



BUDGET ADVOCACY FOR HIV & SRHR

Financing amongst Adolescent
Girls and Young Women (AGYW).

Submitted to: AIDS and Rights Alliance for Southern Africa (ARASA)

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About ARASA

The AIDS and Rights Alliance for southern Africa (ARASA) was established in 2002 as a regional partnership of civil society organisations working in 18 countries in Southern and East Africa. Between 2019 and 2022, the partnership continues to promote respect for and the protection of the rights to bodily autonomy and integrity for all in order to reduce inequality, especially gender inequality by promoting health, dignity and wellbeing in southern and east Africa.

ARASA
AIDS & Rights
Alliance
for Southern Africa



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ABBREVIATIONS



AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
CSO	Civil Society Organization
DRC	Democratic Republic of Congo
EAC	East African Community
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
INTOSAI	International Organization of Supreme Audit Institutions
ISSAI	International Standards for Supreme Audit Institutions
OBS	Open Budgets Survey
OECD	The Organisation for Economic Co-operation and Development
PFM	Public Finance Management
SADC	Southern African Development Community
SAI	Supreme Audit Institution



DEFINITIONS

Budget	<p>A key public policy document that sets out a government's intentions for raising revenue and using public resources to achieve national policy priorities.</p> <p>The Health Budget allocates national funds to the health sector, declares key financial objectives of the country, and represents a commitment to health policy and strategy implementation.</p>
Budget Advocacy	<p>A strategic approach to influence governments' budget choices, aimed at achieving clear and specific outcomes—e.g., healthier people, less poverty, or improved governance.</p>
Equity	<p>The absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation).</p>
Fiscal deficit	<p>A shortfall in a government's income compared with its spending. The government that has a fiscal deficit is spending beyond its means.</p>
Macro-Fiscal Policy	<p>Fiscal policy refers to government policy around taxation, borrowing, and spending. Macro denotes that the focus is on the broader national level (big picture) and not at individual or institutional level.</p>
Public Budgeting	<p>The process by which governments prepare and approve their strategic allocations of public resources.</p>
Public Finance Management (PFM)	<p>The way governments manage public resources (both revenue and expenditure) and the immediate and medium-to-long-term impact of such resources on the economy or society. PFM rules govern how budgets are formulated, funds disbursed and accounted for.</p>
Purchasing	<p>The allocation of pooled funds to healthcare providers for the delivery of health services on behalf of certain groups or the entire population.</p>
Risk pooling	<p>The spreading of the financial risk associated with the need to use and pay for health services, rather than to be fully borne by the individual who falls ill</p>
Strategic purchasing	<p>Purchasing that aims to maximize health system objectives through an active, evidence-based process that defines which health services should be bought from whom, how these health services should be paid for and at what rate they should be paid.</p>
Sustainability	<p>The continuation of benefits from a development intervention after major development assistance has been completed.</p>
Sustainable development	<p>Development which meets the needs of the present without compromising the ability of future generations to meet their own needs.</p>



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1. INTRODUCTION

1.1 Background

Adolescent girls and young women (AGYW) are at the coal face of HIV and disproportionately affected by HIV than their male counterparts. This is due to various factors including unequal cultural, social, and economic status. HIV is driven by gender inequality, which is fuelled by unequal power dynamics between sexes, inequitable laws, harmful cultural practices, and intimate partner and gender-based violence. HIV incidence rates among AGYW (aged 15 to 25 years) remain extremely high compared to their male peers.

Over the years, HIV programming funding in the region has been gradually shrinking. Most HIV and SRHR programs are donor funded. Very few domestic resources are channelled toward the HIV response as well as other SRH issues. This is particularly evident in countries where the right to health is not enshrined in the constitution, where AGYW must pay for reproductive health services including access to contraceptives, antenatal care visits, ante-retroviral treatment, etc.

The United States of America has been the largest donor agency for HIV and SRH related issues. Most of Eastern and Southern African countries experienced a 10% decrease in HIV resource availability due to a 27% decrease in domestic funding and all international aid declining by 4%. Further, programs developed to address AGYW's sexual and reproductive health and rights (SRHR) poorly reflect their voices or meaningful participation.

Against this context, The AIDS and Rights Alliance for southern Africa (ARASA), commissioned the collaborative development of a responsive, user-friendly budget advocacy toolkit drawing from the experiences of selected countries (Botswana, Mozambique, DRC, Namibia, Malawi and Zambia) in AGYW programming in East and Southern African region.

In countries that are hardest hit by HIV, AGYW constitute 80% of the new infections, who are up to 8 times more likely to be living with HIV than boys.

1.2 Main Objective

To build the capacity of Adolescent Girls and Young Women advocates in effective budget advocacy and sustainable programme design and implementation in the context of transitioning donor financing and a rising burden of need among the AGYW in East and Southern Africa.

1.3 Target Audience

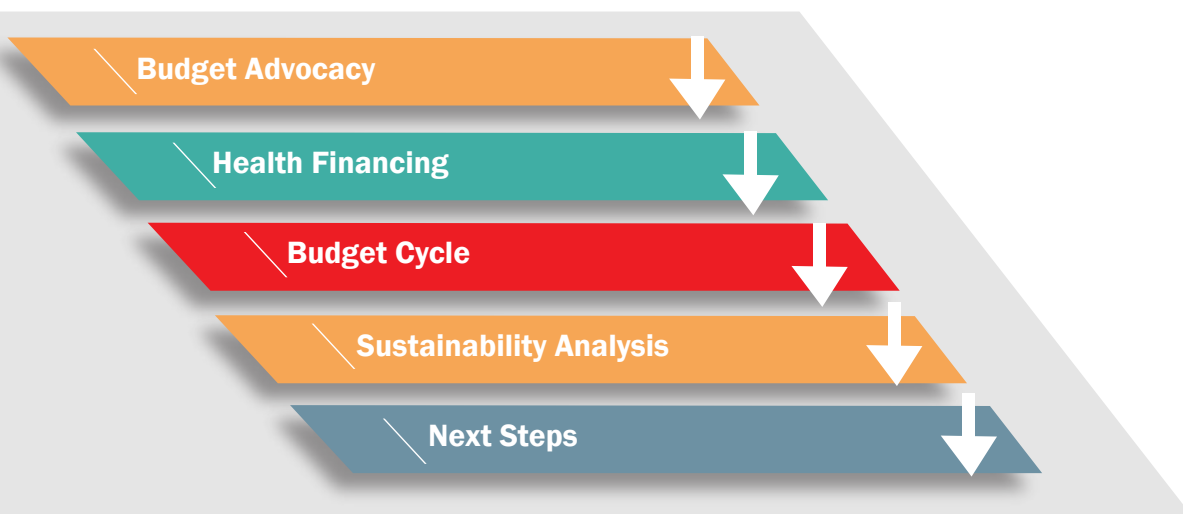
The main target audience of this toolkit is Civil Society Organizations (CSOs) advocates for AGYW care, programming and budget prioritization in East and Southern Africa. Technical leads can also share the Toolkit with their respective country advocacy counterparts, and implementation partners, to ensure it is accessible by those who need to access its contents.

