, with systematic attention to the needs of the most marginalised and vulnerable populations so that no one is left behind. As set out in the proposal, the CSEM seeks to strengthen an inclusive and broad movement on UHC, influence policy design and implementation, strengthen citizen-led and social accountability mechanisms, and promote coordination and harmonisation between CSO platforms and networks working on health related issues.

The CSEM will deliver on these objectives through the following structures:

- 3 CSO representatives to the UHC2030 Steering Committee
- Global CSO advisory group, linking global and local inputs and providing technical guidance
- Secretariat, hosted by a CSO with 2 full-time employees, implementing the workplan, ensuring coordination and communication across the structures, and reporting to the UHC2030 Core Team
- National groups, with focal points from existing CSO health platforms
- Regional focal points, to support national groups and promote exchange across countries

The 2017 budget includes a core operational budget, which UHC2030 is requested to fund. The CSEM secretariat will explore other funding opportunities for the broader activities of the CSEM.

# Part One: Background, methodology and Respondents profile

## 1 - Background

The transformation of the International Health Partnership (IHP+) into the International Health Partnership for UHC 2030 (UHC2030) is on its way. As part of this ongoing shift, the role, mandate and structure of CSOs within this multi-stakeholder partnership need to be defined, as CSOs will be instrumental in reaching UHC2030 goals.

In light of the transformation process led by IHP+ partners, the CSO representatives of IHP+ developed a proposal for a CSO engagement mechanism (CSEM) in UHC2030, which would be designed to be the civil society arm of the UHC movement and a critical contributor for implementing the UHC2030 vision of reducing global and national disparity in access to healthcare.

More specifically, the participation of civil society in UHC2030 is intended to ensure systematic attention to the needs of the most marginalised and vulnerable populations, so that no one is left behind.

In order to ensure participation in the process and strong ownership of the future CSEM from CSO health constituencies, IHP+ CSO representatives, together with a group of CSOs engaged in UHC and the core IHP+ team, surveyed CSOs from different regions with a variety of mandates and health expertise. The questions focused on the draft CSEM, which was elaborated based on a review of CSO engagement frameworks from Global Initiatives.

This report highlights the results of the survey and paves the way to meaningful engagement from civil societies and communities in UHC2030.

Beyond the agreement for CSEM, additional steps are required to allow for the operationalisation of the framework, ensure the participation of an efficient CSO constituency and support advocacy and accountability efforts on UHC on all levels. These steps will include securing broad support from all stakeholders for the proposed CSEM, building CSO movements and mobilising adequate resources to turn the CSEM into action.

While the transitional Steering Committee should agree on CSEM mandate and governance options and related support to the CSEM, dialogue with key stakeholders should take place both before and after the transitional Steering Committee in December.

Once the SC reaches a decision, setting out the CSEM's level of ambition, IHP+ CSO representatives, together with a core group, will work towards building the CSO constituency and making it operational by the first UHC2030 Steering Committee meeting.

## 2- Methodology

In December 2015, WHO convened a multi-stakeholder meeting on harmonisation towards HSS advocacy and one of the outcomes of the discussion was the necessity to link this harmonisation work within the IHP+ process.

In March 2016, following the IHP+ Steering Committee, the IHP+ CSO representatives developed a proposal on CSO engagement mechanisms in the IHP for UHC to ensure strong CSO engagement in the initiative (CSEM).

In May, we submitted an option paper to be discussed among CSOs working in the health sector, but after two webinar sessions in May (in Washington during the GFF presentation and during WHA in Geneva), they realised that building a CSEM would require involving a broader number of CSOs and citizens to ensure meaningful participation in the role and mandate of CSOs in UHC2030.

In the June Steering Committee, IHP+ CSO representatives presented an assessment of IHP+ CSO engagement to date and proposed some way-forward scenarios for building the CSEM, including a consultation process.

In July, a consultation process was agreed upon with the core IHP+ team. A CSO review committee was set up, comprised of CSOs involved in the June multi-stakeholder consultation, and a consultant was hired to support the development of a CSEM.

As a preliminary step, it was decided that an assessment of the major CSO constituencies in health and development should be undertaken, looking at how CSOs are organised within those constituencies and highlighting the good practices and lessons learned with regards to CSO engagement.

The assessment<sup>1</sup> was carried out through a literature review, as well as interviews with leaders from key CSO constituencies and grassroots groups – including Gavi CSO Constituency, the Global Fund NGO and community delegation, the Global Fund Advocacy Network, the PMNCH CSO coalition, the UNITAID NGO and community delegation, the Global partnership for Education CSPO coalition, the Scaling Up Nutrition CSO network, the Kenya AIDS NGO consortium, Civil Society platform for Health African (CISPHA) and Action Now Kenya. This helped refine the first options already proposed.

The survey was then built, based on the results of the assessment, with 15 key questions addressing the role, function, and potential activities of the CSOs, as well as the governance structures on national, regional and global levels. The proposals for each of the 5 levels of CSO engagement in UHC2030 was based on the lessons learned and best practices from global initiatives.

The results of the survey together with the assessment of CSO engagement in global and national development processes helped amend the initial CSEM proposal.

While recognising that this consultative process could have been broader in scope and reach, the 186 respondents from across the globe highlighted clear options regarding the roles, functions and representativeness of CSOs within UHC2030, which will inform the CSEM.

This survey was launched on September 21<sup>st</sup> and closed on October 24<sup>th</sup>; it was available in 3 languages. During this period, 4 webinar sessions were organised<sup>2</sup> to reach better understanding of UHC2030, engage in conversation with CSOs from different continents and environments and encourage them to respond to the questionnaires. A total of 45 participants joined the webinar sessions.

### 3- Respondents profile

#### Number of participants

At the end of the consultation, we had totalled 186 contributors to the questionnaire, distributed as shown below:

---

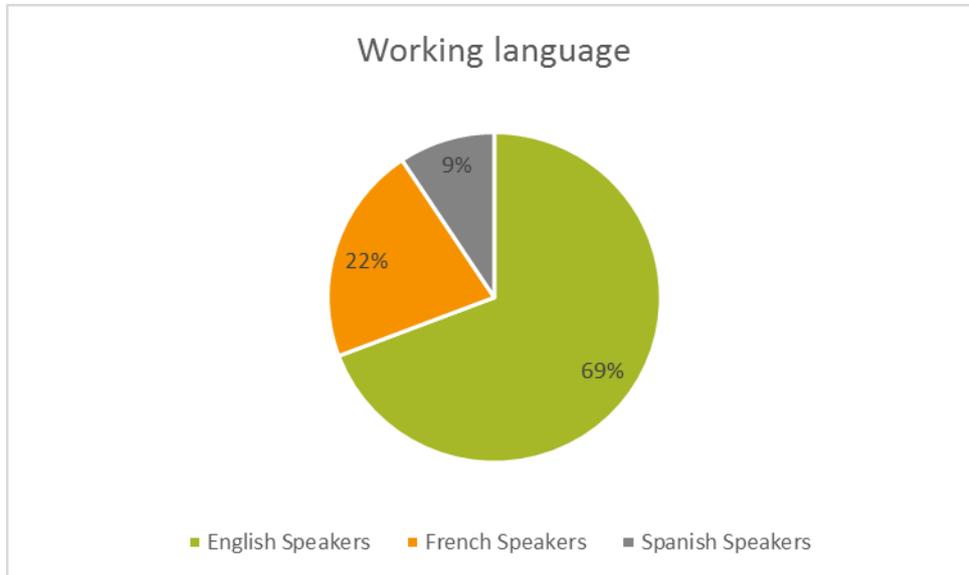
<sup>1</sup> <http://www.ghadvocates.eu/wp-content/uploads/2016/07/Assessment-of-CSO-engagement-mechanisms-in-Global-Initiatives-1409.pdf>

<sup>2</sup> One with the GFAN network, one with the French-speaking Gavi platform, one with the English-speaking Gavi platform and one with Action for Global Health network.

