



Independent observer  
of the Global Fund

## Global Fund and partners' Joint Learning Agenda on Health Financing and Universal Health Coverage

On 1 March, the Joint Learning Agenda on Health Financing and Universal Health Coverage (JLA) held a webinar to present the results of Phase 1 of an innovative initiative to empower civil society to advocate for greater domestic investment in health. This two-year capacity building program aims to foster a greater awareness of the need for communities to educate themselves about domestic resource mobilization and strengthen advocacy and accountability on health financing for universal health coverage (UHC).

The engagement of civil society in health financing has improved significantly over the years. Multiple strategies, guidelines, and other documents exist that emphasize the important role that civil society plays in advocating for accessible and quality health care, multi-stakeholder platforms and civil society organizations' (CSOs) active participation in these platforms. However, CSO engagement at both global and country level remains limited and appears to be even more challenging in emergency response planning, budgeting and monitoring, such as for COVID-19.

### Partnership in action

Like-minded global health initiatives (GHIs) have come together to develop a learning agenda to encourage the greater engagement of civil society in domestic resource mobilization (DRM). The JLA has been developed by a consortium of international organizations —the Global Financing Facility (GFF), the Global Fund, the Partnership for Maternal, Newborn & Child Health, Gavi, UHC 2030 who, together with regional partners Impact Santé Afrique (ISA) and WACI Health, are delivering a capacity building program on UHC Budget Advocacy and Accountability in Sub-Saharan Africa.

This unique partnership leverages collaboration between the different GHI agendas, such as the Global

Action Plan, the UHC agenda and responding to COVID-19, and provides a coordinated, aligned and long-term support to civil society engagement in these agendas.

Twenty countries are participating, ten Anglophone and ten Francophone: Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Benin, Togo, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Liberia, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, and Uganda.

Why it is important to encourage civil society engagement in health financing

Civil society has a vital role to play in building strong equity-focused and people-led public health systems: and UHC cannot be achieved without community participation. Civil society must be able to advocate for accessible and quality health care, including through the active participation of CSOs in multi-stakeholder platforms. With the failure of Sub-Saharan African countries to meet the Abuja Declaration commitments (government expenditure on health should be equivalent to at least 5% of GDP and 15% of total government expenditure), the need to address resource mobilisation, especially government financing, is even more necessary to achieve UHC.

The difficulties of fostering greater civil society engagement in health financing advocacy and accountability have been exacerbated by COVID-19 as many resources have been diverted from key health programs to address the pandemic, thereby jeopardising hard-won gains in communicable diseases and basic health services and straining already fragile health systems. CSOs also had to grapple with how to respond to COVID-19 but demonstrated their added value in the pandemic response through community mobilisation, awareness creation and using data for evidence-based decision making.

“COVID has highlighted what we already knew. The investment linkages between health and the economy – The CSO JLA equips groups to have a louder voice when engaging with decision-makers about those decisions, and at grassroots level making that argument to invest in health, at a time when we know countries will have to make even tougher decisions about use of public funds,” says Kalipso Chalkidou, the Global Fund’s Head of Health Financing.

The aims of the JLA program

The intention is to develop a cadre of trainers who can build capacity through delivering training on health financing, UHC and budget advocacy to country-level actors from civil society, media organizations and from among elected representatives. The JLA program will also provide in-country support to budget advocacy and accountability activities undertaken by CSO actors as well as mentorship. Promoting multi-stakeholder collaboration will, it is hoped, hold governments and donors accountable for the allocation and equitable use of funding for health. Through the training, local champions and stakeholders will be empowered through capacity building developed by civil society for civil society.

JLA design

The program is planned around three overlapping pillars:

The three pillars are rolled out in two phases:

PHASE 1 – LEARNING:

PILLAR 1:

Regional (Anglophone and Francophone) online Training of Trainers.

PHASE 2 – SUPPORT:

PILLAR 3:

Putting the learning into practice with the support of tailored capacity building, technical assistance, mentoring and grants.

## PILLAR 2:

in-country practical and action orientated trainings focusing on building CSOs' capacity on advocacy and accountability for health financing for UHC.

The webinar reported on the completion of Phase 1, whereby in-country training has equipped CSO participants to:

- Identify inefficiencies in budget allocations to health programs against the needs and provide recommendations for optimal allocation.
- Understand national budgeting processes and opportunities to influence health budget allocation.
- Monitor the actual execution of health budgets and provide recommendations to solve bottlenecks to low absorption.
- Produce and present evidence-based policy notes, newspaper/journal articles, etc.
- Identify and collaborate with key partners/influencers.
- Identify health financing priorities and prepare an advocacy and accountability plan in favour of these priorities.

GHI representatives at the webinar said...

“Understanding health financing was an eye-opener for many partners.”

Gavi

“We need to get closer to civil society to have a better impact at country level by diversifying our partners.”

The Global Financing Facility

“To be able to do more on domestic resource mobilization for health financing, we need the civil society voice contribute to lessons learned to strengthen us collectively as we move forwards...”

The Global Fund

## Key highlights and achievements over 12 months

Training capacity: Forty Africa-based trainers have been trained on health financing advocacy and accountability for UHC, resulting in a pool of technical resource persons who can work together to support local, national and regional advocacy and accountability.

Health financing understanding: Regional partners ISA and WACI Health strengthened national level community and civil society actors' understanding and knowledge of key health financing concepts through providing a detailed overview of the health financing landscape and budget-making processes.

An average of 20 civil society representatives attended these in-country sessions, which means that approximately 400 CSOs have been trained. Beyond the trained 400 CSOs, there will be a ripple effect across civil society coalitions, networks and organizations, all working towards more effective advocacy.

