

B1. What does health budget advocacy seek to accomplish, and what has been its focus?

Budget advocacy more specific to the health field has increased at the same time as overall budget advocacy over the past 20 years. The work is done by both traditional budget advocacy organizations, which may conduct some research and advocacy on health issues, but also (and more importantly for the purpose of this toolkit) by health-oriented international and national civil society groups, which have turned to budget advocacy because, in the context of global and national commitments by governments to reduce maternal and child mortality, AIDS, tuberculosis and malaria and other health issues, more investment is necessary (and promised many times) to achieve specific goals.¹ Monitoring where funds come from, how they are allocated and spent and their impact is crucial.

According to WHO and other global health stakeholders, UHC depends on increased public domestic resources. Advocacy and monitoring for public domestic resources and how the public health budget is allocated are essential for ensuring accountability for commitments made by governments. In addition, the UHC2030 principles call for processes that are transparent, accountable and participatory and include the contributions of citizens and CSOs.²

The [health financing progress matrix \(47\)](#), developed by the WHO department of Health Systems Governance and Financing, can be used to compare national health financing systems to 19 evidence-based benchmarks, framed as desirable attributes. Each attribute represents a critical element of a health financing system and signals the direction in which institutions, policy and implementation should develop to make progress towards UHC. The matrix complements quantitative measures of UHC performance, such as financial protection, and the health expenditure estimates available in the Global Health Expenditure Database (48) to assess shifts in policy development and implementation. By close to real-time monitoring of health financing policy, the matrix provides more regular action-oriented feedback to policy-makers. Use of the progress matrix can bring stakeholders together on a common point of reference, focus scarce resources on priorities and interventions and monitor progress transparently over time. Version 2.0, released in late 2020, is the culmination of almost 3 years of conceptual development and country testing.

¹ For maternal health, for example, most of the commitments made to the United Nations' Every Woman, Every Child Initiative and the Global Strategy by national governments were financial or required resource mobilization. The civil society initiative Women Deliver called on governments to "invest in women, it pays" by mobilizing resources from national budgets.

² See specific reference in the introduction to this chapter.

A number of international CSOs and coalitions are conducting UHC-related budget advocacy or are supporting other civil society groups to do so. These include the following members of the reference group set up to prepare this toolkit:

- Global Health Advocates
- the Global Fund's Advocates Network (GFAN)
- Population Action International
- Results for Development
- Save the Children
- the People's Health Movement
- the Africa Health Budget Network
- Centre for the Study of Equity and Governance in Health Systems
- Community of Practitioners on Accountability and Social Action in Health
- the Eurasian Harm Reduction Association
- the NCD Alliance

Although these organizations mobilize and advocate for different health issues, that which brings their advocacy together is a call for increased, improved financing for health. The budget advocacy of these groups is backed by solid budget analysis to ensure strong health systems that are accessible to all, and particularly vulnerable populations, at little or no cost. Their aims are therefore much in line and even explicitly oriented towards advancing UHC.