



Maximizing Civil Society's Contributions to Improving RMNCAH+N Outcomes: Lessons from the Global Financing Facility¹

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In the three years since the launch of the Global Financing Facility in Support of Every Woman Every Child (GFF), the GFF has pioneered approaches to ensure that partner governments take full advantage of the potential contributions of civil society (CS) to reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) outcomes. 2017 proved to be a watershed year in the GFF's framework for engagement with CS. The GFF and partners released the **Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child**, which sets explicit minimum standards for transparency, inclusion and accountability in country engagement with stakeholders, including CS.ⁱ The GFF Investors Group approved the CS Engagement Strategy (CSES), and the GFF and Partnership for Maternal, Newborn, and Child Health (PMNCH) partially funded its corresponding Implementation Plan. The GFF is currently developing Country Implementation Guidelines that will provide guidance for national governments and other stakeholders around the implementation of the GFF, after the investment case and health financing strategy have been developed and the multi-stakeholder country platform established; this includes leveraging the country platform to review and utilize data for decision-making and course correction, resource mapping, tracking, and mobilization, implementation research and technical assistance. We anticipate that guidance on CS engagement will be integrated throughout.

This commentary documents the successes enhancing CS engagement in the GFF to date, from the perspective of the CS Coordinating Group (CSCG) on the GFF.² It also suggests lessons for other funding mechanisms to maximize the contributions of CS.

1. BACKGROUND

Low- and middle-income countries currently face constraints mobilizing the resources required to achieve the health-related Sustainable Development Goals.ⁱⁱ The GFF was launched in 2015 to improve the use of existing resources and mobilize additional funds to improve RMNCAH+N outcomes. The GFF is active in 27 countries and is currently seeking a USD 2 billion replenishment from donors, which would enable an expansion of GFF cooperation to a total of 50 countries in the coming years.

The GFF works through innovative financing approaches that position aid recipient countries as the main drivers of health financing. External assistance is intended to complement domestic public and private financing, and, consistent with aid effectiveness principles, be aligned around national priorities and harmonized across donors.ⁱⁱⁱ These national priorities are set forth in investment cases (IC) and health financing strategies (HFS) developed by government-led multi-stakeholder RMNCAH+N country platforms. These ICs focus on RMNCAH+N as part of a larger effort to achieve universal health coverage (UHC).

As outlined in the GFF CSES, CS makes diverse and vital contributions to the health of women, children and adolescents in low- and middle-income countries. These roles include advocacy for resources and policies, elevating the voices of affected populations, service delivery (including in remote areas), demand creation, research, technical assistance and monitoring and accountability. CS represents the voice, priorities and participation of the

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² The Civil Society Coordinating Group on the GFF is a group of CS at regional, global and national levels that align their resources and actions to ensure meaningful engagement of CS in the GFF at the international level, and to provide support to CS working in GFF countries. The CSCG is coordinated by the Partnership for Maternal, Newborn and Child Health.

intended beneficiaries in national development. Grassroots civil society organizations (CSOs) may provide health services or engage marginalized communities in hard-to-reach places. Larger, international CSOs may have access to unique resources or technical knowledge that can support Ministries of Health and national health systems. CSOs' independent status relative to government means that they can play an essential oversight role in holding decisionmakers accountable for commitments to foster and protect the health rights of citizens.

2. CLEAR MINIMUM STANDARDS FOR COUNTRY PLATFORMS

The mechanism for CS (and other stakeholder) engagement in the GFF is the multi-stakeholder RMNCAH country platform. Ministries of Health typically choose to use existing health coordinating bodies to oversee GFF work, which is positive because it builds on prevailing country systems. However, these platforms do not always have systems in place to ensure robust and meaningful representation of CS, the private sector or members of affected communities at the table. As a result, documented experiences show that CS engagement in GFF planning and implementation processes has been a challenge in some countries, and the value of CS knowledge and expertise may not have been fully leveraged to support the GFF and national priorities for women, children and adolescents.^{iv}

In its Business Plan, the GFF outlined minimum standards of inclusiveness and transparency to which country platforms are expected to adhere.^v In 2015, CSOs engaging in the GFF published a set of specific suggestions on how to strengthen these minimum standards.^{vi} This guidance was the basis for a set of CSO recommendations to the GFF Investors Group (IG) coming out of the first CSO GFF learning meeting in Nairobi in 2015, included in the priority messages of the CSO representatives to the IG, and used in direct outreach with the GFF Secretariat and IG members around the Investors Group meetings.^{vii}