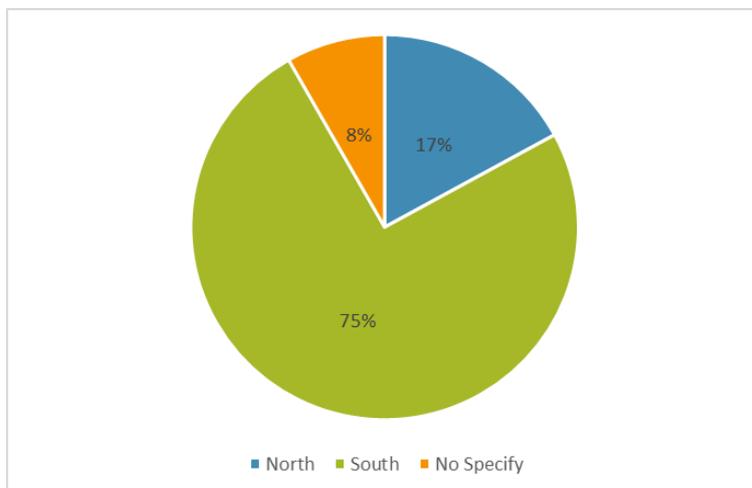
- English speakers: 130 contributors
- French speakers: 39 contributors
- Spanish speakers: 17 contributors

### Languages – countries – CSO type

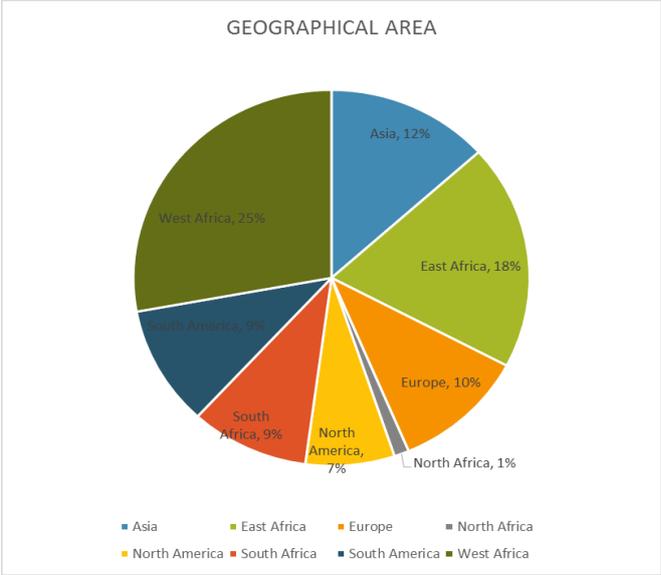
Languages: English – French – Spanish



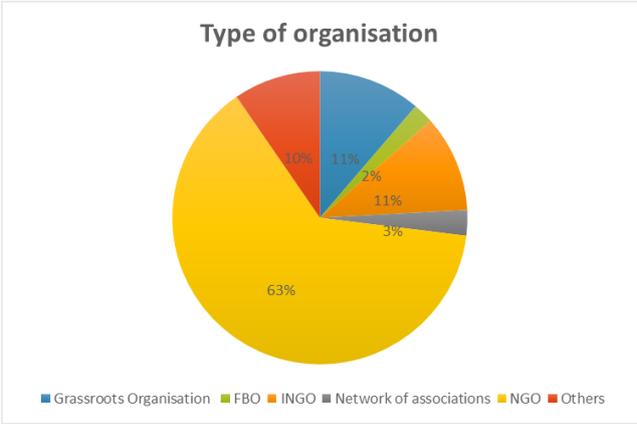
A majority of Southern countries:



A majority of them are from African countries:



A majority are from NGO backgrounds:

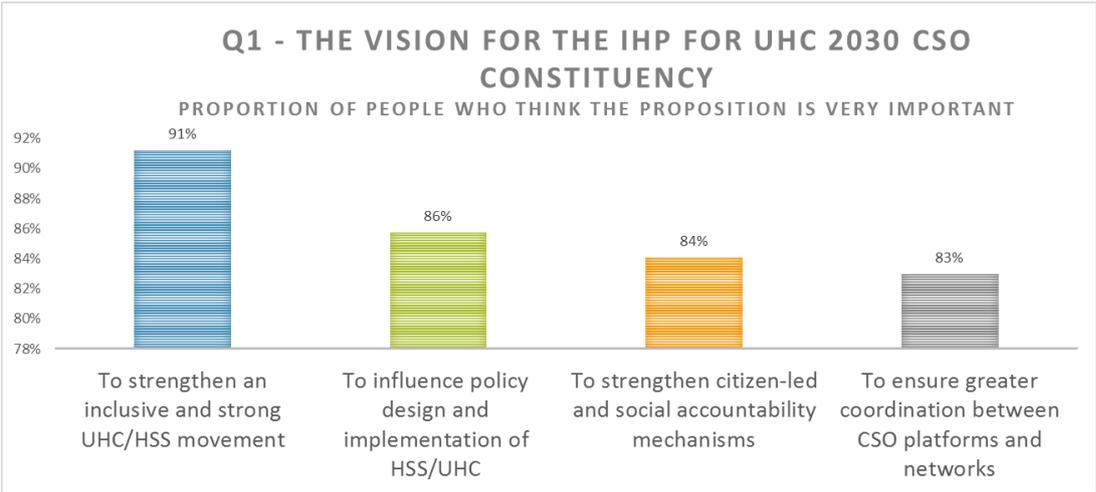


# Part two: results and analysis

## 1 - Vision, guiding principles and core functions

### The vision

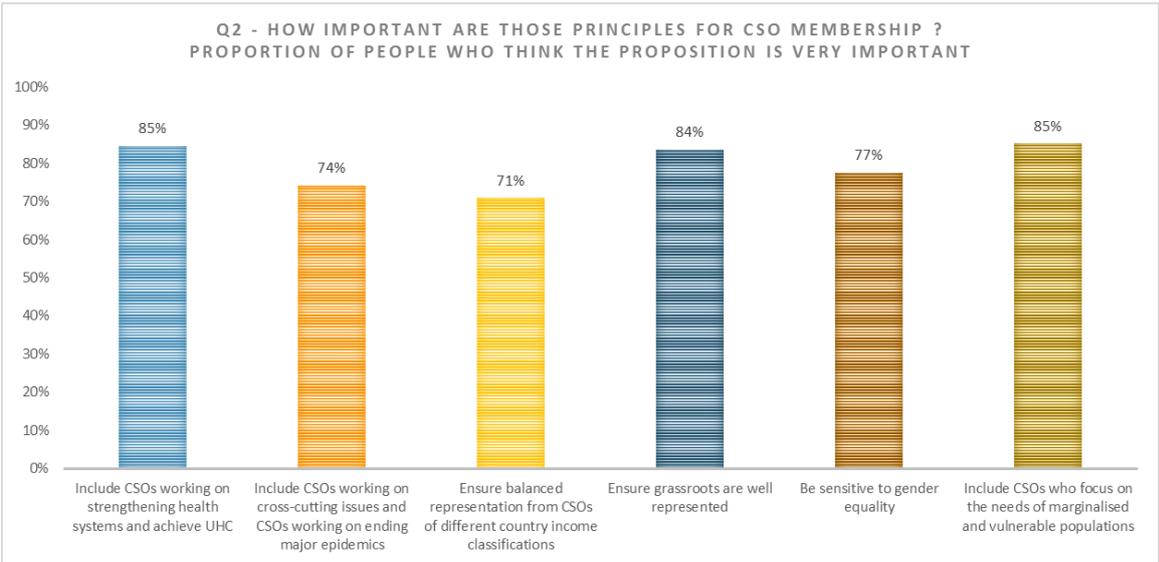
**The 5 elements of vision proposed for the CSEM reached a consensus across all types of organisation.**



83% of contributors confirmed that the 5 elements of vision proposed in the survey are very important for CSO constituency in the partnership. Strengthening an inclusive and strong UHC/HSS movement is the most important, totalling 91% of positive answers. Comments and additional elements to the vision were proposed, but as they relate to the CSEM’s functions, they will be outlined below.

### The guiding principles

A second wave of questions focused on the guiding principles as critical elements for shaping the mandate of the CSEM.



