

# Assessment of CSO mechanism in Global Initiatives: Informing the CSO engagement mechanism in UHC2030

Briefing Note-September 2016

## 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, structure of CSOs within this multi stakeholder partnership needs to be built as CSO will be instrumental in reaching UHC2030 goals

In light of the transformation process led by IHP+ members, the CSO representatives of IHP+ developed a proposal for a CSO engagement mechanisms (CSEM) in UHC2030 aims to be the civil society arm of the movement for UHC and a critical contributor for implementing UHC 2030 vision to reducing global and country disparity in access to health.

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

In order to ensure a participatory process and strong ownership from CSO health constituencies on the future CSEM, IHP + CSO representatives with the support of the IHP+ core team collated inputs from organisations across mandates, regions and health expertise through an online survey, webinars and face to face meetings regarding the CSEM.

As a preliminary step, it was decided that an assessment of the major CSO constituencies in health and development would be undertaken looking at how CSOs are organised within those constituencies, highlighting what are good practices and lesson learned related to engaging CSOs.

This assessment had supported the design of the online survey. The survey responses and the assessment report have helped to amend the initial CSEM which will be endorsed by UHC2030 transitional Steering committee that will meet in December 2016.

This following report highlights the key findings of existing related to CSO engagement mechanisms in global health and development and lays out some recommendations based on lessons learned and best practices from Global Partnerships civil society engagement frameworks.



## **Methodology**

The following assessment was done through a literature review as well as interviews with leaders from key CSO constituencies and grassroots groups including Gavi CSO CSO constituency, Global Fund NGO and community delegation, the Global Fund Advocacy Network, Partnership for Mother and Child Health (PMNCH) civil society constituency, UNITAID NGO and community delegation, Global partnership for Education (GPE) CSO coalition, Scaling Up Nutrition (SUN) CSO network, Kenya AIDS NGO consortium (KANCO), Civil Society platform for Health in Africa (CISPH), Action Now Kenya

## 2 - Key findings

### 1. Recognition of CSO at the country and global level

- In all of the Global Initiative (GIs) assessed, CSO are well recognised as implementers and for their advocacy and accountability role. As such CSOs are represented at the board level and participate in related committees or working groups of all the initiatives assessed. The recognition of CSOs within GIs is often outlined in the constitutional texts and in some cases specific CSO engagement strategy are also developed.
- This participation is proven to be effective in priority settings with for instance 80% of the priorities issues agreed at the board of the Global Partnership for Education (GPE) initially identified by the CSO constituency.
- However even if CSO are recognised and their participation is institutionalised, interviews and the literacy review highlight the need to constantly evidence the impact of CSO contribution in order to prove the added value of their work and ensure that they are recognise as actors in their own rights.
- Recognition of community-led organisation as a different actor from civil society organisation is getting more and more attention within some of the GIs. For instance, the Global Fund and UNITAID have established a community seat at the board level separated from the NGO seat(s). This is seen as being critical in bringing human rights, gender and key populations spectrum in the Global Fund policies as proven by the inclusion of a strategic objective on human rights at the same level as reducing HIV, TB and Malaria burden in countries
- Regarding engagement of civil society at the country level, people interviewed were concerned by the shrinking space in many countries. They noted that CSOs are facing challenges in participation and in coordination of national level constituencies due to untrusted relationship with the government.
- Support from GIs is seen as critical in helping CSO to getting recognised at country level. While recognising that this support can undermined CSO participation in some countries, many actors recognise that much more could be done in some contexts. For instance, interviews have informed about the difficulty for CSOs groups to be involved in GFF investment case development because of the lack of guidance regarding CSO participation to countries<sup>1</sup>.
- Within GI country processes, the lack of clarity about the role and mandate of CSO and the level of commitments from GIs for CSO country level participation ("binding participation" against "recommendation" in guidelines) are critical factors in determining the level of "meaningful participation". On the other hands having strict conditionality about CSO participation in GI country processes could put at risks the sustainability of CSO participation once GIs is no longer supporting countries. Countries coming out of Global Fund eligibility are often not using the Global Fund multi-stakeholder country mechanism (Country Coordination Mechanism- CCM) to plan the transition.