2. METHODS

The toolkit was developed drawing from a qualitative and quantitative assessment of the AGYW programming and budget advocacy in purposively selected countries within the Eastern and Southern African region. An in-depth review of secondary data from the respective countries, global databases (UNAIDS, WHO, IMF, PEPFAR, Global Fund inter alia) was augmented by electronic surveys to selected AGYW and Budget Advocacy stakeholders within the region yielding contextual insights to guide reflections in the toolkit. Validation and piloting of the tool were done in collaboration with ARASA partners and advocates and the feedback utilized in refining the final tool into an easy-to-use resource.

3. ORGANIZATION OF THE TOOLKIT

The toolkit is organized in the following sections:



Each section has related themes drawn from the analytic frameworks (Capacities for Sustainable Development and Integrated Health Sector Financial Management). Each thematic area, except for the next steps, has the following sections:

- a. Rationale outlining the essence of the theme
- b. Recommended best practice and strategies
- c. Group Work to anchor the concepts from contextual realities.
- d. Resources detailing references and additional related information for further reading.

The Next Steps section allows for reflection on country experience and opportunities for advocacy and an action plan to facilitate implementation of identified advocacy actions.

4. FACILITATOR'S GUIDE

Welcoming Participants to the Workshop

- § Welcome participants and introduce facilitators and other staff.
- § Briefly explain the reason for the curriculum and workshop
- § Pitch relation to the program
- § Ask participants to introduce themselves and share why they decided to attend this workshop: - Ask participants what the introduction should look like.

An Overview of the Workshop

- § Read the workshop objectives from the flip chart or screen together with the participants.
- § Review the Agenda for the 3 days with the participants and give an overview of all modules.
- § Ensure participants understand the modules are not set on stone and flexibility due to need was allowable.
- § Ask participants if they have any questions before getting started.

Role of the Facilitator

As the facilitator, you are critical to community-member learning and to the overall success of the workshop. Below are a few key things for facilitators to keep in mind! The facilitator is key to the community led learning process and to the success of the workshop!

- § Be enthusiastic! The energy level of community members will reflect your own energy level, so stay upbeat and positive.
- § You don't always have to be in charge, facilitate, teach less.
- § Energizers are an important facilitation technique to keep community members enlivened and to get comfortable with each other through fun. Energizers can be used in between major activities or sessions or when returning from a break. In the Annex of this guide, you will find a handout with sample energizers.
- § Arrive at least an hour before the starting time to organize the room and materials, and to make other final preparations.
- § Make sure to introduce yourself and greet community members as they arrive.
- § Learn the names of each community member and use their names frequently. This creates a friendly atmosphere and helps community members feel valued and included.
- § Don't turn your back to the room, but don't stay frozen in one spot either. Moving around engages community members, keeps their attention, and helps everyone hear you.
- § Stay flexible with the agenda. It is important that community members understand the material. If you spend more time on one area, plan to make up time elsewhere so all of the material will be covered.
- § Debrief with the facilitation team for a short meeting at the end of each day to review the daily community-member feedback and decide how to adjust the next day's content and agenda accordingly.

Conducting Recaps

Time: 20 minutes

Session objectives:

- 🕒 Recollect the key points from the previous day.
- 🕒 Outline objectives for the day.

Materials:

- 🕒 Flip-chart paper, markers, tape
- 🕒 Attendance log
- 🕒 Agenda
- 🕒 Small ball, paper ball preferred

Getting prepared:

- 🕒 Set out attendance log for participants to sign when they arrive.

Welcome and Previous Day Feedback

Welcome participants.

Briefly summarize the participant feedback from yesterday and describe any adjustments planned for the day.



Activity: Ball Toss

- 🕒 Ask participants to stand and form a circle.
- 🕒 Ask them to think about the discussions and activities from yesterday.
- 🕒 Explain that you will toss the ball to someone. That person should catch the ball and quickly shout out a word, phrase, or concept he/she learned yesterday.
- 🕒 That person then tosses the ball to someone else who repeats the exercise.
- 🕒 Continue the activity until each participant has the opportunity to share.



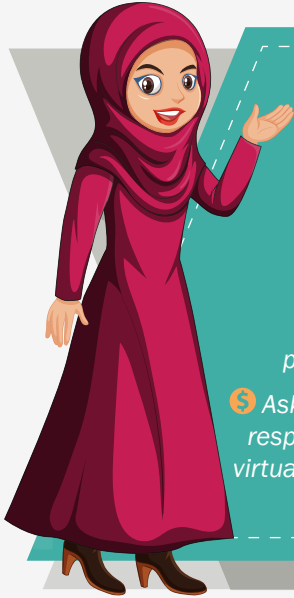
Activity: Creative Display

- 🕒 Divide the participants into groups of 3-5 per team.
- 🕒 Allocate each team a problem or theme from the content of the sessions taught in the previous sessions/ day. E.g., The budget cycle presents different opportunities for advocacy for increased resources for AGYW needs. Identify and demonstrate an opportunity in each phase of the budget cycle.
- 🕒 Allow each group 30 minutes to work on their respective task/ problem and 10 minutes to present to the plenary.
- 🕒 All groups to find creative/ artistic ways of presenting their group work. E.g., Song, Dance, Skit, Drawing etc.
- 🕒 Designate a team or individual judge to score each group on originality, accuracy, and creativity of their presentations.
- 🕒 An award to be given to the team with the MOST creative presentation.

Reviewing the Day's Agenda

- 🕒 Refer participants to their agendas.
- 🕒 Review the main topics and activities planned for the day. Highlight how today will build upon the topics and outcomes from yesterday.
- 🕒 Ask for questions.

Activities



Activity:

a. Menti OR Kahoot!

- 🕒 Write down key findings from the mapping analysis as queries on a flipchart or present them to the participants before the session to gauge their understanding of budget advocacy and sustainable development and implications on their programming. e.g., How has the declining donor funding affected your AGYW programming?
- 🕒 Ask participants to log in to [mentimeter.com](https://www.mentimeter.com) or www.kahoot.it to list their responses and display for discussion (**10 minutes**); This is workable for both virtual and physical meetings.



b. Making the key Points/ Sticky Points!

- 🕒 Identify key points of learning from the country assessments and write them on flipcharts, after the modules, have participants write additions on sticky notes, or on the zoom chart.



c. Developing an action plan

Now that your participants, know and understand the budgeting process and context, it is time to guide them to create a plan for engagement moving forward. Template provided in Excel.

- a. Show separate flip charts or screen display with the advocacy action plan template drawn on it.

