

Proposal for a Civil Society Organisation Engagement Mechanisms in UHC2030

EXECUTIVE SUMMARY:

An updated proposal for the UHC2030 Civil Society Engagement Mechanism (CSEM) is available in Annex B. This 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.

1. Background:

- In light of the transformation process of IHP+ into the International Health Partnership for UHC 2030 (UHC2030), the IHP+ CSO representatives developed the following proposal for a CSO engagement mechanism (CSEM) in UHC2030. The CSEM aims to be the civil society arm of the

UHC movement and a critical contributor for implementing the UHC2030 vision of reducing global and country disparity in access to healthcare.

- More specifically, the participation of civil societies in UHC2030 aims to ensure systematic attention to the needs of the most marginalised and vulnerable population, so that no one is left behind.
- The following proposal has been built through an extensive consultation process, which gathered inputs from 186 actors (organisations and individuals) across regions, language and health expertise¹.
- During this period, 4 webinar sessions were organised² to allow for a better understanding of UHC2030, engage in conversation with CSO based in different continents and faced with varied circumstances and mobilise them to respond to the questionnaire.
- As a preliminary step and in order to build options for considerations by CSOs, an assessment of the major CSO constituencies in health and development has been undertaken, looking at the role, function and governance of CSO constituencies, highlighting the good practices and lesson learned with regards to CSO engagement.
- The assessment³ was carried out through a literature review, as well as interviews with leaders from key CSO constituencies and grassroots organisations⁴.
- IHP+ CSO representatives have also conducted a review of the IHP+ CSO engagement mechanism that was presented at the June Steering Committee.
- 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 that are presented below.
- The following proposal offers a set of directions for consideration by the Steering Committee. Some adjustments might be needed when implementing the CSEM on the global and national levels.

2. Decision Points:

- Based on the rationale described below, the following decision point is recommended to the Steering committee:
 - The Steering committee approves the Proposal for a Civil Society Organisation Engagement Mechanisms (CSEM) UHC2030
 - Accordingly, the Steering committee approves/acknowledges the CSEM budget presented in the UHC2030 indicative budget for 2017 – document XXX

3. Proposal for the vision, guiding principles and core functions

¹ The survey report can be found here: <http://www.ghadvocates.eu/wp-content/uploads/2016/07/Report-Questionnaire-on-CSO-Engagement-Mechanisms-Final.pdf>

² 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.

³ The assessment report can be found here: <http://www.ghadvocates.eu/wp-content/uploads/2016/07/Assessment-of-CSO-engagement-mechanisms-in-Global-Initiatives-1409.pdf>

⁴ 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.

The CSEM should be built on the following:

3.1. 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.

3.2. 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.

3.3. With a set of core functions are 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.

Rationale: The first step to develop a CSO constituency is to clarify the vision on CSO's role in UHC2030. This vision helped set up the guiding principles and the core function of a constituency. The above proposal based on the assessment of CSO in others GHIs, is aligned with UHC2030 mandate and was approved by CSOs who responded to the consultation survey. It is seen as complementing other CSO efforts in the Global health initiatives.

Way forward:

- A detailed proposal of the vision, guiding principles and core functions need to be included in ToRs of the CSEM and should be aligned with the new UHC2030 Compact, governance and work plan decisions.

Examples of critical function activities that were chosen as a priority in the survey

Strengthening social accountability and advocacy for HSS and UHC

- 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.

Capacity building support

- Capacity building through training and toolkits should be initiated on specific issues like governance and management, advocacy and communication, technical support on Health system strengthening and UHC.

Coordination and engagement with CSO Health constituencies

- 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.

Rationale: To implement the UHC2030 vision, those activities, seen as a priority for the contributors of the survey, are essential. Those examples do not cover the entire work that would be undertaken by CSOs engaged in UHC2030, but it shows where CSOs can be involved and how they can support the UHC2030 work, especially when it comes to mobilising social accountability efforts so that no one is left behind.

Way forward on 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.

4. Governance and level of engagement

Built on the lessons learned from other global initiatives, the level of engagement proposed in the questionnaire was 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

4.1. Level 1: CSO Representatives on the Steering Committee

It was suggested that CSO representatives be allotted 3 seats:

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

Rationale: 3 CSO representatives on the Steering Committee would better represent the diversity of Civil Society Organisations in the health sector and ensure greater representation of CSOs on the Steering Committee.

Having a CSO representative from a grassroots organisation would leave space for youth groups, women’s groups or patients’ groups to voice their positions and share their needs with the SC. This

underlines an interesting shift of power in the CSO constituencies as their circumstances can differ substantially from those NGOs and INGOs are facing.

Way forward:

- To ensure the election by the Advisory Group of the 3 CSO representatives to contribute to the Steering Committee.
- To develop a deeper consultation towards grassroots organisation at country level in order to increase their mobilisation and ensure their vision towards UHC2030 is taken into account and their concerns addressed.

4.2. Level two: A Global CSO Advisory Group and a Secretariat

The Advisory Group

When asking whether each of the 3 CSO representatives should have their own Advisory Group and Secretariat, CSOs are in support of only one Advisory Group with one Secretariat for the 3 CSO seats.