South-led training program that has resulted in tailored, practical and creative solutions to ensure the successful roll-out of training at country level; partnerships with the private sector; hybrid training, both face-to-face and online; use of social media and online groups to share information and work together

remotely; media engagement to encourage more reporting of health financing issues; and engagement of local experts/practitioners.

Institutional capacity building: The program has contributed to strengthening two Southern women-led organizations (ISA and WACI Health) and expanded their capability to strengthen civil society leadership in health financing advocacy for UHC.

Collaboration between health and non-health CSOs, catalyzing a multi-sector approach.

Consultative framework established for dialogue between CSOs and public institutions, parliamentarians, media and development partners.

High level country advocacy and accountability action plans focusing on country-specific financing priorities.

“Health financing is essentially a political decision and lies in the hands of governments. Citizen engagement plays a crucial role in advocating for more accessible and quality health care through inclusive multi stakeholder platforms,” says Shu-Shu Tekle-Haimanot, Manager, Health Financing Advocacy.

## The Experience of a Country Trainer from Ghana

I became involved almost by chance. My US-based NGO, [Healthy Black Communities, Inc.](#) started working in 2006 focusing on health education and disease prevention. We formed [HBC Promised Ghana](#) in 2020 to do both charitable work and capacity building for NGO development. Through various WhatsApp groups I became involved in health financing advocacy for UHC, and partnered with the Ghana branch of the [People's Health Movement](#) in order to conduct the JLA capacity building trainings.

Each country had two master trainers selected through a competitive process, allowed to set up their In-Country Programs in their own way; we used Google Forms to allow potential trainer 'trainees' to apply, and submit their application of interest to be considered for the Training of Trainers. Gender, health sector and regional equity were considered in selecting the potential trainers. We started with 22 trainers and ended with 17, the attrition was due to the difficulty in travelling into town from rural areas.

We did a pre-assessment of participants' understanding of domestic health financing, budget advocacy and UHC. All trainers completed the WHO UHC online training and then we did a post-assessment. Experts supported the training, e.g., a representative from the National Health Insurance Scheme, and Budget Advocacy experts did a budget analysis and advocacy looking at the overall Ghana budget. The MOH Budget-PPME Deputy Director talked about the current configuration and how health services are structured.

We did a half-day's media training with 15 media organizations: they had never been asked their thoughts on budget advocacy and UHC and how the media could play a role. Also, we met with one of Ghana Parliament's Committee's members to discuss the training program.

Since we finished the training in October 2021, we will do a refresher course at the start of Phase 2. Each CSO prepared an Action Plan to do step-down trainings in their areas of expertise. Leveraging JLA partners' relationships in the country to advocate for the JLA (the CCM, etc.) will help to facilitate a conversation and in validating the training need for it.

WACI Health's training was conducted by Zoom in March 2021; they were amazing, and the resources were excellent. Our training program shared all documents and training materials through Google drive with a special website for trainers, trainees and general public who want to know about the Ghana project: [www.ghanauhc.org](http://www.ghanauhc.org).

The highlights? Well, the toolkit is a great resource. Use of adult learning theory (we trained on Day 1 and the trainees did their own research and on Day 2 presented what they learned and how they would teach locally the lessons learned) and learning how to access information from the Ghanaian government...and using the media was great for extra support during the training.

Dr LaMont Montee Evans, master trainer, Ghana

### What's next?

Under Phase 2, continuous mentoring will be provided for the next 12 months. There will be regular 'bootcamps' on health financing topics; technical assistance from international, regional and local experts to further develop and implement the country advocacy and accountability action plans; grants to co-finance activities under the action-plans; and networking and coordination meetings to facilitate south-south learning, sharing and collaboration.

## Quotes from participants

“This course on health financing is very interesting with the sharing of experiences of the various French-speaking countries which often have similar contexts. I recommend accompanying this first wave of trainers to dissemination at country level.”

Country trainer from Senegal

“The Joint Learning Agenda is a step in the right direction! Aside from the knowledge gained and shared, which was further shared at state level, I was opportuned to meet brilliant and passionate advocates across the region and Nigeria. This had catalyzed collaboration and partnerships. A big thank you to all the donors who made this happen!”

Country trainer from Nigeria

“I learned a lot from the course; although it was intensive, each online session was explicit and based on practical examples. The sharing of country experiences was also very rich”

Country trainer from Côte d'Ivoire

“The JLA Training on UHC, Health Financing and Budget Accountability in Nigeria was really an eye opener for me as a Development Journalist. With knowledge gained, I have started exploring Health Financing Trends, following Government spending and conducting advocacies.”

Trainee from Nigeria

“It was yet another opportunity to delve into the policy and legal framework of health financing in Uganda and also an appreciation of how health financing can influence other socio-economic aspects like poverty, income inequality and overall human capital development. I can't wait to see our local trainers translate the knowledge and skills they acquired into action as they advocate for UHC and domestic health financing in Uganda.”

Country trainer from Uganda

COVID-19's impact has resulted in global economic shocks and less availability of international donor funding as richer countries cut back on aid in order to bolster their own economies. Poor countries cannot rely on international funding to plug the financial gap. Additionally, as the GFO reported previously, the Seventh Replenishment's Investment Case estimates that investment requirements to fight the three diseases, strengthen health systems, and respond to pandemics, will cost \$130.2 billion over the three-year period 2024-2026. Of this, \$58.6 billion — 45% — is expected to be raised from domestic funds. Governments will have to embrace mobilizing domestic resources for health: and communities have an important supporting role to play.

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