

A photograph of a woman with dark skin and braided hair, wearing a black floral-patterned top, smiling warmly at a young child. The child is wearing a white dress with a lace collar and has small blue and purple hair accessories. The background shows a residential building under a blue sky.

**CSO GFF** | **Hub**

# Civil Society Engagement

in

Côte d'Ivoire's  
Global Financing  
Facility Process

APRIL 2020

## LIST OF ABBREVIATIONS AND ACRONYMS

<b>AFD</b>	Agence Française de Développement
<b>AGIS</b>	Association Graine d'Ivoire et Santé
<b>CSO</b>	Civil society organization
<b>FENOS-CI</b>	Fédération Nationale des Organisations de Santé de Côte d'Ivoire
<b>GFF</b>	Global Financing Facility
<b>IC</b>	Investment case
<b>ONG CASES</b>	Centre d'animation Sanitaire et d'études Sociales
<b>PNCFS</b>	Plateforme Nationale de Coordination sur le Financement de la Santé
<b>RMNCAH+N</b>	Reproductive, maternal, newborn, child and adolescent health and nutrition
<b>SCIEN</b>	Société Ivoirienne Engagée pour la Nutrition
<b>SRPF</b>	Santé de la Reproduction et Planning Familial
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

**Photos are all from Côte d'Ivoire, source:**

Cover image: Lucien Wanda

Second image: Luc Legay

Third image: Denis Carrascosa

Fourth image: Denis Carrascosa

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# 1 INTRODUCTION

## 1.1 BACKGROUND

**In support of Every Woman Every Child, the Global Financing Facility (GFF) seeks to contribute to the global efforts to end preventable maternal, newborn, child and adolescent deaths by significantly scaling up sustainable domestic investments.**

The GFF partnership model recommends that country governments convene a platform of members – including bilateral and multilateral institutions – the private sector, donors, foundations and civil society organizations (CSOs) to prioritize and leverage financing for high-impact reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) interventions. The country platform is responsible for the development of the investment case (IC), a health sector strategic plan with priority interventions.

As laid out in the [Guidance Note: Inclusive Multistakeholder Country Platforms in Support of Every Woman Every Child](#), countries engaging in the GFF process should follow the minimum standards for inclusiveness, transparency and accountability.<sup>1</sup> CSOs should be considered equal partners in the multistakeholder country platform and meaningfully participate in planning, implementing and monitoring national ICs. The GFF's [Civil Society Engagement Strategy](#) and [Implementation Plan](#) outline roles and responsibilities for civil society to contribute during each stage of the GFF process and detail how other actors can facilitate these efforts.<sup>2</sup> While the GFF acknowledges the diversity of roles civil society can play in advocacy, accountability, research and service delivery, there is no systematic mechanism in place to support CSO engagement in the GFF process in countries.<sup>3</sup> As this engagement varies from country to country, governments and key partners are still challenged to find the right format for strategic engagement with civil society in the GFF process.

“Involvement of CSOs was a no-brainer; it was hugely beneficial to the investment case in terms of communication around the GFF, engendering buy-in, highlighting the roles of civil society and [making] it truly a national document.”



WORLD BANK  
GFF TASK TEAM  
LEADER



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## 1.2 PURPOSE OF THE COUNTRY REPORT

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**This report describes the GFF process implementation in Côte d'Ivoire, with a focus on civil society engagement, illustrating critical factors enabling meaningful CSO participation.**

It describes the GFF minimum standards and highlights the opportunities and barriers influencing civil society participation. Finally, it seeks to promote best practices and put forward recommendations to support meaningful CSO participation in other GFF countries.

**Specifically, the report attempts to address the following questions:**

- What are the critical elements to improve civil society engagement in the GFF process?
- What are potential challenges moving forward?
- What lessons and recommendations can be shared to maximize learning for CSOs in other GFF countries?