**The following** guiding principles are seen as the most important principles to build the CSEM:

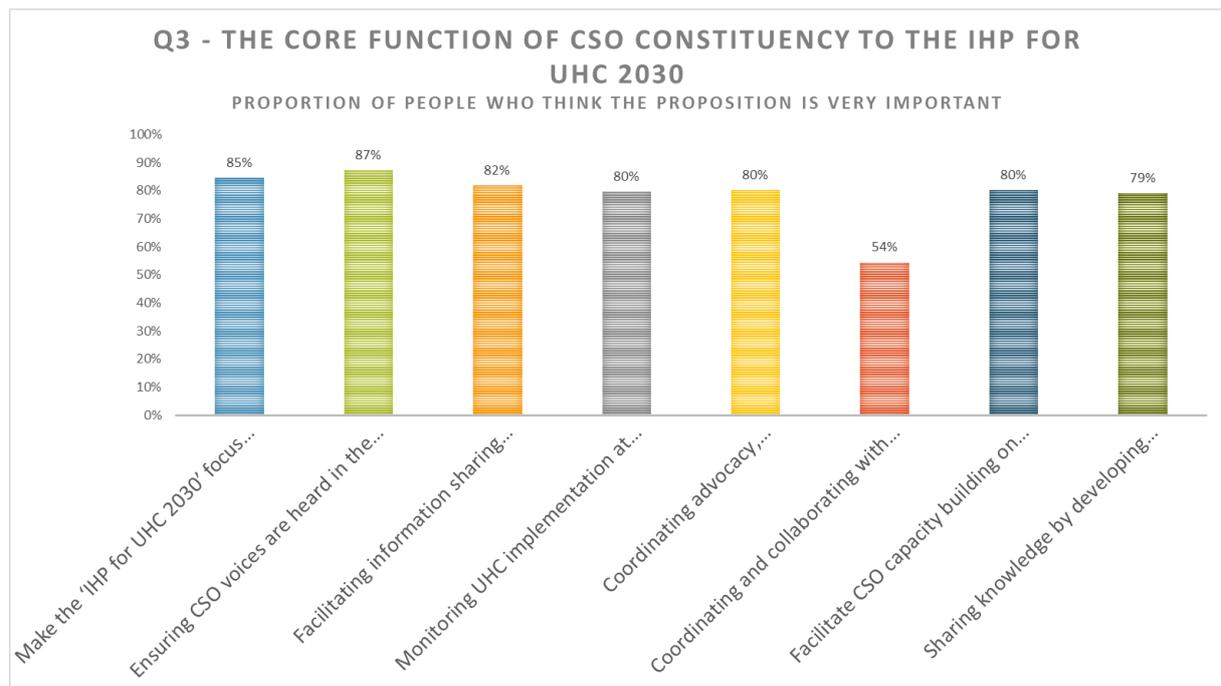
- **Include CSOs working on strengthening health systems and achieving UHC.**
- **Include CSOs who focus on the needs of marginalised and vulnerable populations.**
- **Ensure grassroots and community-led organisations are well represented.**

Some contributors suggested additional guiding principles related to accountability, equity and representativeness, and highlighted the need to establish strong conflict of interest principles moving forward.

Respondents stressed the need for **CSO involvement in service implementation at facility and community levels, including non-discrimination with regards to age, disability, sexual orientation and location, in addition to gender, as well as balanced representation of CSOs working across the full spectrum of essential, quality health services<sup>3</sup>.**

**A high level of transparency in the selection and representation of CSO members, preventing undue influence from CSOs with vested commercial or financial interests in health services & commodities and allowing for accountability with regards to beneficiaries and CSO stakeholder** were also highlighted by a large number of CSOs surveyed.

### Core functions



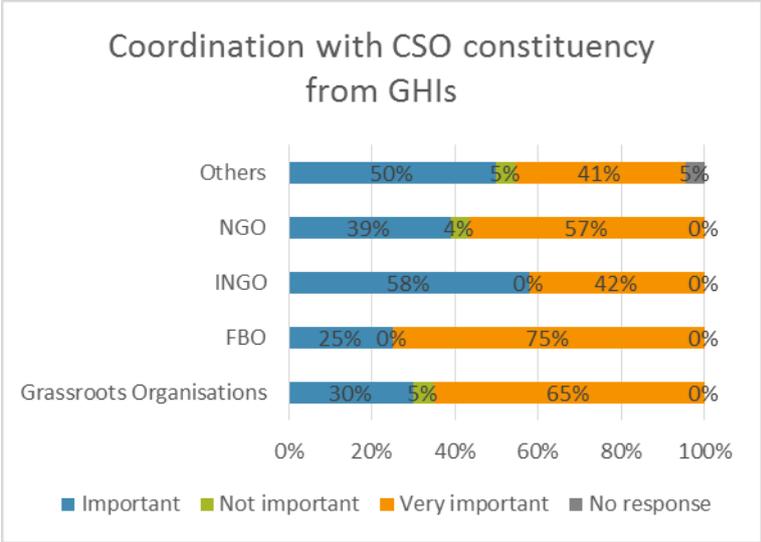
Based on the vision and the guiding principles for CSO membership, a list of potential key functions for CSEM was proposed in the survey. At least 80% of contributors agreed with the proposed functions.

Additional proposals reinforced what was already suggested, while calling specific attention to such issues as **capacity building for vulnerable groups to claim their rights, data collection for evidence-based policy influence, domestic resource mobilisation and expanding funding sources for CSO-led UHC/HSS Initiatives**. One clear message expressed by respondents centred on the need for education and information to **help partners understand a rather new area of work that is HSS and UHC**

<sup>3</sup> e.g. promotion, prevention, treatment, rehabilitation and palliative care.

**accountability and advocacy.** This again is specifically needed for grassroots and community-led organisations.

**The relatively weak score for the coordination and collaboration (54%) functions of the CESM is worth mentioning,** but should not be interpreted as lack of interest in this function, as it was deemed critical in many other sections of the survey. The important element to highlight is the result by type of organisations. INGOs do not see this function as a priority, while NGOs, FBOs and grassroots organisations expressed it was very important.



**The following key functions are seen as the priority across all types of organisations:**

- Upholding advocacy and accountability on UHC and HSS, including on domestic resource mobilisation, with a special focus on marginalised and hard-to-reach populations.
- Capacity building.
- Coordinating and collaborating with CSO constituencies from other related initiatives.
- Promoting CSO and community participation within UHC processes at global and national levels.
- Sharing knowledge, communicating on UHC and HSS processes.

**Recommendations for the vision, guiding principles and core functions**

A detailed proposal for the vision, guiding principles and core functions needs to be included in the ToRs of the CSEM and should be aligned with IHP for the new UHC Compact, governance and work plan decisions. The CSEM will be designed based on the following:

**Vision:**

- To strengthen an inclusive and broad UHC/HSS movement on the global, regional, and national levels.
- To influence policy design and implementation of HSS/UHC on the national and global levels.
- To strengthen citizen-led and social accountability mechanisms at sub-national, national, regional, and global levels.
- To ensure greater coordination and harmonisation between CSO platforms and networks working on health-related issues.

### Guiding principles:

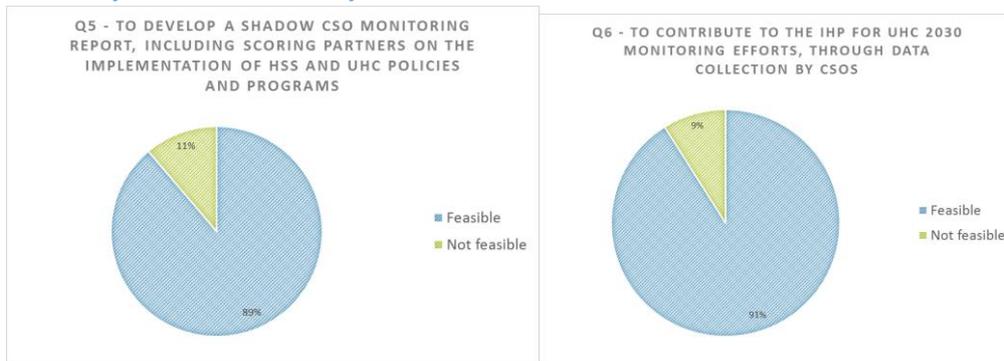
- Mutual Accountability.
- Representativeness.
- Equity.
- Inclusiveness and non-discrimination, with regards to criteria including but not limited to gender.
- Prevention of conflicts of interest.

### With a set of core functions seen as the priority moving forward:

- Advocacy and accountability on UHC and HSS, including on domestic resource mobilisation, with a special focus on marginalised and hard-to-reach populations.
- Capacity building.
- Coordinating and collaborating with CSO constituencies from other related initiatives.
- CSO and community participation in UHC processes on the global and national levels.
- Knowledge sharing, communication on UHC and HSS processes.

## 2 - Detailed analysis and result of the key functions

### Advocacy and Accountability for HSS and UHC



Strengthening accountability and advocacy for HSS and UHC is part of the UHC2030 mandate. For CSOs, this could mean supporting the monitoring work of UHC2030 and/or elaborating an independent monitoring system, as well as concentrating social accountability efforts. 89% of respondents agreed that a dual approach should be implemented on the national and global levels.

Being one of the Partnership's core activities, it is encouraging to see that CSOs are willing to develop 2 types of monitoring initiatives:

- **Developing shadow CSO monitoring and reporting tools, including a scoring system for partners based on their implementation of HSS and UHC policies and programmes.**
- **Contributing to UHC2030 monitoring efforts through data collection by CSOs.**

Respondents also stressed the need to encourage the Partnership in developing tools to hold governments into account.

