

IHP+ Guidance on Civil Society Engagement in Country Health Sector Teams (Revised 2012)

Background

The International Health Partnership (IHP) was launched in September 2007 with the broad goal of improving results against the health-related Millennium Development Goals (MDGs) through more effective financing for health, improved coordination and alignment, and mutual accountability for results - in accordance with the Paris Declaration on Aid Effectiveness. Signatories also committed to engage Civil Society (CS) as a full partner and work with CS in the design, planning, implementation and evaluation of the IHP+ and to be accountable to partner-country citizens for reaching both financial and health outcome targets.

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

Role and Added Value of Civil Society at the Country Level

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

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

Priority areas of engagement of CS based on their experience, skills and capacity at the country level include:

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

Guiding Principles for Civil Society Engagement in Country Health Sector Teams

In all IHP+ countries, regular meetings already take place among ministries of health and development partners to coordinate and make decisions on health planning, financing and implementation, and to measure and review progress and spending. It is important that CS be included in discussions at the country level through full and meaningful participation in country health sector teams.

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

- Participation of CS representatives in all country health sector teams meetings is a key prerequisite for establishing meaningful engagement with CS.
- CS representatives should be decided through a process of self-selection and based on relevant experience, capacity and skills specific to issues that are being discussed. CS representatives should be accountable to the broader CS community through regular communication (i.e. disseminating information, reporting back, getting feedback on community concerns, issues and questions and raising with the country team).
- CS representatives participating in country health sector teams should be briefed on the IHP+ and the compact process prior to work beginning. This will ensure from the onset clear understanding by all partners of the role and value of CS engagement in the compact development, implementation and monitoring.
- CS representatives should be given sufficient time (~10 business days) to get feedback from the broader community on discussions, documents and information to feedback to the country health sector team.

Next Steps

The following outlines important next steps to be taken to scale up engagement of CS at the country level and within country health teams based on existing CS representation in the country team and CS involvement to date.

1. Conduct assessment of CS involvement: Country health sector teams should conduct an initial assessment of existing CS representation, their level of understanding of the IHP+ and compact process and level of participation. This assessment will reveal gaps in communication, technical or other areas to be addressed, improved and strengthened. This assessment should also include discussion on resource needs to support more effective CS

involvement. As needed, country health sector teams should devise a plan to provide or help CS mobilize these resources.

2. Clarify mechanisms for CS to provide input: Country health sector teams with CS representatives should work together to determine or clarify the mechanisms for CS to give input on draft documents, such as draft compacts and national health and disease-specific strategies that are undergoing review, particularly to help country teams identify health systems constraints, unmet needs and overall gaps and challenges in the existing country health plans and strategies in achieving results for the health MDGs, especially for the poor and vulnerable (transparent input could be facilitated by using the IHP+ website and existing country level processes and mechanisms). Mechanisms for providing input on financing scenarios, draft budgets for the national health and disease-specific strategies should be clarified as well as CS' role in monitoring and evaluation frameworks and processes.
3. Organize CS consultations: CS representatives should be supported by country health sector team members to organize broad CS consultations to: [Existing channels of communication should also be explored as additional vehicles for raising awareness and sharing information.]
 - Inform CSOs working in the health sector about the IHP+ and its importance for the health sector in their country;
 - Make known the members of the country health sector team; and
 - Describe the country level time-lines and processes for developing the compact (as applicable) and implementing the compact over the next 18 months.
4. Monitoring progress in achieving meaningful CS involvement: CS representatives to the IHP+ Executive Team will be primarily responsible for supporting country level CS colleagues to ensure progress is being made towards effective participation. This work will be supported by the IHP+ core team.
5. Dissemination of the guidance: The IHP+ Business and Steering SuRGs will disseminate this guidance to the following key audiences:
 - In-country representatives on the country health sector teams
 - Other development partners
 - IHP+ Civil Society Consultative Group