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## 1.3 METHODOLOGY

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**This report was developed by the GFF CSO Hub partnerships manager through over a year of direct observation of civil society in Côte d'Ivoire's GFF process.**

This included participation in several country workshops, meetings and telephone interviews with key stakeholders (mainly individuals), CSOs and networks, World Bank country staff and the GFF liaison officer. Members of civil society were asked to share their views on the process and cite their successes as well as the critical challenges they faced, while identifying issues moving forward to sustain their engagement in the process. World Bank staff and the GFF liaison officer were asked to elaborate on their support to CSOs and the objectives and rationale that guided this support.

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## 2.1 MULTISTAKEHOLDER COUNTRY PLATFORM

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**Côte d'Ivoire joined the GFF in November 2017 as part of the government's commitment to accelerate progress on universal health coverage under the United Nations' third sustainable development goal and increase the efficiency and equity of health expenditures.**

From the onset, the GFF process was inclusive, participatory, transparent and benefitted from strong government ownership. Prior to the launch of the national country platform, dozens of GFF consultations and meetings spearheaded by the office of the prime minister were held with representation from all key stakeholders, including CSOs. All GFF documents and meeting agendas were shared well in advance to allow enough time for CSO preparation and internal consultation.

In April 2019, a ministerial decree established a multistakeholder mechanism around the GFF process, *Plateforme Nationale de Coordination du Financement de la Santé* (National Platform for the Coordination of Health Financing, PNCFS). Members of the PNCFS represent several government ministries — specifically Health, Finance, Social Protection, Planning and Budget — civil society and the private sector, as well as technical and financial partners, including the World Health Organization (WHO), World Bank, U.S. Agency for International Development (USAID) and *Agence Française de Développement* (French Development Agency, AFD). The platform oversees national health spending and ensures alignment of internal and external financial resources.

Through a full participatory, open and consultative process, members of the country platform worked together to develop the IC based on the National Health Plan, with a focus on domestic resource mobilization, harmonization and alignment of resources for health — in particular, linking the health initiatives in Côte d'Ivoire, such as GFF; Gavi, the Vaccine Alliance; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations Children's Fund (UNICEF); etc. The PNCFS will be responsible for monitoring and accountability around the IC, which was validated in July 2019 by the prime minister during the official launch of the country platform.

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## 2.2 CIVIL SOCIETY ENGAGEMENT

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**Ivorian CSOs — ranging from community organizations to faith-based groups and academia to nongovernmental organization (NGO) networks — play a critical role in the national health system.**

Civil society work spans across behavior change communication, service delivery, advocacy and accountability, which positions members to offer direct support to communities and complement the work of the government, specifically in hard-to-reach areas.

Civil society in Côte d'Ivoire was first introduced to the GFF in early 2018 at the GFF-convened country learning workshop in Accra, Ghana. CSOs became actively engaged following an expression of interest call launched by the World Bank country office for civil society representation in the country platform. At the start of the process, a total of six civil society seats were allocated to the country platform. This allowed civil society to be proactively engaged and represented in all but one technical working group during the IC development. Throughout the entire process, CSOs contributed to the IC development, while holding regular meetings with constituencies to gather feedback and contributions, as well as to strengthen civil society's position within the platform.

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## 2.3 NATIONAL DIALOGUE ON HEALTH FINANCING

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**The work on the IC led to the organization of an inclusive National Dialogue on Health Financing in Abidjan in April 2018.**

Presided over by the vice president of Côte d'Ivoire, this high-level meeting brought together around 800 participants from national and international governments, technical and financial partners, the private sector and civil society. The dialogue provided an opportunity for all actors working in the health sector to discuss national health priorities and determine how to mobilize sustainable funding to achieve universal health coverage and increase efficiency of resources. In the three days preceding the National Dialogue, four separate constituencies — government, private sector, civil society and technical and financial partners — crafted their respective roadmaps toward achieving the country's health objectives, which included specific commitments on implementation. Each working group included representatives from other constituencies, allowing different perspectives to permeate the technical working group discussions.