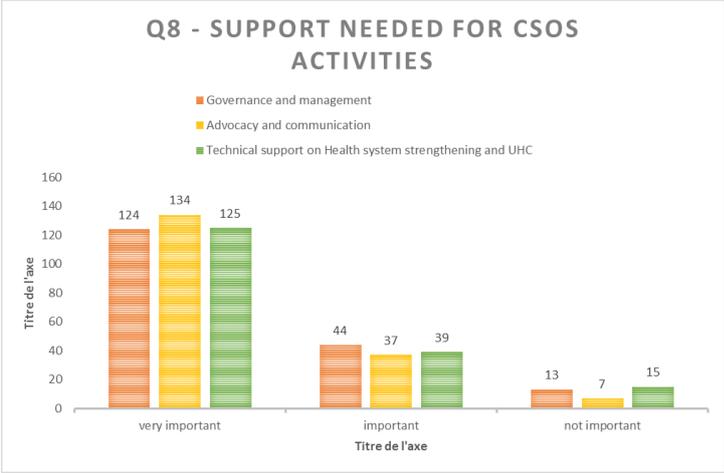
While citizen-led advocacy and accountability are seen as key functions of the CSEM in order to highlight and identify the needs of the most at-risk populations in favour of policy change, **“it is fundamental not to confuse social accountability (an independent and complex process) with collecting data and elaborating scoring scales,”** as one contributor expressed. Evaluation and evaluation research in citizen-led accountability is essential. Regarding citizen-led advocacy and accountability issues, other respondents suggested:

- **establishing community-based accountability structures for service delivery that would report to the bodies in charge of national monitoring;**
- **working with schools and universities to build up knowledge/capacity and investing in a grassroots movement;**
- **establishing exchange frameworks and consultations with representatives of marginalised populations to educate, inform and raise their expectations;**
- **advocating for the setup of National Budget Hearing Forums to influence allocation of funds to address specific health concerns.**

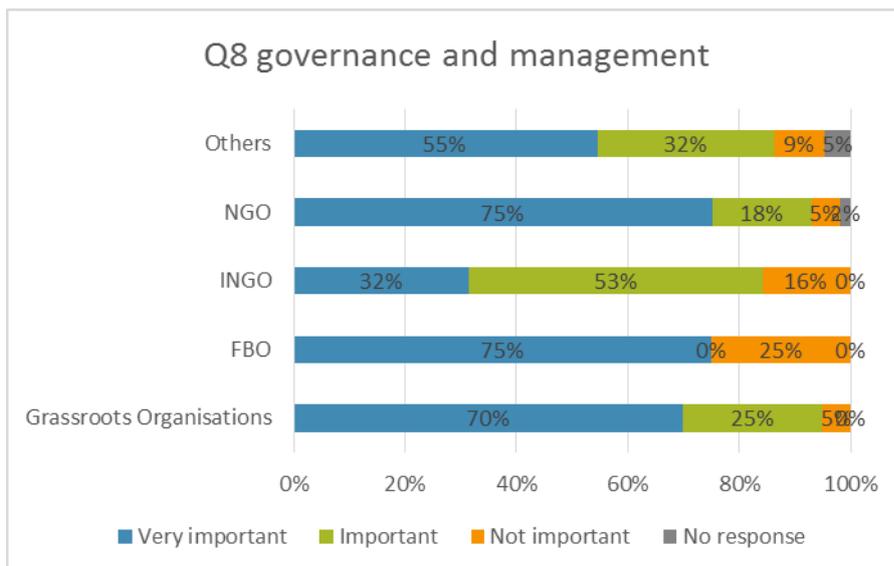
**Respondents suggested important means to ensure social accountability: ensuring regular feedback at the community level** to understand citizens’ perspective on what is being decided at the policy level based on citizen-led accountability, as well as **raising awareness on the need for citizen-led accountability.** Additional elements, which might be considered of lesser importance, expressed the need to encourage **bringing together members from community-led networks to foster community engagement.**

**Capacity building support**

Capacity building is seen as a critical function of the CSEM and is highly needed for CSO groups on the national and/or regional level to strengthen CSO work and ensure their sustainability.



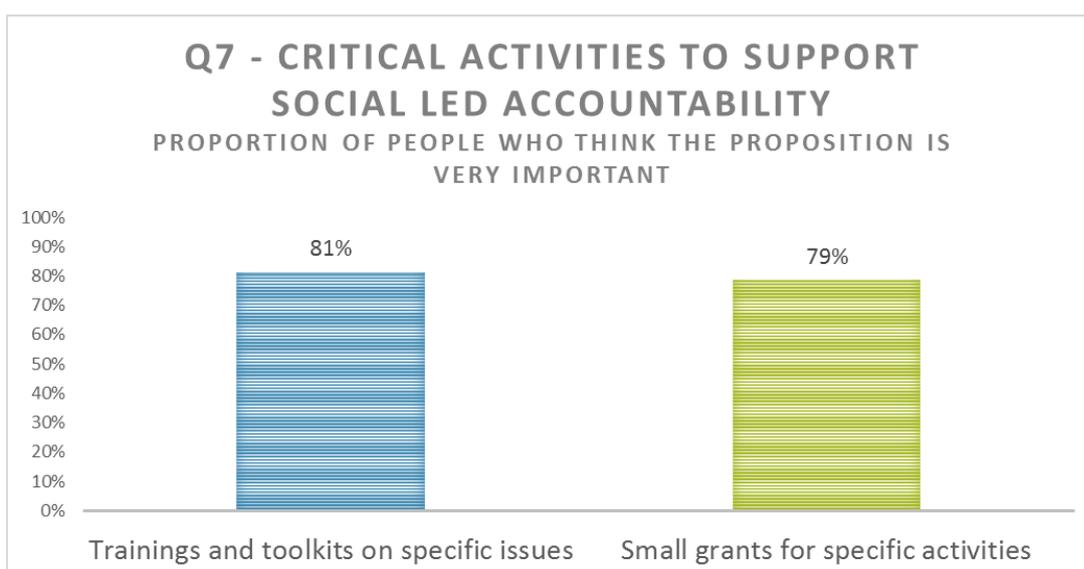
If aggregated results show a high number of respondents consider the 3 activities very important, the results vary when ventilated by types of organisations:



It is worth noting that few INGO respondents consider the first issue very important, which can be explained by the fact that INGOs are often included in governance and management processes at global, regional and national levels.

In order to make social accountability efforts possible, additional capacity building through **training and toolkits on specific issues, as well as small grants for specific activities** is required, with respectively 81% and 79% of contributors in favour of those proposals.

**Organising exchange visits, holding learning-by-doing training sessions and creating a roster of experts within CSOs** were other suggestions for supporting CSO capacity building. Lastly media engagement – both traditional and non-traditional media, such as community radios and social media (twitter, Facebook, Instagram, blogging, etc.) – is often mentioned.



#### Coordination and engagement with CSO Health constituencies

Members should **include a large number of diverse organisations, especially those who work on single issues and are not usually involved in UHC, and those who work solely on health**, as expressed by one contributor. Bringing in organisations working on specific diseases like HIV, on immunisation

and health financing, as well as health-related issues like hygiene (WASH) and nutrition, was an idea that many respondents brought up. Several CSOs highlighted that **working only with UHC advocates has not worked in the past.**

**“To promote and ensure a holistic approach to the implementation of the SDGs, we need to be moving away from silo thinking. Health goals will be achieved through work on governance (SDG 16), gender (SDG 5), etc.”, one of the CSO contributors noted.**

This is a clear sign that it is important to fill the gaps in terms of coordination and information sharing between the different health networks and groups. UHC2030 is seen as an initiative that can help strengthen collaborations and bring actors together, thus solving the issue of CSO collaboration.