- c. Brainstorm and have them list their opportunities and what they think should be done. Facilitation team will help them identify and refine the plan.
- d. Explain that in order to make sure actions plans are carried out, it is important to assign responsibility. Each action or activity should have one responsible individual—not a group or list of people. For CSOs without permanent employees, identify persons in positions you would like to mentor to continue if the current employees depart.
- e. Stress that it is also important to include a time frame by which each action or activity should be complete. This date should be specific and realistic. Time frame can also be identified as happening within a certain number of days or within a given time frame.
- f. Guide participants in filling out the remainder of the advocacy action plan. Ask the following probing questions:
 - 💰 Who is responsible for this activity?
 - 💰 Who might you collaborate or work with to carry out this activity?
 - 💰 What is a realistic date by when you will complete this activity?



d. Assessment

Bring participants back after completing the activity and check:

- 💰 Can the group make their activities any more specific? How?
- 💰 Do you think the activities relate to the group's desired change or goal?
- 💰 How do their activities target their change agents?
- 💰 Is there a specific person responsible?
- 💰 Are their activities realistic and achievable within the set time frame?



e. Energizers

Tips for using energizers:

- 💰 Use energizers frequently during a workshop or meeting, whenever people look sleepy or to create a natural break between activities.
- 💰 Choose games that are appropriate for the context and culture.
- 💰 Select games in which everyone can participate, being sensitive to participants with disabilities and varying English literacy levels.
- 💰 Keep energizers short and move on to the next planned activity.
- 💰 Use energizers from the participants as much as possible



i. Shakeout

In a circle, participants shake out their left arms, right arms, left legs, then right legs, starting with eight times for each limb, then repeat all four limbs with four, two, and then one. Count out loud for full effect—counting in other languages encouraged!



ii. Group statues

Ask the group to move around the room, loosely swinging their arms and gently relaxing their heads and necks. After a short while, shout out a word. The group must form themselves into statues that describe the word. For example, the facilitator shouts **“revenue!”** All the participants must instantly adopt poses, without talking, that show what **“revenue”** looks like to them. Repeat the exercise several times.



iii. Count Down!!

Ask participants to form a circle. Explain that the group needs to count together from 1 to 50. However, they cannot say the number seven or any number that is a multiple of seven. Instead, they have to clap their hands. Once someone claps their hands, the group must count the numbers in reverse. If someone says seven or a multiple of seven, start the counting again.



iv. Mirror image

Participants sort themselves into pairs. Each pair decides which one of them will be the “mirror.” This person then copies (mirrors) the actions of his/her partner. After some time, ask the pair to swap roles so that the other person can be the “mirror.”



v. Zip zap zop

Ask participants to stand and begin by pointing at someone and saying “zip”. That person will then point to a second person at random and say “zap”, and they will point to a third person and say “zop”. This pattern continues getting faster and faster, until someone makes a mistake and says the wrong word and the game starts over. If participants are comfortable with this, you can reverse the word order by saying your word twice before passing it on (reverse would be “zop” “zip” “zap”). Remind participants to point clearly and make eye contact so there is no confusion as to who should go next.



vi. Poacher judge lion (like rock paper scissors)

Split everyone into two groups. Instruct each group to talk amongst themselves and decide if they want to be a lion (which involves roaring and making claw hands), a judge (which involves banging a gavel), or a poacher (where you have a fake gun). The facilitator then will countdown “3-2-1” and each group will embody their choice. The hierarchy is poacher kills lion, judge puts poacher in jail, and lion eats judge, and the leader will announce the winner.



vii. Hot stick

Grab a marker or pencil which will be designated as the ‘hot stick.’ Whoever starts with the hot stick will pass it along to someone near them, continuing this as it travels throughout the group. During this exchange, you will tap on the table, and as you tap faster and faster, the hot stick should be passed on faster and faster. When you stop tapping, everyone freezes, and whoever is left holding the stick will be the first person to present, or volunteer for the next activity.

5. BUDGET ADVOCACY

Objectives

- 📌 To understand aims and principles of budget advocacy
- 📌 To understand how country contexts influence advocacy priorities
- 📌 To identify capacity gaps in budget advocacy and generate mitigating remedies

Session Outline

Time	Topic
20 Minutes	Pre-Course Assessment
10 Minutes	Menti Assessment
20 Minutes	Overview of Budget Advocacy
45 Minutes	Group Work: Country Case Studies
25 Minutes	Understanding the Public Finance Management Context: Tax; Debt; Deficit and Annual Public Expenditure
40 Minutes	

Adjuncts:

Video 1: Time to Step Up: Prioritizing Health and Empowerment for Women and Girls

<https://www.youtube.com/watch?v=ElbjOezUW8I&t=238s>

Video 2: E4A-Mamaye: Why health budget advocacy is essential to CSOs

<https://www.youtube.com/watch?v=U5V9vTG4I4A>

Video 3: RMNCAH Network Advocacy Story

<https://www.youtube.com/watch?v=a05k6wpzjak>

Video 4: Grassroots CSOs driving Health Budget Advocacy in Kenya <https://www.youtube.com/watch?v=n5LSyIbvTr0>

5.1 Budget Advocacy Overview

Budget advocacy includes a series of activities developed to influence people who devise and enact laws or policies and distribute resources among all parts of the public sector, and specifically within the public health sector. This process is intended to change the development and implementation of the public-sector budget to benefit a specified need.

To implement the budget advocacy process, it is very important to have data about budgets and public spending that will support your strategies (evidence of how the government is using the existing funds for the identified need or program, or budget funds in general; evidence of how the government sets its budget allocation priorities, and where the specified need or program stands as a government priority; identifying possible sources of revenue in national budgets that can be used for funding the identified need or program).

While health spending may increase in nominal terms, it may not increase as a proportion of total government spending without intentional, consistent, and effective budget advocacy.

Civil society groups have the potential to make the budget more accessible and understandable to a wider range of stakeholders that might otherwise view it as too complicated and confusing. Applied budget work helps “demystify” the budget and ensure greater transparency for public debate on budgetary allocations.

Types of budget advocacy activities that all contribute to changing public budget allocations include:

- a) **Capacity-building** for CSOs, Communities and Key decision makers e.g., government representatives.
- b) **Analytical work:** As CSOs develop alternative approaches to budget analysis, they are capable of analyzing budget data from a different perspective and uncovering important policy issues.
- c) **Collecting and sharing best practices**
- d) **Improving accountability** through demand, analysis and utilization of public information
- e) **Supporting budget authorities** (through different stages of the budget cycle – ministries, legislative bodies, etc.) to integrate policy, program, and financing changes.

Health budget advocacy is about lobbying and campaigning to change the way public resources are used to deliver health services. By analyzing how healthcare is funded and how budgets are drawn up, civil society groups will have greater opportunity to influence how the government defines priorities for health spending, plans and executes those expenditures, and, finally, monitors the outcomes.