### 2. Roles and functions of CSOs constituencies:

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<sup>1</sup> At the time of the interviews, the GFF secretariat had not yet developed minimum standards on CSO enagement at country level.

- In the large majority of the civil society engagement frameworks reviewed, in addition to their mandate in the governance and design of the policies of GIs, CSOs are also expected to play a watchdog role in holding stakeholders accountable. This can for instance take the form of participation in GIs accountability processes -such as PMNCH CSO constituency feeding in PMNCH Accountability Framework that track resources, results and rights on RMNCAAH.
- Additionally, the development of accountability tools independent from GIs accountability process can also bring value added. The SUN civil society network has been developing a nutrition budget scorecard tracking individual country funding commitments for nutrition. This approach has proven to be effective in building the CSO legitimacy at country as acknowledged by country stakeholders (from government officials to UN agencies). Following the launch of country budget scorecards CSOs were able to work with the government to strengthen nutrition integration within the national health policy.
- Lastly demand creation is another important role foreseen for CSOs within GIs. However there is no evidence about how CSOs are supposed to deliver on this function within GIs CSO engagement framework and demand creation seems to be more of a “daily work” that CSO should do rather than a clear expectation from GIs with agreed deliverables
- Lesson's learned from CSO engagement frameworks show that CSOs ability to participate in the policy and governance of global initiatives and play their advocacy and accountability role is tied to the financial support they received.

### **3. Governance frameworks and coordination between and within CSO constituencies**

#### **Global level:**

- At the global level, for each engagement framework a CSO advisory group is set up (named differently in each initiative i.e. Gavi CSO steering committee, Developed NGO delegation to the Global Fund, etc). This group supports the CSO representatives and alternates to the board. CSO members serve for a limited period of time (1 to 3 years) and often represent the geographic diversity of the constituency as well as a specific expertise. Members of the group review board documents, contribute to defining the constituency positions and participate in technical committees linked to the board. Lastly they often play a role of information sharing to and from their geographies. Often based on criteria's mention above (expertise and representativeness), selection are done through a transparent processes with the launch of a call for interest and appointment by members of the advisory committee including outgoing one
- The CSO representatives and the advisory committee members are supported by a secretariat hosted in a CSO organisation in charge of the overall coordination, meeting preparation and broad information sharing, translation and all related administrative tasks.
- In the case of various CSO representatives to the board with each a distinct advisory group and a secretariat, coordination between constituencies happens on regular bases through conference calls and ahead of board and committee's meetings with the aim of sharing positions and ideally seeking strategic alignments. For instance, both CSO delegations to UNITAID (NGOs and Community) pushed for a CSO engagement plan that was approved by UNITAID board in March 2016.

- While there are no systematic structured coordination mechanism within and across global health constituencies, it is worth noting that for the HIV, TB and Malaria community, the Global Fund Advocacy Network (GFAN) act as coordinating hub. It brings together TB and Malaria activists around Global fund related issues as well as broad policy discussions related to the three diseases. This is the only formal institutional set up for coordination between delegations across the GIs reviewed and can be explained by a strong common issue of interest.
- If some coordination is done among different constituencies related to specific initiatives – such as NGOs and communities' delegation to the Global Fund or to UNITAID as mentioned above, one of the key findings coming out of this review is the lack of coordination mechanism across all the different CSO constituencies in global health and the lack of broad UHC movement. Interviewees highlighted this need for setting this boarder coordination across initiatives and constituencies through coordination with participation of all the different health constituencies.