As this function is a key element of the Partnership, 2 options were proposed in the questionnaire and 59% of contributors recommended both options should be implemented to increase collaboration among health actors:

- **Annual meetings and phone calls before important international events with leaders of health and health-related CSO networks.**
- **Annual meetings and phone calls before important international events with communication officers and/or secretariat of each CSO constituencies on Global Initiatives.**



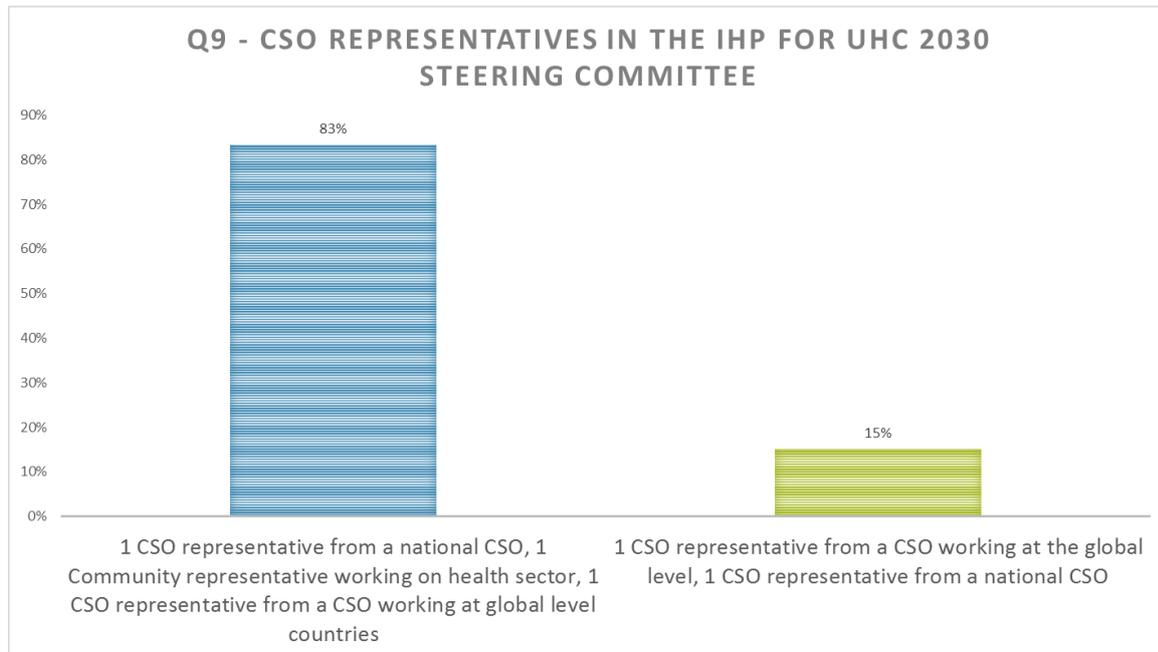
**Recommendation for detailed key functions:**  
**To develop a more detailed programme to work on social accountability on the national level and to ensure funding support to reach efficient collaboration with communities.**  
**To strengthen capacity building through toolkits on Governance/management – Advocacy/Communication, Health System Strengthening.**  
**To implement a regular mechanism in order to increase coordination and engagement with CSO health constituencies.**

### 3 - Governance and level of engagement

The level of engagement proposed in the questionnaire was elaborated based on the lessons learned from others global initiatives and is effected on 4 levels:

- The CSO Representatives in the Steering Committee
- The Advisory Group with the support of a Secretariat
- National Groups
- Regional Focal Points

### Level 1: CSO representatives in UHC2030 Steering Committee



Out of 186 respondents, a large majority (84%) opted to have 3 CSO representatives sitting on the Steering Committee:

- 1 CSO representative from a national CSO
- 1 grassroots group representative working in the health sector
- 1 CSO representative from a CSO working at a global level.

It is important to highlight that many respondents believe grassroots<sup>4</sup> organisations need to voice their own positions as they can differ substantially from those of NGO and INGO's due to their specific circumstances, underlining an interesting shift of power in the CSO constituencies.

Comments were made on the importance of having CSO representatives from CSO networks and alliances. Some comments focused on specific issues, such as ensuring patients or youth organisations are adequately represented. While those proposals can certainly be taken into consideration when establishing the selection criteria, it will never be possible to reach full representation of the wide variety of CSOs. This result shows:

**Recommendations: CSOs' positions should be voiced by 3 CSO representatives on the Steering Committee of UHC2030: 1 CSO representative from a national CSO, 1 grassroots representative working in the health sector, and 1 CSO representative from a CSO working at a global level.**

<sup>4</sup> A grassroots organisation is defined as a local self-organised group of individuals pursuing common interests through a volunteer-based, non-profit institution, such as youth groups, women's groups, patients' groups.

## Level 2: A Global CSO Advisory Group and the Secretariat

The Advisory Group is considered a key element of CSO representation in UHC2030 because respondents believe it would be in an ideal position to link the global and national levels, ensure representativeness of CSO diversity, set constituency priorities based on national inputs, and act as a technical hub. Questions regarding the Advisory Group centred on the activities the Group should undertake to fulfil its mission.

### *The Advisory Group's activities*

Out of the various activities proposed, respondents supported the following in particular:

- Consulting with the national CSO group representatives on a regular basis.
- Commenting and providing feedback on UHC2030 policies and guidelines.
- Strengthening the capacity of national-level CSOs to better engage in national health policy processes.
- Consulting, proposing, and developing a mechanism for better coordination with other global health initiatives.
- Supporting CSO representatives in promoting CSO constituency views and positions in the Steering Committee.
- Developing tools (guidelines or ToRs) for each level of the CSO involvement in UHC2030.
- However, nominating CSO representatives to represent CSOs in the UHC2030 Steering Committee and CSOs to participate in UHC2030 technical committees was not seen as priority.

Some comments underlined the danger of implementing a bureaucratic system with no guarantee of meaningful CSO engagement in UHC2030, while others insisted that nothing should be de-prioritized. Those activities were chosen based on experiences and lessons learned from other Global Initiatives and are aligned with core tasks previously attributed to groups required to provide technical and political assistance to the CSO constituencies. Regarding other activities related to research, organising regional conferences might not be feasible because the Advisory Group is likely to be volunteer-based and members would have to cover all those activities. In the Secretariat, this can include responsibilities such as capacity building or coordinated training efforts, for example.

**Recommendation: Activities of the Advisory Group should be based on the proposal of the survey. Additional activities proposed by contributors would need to be considered as well. Once operational, the Advisory Group can identify activities to implement in priority.**

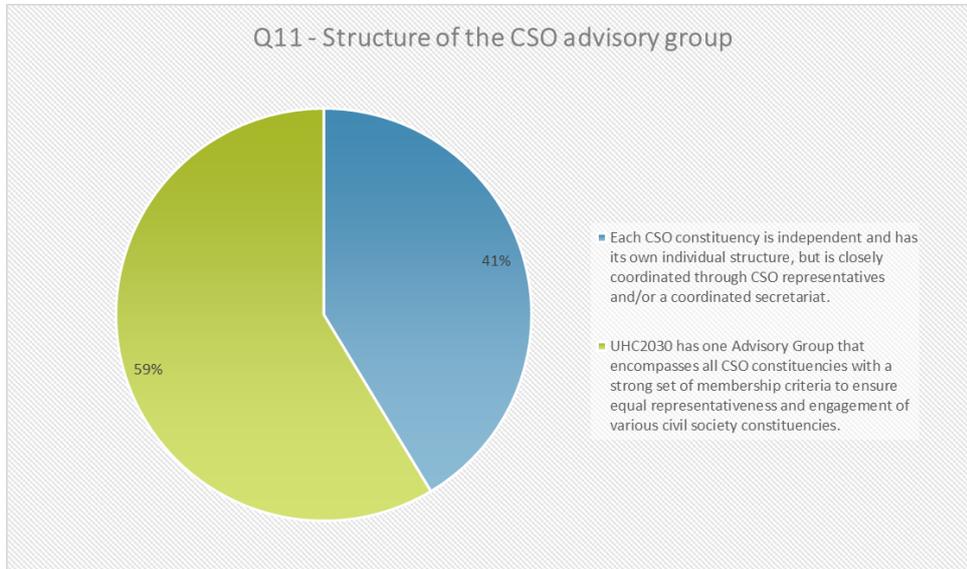
### *The Advisory Group's structure*

The Advisory Group's structure should result directly from the decision made by CSO representatives sitting on the Steering Committee. It seems that one CSO Advisory Group will be enough to support CSOs in their role and function with regards to UHC2030. This Group will be responsible for establishing the core missions of the CSOs on the national, regional and global levels. It will need to be strong enough to foster the engagement of CSO representatives on the Steering Committee. With this option, the selection criteria for Advisory Group members become even more crucial, to make sure the interests of each CSO constituency are reflected in the ToRs set forth for the different functions of the CSOs. This also implies that there will be only one Secretariat to schedule the daily activities.

2 options were suggested:

- Each CSO constituency (e.g. community CSOs, national UHC CSOs, global UHC CSOs) is an independent constituency and has its own individual structure, but is closely coordinated through CSO representatives and/or a coordinated secretariat (regular face-to-face meetings/regular phone calls, etc.).

