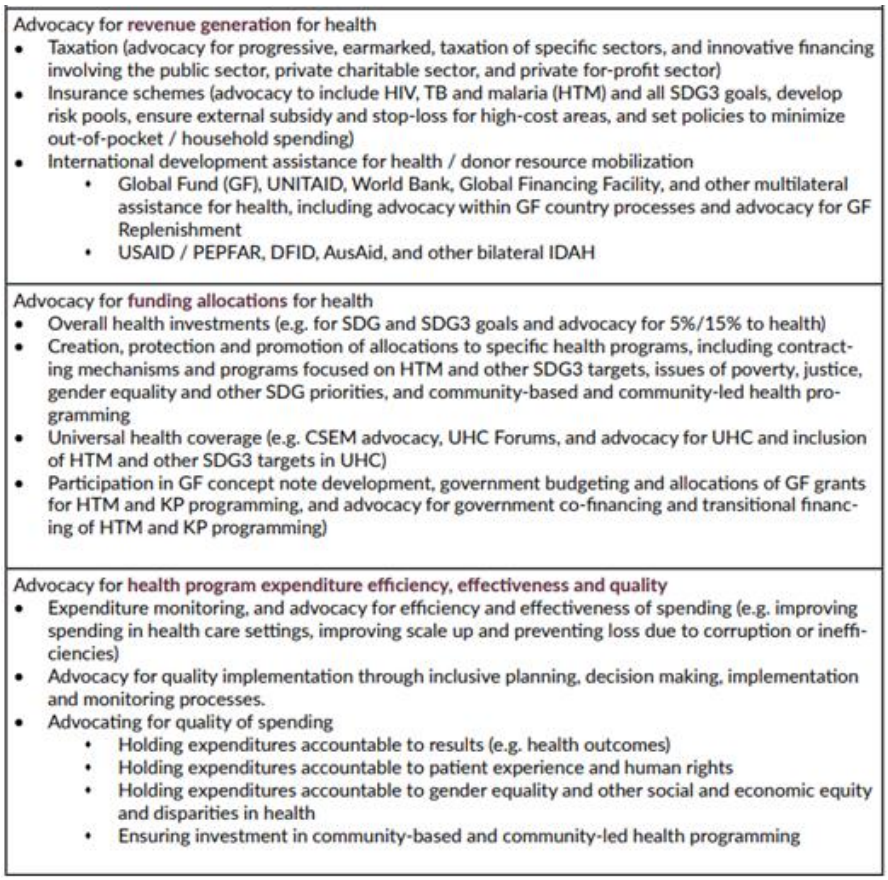
B2. Examples of CSO budget advocacy for health and UHC

The purpose of this section is to illustrate the types of budget analysis and advocacy for UHC. The examples include descriptions of the organizations, the type of work they do and how they use budget advocacy to advance UHC. The examples also include how and why the organization is involved with UHC and the type of analysis or tools they use to advocate for increased or better public resources for UHC. The examples show that this work is possible and is diverse in scope and action. They are meant to inspire CSOs and activists to consider the type of work that might be relevant for them. A range of other UHC budget advocacy is being conducted at various levels, and users and facilitators should complement this section with other work with which they are familiar.

Global Fund Advocates Network (GFAN)

GFAN, a global network formed in 2011 to advocate for a Global Fund to Fight AIDS, Tuberculosis and Malaria, engages and mobilizes other health advocates for "sustainable financing for health advocacy" *(88)*. According to GFAN, global or national health advocacy must be oriented to "mobilizing increased and improved domestic funding for health" and "advocating for universal health coverage". They propose the framework shown in Box 8 for CSO advocacy for sustainable health financing.



Advocacy for revenue generation for health

- Taxation (advocacy for progressive, earmarked, taxation of specific sectors, and innovative financing involving the public sector, private charitable sector, and private for-profit sector)
- Insurance schemes (advocacy to include HIV, TB and malaria (HTM) and all SDG3 goals, develop risk pools, ensure external subsidy and stop-loss for high-cost areas, and set policies to minimize out-of-pocket / household spending)
- International development assistance for health / donor resource mobilization
  - Global Fund (GF), UNITAID, World Bank, Global Financing Facility, and other multilateral assistance for health, including advocacy within GF country processes and advocacy for GF Replenishment
  - USAID / PEPFAR, DFID, AusAid, and other bilateral IDAH