**Country level coordination:**

- All of the GIs regardless of sectors have supported the development of national CSO constituencies in order for CSOs to engage with communities and ensure those voices are raised at national, regional and global level.
- Each national platform or coalition related to a GI is organised in a specific manner according to the focus, the national context, the recognition of CSOs in the country and the relations with the government. Therefore, flexibility is critical when setting up mechanisms. For instance, Gavi CSO national platforms are in some countries hosted by the existing national health platform or by a convening organisation. In some cases, a new structure has been specifically set up.
- Similarly, to the global level, coordination between the various health platforms at the country level is often missing despite the strong demand to understand who is doing what and when, willingness to create synergies and at minimum sharing information about the engagement on national mechanism set up by the government or by development partners (Annual sector review, JANS, etc.). The lack of knowledge and information between CSO groups and platforms at national level is seen as a risk of duplication in some activities such as capacity building or domestic resource mobilisation
- Lastly, interviews and literacy review are also highlighting the limited link between country and global level activities, policies and processes. This is mainly due to the lack of capacity at all levels - the secretariat of the constituency to collect information from a large number of countries and national coalition being overwhelmed in national health processes. The language issue is also seen as an important obstacle for coordination for country level CSO participating and reviewing boards and committee's document. While translation is often an important task of the CSO constituency secretariats in order to ensure outreach to all members. It is highly overwhelming and is often done at the expense of other activities
- Bringing together CSOs from similar country setting with similar realities sharing the same languages has been seen as instrumental in strengthening the link between global and national processes. As such regional focal points are often playing this role by overcoming some language barriers, as well as supporting national coalitions with the right level of knowledge sharing. The Civil Society Platform for Health in Africa (CISPA) - a coordination forum of

networks and network organizations working in the area of Health rights, services, financing and capacity building in Africa- provides good practices with this regards with regional focal points acting as brokers between national countries and the African Union level.

**4. Financial support and funding source:**

- At the global level the capacity of CSOs to participate in the definition of policies of global initiatives, to consolidate constituency positions and collect and share information from CSOs at the country level is always factor by financial support. In comparing the different CSO engagement frameworks, this support is providing a core budget for a secretariat function in order to ensure coordination work, information sharing, supporting the development of online and offline communication tools as well as budget for supporting delegation meetings and related travel ahead of boards level and committee meetings.
- All of the GIs reviewed have additional budgets for capacity building and activities for national CSOs to develop advocacy and accountability activities at country, regional and global level.
- If the funding available varies, according to initiatives, from 3 million to 20 millions USD, most GHIs are supporting CSO capacity and advocacy as a mean to deliver on the institution strategic objectives and therefore comes from the operational budget of the GIs . In some context such as for SUN which is not a funding entity for programmes at the country level but a coordination and harmonisation global platform on nutrition, a multi partner trust fund was set up to allow some SUN donors and UN agencies to contribute to supporting CSO capacity building and advocacy at the country level. Such advocacy capacity building activities are usually led by CSOs – which can be in some cases but not always led by the organisation in charge of the secretariat.
- One of the best example is the Gavi CSO platform project for creating and developing national CSO platform on immunisation led by the Gavi CSO constituency steering committee launched in 2011 with 27 countries and 2 regional platforms. The development of regional advocacy networks is also a new trend with for instance large scale regional grants provided by the Global Fund such as the TB REP CSO pillar aiming at coordinating the regional advocacy strategy on transition and health system reforms, relayed in turn by national civil society partners in the eleven countries of Eastern Europe and Central Asia
- In all many of the GIs support to CSOs on capacity building and advocacy, a pilot is implemented in a small number of countries before a scale up phase. However even within the scale up phase, a limited number of countries are eligible with selecting countries reflecting the priority countries of the initiatives and combining enabling environment, possible impact and public health needs and challenges.
- Regardless of the funding source and the institutional arrangement, without funding mechanisms in place the comparative advantages of CSO participation is limited. CSOs are not able either to coordinate as a constituency, nore to play all the roles they are expected to play. Most importantly the chain of information is lacking for a bottom up approach. Their impact is maximized when the funding also supports country level advocacy.

**5. CSOs are held accountable**

- Each of the constituencies assessed have in place an M&E system to track the outcome level of their work at the global and country level and feed in narrative and financial reporting that are compulsory for funding disbursement and sustainability of support.