During the high-level meeting and before the official launch of the country IC, the outcomes of the consultation and partners' roadmaps were presented to the vice president of Côte d'Ivoire; the minister of health; the WHO regional director; directors of the GFF and The Global Fund to Fight AIDS, Tuberculosis and Malaria; national and international officials; civil society; the private sector; and the media. The specific asks in the CSO communiqué, or roadmap, reference the minimum standards and the first and third objectives of the *Civil Society Engagement Strategy*.<sup>4</sup>

These objectives outline strengthened accountability through a multisectoral, multistakeholder platform; increased transparency at all levels; and enhanced inclusion of civil society in planning and budgeting for health.

For example, the roadmap calls for:

- Clear and strong commitment to the accountability of the different health system actors through community observatories, involvement of civil society in budget processes, etc.
- Establishment of a multisectoral accountability framework and mechanisms: significant strengthening of governance, transparency and access to information and accountability at all levels, and monitoring and review of state, private sector, civil society and technical and financial partners.
- Greater consideration of civil society involvement in planning, budgeting and health financing processes, given its contribution to improving the health of the population through its prevention efforts, community outreach, service delivery, support to the information system and improved governance processes.

These strong demands from civil society are reflected in the approved GFF investment in Côte d'Ivoire. The GFF-funded International Development Association project, the Strategic Purchasing and Alignment of Resources and Knowledge in Health Project (SPARK-health), aims to improve the utilization and quality of health services to reduce maternal and infant mortality. The project appraisal document (PAD) for SPARK-health specifically addresses citizen engagement and the role of CSOs and communities in monitoring the PAD implementation through citizen report cards with target indicators for the involvement of citizens and communities in planning, implementation and evaluation of programs, as well as complaint mechanisms for citizens.<sup>5</sup>



*Young women in Abidjan, the largest city and economic capital of Côte d'Ivoire.*



## 3

## ENABLING ENVIRONMENT FOR CIVIL SOCIETY ENGAGEMENT

**A highly supportive set of actors steering the GFF process from the government, as well as the World Bank country office, facilitated strong civil society engagement in the GFF process. Civil society's presence on the PNCFS, involvement in the National Dialogue and the development of the IC resulted in the SPARK-health project including community monitoring and accountability in its design.**

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### 3.1 A SUPPORTIVE GOVERNMENT GFF CONTACT

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**Côte d'Ivoire's official contact on the GFF plays an important role as the figurehead of the government in the process.**

The government contact was transparent and open to CSO inclusion in the GFF process and demonstrated commitment to civil society by sharing information as well as being responsive to civil society's requests and concerns. The focal point highlighted the fundamental contributions of CSOs toward achieving national health objectives, including civil society's work on accountability and outreach to communities — ensuring no one was left behind.

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### 3.2 THE WORLD BANK COUNTRY OFFICE: STRONG PILLAR TO CIVIL SOCIETY ENGAGEMENT

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**The World Bank country office valued CSO involvement in the GFF process and staff played an important role in providing an enabling environment for meaningful civil society participation.**

The country task team leader emerged as a key champion for civil society engagement in Côte d'Ivoire. Throughout the process, the leader ensured that CSOs were at the table and provided support to host several CSO meetings at the World Bank country office.

The World Bank advocated for the inclusion and participation of CSOs in the National Dialogue and facilitated dialogues among civil society, the government and other key partners. The leader asserted that CSOs must be part of the GFF discussion and the country platform, not only in accordance with the GFF guidelines, but more importantly, because of the crucial role civil society plays in accountability and advocacy for GFF funding.

**“**

**Involvement of CSOs was a no-brainer; it was hugely beneficial to the investment case in terms of communication around the GFF, engendering buy-in, highlighting the roles of civil society and [making] it truly a national document.**

**”**



**WORLD BANK  
GFF TASK TEAM  
LEADER**

In addition to the task team leader, a World Bank consultant dedicated to supporting country GFF implementation and CSO engagement accompanied the CSO Working Group throughout the process. The leader provided guidance and technical support to enhance the group’s engagement strategy and participation during and after the National Dialogue.