Advocacy for funding allocations for health

- Overall health investments (e.g. for SDG and SDG3 goals and advocacy for 5%/15% to health)
- Creation, protection and promotion of allocations to specific health programs, including contracting mechanisms and programs focused on HTM and other SDG3 targets, issues of poverty, justice, gender equality and other SDG priorities, and community-based and community-led health programming
- Universal health coverage (e.g. CSEM advocacy, UHC Forums, and advocacy for UHC and inclusion of HTM and other SDG3 targets in UHC)
- Participation in GF concept note development, government budgeting and allocations of GF grants for HTM and KP programming, and advocacy for government co-financing and transitional financing of HTM and KP programming)

Advocacy for health program expenditure efficiency, effectiveness and quality

- Expenditure monitoring, and advocacy for efficiency and effectiveness of spending (e.g. improving spending in health care settings, improving scale up and preventing loss due to corruption or inefficiencies)
- Advocacy for quality implementation through inclusive planning, decision making, implementation and monitoring processes.
- Advocating for quality of spending
  - Holding expenditures accountable to results (e.g. health outcomes)
  - Holding expenditures accountable to patient experience and human rights
  - Holding expenditures accountable to gender equality and other social and economic equity and disparities in health
  - Ensuring investment in community-based and community-led health programming

Box 8. Framework for civil society advocacy for sustainable health financing, by short-term outcome

Source: reference *88*, with permission

Eurasian Harm Reduction Association

The Eurasian Harm Reduction Association is a not-for-profit organization of activists in central and eastern Europe and Central Asia. For their health-related advocacy, they have developed a Budget advocacy guide for community activists *(89)*, in which they define health budget advocacy as follows:

> Health budget advocacy is specific lobbying and campaigning activities to change the way in which public resources are used to deliver health services. By analyzing how healthcare is funded and how budgets are drawn up, civil society groups have a greater opportunity to influence the way in which the government defines priorities for health spending, plans and executes those expenditures, and, finally, monitors the outcomes. Working on policy, programme and regulatory documents, as well as acting as a "watchdog", engaging in campaigns and "cabinet" advocacy, influence budget allocations, as well as the process of execution and accountability.

The guide for local community activists includes useful tools for advocating for UHC budgets. It emphasizes that:

- the guide is for local organizations, demonstrating that the work is possible and useful at this level as much as at national or international level;
- CSOs should conduct budget advocacy, and health budget advocacy in particular;
- it is for both national and subnational levels; and
- it demonstrates that community mobilization and capacity-building are important elements of advocating for health.

In this sense, it is a similar and complementary to this toolkit. The guide includes a simple budget advocacy planning tool (Box 9) for identifying key budget elements for health advocacy and could be applies to UHC-related budget advocacy. It is added as an example rather than a tool, but facilitators could adapt it if they consider it useful.

Box 9. Budget advocacy planning tool

Budget Cycle	Your advocacy goal	Documents to influence	Target stake-holders	Allies and partnerships	Arguments	Information needed
1. Budget Formulation						
2. Budget Enactment						
3. Budget Execution						
4. Budget Oversight & Evaluation						

Source: reference *89*, with permission

Save the Children

Another example of UHC budget analysis and advocacy by CSOs is "Within our means" *(80)*. Save the Children is an international NGO working to protect and advance the rights of children, including for health and UHC. The authors of "Within our means" analysed trends in public spending on health in countries involved in the "Countdown to 2015" *(90)* and compared it with internationally agreed minimum per capita health spending of US$ 86. They argued that all countries, including developing countries, can afford to increase domestic resources for health and UHC through better decision-making on collecting revenues for health and on spending them. Their conclusions included the following:

- In countries in which UHC has been nearly achieved, health is financed mainly from domestic resources (mandatory pre-payment).

- Most countries that are close to the recommended health spending target for better health outcomes (5% of GDP) finance it from public resources.
- If countries achieved the United Nations Development Programme (UNDP) taxation target of 20% GDP by 2030 and the allocation of revenues to health remained at current levels, the funding gap would fall from US$ 101 billion to US$ 76 billion.

Box 10 summarizes the aims of advocacy by Save the Children, many of which are related to UHC budget advocacy.