CSO engagement in health budget advocacy can have one of several impacts:

- a) Increase the share of the overall health budget relative to other government spending
- b) Change allocations within the health budget, increasing funding for a specific issue
- c) Increase both the level of the overall health budget and allocations to specific budget lines

Necessities for Effective Budget Advocacy

- a. Understand the Country Context because this shapes policy. This includes i) Politics, Policies, Laws & Governance; ii) Economic Environment; and iii) Socio-Cultural Context.
- b. Build capacity for effective engagement among the advocates
- c. Generate and Communicate Evidence with the policy makers.
- d. Collaborate for Synergy

Principles of Advocacy

3 Ts of Advocacy

Timing

Timing of budget advocacy is critical to maximize effectiveness. Understanding the critical time intervals that drive the advocacy agenda will help ensure messages are delivered when decision-makers are most receptive.

Targeting

Effective advocacy must also target the right audience, whether Ministry of Finance/ Health personnel, key “influencers” such as executive office staff, or civil society leaders.

Each target has unique priorities, political economic pressure points, and appetites for quantitative or analytical arguments.

Telling

Advocates also need to tell a single, compelling story—a unified narrative around the desired change and why it is important for the country, its development agenda, and its citizens.

GROUP WORK



- Understanding the Population Context*
- Understanding the HIV Context*
- Understanding the Care Context: HIV Score Cards and Legal Environment Assessment*

ADVOCACY

ADVOCACY



Group Work: Population Context

Country Population

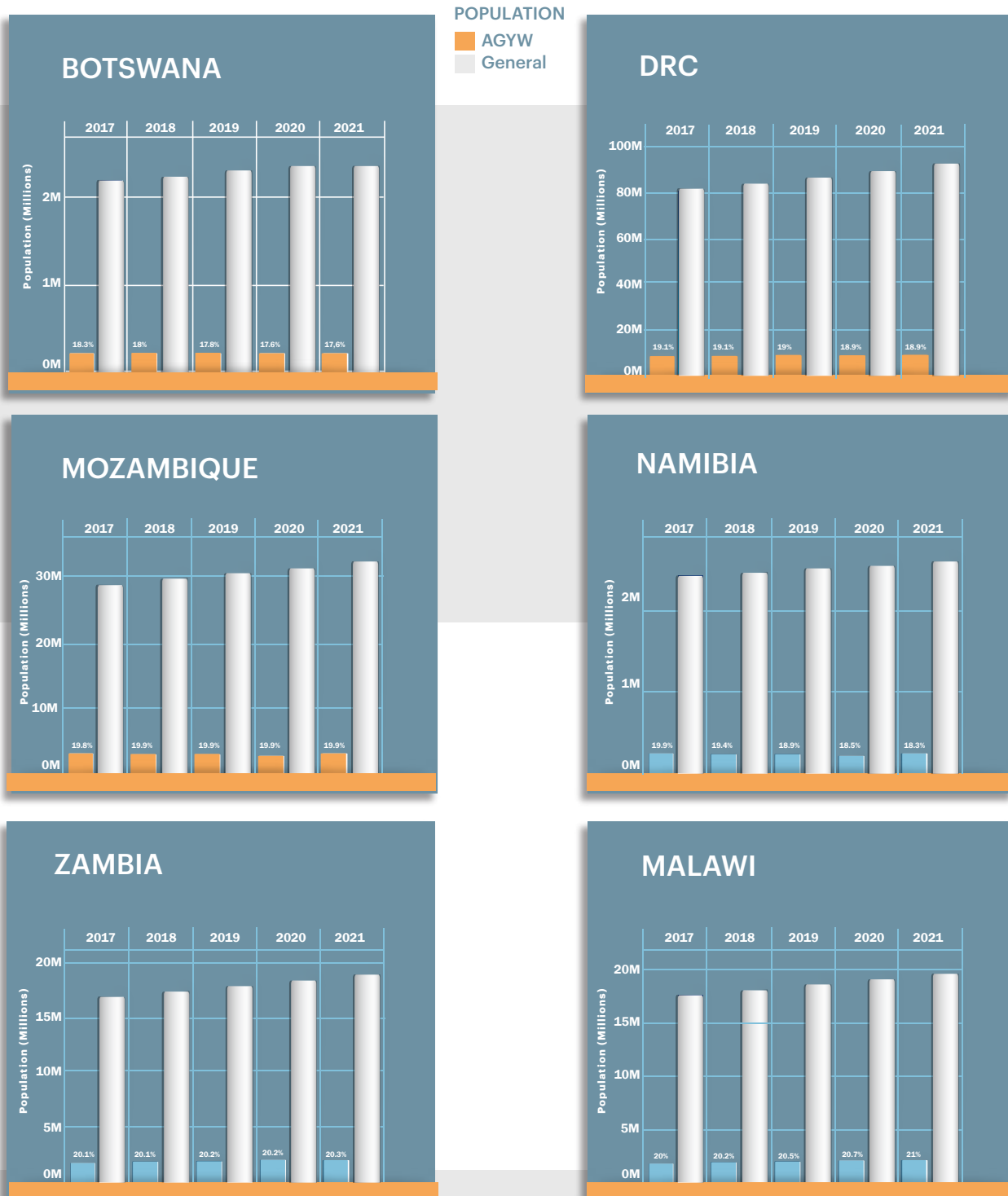


Figure 1: Country Population

Source: World Bank, UN, Analysis by consultant

GROUP WORK 1



1. What are the general trends within countries and across all the countries?
2. What similarities or differences stand out among the countries?
3. What is the significance of these trends on AGYW health and financing?

Group Work: HIV Context

HIV Prevalence

■ HIV Prevalence (%)
■ HIV Prevalence in AGYW (%)