Rationale: The Advisory Group is seen as a key element of CSO representation in UHC2030 because 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.

Way forward for the Advisory Group:

- Between 14 and 20 members selected on the basis of 5 core criteria (geographical and gender balance, types of CSO, expertise in HSS/UHC and Aid effectiveness, participation in others GHIs), with some additional criteria proposed by respondents.
- 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 Secretariat

Based on examples from other CSO mechanisms used in Global Health Initiatives and given the choice expressed by CSOs in the survey to have only one Advisory Group for the CSEM, there will be one Secretariat with 2 full-time employees, which will be hosted by a CSO to ensure the CSEM can operate properly.

Rationale: A Secretariat will need to be formed to handle the constituency's daily 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 UHC2030 and the CSO Advisory Group, handling all stages of CSO engagement mechanism, including budget management, work plan implementation and reporting to the UHC2030 secretariat.

Way forwards for the Secretariat:

- One common structure for the 3 CSO representatives means the Secretariat would require enough human resources to carry out all of its activities and ensure the CSEM can perform adequately. Based on assessments and lessons learned from GHIs, a proposal of 2 full-time employees hosted by a CSO is recommended.

- The selection of the CSOs which will host the Secretariat will follow the same process used by others GHIs and will need to be established by the Advisory Group.

4.3. Level 3 : National groups

The 5 main activities proposed in the survey have been approved by 77% of the respondents:

- ✓ 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.

Rationale: National Groups would contribute to strengthening the work around HSS and UHC (advocacy monitoring and accountability) and supporting UHC2030 through CSO platform. The structure of the National Group should be flexible and build on existing country-level health platforms to avoid a creation of another parallel structure, which would only add to the already plethora of networks linked to global health initiatives.

Way forwards for National Groups:

- CSO membership at national level should be voluntary/open-based, with one CSO national Focal Point already engaged in IHP and/or UHC policies and including the participation of CSO representatives from sectorial and sub-sectorial committees (ICC, CCM, GFF country mechanism, UHC2030).
- The necessity to identify a few pilot countries where National Groups could be established and tested as they develop national activities, so the model can then be adapted to a broader number of countries after a period of 6 months.
- While activities of National Groups should be based on those proposed in the survey, the National Group itself should assign priority level to each of them.

4.4. Level 4: Regional Focal Points

- Supporting the regional work by connecting national advocacy networks working on the same issues.
- Organising regional training sessions.
- 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.

Rationale: 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.

Way forwards for Regional Focal Point:

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

5. Financing:

- CSO constituencies need to get financial support, at least a core budget to ensure daily Secretariat operations. This would include the secretariat functions as mentioned before: sharing information, supporting the development of communication tools, organising meetings ahead of board meetings or any other key meetings identified and related travel arrangements, manage all stages of CSO engagement mechanism, including budget management, implementing the agreed upon work plan and reporting to the UHC2030 secretariat.
- Additional support from UHC2030 partners would be needed, such as:
 - Grants for CSOs 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.

Rationale: Without access to resources, the ability of including CSOs to support the initiative is limited. Scarce resources are seen as an obstacle for the CSEM to operate properly and the issue needs to be addressed while the CSEM is being implemented.

Way forwards: 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.

6. Limitations and challenges

- 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 strong 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.

7. Next steps for operationalisation

The following activities are proposed to prepare the next step to building the CSEM in UHC2030:

- Ensuring support from CSOs, CSO networks and key CSO constituencies from GHIs, between November and December 2016

- Ensuring collaboration and coordination with representatives of GHIs HQ / Donors who support civil society, from December 2016 to June 2017
- Building the CSO constituency, from December 2016 to June 2017 with the support of an interim group to set up the first Advisory group of the CSEM
- To ensure the involvement of grassroots in the CSEM, it is proposed to organised consultations in 4 countries representative of UHC 2030 country focus namely on fragile states and transition countries
- 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, from December 2016 to June 2017

8. Budget Implication

It is estimated that for the CSEM to be fully operational the following costs are expected:

- A core operational budget, which UHC2030 is requested to fund a secretariat as explained in section 4.2 as well as preparatory face 2 face meetings with members of the CSO advisory group ahead of UHC 2030 Steering committee meetings. This core operational budget will also support the publication of a CSO accountability report with a special focus on marginalised and hard-to-reach populations to complement UHC2030 accountability efforts as described in section 3.3.
- As 2017 will be a transition year, it is estimated that only half of the estimated core operational budget will be needed.
- However as detailed in section 7 building the CSO constituency from December 2016 to June 2017 will require the coordination of an interim group and support for country consultations. This additional costs will not exceed the indicative core operational budget and is taken into consideration within the total UHC2030 indicative budget for 2017
- The CSEM secretariat is also expected to explore other funding opportunities for the broader activities of the CSEM related to capacity building and advocacy. This fundraising efforts will be done in close coordination with the UHC2030 core team

Authors:

Bruno Rivalan, IHP+ CSO Northern Representative – Global Health Advocates France
brivalan@ghadvocates.org

Annick Jeantet, Independante Consultante on International Development Policies
annickjeantet@free.fr