Box 10. Conclusions and recommendations of "Within our means" from Save the Children

This paper has sought to demonstrate that low- and middle-income countries have many opportunities to expand domestic resources for health, and should do so progressively, and that this can go a long way towards closing the funding gap. This is largely a matter of national policy choices and political commitment to UHC.

The post-2015 framework is an opportunity to make progressive taxation, public investment in health and aligned development assistance global priorities. As well as facilitating progress towards UHC, raising higher domestic revenues should make governments more accountable to their own people, rather than to donors, and strengthen the social contract between citizens and state.

Our analysis has looked at various ways in which countries can afford to spend $86 of public money on healthcare for every person in the population. Economic growth is a major determinant: as a country's GDP increases, so can its per capita health spending. But this will take time. More critical will be increasing the revenues available for health (in a way that is not to the detriment of other important sectors) and ensuring that the funds raised are well spent.

The targets we have used are minimums – and we recommend that in the few countries where 5% of GDP exceeds the $86 per capita minimum threshold, countries should expand the package of services provided and the extent of financial risk protection, and begin to graduate from a reliance on aid for health.[82]

With the final push to accelerate progress on the MDGs, and as the goals shift to end preventable maternal, newborn and child deaths and accelerate progress towards UHC by 2030, we call on:

low- and middle-income governments to:

- commit to end all preventable maternal, newborn and child deaths by 2030
- accelerate progress towards UHC and ensure its inclusion in the sustainable development goals
- develop a health financing strategy for achieving UHC, eliminating OOPS for essential health services and moving towards mandatory prepayment with a national risk pool and universal entitlements
- prioritise expanding fiscal space for health, reviewing opportunities to increase government tax revenues as a share of GDP to reach at least the 20% target and to do that progressively
- increase investment in health, allocating at least 15% of the total government budget to it
- tackle inefficiencies within health spending, ensuring that investments benefit the most vulnerable people first
- increase tax collection capacity and efficiency across different taxes to improve compliance and create a progressive tax system.

development partners to:

- ensure ending all preventable maternal, newborn and child deaths, and achieving UHC are included in the sustainable development goals
- provide technical and financial support to help Countdown countries promote sustainable and progressive domestic revenue sources for health
- help Countdown countries strengthen national health plans, which are fully costed and implemented, filling funding gaps
- deliver on aid commitments and adhere to aid effectiveness principles
- implement domestic and international reforms to curb illicit financial flows.

civil society to:

- engage in tax processes, advocating for progressive tax reforms and increased transparency
- advocate for strong agreements on public and donor country financing for health as part of the sustainable development goals
- monitor domestic budgets to track resource flows, and advocate for increased and more equitable revenue and expenditure.

Source: *80*, reference with permission.

Global Health Advocacy Partnership (ACTION)

ACTION's advocacy for building equitable, sustainable systems includes cross-cutting outcomes such as UHC, based on strong primary health care systems, increasing the health workforce, strengthening supply chains for vaccines and essential medicines, increasing partnerships for research and development, promoting innovation in health tools, delivery mechanisms and community engagement and targeting services to people who are often underserved.

ACTION advocates for:

- increased domestic spending on health, innovative finance to extend the available resources and more responsible targeting of donor funding;
- governments and their development partners to enact policies that extend primary health care services to the poorest, most marginalized people and resolve health worker shortages in order to achieve UHC; and
- accountability, to evaluate how well the policies and practices of governments, donor agencies and multilateral organizations enhance or undermine the sustainability and equity of health systems.

In collaboration with RESULTS UK and the United Nations Foundation, ACTION has conducted research and advocacy on global health transitions,[1] the impact that they could have on health systems and the quality of care and how CSOs could ensure that this process does not have a negative impact *(91)*. The analysis focuses on the impact of official development assistance on health and health outcomes in developing countries and how they will replace it. This type of advocacy is particularly relevant for CSOs in countries currently in transition, as it invites analysis of:

- the country's current dependence on official development assistance to finance health, health systems and UHC;
- sources of revenue over time to determine how the governments will cover the financial gaps due to the transitions and whether it will come from domestic resources;
- whether and how these countries are strengthening their PFM and health financing systems; and
- whether the transition is having a positive or a negative impact on the achievement of UHC over the time during which it is implemented.

[1] The process whereby many countries will dramatically change the way in which they fund public health, by moving from development assistance to use of domestic resources