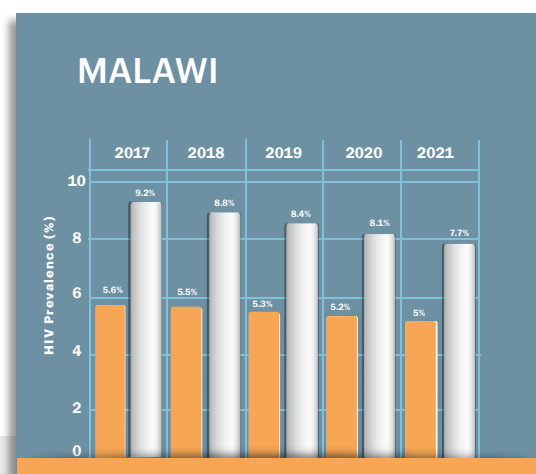
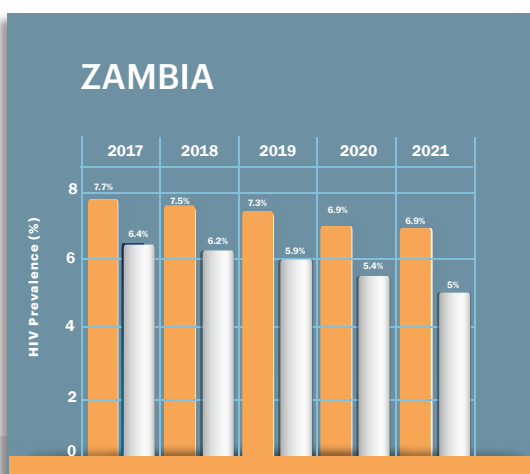
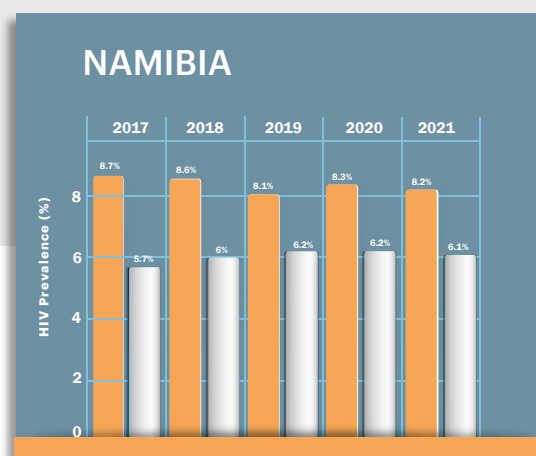
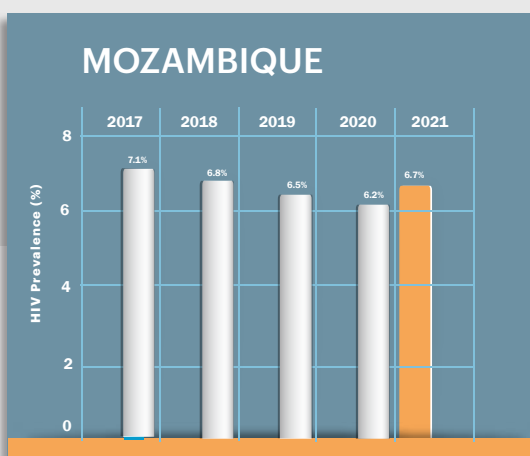
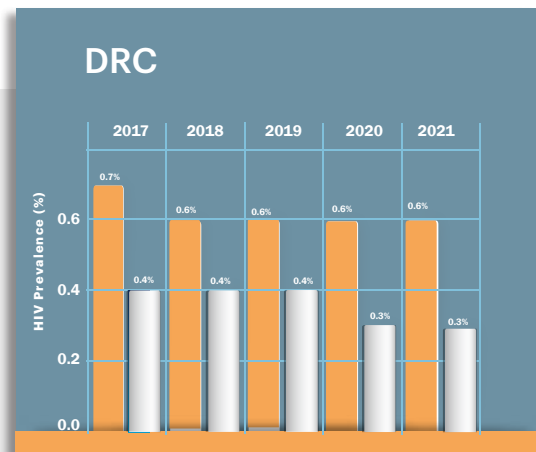
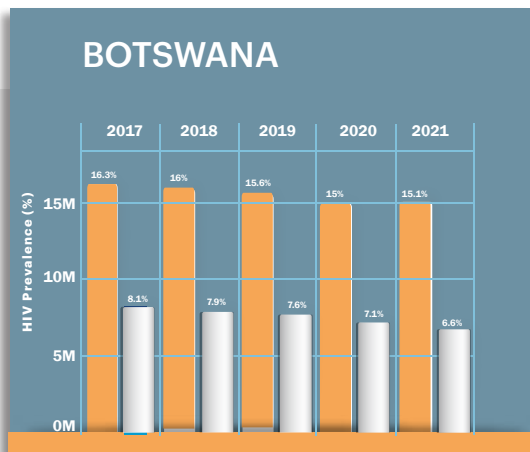


Figure 2: HIV Prevalence

Source: PEPFAR, UNAIDS. Analysis by Consultant

GROUP WORK 2



1. What are the general trends within countries and across all the countries?
2. What similarities or differences stand out among the countries?
3. What is the significance of these trends?
4. What advocacy Opportunities emerge from the findings?

Group Work: HIV Context

HIV incidence

■ HIV incidence per 1000 population (all)
■ HIV incidence per 1000 population (15-24 years)

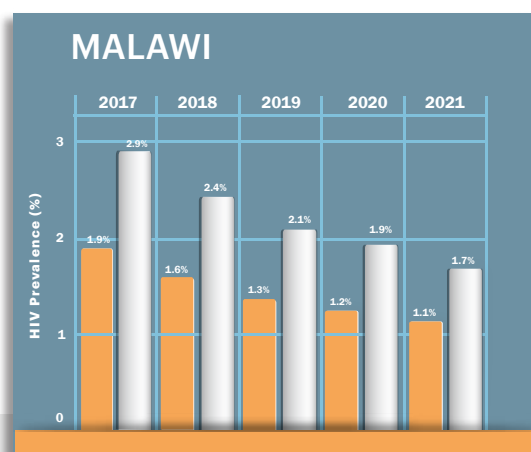
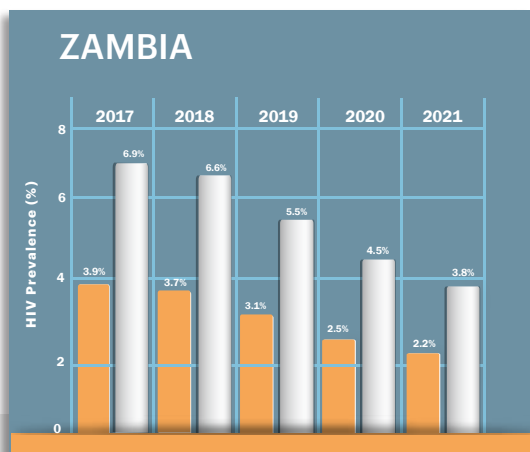
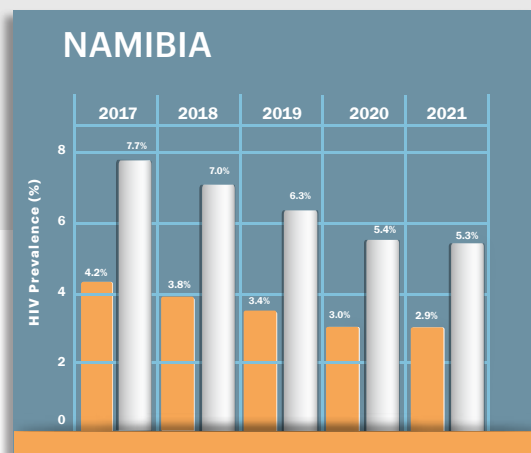
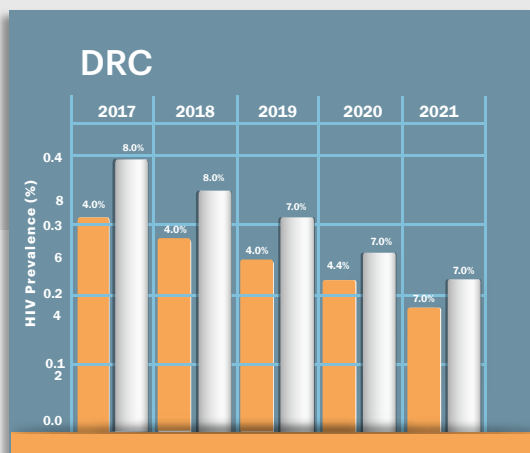
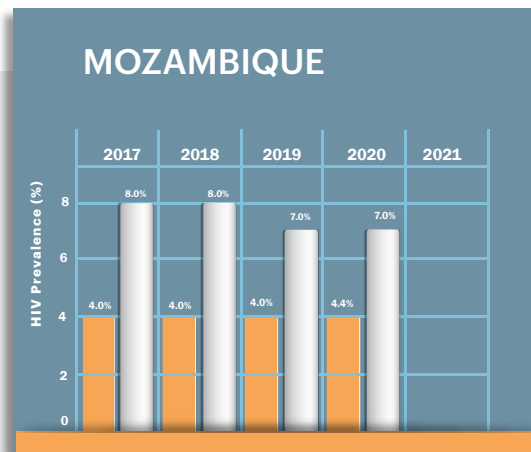
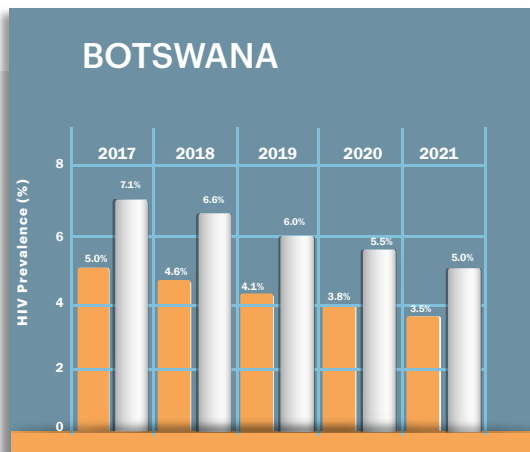