- In addition, additional monitoring activities are in place to track the impact level and can take the form of dedicated accountability reports, presentation of key achievements to the board or participation in global monitoring exercises such as the Gavi CSO Steering committee mandated to develop the section on CSO contribution of the Global Vaccines Action Plan annual report that tracks country commitments for reaching WHO immunisation goals

### 3 –Recommendations drawing from the CSO engagement mechanisms in Global Initiatives

#### CSOs in UHC2030:

The future foundational document, the governance and working arrangements should acknowledge the role and functions of CSOs. More specifically:

- Ensuring that UHC2030 Global compact sets clearly what is the role of the CSO constituency as well as the commitments and accountability from this constituency towards UHC2030 signatories and partners
- Allowing a minimum of three seats in UHC2030 decision making body (board or steering committee) to ensure representativeness of CSOs diversity

#### CSOs role and functions for UHC2030

CSOs role in UHC2030 should be based on the following:

- Participation in the design of UHC2030 policies and guidelines based on citizen needs
- Monitoring the implementation of UHC and HSS policies at all level
- Advocating for and engaging with CSOs in national processes on health system
- Facilitating CSO capacity building on policy dialogue, planning and budgeting exercises as well as CSO-led social accountability mechanisms at national and regional levels upon request from CSOs

#### Engagement mechanisms and governance within the CSO constituency:

Different level for engaging CSO in UHC2030 could be built reflecting some of the functions mentioned above :

- Set up an advisory group to support the work of the CSO representatives, act as resources as well as represent the CSO constituency in dedicated working groups or technical committees of UHC2030. This group should also support CSO constituency at national level and ensure the good implementation of CSO guidelines in UHC2030 processes.
- Creation of a secretariat with a functional budget to support the CSO constituency's daily work, ensure information sharing and feeding for and from countries as well as providing some capacity building support according to identified needs.

- Develop guidelines and engagement tools related the core functions of the CSO constituency, the selections processes for memberships and CSO representatives, as well as the governance structure and possible yearly deliverables.
- National groups to be set up at the country level using existing national health platform to avoid duplication

Accountability and monitoring mechanisms:

- Process and engagement to monitor the implementation of health system strengthening and UHC commitments will likely be discussed by UHC2030 steering committee and it will be important for CSOs to contribute to a global monitoring exercise.
- In addition, it would be beneficial for the CSO constituency to develop an independent accountability tool to highlight what work and what needs to be improved to respond to the needs of the population.
- This approach can help national CSOs related to UHC2030 to strengthen social led accountability capacity and creating stronger community ownership important milestones for building a citizen led UHC movement
- As such any independent accountability process should include grassroots level monitoring activities (i.e involvement local treatment watch groups) and would realistically be limited to a number of countries

Coordination with other constituencies;

UHC2030 aims to be a global partnership with a mandate to increase harmonisation and coordination among health and health related actors to improve health outcomes in countries. This coordination function would be relevant as well among the broad CSO health community. Improving coordination between and across CSO constituencies – platform working on health at national, regional and global level will be critical for uniting energies against health inequities and avoiding duplication of efforts.

- At national level coordination should be own and led by national actors. However some of the activities detailed below could support stronger coordination:
  - Regular exchange of information between leaders of national network and groups existing in health sector. As such a preliminary step would be doing a substantive mapping exercise looking at how are the various CSO coalitions working on health, and understanding their mandates.
  - Identifying multi-stakeholder national health mechanism to inform CSO coalitions at the country level will be an important step to ensure that CSOs are meaningfully engaged and that inputs are coordinated.
- At the global level, in addition to seeking coordination through the advisory group -by its composition and its activities- the creation an unformal group comprise of leaders from each CSO networks and constituencies working on health could be set up. This group will allow stronger information sharing, identification of common areas of work in terms of capacity building and advocacy campaign related to health system and UHC.