A few examples below demonstrate the ways in which the World Bank supported CSOs to be meaningfully engaged:

- 1 Being open and responsive to civil society resource and capacity needs;
- 2 Highlighting and promoting the role and importance of CSOs in the GFF process in dialogue with other GFF stakeholders;
- 3 Issuing a public call for expression of interest for CSOs to engage in the GFF process;
- 4 Providing meeting facilities and catering to allow CSOs to meet on the World Bank premises;
- 5 Organizing and facilitating a dialogue between the private sector and CSOs; and
- 6 Influencing key government officials for the inclusion and participation of CSOs at the National Dialogue on health financing.

**“**

**We were never invited to the World Bank office before.**

**”**



**CIVIL  
SOCIETY  
WORKING  
GROUP  
MEMBER**

### 3.3 THE GFF LIAISON OFFICER: CATALYTIC ROLE BETWEEN CIVIL SOCIETY AND THE GOVERNMENT

**Civil society benefited from an open, dedicated and dependable GFF liaison officer.**

The GFF liaison officer helped CSOs gain a deeper understanding and analysis of the IC during meetings, took their contributions and allowed full CSO ownership of the IC. The liaison officer fulfilled their role of sharing systematic information with CSOs throughout the process, including civil society in the dialogue and acting as a catalyzer with key government officials to facilitate collaboration between CSOs and the government.

“  
**Engaging with CSOs helped identify issues which were not obvious to technical partners, thus providing us with a different perspective when developing the investment case.**  
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GFF LIAISON OFFICER



People in traditional dress from Côte d'Ivoire.

**A well-organized, effective and adequately resourced civil society coalition was also crucial to taking advantage of the enabling environment and bringing its expertise to bear on the GFF investment. Without these resources and capacity, it likely would not have been possible for CSOs to engage. Now, civil society in Côte d'Ivoire is poised to continue monitoring the provisions in SPARK-health around community engagement and contribute to the sustainability of improvements in quality of health services.**

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#### **4.1 WORKING UNDER A NATIONAL COALITION: THE KEY INGREDIENT FOR SUCCESS**

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**As of the first CSO meeting on health financing convened by *Association de Soutien à l'Autopromotion Sanitaire et Urbaine* (Association of Support for the Self-promotion of Urban Health, ASAPSU) in September 2018, civil society engagement in the GFF is coordinated by the National Federation of Health CSOs in Côte d'Ivoire (FENOS-CI). As the umbrella network of over 300 CSOs working on health, FENOS-CI has recognized leadership and the major advantage of government respect.**

The GFF CSO Working Group is composed of well-established organizations and networks, representing maternal health, family planning, early childhood development, adolescent health, nutrition, HIV, tuberculosis and malaria. FENOS-CI worked to include nonmember organizations outside of the dialogue who could offer significant contributions. The CSO Working Group — which includes health care professionals, religious leaders and educators — represents national and international organizations, as well as several networks and global health initiatives like Scaling Up Nutrition; Gavi, the Vaccine Alliance; The Global Fund to Fight AIDS, Tuberculosis and Malaria; and Youth Ambassadors for Family Planning. Despite the diversity among the CSOs, it was immediately clear that the CSO Working Group's engagement in the GFF would require mutual respect and the creation of a common action plan with consensus interventions to contribute to Côte d'Ivoire's IC.

**TABLE 1. KEY MEMBERS OF THE GFF CSO WORKING GROUP**

NATIONAL NGOS	INTERNATIONAL NGOS
ABICOM	Agence de Médecine Préventive
AGIS	Alliance Scaling Up Nutrition
Alliance Côte d'Ivoire	Care International
Faculté de médecine	Fonds Mondial – CCM Société civile
Jeunes ambassadeurs SRPF	GAVI – Société civile
ONG CASES	International Treatment Preparedness Coalition (ITPC)
ONG SEMI	Management Science for Health
Ordre (médecins, pharmaciens, sages-femmes)	Save the Children
Plateformes des 3 pandémies	
SCIEN	
Société savante	

Drawing lessons learned from first- and second-wave GFF countries, CSOs in Côte d'Ivoire organized a workshop ahead of the National Dialogue at the World Bank to develop the civil society action plan to contribute to the country IC. The workshop took place at the local World Bank office – facilitated by a member of the global Civil Society Coordinating Group with experience leading similar workshops in neighboring countries – and included interventions from World Bank staff, the GFF liaison officer, the government GFF focal point and the private sector.