Figure 3: New HIV Infections

Source: UNAIDS, Analysis by Consultant

GROUP WORK 3



1. What are the general trends within countries and across all the countries?
2. What similarities or differences stand out among the countries?
3. What is the significance of these trends?
4. What advocacy opportunities emerge from the findings?

Group Work: HIV and AGYW Care Context

Table 1: Comparative Analysis of AGYW Services across the Countries

HIV Country Scorecard						
Indicator	Namibia	Zambia	Botswana	DRC	Mozambique	Malawi
Condom use with non-regular partners (young women, 15-24, %)	68	34	id	24	51	53
Condom use with non-regular partners (young men, 15-24, %)	82	49	id	31	48	73
% who had multiple sexual partners (sexually active YW 15-24)	5	3	id	5	4	2
% who had multiple sexual partners (men 15-49)	10	15	id	22	21	13
% of adolescent girls who completed lower secondary education	62	50	92	52	11	21
% Knows a formal source for condoms (young women 15-24, %)	91	id	id	53	66	id
% Knows a formal source for condoms (young men 15-24, %)	94	id	id	78	id	id
% of ever-married or partnered women 15-19 who experienced physical or sexual violence from a male intimate partner in the past 12 months	id	27	id	id	10	28
% of ever-married or partnered women 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	id	25	id	id	16	24
% of priority districts (administrative areas) with dedicated programs for young women & male partners (full package)	30	19	33	id	42	33
% of adolescent girls and young women in high-HIV incidence communities reached with a comprehensive package of prevention interventions	25	41	14	id	35	27
Educational policies on HIV & sexuality education (secondary school) (Yes/No)	Yes	Yes	Yes	id	Yes	Yes
Laws requiring parental consent for adolescents to access HIV testing services (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes
Age of Consent	<14	<16	<16	<18	<12	<14
Provider-initiated condom promotion integrated into SRH services (Yes/No)	id	Yes	Yes	id	Yes	Yes
HIV testing services integrated with SRH services (Yes/No/ Partial)	Yes	Partial	Partial	id	Yes	Yes

Source: HIV Country Scorecards, Analysis by consultant

Note: 'id' denotes insufficient data for conclusive assessment; Green-good performance; Amber- intermediate performance; Red- weak

Table 2: Comparative Analysis of Laws and Policies against selected SRH Rights

Laws and Policies Against Rights to bodily autonomy and integrity	Namibia	Zambia	Botswana	DRC	Mozambique	Malawi	Assessment
Parental consent for adolescents to access HIV Testing Services	Yes	Yes	Yes	Yes	Yes	Yes	100%
Mandatory HIV testing for marriage, work or residence permits, or for certain groups	No	No	No	No	No	No	0%
Laws or policies restricting the entry, stay and residence of people living with HIV	No	No	No	ID	No	No	0%
Laws criminalizing the transmission of non-disclosure of or exposure to HIV	Yes	No	Yes	Yes	Yes	No	67%
Criminalization of possession of small amounts of drugs	No	Yes	Yes	No	No	Yes	50%
Criminalization of same-sex sexual acts in private	Yes	Yes	No	No	No	Yes	50%
Criminalization of sex work	Yes	Partial	Partial	Partial	No	Partial	83%
Criminalization of transgender people	No	Yes	No	No	No	Yes	33%

Source: UNAIDS, Analysis by consultant

Note: ID denotes Insufficient Data

Table 3: Comparative Analysis of Protective Laws and Policies

Protective laws	Namibia	Zambia	Botswana	DRC	Mozambique	Malawi	Assessment
Laws protecting against discrimination on the basis of HIV	Yes	Yes	Yes	ID	Yes	Yes	83%
Constitutional or other non-discrimination provisions for sex work	ID	None	Yes	ID	ID	Yes	33%
Constitutional or other non-discrimination provisions for sexual orientation	ID	None	Yes	ID	ID	Yes	33%
Constitutional or other non-discrimination provisions on gender identity	ID	None	Yes	ID	ID	Yes	33%
Constitutional or other non-discrimination provisions on people who inject with drugs	None	None	None	Yes	None	None	33%

Source: UNAIDS, Analysis by consultant

Note: ID denotes Insufficient Data

GROUP WORK 4



1. What are the general trends within countries and across all the countries?
2. What similarities or differences stand out among the countries?
3. What is the significance of these trends?
4. What advocacy Opportunities emerge from the findings?

5.2 Public Finance Context

Objectives

- 💰 To understand how the larger public finance and economic context influences health and AGYW financing.
- 💰 To identify advocacy opportunities drawn from the country Public Finance Management (PFM) contexts.

Adjunct: Video <https://www.youtube.com/watch?v=3sUCSGVYzI0>

Definitions

A macro environment is the condition that exists in the economy as a whole, rather than in a particular sector or region. The macro-environment can be affected by GDP, fiscal policy, monetary policy, inflation, employment rates, and consumer spending.

Fiscal policy refers to government policy around taxing, borrowing, and spending. High tax rates can reduce individual and business incentives to work, invest, and save. The size of a government's annual deficits and total debt can influence market expectations regarding future tax rates, inflation, and overall macroeconomic stability.