Financial Support mechanisms

In order to build a broad CSO and citizen led UHC movement, support to CSO mechanisms can be divided in 3 areas of work

- A CSOs functional budget is the foundation for ensuring CSO meaningful participation UHC 2030 and allow basic but critical tasks to:
  - Facilitate information sharing through list serves, social media and webplatforms
  - Set up webinar sessions and conference calls on regular bases for knowledge sharing and coordination
  - Produce board document analysis and draft positions and briefing paper related to UHC2030 processes
  - Translate in different languages documents
  - Organise face 2 face meetings with the advisory group ahead of critical UHC2030 steering committees
- Grants for capacity building:
  - In addition to the core funding for coordination and information sharing a critical gap relates to capacity building of CSOs at country level. A capacity building project would be the cement of the CSO constituency for UHC2030, respond to the current knowledge gap within CSOs to fully provide a reliable source of evidence informing about the gaps and challenges in a country health system
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- Grants to support CSO advocacy and monitoring activities at national and global level.
  - Knowing the very little support related to health system advocacy, supporting advocacy of CSOs to engage in health sector dialogue and processes and engage with citizens will be essential to ensure CSO engagement and ownership on UHC across diseases and specific interventions

Funding mechanism:

- Support for the CSO functional budget could come from UHC2030 operational budget. This would allow also funding for travel to UHC2030 Steering Committee meetings and related constituency coordination meetings as well as providing support for some CSO accountability tools/
- Support for advocacy and monitoring activities at national/regional and global level could be funded via a multi partners trust fund. Different hosting and funding options where proposed in 2014 by Dalberg<sup>2</sup>.

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<sup>2</sup>[http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About\\_IHP/\\_mgt\\_arrangements\\_\\_docs/Steering\\_Committee\\_as\\_of\\_2014/SC\\_III/Session\\_4\\_Case\\_for\\_CSO\\_Fund\\_vF\\_Dalberg\\_report\\_EN.pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP/_mgt_arrangements__docs/Steering_Committee_as_of_2014/SC_III/Session_4_Case_for_CSO_Fund_vF_Dalberg_report_EN.pdf)



## COMPARISON OF CSO ENGAGEMENT FRAMEWORKS IN GLOBAL INITIATIVES

		PMNCH	UNITAID	GFATM	GFAN	Gavi	SUN	GPE
Governance structure								
	<b>Nb of seats for CSO constituencies in the executive Board</b>	4 seats in the board	2 seats : 1 -NGOs 1 - Community + Alternate	1-Develop countries 2-Developing countries 3-Communities +Alternates	no	2 seats + Alternates	2 CSO in the lead group	1-Develop countries 2-Developing countries 3-Teachers unions + Alternate
	<b>CSO Steering committee in place</b>	No	No as such but the members plays the role of advisors	Team delegation or Community delegation members	yes	SC of 19 members - mandate is 3 years and 1/3 turns over	Steering Committee of 12 to 15 members with a set of criteria's	No but they are supported by 2 global networks
	<b>CSO Coordination mechanisms or secretariat to link global and national and ensure Board policies are implemented</b>	no	One liaison officer in each CSO delegation	Yes for each delegation	Yes based in Developed Countries with a co-optation for the Steering Committee	-Coordination Committee - Oversight Advisory Group (OAG) -Special Adviser to 5	2 funded person runs the secretariat. 1 country focus and 1 coordinator	2 global network are facilitating the link at global/national/regional level

						Board members	to follow the day to day work	
	<b>National coalition / Membership</b>	No platform set up yet - Through the NGO members of PMNCH at global and regional level	There are around 250 members – mainly organisation but only 30 to 40 are individuals. North and South	Each delegation has its own membership to work at country level	members-ship open to all interested CSO + 2 regional network	26 national platform – More than 1000 members.	34 coalition with more than 2100 NGOs membership.	65 national coalition for education
<b>Organisational mechanism</b>								
	<b>Focal point/Communication officer funded</b>	no	One Liaison officer for each delegation - funded	One for each delegation - funded	The Secretariat is doing the work – funded	Com officer + OAG Coordinator are paid as staff members + Special advisors are paid as consultant.	See secretariat above	One for developed countries coalition
	<b>Guidelines for CSO constituencies and different entities</b>	Recommended	yes	Mandatory	TOR for GFAN governance and activities	Charter with vision + objectives. Guidelines done at national level	yes	yes