Guided by a thorough analysis of government priorities in RMNCAH+N and the IC, CSOs developed an action plan with support from the GFF liaison officer. This analysis improved civil society's understanding of the country health policy environment and strategic orientations. Civil society focused on the same priority areas of the IC to fill in the gaps, namely: community health, primary health care, supply chain, human resources for health, health information, private sector integration and health sector financing reforms.

Below are some key contributions of the action plan:

- Increasing demand generation and utilization of services by the community;
- Behavior change communication;
- Advocating for increased domestic resource mobilization for health;
- Leveraging endogenous financing mechanisms; and
- Citizen monitoring and accountability around the IC implementation.

Aligning the CSO action plan with Côte d'Ivoire's national priorities led to more effective engagement as recognized by the government and the World Bank.

### FIGURE 1. TIMELINE OF THE GFF PROCESS

Illustration of the GFF process, from the time the country joined the GFF in November 2017 to the official launch of the national IC.



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## 4.2 SUSTAINED TECHNICAL AND FINANCIAL SUPPORT

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**One key factor of great importance to CSO engagement has been the consistent and sustained support from the global Civil Society Coordinating Group on the GFF, via the GFF resource and engagement hub (The Hub).<sup>6</sup>**

Through its partnerships manager, The Hub provided technical support to CSOs on the basis of the GFF ecosystem, as well as how to engage and identify key areas where civil society can add value and contribute to the IC. This support was translated into an action plan which has been shared with the GFF liaison officer and the ministry's office. Importantly, the technical support was complemented by an initial grant of less than \$15,000 to facilitate civil society coordination, convening and ongoing engagement.

Drawing from earlier GFF country experience, the support from The Hub — in close coordination with the Civil Society Coordinating Group — enabled the CSOs to learn from the mistakes made in other countries, such as prior failures to recognize the importance for CSOs to work together on one roadmap rather than competing for resources.



CSOs held several consultations to:

- Provide general information on the GFF ecosystem and the role of CSO participation in the process;
- Structure CSO engagement in the GFF from a governance perspective;
- Develop a national CSO action plan with key CSO members; and
- Create a roadmap and commitments to the dialogue on health financing.

This external support emphasized the importance of advancing the GFF's principles of inclusiveness, transparency and mutual accountability, as well as the stated expectation that civil society working at the global level adheres to the same standards identified in the *Civil Society Engagement Strategy*. Additionally, The Hub was present to facilitate civil society, but all decision-making at the country level was driven by the insights of the country CSO coalition. Similarly, the coalition operates on a model which focuses primarily on the growth and well-being of people and the communities its serves and represents.

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## 5.1 COLLABORATION BETWEEN THE GOVERNMENT AND CIVIL SOCIETY

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**While CSOs currently have an open dialogue with the government of Côte d'Ivoire, civil society has historically had few opportunities to meaningfully engage in national policy planning processes.**

There is no culture or history of citizen engagement in planning, implementation or evaluation of government programs. The GFF serves as an opportunity to foster inclusive multipartner dialogues at the national level and provides an open space for civil society input.

At the beginning of the GFF process, CSOs were largely represented in the country platform in the different technical working groups. However, as the National Dialogue approached, civil society faced a shrinking space. A government reshuffle with new appointments to the key ministries occurred during the process. While the previous national health director recognized the value of civil society, the presence of CSOs became problematic for the new director, who didn't see the relevance of civil society's role and potential contributions. There was limited interest in collaborating with CSOs, which were seen as watchdogs and a hindrance rather than a contributing partner.