Fiscal Space refers to the difference between revenues and expenditures or budgetary room that allows a government to devote resources to specific services or activities without compromising its financial sustainability.

Rationale

As development assistance for health shrinks and the demand for health expenditures increases, developing countries are under mounting pressure to provide adequate resources for health. Governments can increase available public resources by benefiting from overall economic growth, borrowing, making efficiency gains, and reforming tax laws and improving tax administration, among others.

As such, resources available in the health sector depend not only on the level of funding (i.e., revenues) but also on how funds are allocated, formulated within health budgets, and managed through the PFM system.

Growing evidence demonstrates how Public Finance Management (PFM) weaknesses, including revenue collection efforts, fiscal and monetary policies, and allocation of existing public resources toward health in most African countries can alter the availability of resources within the health sector.

Domestic Resource Mobilization for Health

Tandon and Cashin (2010) propose the following as avenues of increasing the resource envelope available for health:

- 💰 Conducive macroeconomic environment
- 💰 Increased budget allocation to health
- 💰 Earmarking resources
- 💰 Grants and foreign aid
- 💰 Efficiency gains through improving efficiency within the health sector.

Increasing tax revenues and improved budget prioritization of health have been shown to have the greatest potential in mobilizing more domestic resources for health in Low- and Middle-Income Countries (LMICs) by **78%** and **72%** respectively. Improved efficiency in the use of allocated resources in health has the potential of mobilizing an additional **26%** of resources available for health. (Barroy, Sparkes, Dale, & Mathonnat, 2018)

Figure 4: Consolidating overall fiscal space and budgetary space for health in a budgetary framework



Source: H el ene Barroy and Sanjeev Gupta. 2020

1. Tax Revenue

Collecting taxes and fees is a fundamental way for countries to generate public revenues that make it possible to finance investments in human capital, infrastructure, and the provision of services for citizens and businesses.

Taxes have a key role to play in making growth sustainable and equitable, but many **countries are still struggling to collect sufficient revenues to finance their own development. Countries collecting less than 15% of Gross Domestic Product (GDP) in taxes stand a significant risk of not meeting basic needs of citizens and businesses.** This level of taxation is an important tipping point to make a state viable and put it on a path to growth.

Making it easier to pay taxes improves competitiveness. Overly complicated tax systems are associated with high levels of tax evasion, large informal sectors, more corruption, and less investment.

Modern tax systems should seek to optimize tax collections while minimizing the burden on taxpayers to comply with tax laws. There is a need to ensure that the tax system is fair and equitable.

Governments need to balance goals such as increased revenue mobilization, sustainable growth, and reduced compliance costs with ensuring that the tax system is fair and equitable. Fairness considerations include the relative taxation of the poor and the rich; corporate and individual taxpayers; cities and rural areas; formal and informal sectors, labor and investment income; and the older and the younger generations.

2. Gross Government Debt

Public debt comprises all outstanding loans and guarantees that a government owes to its creditors. This debt may be internal, originating from the sale of bonds within the government's territory; or external, as received from foreign governments or international institutions such as the World Bank.

Available evidence illustrates that high public debt levels negatively impact growth, change expectations, or bring uncertainty. A surge in public debt uses a portion of national savings meant for future generations and has a generally negative effect on long-run economic growth.

Evidence from The World Bank suggests a debt to GDP threshold of 64 percent for developing countries beyond which the risk and negative impact on economic growth and sustainability is significant. Surpassing these thresholds is costly for countries, which forgo GDP growth if debt exceeds the threshold for an extended period.

Southern African Development Community (SADC) through the Annex 2 of the Protocol on Finance and Investment recommends a debt to GDP threshold of 60% for its member states while the East African Community recommends a 50% threshold.

3. Fiscal Deficit

A fiscal deficit is a shortfall in a government's income compared with its spending. The government that has a fiscal deficit is spending beyond its means.

A fiscal deficit is calculated as a percentage of gross domestic product (GDP). The income figure includes only taxes and other revenues and excludes money borrowed to make up the shortfall.

Southern African Development Community (SADC) through the Annex 2 of the Protocol on Finance and Investment and the East African Community recommend a fiscal deficit to GDP threshold of 3% for their member states.

4. Annual Public Expenditure

The first component that determines budgetary space for health is the annual public expenditure envelope (Figure 5; Component 1) which, in turn, is determined by the overall fiscal space. Overall fiscal space is, in its own turn, determined by various macro fiscal factors. The International Monetary Fund (IMF) recently updated its list of interconnected factors that influence overall fiscal space to include economic growth, revenue, fiscal policies, debt, the size of liabilities, access to capital financing, deficit rules and monetary policies.