	<b>Translation of board document in 3 languages at least</b>	N/A	no	N/A	no		yes	Yes but not enough to cover all languages in the 65 countries where a coalition exist
<b>Function and activities design</b>								
	<b>Advocacy role described and agreed by all partners</b>	yes	yes	yes	Advocacy and resources mobilisation + Communication + building the mvt	Yes in the Chart – Under CS forum responsibility	yes	yes
	<b>Monitoring role toward gvt and donors and agreed by all partners</b>	yes		yes		No framework in place yet. Work in progress	yes	yes
	<b>Capacity building program in place</b>	no	Before each board meeting some sessions are organised	Depending on the needs –	Through sharing disseminating document	N/A	yes	yes



	<b>Regular phones calls to share information and get feedback from national coalition</b>	Monthly call with the secretariat		yes		Yes for each meetings – reports are done and shared	N/A	yes
	<b>Meetings set up before each board</b>	yes	yes			yes	N/A	yes
	<b>System in place to get feedback from national coalitions to feed the board</b>	no	Feedback from the Committee delegation good communication system in place	yes	Link to the GF delegation for CSO and communities	Yes Gavi is strongly following the involvement of communities	First done at national level Second: highlighted in the monitoring Third: goes to the lead group.	yes
	<b>Board Document analysis translated and shared with national coalition</b>	N/A	yes	yes		yes	N/A	yes
	<b>Listserve – facebook twitter etc</b>		yes	yes	yes	yes	yes	yes
	<b>Webinar sessions for discussion and feedback</b>	no		no	no	no	no	no
<b>Financial support</b>								

	<b>Grants for national platform /coalition to do their activities</b>	no	1-Grant for disease specific 2-Others grants comes from UNITAID secretariat special initiatives.		Between ICSS budget and the NVA there is 3.2 million USD to support country advocacy for Global fund by year	Country platform support Regional grant	SUN's Multi-Partner Trust Fund, funding leveraged at the national level by SUN CSO national networks and own contributions and support from CSOs themselves	Yes to 62 national coalition - \$29 million for 2016-2018
	<b>Core Functional budget at global level to cover secretariat or coordination team expenses</b>	Travel expenses paid for the CSO representative in the board but not for the Alternate	95 000 USD for each delegation: Cover the salary for the Liaison officer (in Stop Aids) and communication expenses	Communities delegation: primary for travel -retreat - consultancy budget per year : 250 000 USD		yes	Through the secretariat	For the communication officer of the developed countries coalition
	<b>Independent entity to manage the grants</b>	N/A		yes	yes	yes	yes	yes



## Sources :

### IHP+

- IHP+ CSO page : <http://www.internationalhealthpartnership.net/en/>
- Concept Note on transforming IHP+ :<http://www.internationalhealthpartnership.net/en/about-ihp/transforming-ihp/>
- Note CSO engagement :  
[http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About\\_IHP/\\_mgt\\_arrangements\\_docs/UHC\\_Alliance/Note\\_CS\\_engagement\\_1205.pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP/_mgt_arrangements_docs/UHC_Alliance/Note_CS_engagement_1205.pdf)
- CSO Funding:  
[http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About\\_IHP/\\_mgt\\_arrangements\\_docs/Steering\\_Committee\\_as\\_of\\_2014/SC\\_III/Session\\_4\\_Case\\_for\\_CO\\_Fund\\_vF\\_Dalberg\\_report\\_EN.pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP/_mgt_arrangements_docs/Steering_Committee_as_of_2014/SC_III/Session_4_Case_for_CO_Fund_vF_Dalberg_report_EN.pdf)

### Global Fund to Fight Aids Tuberculosis and Malaria:

- Global Fund CSO page: <http://www.theglobalfund.org/en/civilsociety/>
- Global fund communities website: <http://www.globalfundcommunitiesdelegation.org/>
- Global Fund Developed NGO website: <http://developingngo.org/>
- Inclusion of CSO in GF: <http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2015/10/EANNASO-2015-Assessing-the-Inclusion-of-Civil-Society-Priorities-in-Global-Fund-Concept-Notes.pdf>
- Global Fund Advocacy Network Concept Note Final 030811: <http://icssupport.org/wp-content/uploads/2011/09/GFAN-Concept-Note-Final-030811.pdf>