Civil society was confronted with an unexpected ambivalence within the Ministry of Health and nearly excluded from the National Dialogue on Health Financing. However, with support from the World Bank, UNICEF, USAID and AFD — which were all vocal about the inclusion of CSOs — and civil society's own advocacy within the ministry, CSOs were able to partake in the dialogue. To show their commitment, CSOs provided a symbolic participation fee toward the organization of the National Dialogue, during which civil society made significant contributions and presented the roadmap.

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## 5.2 COMMUNICATION AND COORDINATION EFFORTS

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**Despite the good working relationship of the civil society members in the GFF CSO Working Group, the time and effort required to coordinate the work of the GFF remains a considerable challenge.**

All group members are working full time within their own organizations, while meeting ad hoc and using scarce resources to ensure GFF activities are still taking place with no dedicated GFF



coordinator. This hinders CSO capacity to communicate and provide feedback to wider civil society and other communities, in addition to disseminating the IC beyond the capital city to reach a broader audience. While the CSO Working Group is very open and transparent, there is still a huge information gap on the GFF among CSOs outside the group.

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### 5.3 LIMITED YOUTH INVOLVEMENT

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**Youth engagement in the national GFF processes is important considering the GFF’s aim of supporting adolescent sexual and reproductive health.**

Despite ongoing outreach to youth networks and invitations to partake in the GFF discussions, young people — aside from a few youth representatives who later joined the CSO Working Group — had limited involvement in the GFF throughout the process. While they have not been vocal and had experienced limited capacity to meaningfully engage, young people are now getting support to enhance their knowledge and engagement through networking with Francophone youth from other GFF countries.

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### 5.4 ACCESS TO BUDGET INFORMATION

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**A significant issue of concern for some CSOs is the limited availability of the budget information and the lack of CSO involvement in the budget planning and validation phase within the ministry.**

There are ongoing initiatives with CSOs on budget transparency; however, these are not related to health. Advocating for more funding without a clear picture of RMNCAH+N allocations is a major obstacle the CSO Working Group faces. Civil society has expressed willingness to explore this further and advocate for involvement during all phases of the budget cycle, acknowledging the need for capacity strengthening in this field.

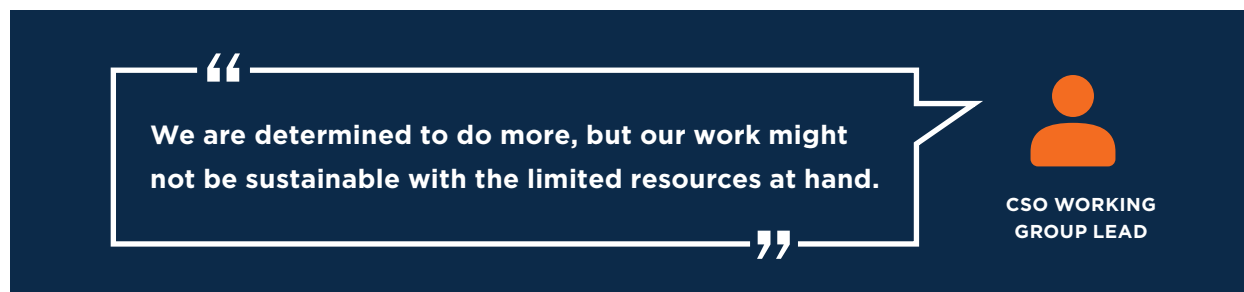
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## 5.5 FINANCIAL RESOURCES TO IMPLEMENT THE CIVIL SOCIETY ACTION PLAN


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**One of the key challenges faced by the CSO Working Group is the limited funding available to implement the GFF activities. Startup funding provided by The Hub has enabled structured dialogue and engagement, in addition to coordination of activities. However, these resources need to be sustained as group coordination and activities – in addition to implementing the action plan – require long-term resources.**

The action plan has a strong focus on accountability and partners intend to build on the existing oversight mechanisms for tuberculosis, malaria and HIV to develop scorecards and other tools which will help collect evidence for policy advocacy and monitor the effective implementation of the IC from the community to the national level. Being under-resourced will significantly curtail the CSO Working Group’s engagement internally, but also its capacity to meaningfully contribute to the IC implementation.