- The CSEM has one Advisory Group with a scope encompassing all CSO constituencies (communities, developed country NGOs, developing country NGOs) and a strong set of membership criteria to ensure equal representativeness and engagement of various civil society constituencies.

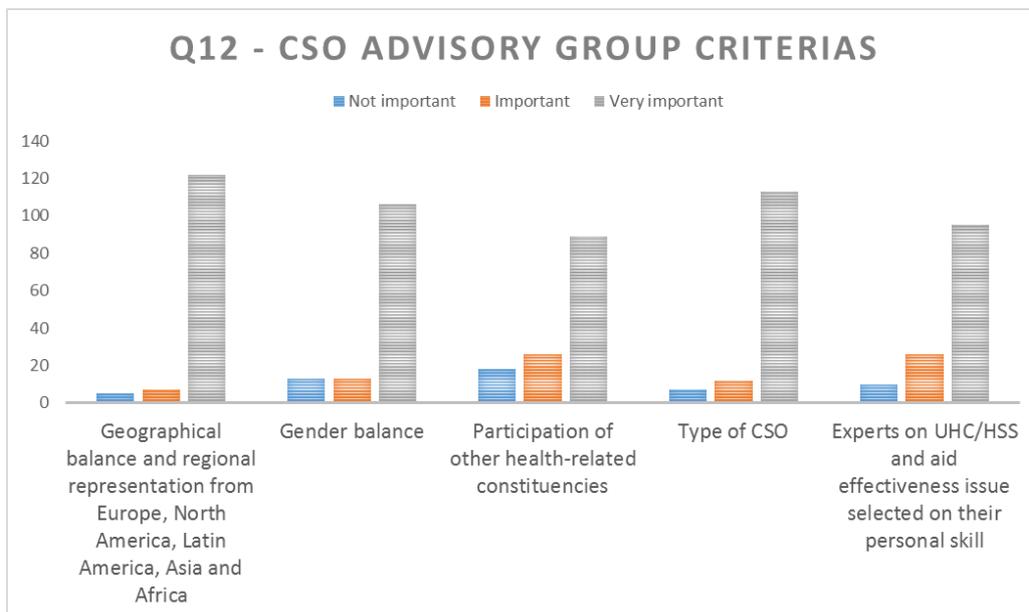


While respondents seem divided, a slight majority have stated they would prefer a common structure for the 3 CSO representatives, with 59% in favour, out of 186 contributors.

**Recommendation: A common Advisory Group and secretariat for the 3 CSO constituencies should be formed.**

### Composition of the Advisory Group

The structure of the Advisory Group requires setting forth a list of transparent criteria to ensure equal representativeness and engagement of the various civil society constituencies.



The 5 criteria proposed in the survey were all considered important to select the members of the Advisory Group, and **additional criteria were mentioned, including: *health education background, experience in running networks and consortiums, capacity to ensure balanced representation of CSOs working across the full spectrum of essential, quality health services (e.g. promotion, prevention, treatment, rehabilitation and palliative care).***

**Respondents also noted that it is important to leave room for new CSOs and organizations to join, thus bringing value and innovation, and that the participation of other health-related constituencies should be balanced by new members,** in order to avoid situations where organisations already involved in many global health initiatives would reach a monopoly.

**Recommendations: The criteria proposed in the survey need to be included. When the temporary group is drafting the ToRs for selecting members, they should also take the additional criteria listed above into consideration.**

### ***The Secretariat***

A Secretariat will need to be formed to handle the constituency's day-to-day workload, ensuring effective coordination and communication between the UHC2030 Steering Committee, CSO representatives on the Steering Committee, the Advisory Group, and the national and regional delegations. Furthermore, it will be responsible for maintaining the flow of information and efficient communication between UHC alliance 2030 and the CSO Advisory Group, and handling all stages of the CSO engagement mechanism, including budget management, work plan implementation and reporting to the UHC alliance secretariat. The CSO Secretariat will work closely with the Advisory Group, which will act as the technical lead for the CSO constituencies. The composition of the Secretariat is the result of the choice, made by respondents, of having one common structure for the CSEM (one Secretariat and one Advisory Group for the 3 CSO representatives). Based on this choice and the assessment of other GHIs, the Secretariat will require of 2 full-time employees to give the Advisory Group the possibility to carry out its core functions as outlined above.

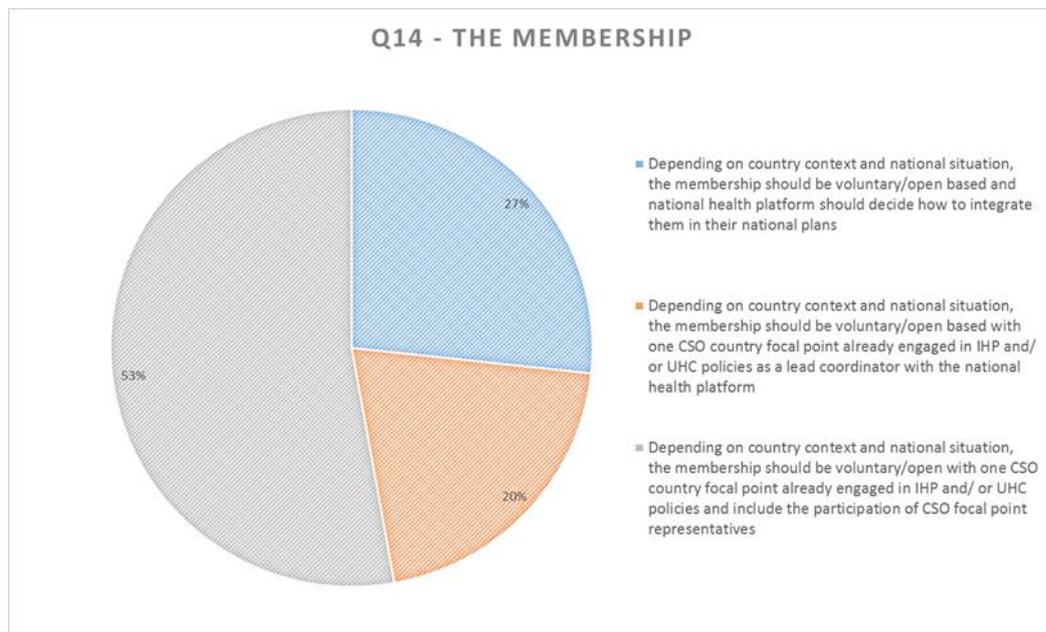
The selection of the 2 full-time employees will follow the process described thereafter and will be carried out by the Advisory Group:

- An open call for applications will be issued, with requirements including a proven track record in managing IOs and overseeing grants, expertise in CSO coordination in various regions/countries and a capacity to facilitate international processes.
- Mandates granted to CSOs to host the Secretariat should not exceed 3 years.
- The CSO host will sign a long-term financial support agreement guided by an MOU, along with an annual funding agreement with the UHC alliance Secretariat.
- Funding for the next year will be granted based on compliance with financial rules and deliverables agreed upon in the annual funding agreement.

**Recommendations: Based on the choice made in the survey of having one common structure, the Secretariat would need 2 full-time employees hosted in CSOs to ensure the CSEM can operate properly. The selection of CSOs to host the Secretariat will follow the same processes used in other GHIs.**

## Level 3: National Groups

### Composition



The result confirms that the link with National Groups should be flexible and build on existing country-level health platforms to avoid the creation of another parallel structure, which would only add to the already plethora of networks linked to global health initiatives. Out of the three options for the composition of National Groups, the one chosen by 57% of respondents is the option offering a more structured body than the other 2 options. It proposes using existing national health platforms with one national CSO Focal Point already working on IHP and/or UHC policies, and including the participation of CSO Focal Point representatives in sectorial and sub-sectorial committees (ICC, CCM, GFF country mechanism, UHC2030) and health systems. But, as one contributor pointed out: **any National Group involved in UHC2030 should NOT duplicate or hinder the work of existing national and subnational coalitions, networks, advocacy groups, organizations, but acknowledge their variety and autonomy.**