During 2016 and early 2017, the GFF engaged with CS to meaningfully integrate the CSO recommendations into the Minimum Standards for Country Platforms. The robust, updated Minimum Standards are included in Annex 2 of the **Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child**. The result is a strong set of clearly defined principles that enable CS and other GFF stakeholders to contribute to GFF ICs and HFSs, investments and improved implementation. The most important aspects of the Minimum Standards from a CS perspective are:

INCLUSIVENESS:

- Adolescents and youth, civil society organizations, affected populations and parliamentarians are defined as important constituents that must be involved in deciding national priorities;
- Members of civil society and affected populations should select their own representatives in a transparent manner;
- More than one representative from a constituency should participate in the platform; and
- Country platforms will develop and implement a plan for engaging with a broader range of stakeholders in a consultative manner.

TRANSPARENCY:

- Country platforms should provide adequate notice of meetings, publish planning documents and meeting reports and designate a focal point for the country platform.

MUTUAL ACCOUNTABILITY:

- Country platforms should consider and support independent mechanisms for national and local community-based accountability for the GFF by using a scorecard.

3. A CIVIL SOCIETY ENGAGEMENT STRATEGY

In tandem with the Guidance Note and Minimum Standards, the IG approved development of a strategy by the CSCG to strengthen CS engagement in the GFF at all levels.^{viii} The resulting CSES is designed to ensure that important structures and processes are in place to support strong national CS coalitions, and representative CSO engagement in GFF multi-stakeholder country platforms. The results of meaningful CS engagement will vary from country to country depending on the health system and social context, the capacity and leadership of CS members as well as national priorities and structures. However, the improved processes resulting from implementation will help CS to develop its own results-oriented action plans to support the goals of the GFF and national IC.

The CSES was developed through a consultation with over 250 CS partners from 28 countries, in coordination and consultation with the GFF Secretariat and other GFF stakeholders. In April 2017 at the sixth IG meeting in Washington, D.C. the CS representatives to the IG successfully presented the CSES for their approval.

Successful implementation of the CSES is key to GFF operations at country level. Shortly after the strategy was approved, PMNCH conducted a survey with CS in GFF countries which aimed to gauge CS level of engagement and knowledge of the GFF in their country, actions needed to implement the CSES and support the GFF and resource requirements. The responses to the survey—together with CS experiences in GFF engagement and implementation to date—formed the basis for an operational framework with actions to implement the CSES by GFF stakeholders. In November 2017, the GFF Investors Group endorsed the CSES Implementation Plan. The GFF Secretariat and PMNCH pledged funding for 2018 to support the implementation of the CSES.

In 2017, an Adolescent and Youth Addendum to the CSES was also developed and presented to the IG, gaining broad support and providing a framework for enhanced engagement of young people in national and global planning processes, and in CS structures.

4. A ROBUST CIVIL SOCIETY COORDINATING GROUP

Effective CS engagement in the GFF would not have been possible without the aligned efforts of CSOs engaged in the GFF. Following the launch of the GFF, many CSOs undertook parallel advocacy efforts at global, national and subnational levels attempting to influence national ICs and HFSs, though they were operating with limited information and often in an uncoordinated manner. The development of the CSCG provided a platform that brought together CS with different interests, comparative advantages, resources and focus areas of work—allowing for CS to make rapid headway toward common goals.

Through the CSCG, CS is able to speak with one voice. Two CS representatives officially speak for civil society at the IG and are accountable to civil society working on the GFF. These representatives are supported by two alternates, with one position reserved for a youth. The GFF Secretariat and IG members have clear entry points for communication with CS, which facilitates collaboration and prioritization of requests. CS is also able to align its efforts, which expands the reach of its limited resources. The CSCG has generated guidance documents, toolkits, scorecards and research documents, and it has supported critical national and regional consultations and learning meetings for CS to share lessons, results and opportunities. It has been able to broaden the scope of its activities by ensuring that diverse partners take on different aspects of work, and that the work is co-branded to belong to a community of CS.

Perhaps its most important currency has been information-sharing and connections with national partners. The CSCG has provided CS with a steady source of information on the GFF, supporting CS at all levels to access more consistent information about GFF processes, timelines, priorities and decisions. The CSES and implementation plan have provided a framework for the CSCG to work closely with the GFF Secretariat in clearly defining GFF standards for country engagement, and for the CSCG to support aligned CS action in countries toward GFF goals.