### Gavi:

- Gavi website : <http://www.gavi.org/>
- Civil Society Constituency: <http://www.gavi-cso.org/>
- Gavi CSO constituency Charter: <http://www.gavi-cso.org/home-1/charter>

### Scale up nutrition: SUN

- SUN webiste : <http://scalingupnutrition.org>
- SUN CSO network page: <http://scalingupnutrition.org/the-sun-network/civil-society-network>
- Introduction to the SUN movement: civil society network: [http://scalingupnutrition.org/wp-content/uploads/2012/10/Orange\\_Internal\\_InOutline\\_ENG\\_20141110\\_web.pdf](http://scalingupnutrition.org/wp-content/uploads/2012/10/Orange_Internal_InOutline_ENG_20141110_web.pdf)
- Enabling Good Governance in Civil Society Alliances: [http://scalingupnutrition.org/wp-content/uploads/2015/05/SUN-CSN\\_Eabling-Good-Governance-in-CSA\\_EN\\_FinalWeb.pdf](http://scalingupnutrition.org/wp-content/uploads/2015/05/SUN-CSN_Eabling-Good-Governance-in-CSA_EN_FinalWeb.pdf)

### Global Financing Facility for Every Women Every Child :

*Interviewed Rachel Wilson and Suzanne Hurt, Consultants, authors of the report on Civil Society engagement in GFF*

- GFF website : <http://globalfinancingfacility.org/>
- Civil society engagement in GFF: <http://www.globalhealth.org/wp-content/uploads/CivilSocietyEngagementintheGFF.pdf>



#### UNITAID:

- UNITAID website: <http://unitaid.org/en/>
- UNITAID NGO delegation website: <http://unitaidngodelegation.org/>

#### Civil Society platform for Health in Africa: CISPHA ,

- CISPHA page : <http://wacihealth.org/>

#### PMNCH:

- PMNCH website : <http://www.who.int/pmnch>
- Report on Meaningful Civil Society Engagement in Global and Country Health Policy, Financing, Measurement and Accountability: <http://globalhealth.org/wp-content/uploads/Key-Priorities-and-Action-Points-Mean-CS-Engage-June-2015-REVISED-Sept.-2015.pdf>

#### Global Partnerships for Education (GPE):

- GPE website: <http://www.globalpartnership.org/>
- GPE CSO page: <http://www.globalpartnership.org/about-us/civil-society-organizations>
- Planning matters in Education:  
[http://www.campaignforeducation.org/docs/csef/Planning%20Matters%20In%20Education\\_WEB\\_EN.pdf](http://www.campaignforeducation.org/docs/csef/Planning%20Matters%20In%20Education_WEB_EN.pdf)

#### Interviews:

- Amy Dietterich, CSO Constituency communication focal point – Gavi
- Suzanna Hurd, Director of RMNCAH Global Health Visions, co-author of a report on civil Society engagement in the GFF
- Robin Jakob, Liaison Officer and Alysa Remtulla former liaison officer- UNITAID NGO delegation
- Irène Kamau Executive Director - Action Now Kenya
- Peter Kamau, Deputy Director - KANCO: Kenyan Aid NGO consortium
- Mili Lechleiter CSO communication focal point- Global Partnership for Education
- Clarisse Loumou Loe, Alternate CSO board member- Gavi
- Alison Marshall, CSO alternate – PMNCH
- Check Mbow – Representative CSO1 in the Board- Global Partnership for Education
- Rosemary Mburu, Executive Director WACI Health hosting the Civil Society platform for Health in Africa
- Rachel Ong : Communication focal point for the Communities delegation- Global Fund
- Tony Parker - Alternate of CSO1 board- Global Partnership for Education
- Beate Ramme-Fuelle: Communication focal point for Developed NGO delegation- Global Fund
- Peter Van Rooijen –Executive Director ICSS- GFAN secretariat
- Rachel Wilson Principal Catalyst for Change – co author of a report on civil Society engagement in GFF



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- *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*