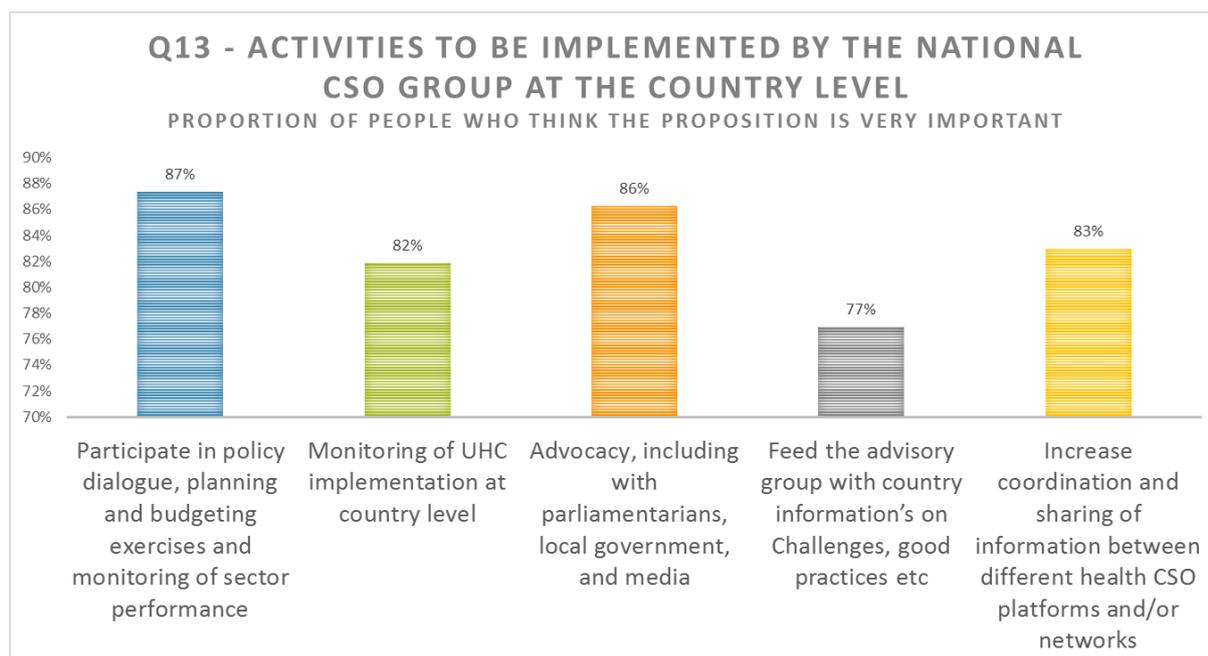
**Recommendation: The UHC2030 will consider the best option for CSO membership at national level to be voluntary/open-based, with one national CSO Focal Point already engaged in IHP and/or UHC policies and including the participation of CSO representatives in sectorial and sub-sectorial committees (ICC, CCM, GFF country mechanism, UHC2030). In addition, it is recommended to identify a few pilot countries where National Groups could be established and tested as they develop their national activities, so we can then adapt the model to a broader number of countries after a period of 6 months.**

### Activities:

The list of core activities to be undertaken at national level were as below:

- Participating in policy dialogue, planning and budgeting exercises and monitoring sector performance.
- Monitoring UHC implementation at country level.
- Carrying out advocacy efforts, including with parliamentarians, local government, and media.
- Feeding the Advisory Group with country information on challenges, good practices, etc.

- Increasing coordination and information sharing between the different health CSO platforms and/or networks.



All 5 activities are considered very important with 4 of them totalling at least 82% of positive answers and one 77%. **Additional activities included: *the development and dissemination of knowledge products, national awareness campaigns, peer review engagement from other continents, media engagement to profile UHC work at national level, promoting experience sharing between countries at regional level.*** Some respondents also highlighted the need to ***promote coordination and integration into one national CSO group, but only if it is feasible and brings added value.*** This remark echoes the guiding principles and functions of the CSEM and seems to be at the heart of the National Groups' work.

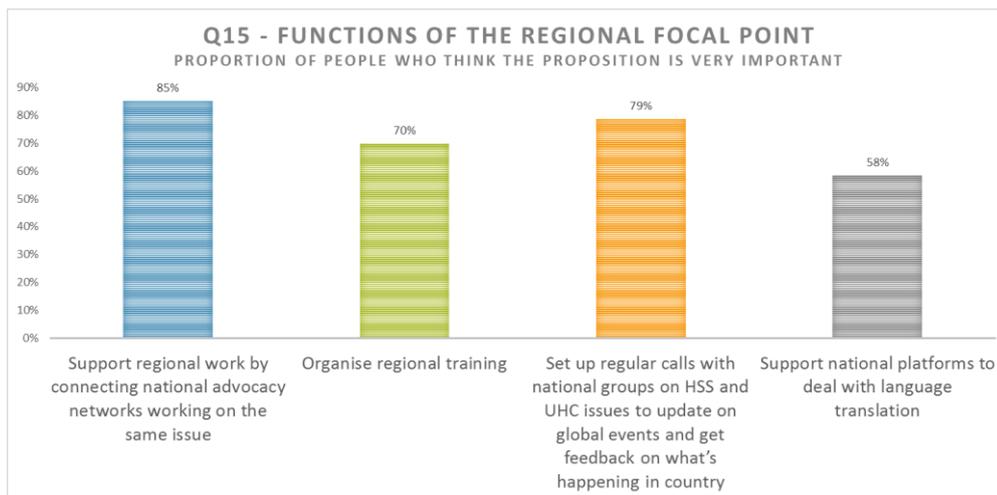
**Recommendations: *While activities of the National Group should reflect those proposed in the survey, the National Group itself should assign priority level to each of them.***

#### Level 4: Regional Focal Points.

This intermediary level of engagement was strongly recommended by CSO focal points and CSO delegation led by other global initiatives in order to facilitate information sharing between global and national-level CSOs.

The questions focused on the core functions of the regional focal point:

Supporting regional work by connecting national advocacy networks working on the same issues, organising regional training events and scheduling regular phone calls with national groups on HSS and UHC issues to inform them on global events and get feedback on what is happening in the countries **were considered critical functions of the Regional Focal Points by at least 70% of contributors. Translation was only seen as very important by 58% of the contributors.**



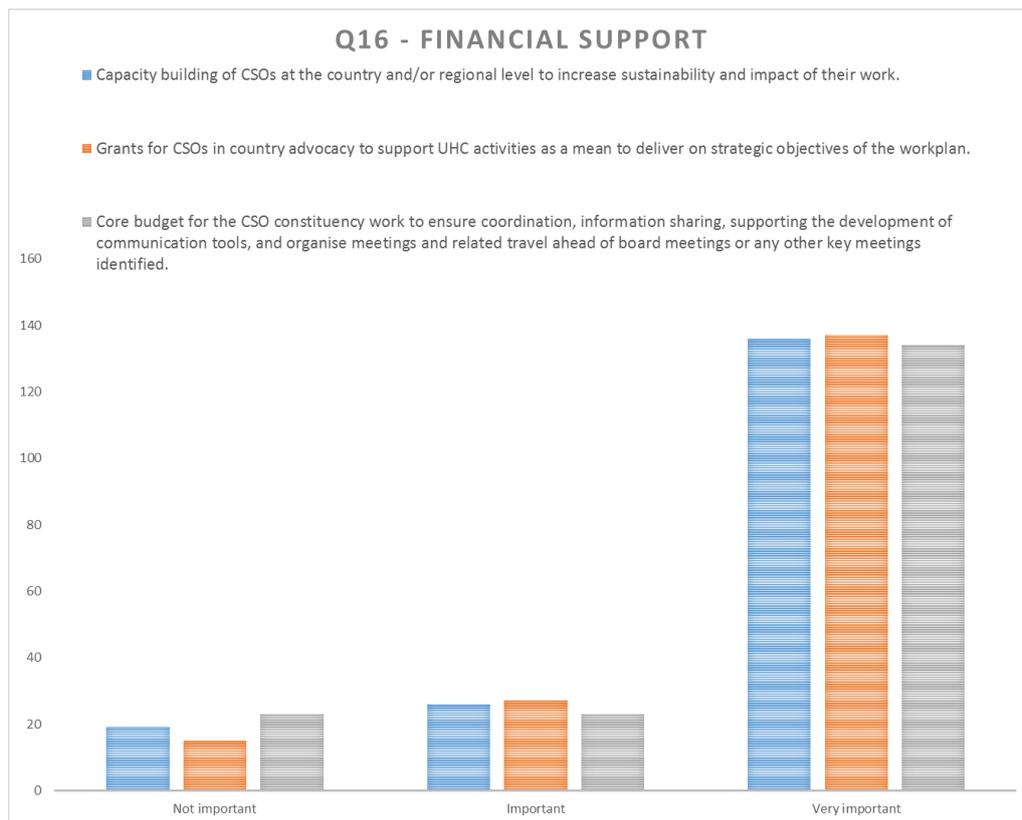
The level of support from respondents for regional-level engagement proves that it is just as important as other levels for engaging CSOs. Respondents highlighted that Regional Focal Points would ensure the quality of communication between national and global levels and support synergies between national platforms to initiate common activities according to their different circumstances. According to some contributors, this level could also be useful in implementing activities like capacity building and training for national groups across one region.