5. RESULTS

The CSCG and the CSES have provided a framework to guide aligned CS action in GFF countries, which contributes to the GFF's vision of bringing partners together around common country-driven priorities.

In Kenya's devolved government context, for example, CS is helping to support the rollout of the GFF to the county level by working with county governors. CS was instrumental in the formation of Kenya's multi-stakeholder country platform, which reflects the minimum standards laid out in the Guidance Note, and it has been monitoring the GFF process and implementation through an accountability scorecard. In Senegal, a CS action plan—developed in consultation with government—defines the ways in which CS is supporting the IC through accountability, resource mobilization and demand generation among rural, hard-to-reach communities. In Nigeria, the Nigeria Civil Society Working Group for the GFF and the Nigeria Youth Champions for Universal Health Coverage came together to conduct an analysis of the country's IC. This CS action called out key gaps in the IC, including missing baseline targets and some RMNCAH+N interventions from the basic minimum package of health services (BMPHS) that are included in the National Health Act but not in the IC itself.

6. CONCLUSIONS & NEXT STEPS

The GFF has a framework for guiding partner governments to leverage CS contributions to national action on IC and HFS, and thereby contribute to much-needed improvements in RMNCAH+N. CS stands ready to facilitate accelerated development and implementation of GFF activities in the growing lineup of GFF countries. It is now up to GFF partner governments—with support from the GFF Secretariat and other development partners—to meaningfully engage CS and other non-state actors for inclusive development, implementation, joint learning and accountability for ICs and HFSs in pursuit of RMNCAH+N.

The first measure of GFF stakeholders' commitment to maximizing CS's contribution is sustained, predictable funding to support the CSES and implementation plan. This investment is critical for the long-term success of the GFF and domestic investments for women's, children's and adolescents' health.

In addition, it will be essential to ensure that key GFF stakeholders at global, national and subnational levels support and implement the recommendations outlined in the **Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child**, as well as the principles and actions in the CSES. Important next steps include:

- Fully funding the CSES Implementation Plan and Youth Addendum. This funding should be relatively predictable and increase from one year to another to enable CSOs to expand effective approaches and plan for the near future;
- Ensure that the GFF's Implementation Guidance currently being developed for GFF countries includes the minimum standards and important aspects of the CSES and Implementation Plan, as well as supports governments to implement the minimum standards;

- Integrate the minimum standards and other provisions into the routine policy dialogue between the World Bank, GFF Secretariat team members and country focal points on the GFF;
- CS engagement with government and other GFF stakeholders in countries to ensure they are aware of the documents and have the support and resources in place to implement them;
- Support governments who have a desire to meaningfully engage with CS and other non-state actors;
- Develop incentives and/or advocacy strategies for those who may not initially recognize the value of robust multi-stakeholder engagement; and
- Develop strategies to better measure progress on GFF results and process indicators through multi-stakeholder processes.

Looking ahead, CS faces a number of internal challenges that will need to be tackled together, including:

- Balancing the pressure to show quick results from engagement with the need to develop sustainable systems and capacity for aligned action, which takes time; clearly defining, prioritizing and communicating, together with donors, the kind and scope of activities in support of the CSES that should be funded in each country for CS to effectively contribute to GFF goals, e.g. service delivery, monitoring and accountability, technical assistance, and advocacy, among others;
- Building and resourcing strong and effective CS platforms in every GFF country;
- Managing the competitive process for in-country grants to ensure opportunity and capacity support for local CSOs and citizen groups to complement existing efforts to contribute to the GFF by international CSOs;
- Determining the appropriate mechanisms and structures to ensure that CS contributions to GFF ICs are linked to and build on larger health and development goals, such as UHC; and
- Developing robust monitoring and evaluation systems to demonstrate CS's contributions to end preventable maternal, newborn, child and adolescent death and disability.

In the last three years, the GFF has matured beyond developing the supporting structures for CS engagement to testing the strength of these frameworks through implementation. Now is the time for GFF partner countries to drive multi-stakeholder efforts to turn carefully crafted words on paper into action. Implementing a meaningful multi-stakeholder process is no easy task. But CS is learning together, and the payoffs for women, children and adolescents will be enormous.

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