**“**  
**We are determined to do more, but our work might not be sustainable with the limited resources at hand.**  
**”**



**CSO WORKING  
GROUP LEAD**

## 6 RECOMMENDATIONS

**The experience in Côte d'Ivoire suggests the best way for CSOs to push the GFF advocacy agenda is by combining strength, resources and expertise of civil society in a coalition or alliance.**

The example in Côte d'Ivoire reaffirms evidence from other countries that CSO coordination is a determining factor in civil society participation in the GFF process. One particular trait of the CSO collaboration in Côte d'Ivoire is the lack of distinction between international NGOs and local organizations due to the balance of power and expertise in the CSO Working Group. There is still work to do to ensure that the general population understands its rights and responsibilities to health services linked to the GFF process and improve feedback mechanisms among CSOs and larger communities to determine that the GFF implementation is on the right track. It is essential that communication on the GFF goes beyond the capital and that citizens and beneficiaries take on their social accountability roles for the interventions planned on their behalf.

Donors and partners should increase efforts and continue to support CSO engagement in Côte d'Ivoire sustainably to ensure funding goes beyond coordination and communication efforts. It is our hope that this report will facilitate strategic CSO engagement and incite governments, the World Bank and partners to establish an enabling environment for all stakeholders as a key indicator of good governance and effective minimum standards implementation in GFF countries.



*Young woman and baby in Côte d'Ivoire.*

## KEY MESSAGES TO MAXIMIZE CSO ENGAGEMENT IN THE GFF PROCESS



### FOR CIVIL SOCIETY

- 1 Be proactive in engagement.
- 2 Leverage your networks and work through an alliance or coalition.
- 3 Engage with the government GFF focal point, GFF liaison officer and World Bank country office.
- 4 Develop a CSO action plan to contribute to the IC.



### FOR GOVERNMENT AND WORLD BANK OFFICES

- 1 Provide an enabling environment for civil society participation.
- 2 Establish transparent and inclusive institutional engagement mechanisms.
- 3 Engage civil society in a constructive manner.
- 4 Organize national multistakeholder dialogue and consultations.



### FOR DONORS AND PARTNERS

- 1 Provide flexible funding for national CSO consultations and coordination efforts.
- 2 Provide sustained technical support to facilitate coalition efforts — for example, understanding the IC process, developing an action plan, mapping resources, etc.
- 3 Strengthen CSO capacity for advocacy and accountability efforts.

**This report demonstrates how several factors intersected to enable civil society engagement in the GFF process. Despite the challenges faced by CSOs in Côte d'Ivoire, their engagement has been possible given the conducive environment.**

As suggested by the *Civil Society Engagement Strategy*, all GFF stakeholders contributed to ensuring effective and meaningful civil society engagement in the GFF process. The government led the way by establishing a transparent, inclusive and participatory mechanism for a constructive dialogue, with civil society as an equal partner. The World Bank played an influential role in facilitating this structured engagement of CSOs, promoting their participation in the country platform, the National Dialogue and beyond. A transparent World Bank task team leader, cognizant of the diverse roles and contributions of civil society in the country's development outcomes, has been critical in ensuring principles of the GFF minimum standards of inclusion, participation and accountability. The CSO Working Group has proven its added value through professionalism, organization and expertise.

Given the various elements necessary for successful civil society engagement in the GFF process, governments and World Bank country offices should adopt the minimum standards and accompany civil society in a comprehensive way. Consideration should be given to the establishment of strong multistakeholder and inclusive platforms which are supportive of CSO engagement. This is central to ensuring that civil society meaningfully contributes to improving the health of women, children and adolescents.

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**At PAI, we are motivated by one powerful truth: a woman who is in charge of her reproductive health can change her life and transform her community. Our mission is to promote universal access to sexual and reproductive health and rights through research, advocacy and innovative partnerships. Achieving this will dramatically improve the health and autonomy of women, reduce poverty and strengthen civil society.**

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Any errors or omissions are the responsibility of the author.