**Recommendations: The CSO constituency should consider forming Regional Focal Points at the beginning of CSEM implementation and ensure the activities proposed above are part of the ToRs for this level.**

#### 4 - Financing

Without access to resources, the capacity for including CSOs to support the initiative is limited. There are 3 levels of financial support to be considered:

- Core budget for the CSO constituency work to ensure coordination (through a Secretariat or a communication Focal Point, etc.), share information, support the development of communication tools, set up meetings ahead of board meetings or any other key meetings identified and make related travel arrangements.
- Grants for CSO country advocacy to support UHC activities as a means of delivering on strategic work plan objectives.
- Capacity building for national and/or regional-level CSOs to increase sustainability and the impact of their work.



**Results:** 74% of contributors agreed that financing the 3 core functions of the CSO constituency is very important.

Regardless of the funding source and the institutional arrangement, without funding mechanisms in place, the comparative advantages of CSO participation is limited: CSOs won't be able to coordinate as a constituency, implement all the requested activities from the Global Initiatives; and most importantly information will not be able to travel bottom up. Their impact is maximized when funding also supports country-level advocacy.

**Recommendation:** CSO constituencies need to get financial support, including at least a core budget to ensure daily Secretariat operations. As soon as the CSEM is created, it will need to explore various options on how to secure financial support, by seeking other potential donors to fund areas of activity and finding an appropriate mechanism to manage and channel grants to CSOs locally.

## Part Three: Conclusion and way forward

### 1 – Conclusion

The role and function of CSOs in UHC2030 is moving forwards thanks to the participation of 186 people in the questionnaire. This level of participation and the insight gathered have made it a success and a good start for the CSEM to take shape after the Steering Committee grants its approval in December. The high level of participation from NGOs (66%) compared to INGOs (11%), as well as the number of respondents from Southern countries (75%, compared to 17% from Northern countries) proves country-level CSOs are interested in taking part in UHC2030 and contributing to strengthening health systems and monitoring the implementation of UHC.

The quality of the comments and the interesting list of additional proposals regarding the design of the CSEM are also good signs that CSOs are willing to engage in UHC2030.

The final result yielded a draft framework for CSEM, which includes a clear vision, a set of guiding principles and a scope of activities, as well as a good level of governance to ensure CSOs are heard and help shape HSS and UHC at country level.

Of course this shouldn't hide the challenges we need to address as we start moving forwards.

In terms of consultation, we need to address 2 gaps:

- Bigger efforts needed to be made with Latin American CSOs. Participation in the survey was weak in the region: this can be explained by the lack of countries engaged in IHP+ initiatives there. Another reason could be the absence of a link with CSO networks on this continent.
- Increase grassroots mobilisation. Even if the grassroots contribution was relatively good (11% of the respondents), it is important to take more time to consult with those groups, hear their vision and make sure they engage in the CSEM at their level.

Beyond that, a few issues will require deeper discussion and agreement to strengthen the CSEM:

- Mobilising resources to support CSO advocacy and accountability efforts at national or regional level and looking for mechanisms to manage and channel grants to national NGOs.
- Intensifying talks with key actors to strengthen coordination and collaboration between CSO networks and platforms, as well as CSO representatives from GHIs.
- Expanding information about the UHC2030 partnership towards CSOs and explaining the CSEM to gain more support and bring more momentum to the UHC movement.

### 2 – Way forward : how to operationalize the CSO constituency in UHC2030

Beyond the agreement on the mandate and structure of the UHC2030 CSO engagement mechanism (CSEM) proposal, additional steps will be required to operationalise the mechanism, ensure effective civil society engagement in the partnership and secure the capacity to support a wider movement for UHC. This will include ensuring broad support from all stakeholders behind the proposed CSO mechanism, building the CSO constituency and mobilising adequate resources to set up the structures and implement activities.

While the transitional Steering Committee (SC) should agree on the CSO mechanism proposal and decide how best to support the CSO constituency, dialogue with key stakeholders should take place both before and after the transitional SC meeting to be held in December to maintain momentum and mobilise support.

After decisions taken by the transitional SC, which will establish the CSEM's level of ambition (December 2016), IHP+ CSO representatives will work towards building the CSO consistency and making it operational by the first UHC2030 Steering Committee meeting.

We are proposing a phased approach intended to:

- ✓ **Ensure support from CSOs, CSO networks and key CSO constituencies from GHIs, between November and December 2016**
  - Through bilateral discussions and a face-to-face meeting ahead of the SC to build the support of major CS networks (GFAN, Gavi, GFF, AP-UHC IHP+ CSO reps and others) in order to further strengthen the legitimacy and credibility of the CSEM.
- ✓ **Ensure collaboration and coordination with representatives of GHIs HQ / Donors who support civil society, from December 2016 to June 2017**
  - Through bilateral discussions with the core team and/or the IHP+ CSO reps and a possible face-to-face meeting with GHIs, bilateral donors and philanthropic foundations will be better informed about the UHC2030 CSEM. This should pave the way to the possibility of joint advocacy and accountability activities and better collaboration at global and national levels.
- ✓ **Building the CSO constituency, December 2016 to June 2017**
  - At the end of the process, the CSO representatives from the CSO constituencies of UHC2030 will need to be nominated and operational before the first UHC2030 SC meeting. To do so, the Advisory Group will need to be formed quite rapidly to nominate the CS representatives. In order to appoint members of this Advisory Group, we suggest scheduling an informal selection committee comprised of one or two Core Team members, as well as a number of key individuals selected according to a list of criteria that favour willingness, representativeness and expertise. They will have to draft the ToRs for the Advisory Group, agree on the list of criteria, decide on the process for the selection of Advisory Group members, launch the call for applications, review applications and select candidates.
  - For the CSO group at national level including community participation, we suggest this mobilisation start in a selected number of countries (3 to 5) engaged with IHP+ and UHC policies. This should be seen as a pilot phase to develop an approach to the creation of a National Group and develop further engagement with grassroots organisations.
- ✓ **Mobilising resources to facilitate the implementation of a CSEM work plan, including capacity strengthening, advocacy and accountability efforts at national, regional and global levels and selecting the mechanism to manage and channel the funds to national-level CSOs, December 2016 to June 2017**

Acknowledging that the UHC2030's core budget will be limited, pooling resources across UHC2030 partners will be critical to support CSO accountability and advocacy efforts. As a result, mapping

available resources at global and regional levels with a focus on a selected number of countries (i.e. see objective 3) will be necessary to identify potential synergies and gaps related to UHC accountability and advocacy efforts. The results will be presented during an in-person meeting with interested funders to identify joint advocacy and accountability opportunities and agree on developing a joint proposal.

**Authors:**

- Bruno Rivalan, IHP+ CSO Northern Representative – Global Health Advocates France  
[brivalan@ghadvocates.org](mailto:brivalan@ghadvocates.org)
- Annick Jeantet, Independante Consultante on International Development Policies  
[annickjeantet@free.fr](mailto:annickjeantet@free.fr)

**Prof-reading and review committee:**

- *Mandy Slutsker, Policy & Advocacy Manager - ACTION Secretariat – USA – for the online questionnaire*
- *Dr. Rozina Farhad Mistry, Senior Health consultant - Paskistan*
- *Aminu Magashi Garba, Africa Health Budget Network (AHBN) - Nigeria*
- *Guy Aho Tete Benissan, REPAOC OAFRESS Secretariat - Senegal*
- *Lola Dare, CHESTRAD UK – Nigeria*
- *Pallavi Gupta, Oxfam india – India*
- *Thomas Schwarz, Medicus Mondii – Switzerland*
- *Emily T. Bigelow, Senior Associate Global Health Strategies - UHC Coalition – USA*
- *Simon Wright, Head of child survival – Save the Children – UK*
- *Ariel Frisancho, Director Nacional / Country Director – CMMB – Perú*
- *Dr. Remco van de Pas, Researcher, Public Health Department Institute of Tropical Medicine – Belgium*

**With the IHP+ Core team support:**

- *Marjolaine Nicod, Core Team Coordinator – IHP for UHC2030*
- *Lara Brearley, Technical Officer – IHP for UHC2030*