GROUP WORK 4



Understanding the Economic Context for Effective Advocacy

Group Work: Understanding the Economic Context for Effective Advocacy

a. Economic Performance and Productivity

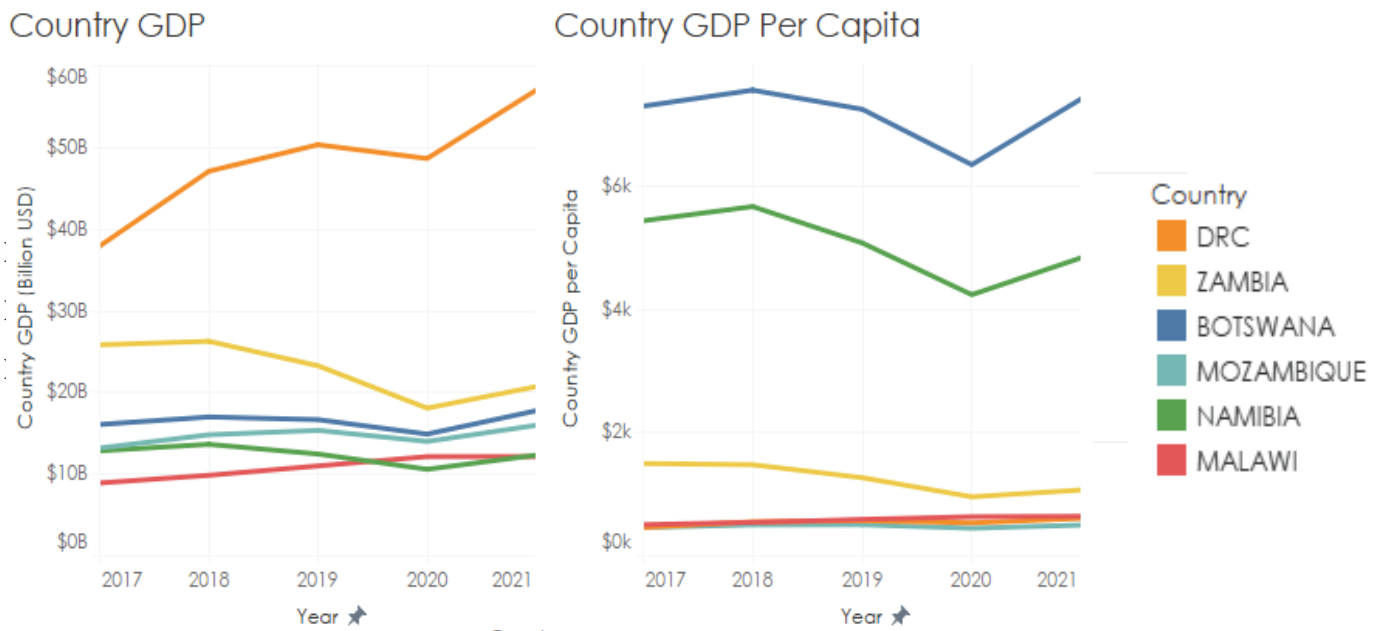


Figure 5: Trends in Economic Performance

a. Economic Performance and Productivity

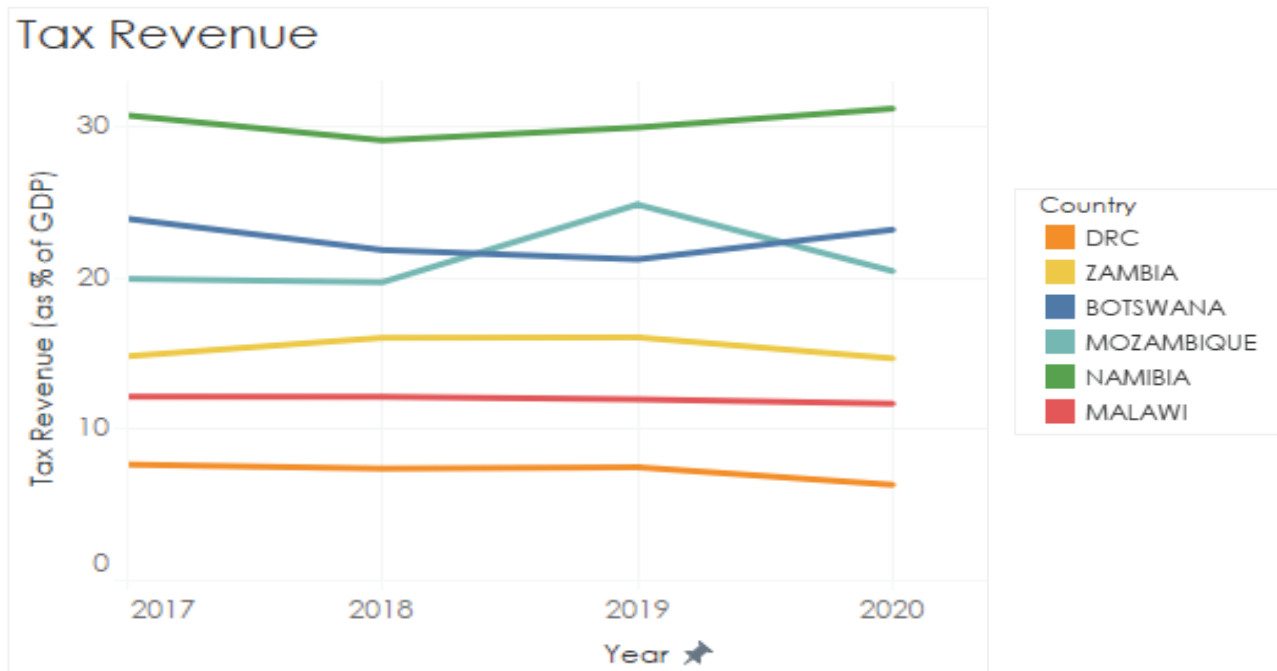


Figure 6: Efficiency of Mobilization of Tax Revenues



c. Debt Revenue

National Debt

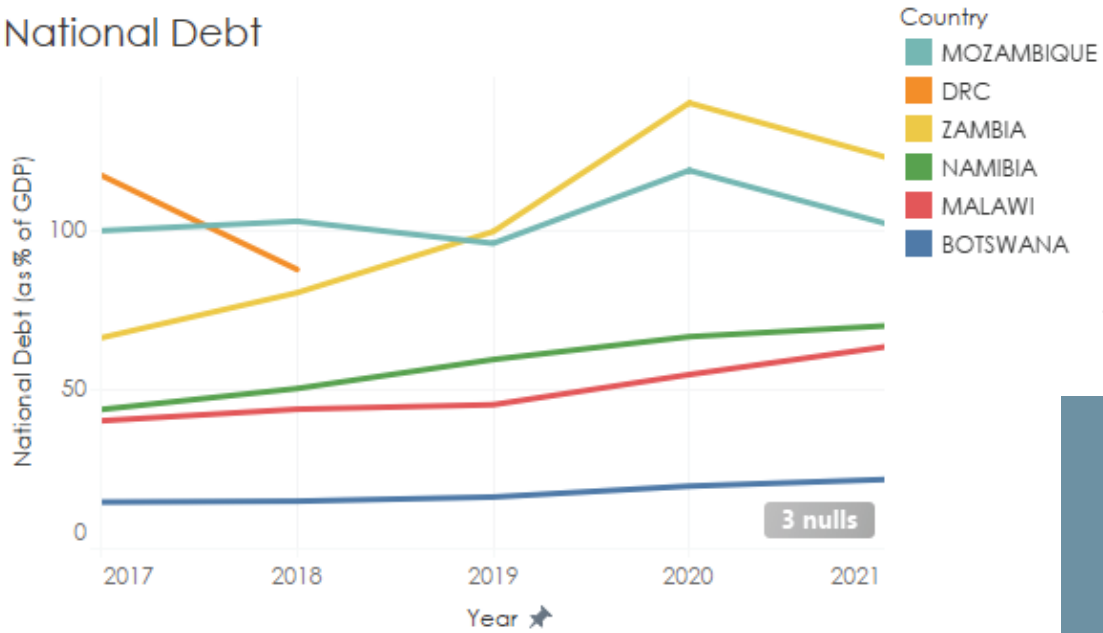


Figure 7: Gross National Debt



6. Health Financing



Objectives

- 📌 To understand health financing and its functions.
- 📌 To understand the interaction between public finance management and health financing.
- 📌 To identify advocacy opportunities drawn from the health financing contexts.

Session Outline

Time	Topic
20 Minutes	Overview of Health Financing Functions & link to UHC
10 Minutes	Overview of the Integrated Health Sector Financial Management
5 Minutes	Health Break/ Energizer
15 Minutes	Revenue Mobilization
15 Minutes	Pooling Mechanisms
45 Minutes	Group Work: Country Case Studies <ul style="list-style-type: none">a. Financing Sourcesb. Prioritization of Healthc. Prioritization of Reproductive Healthd. Prioritization of HIV
10 Minutes	Purchasing Arrangements for Health and AGYW services
20 Minutes	Group Work & Reflection

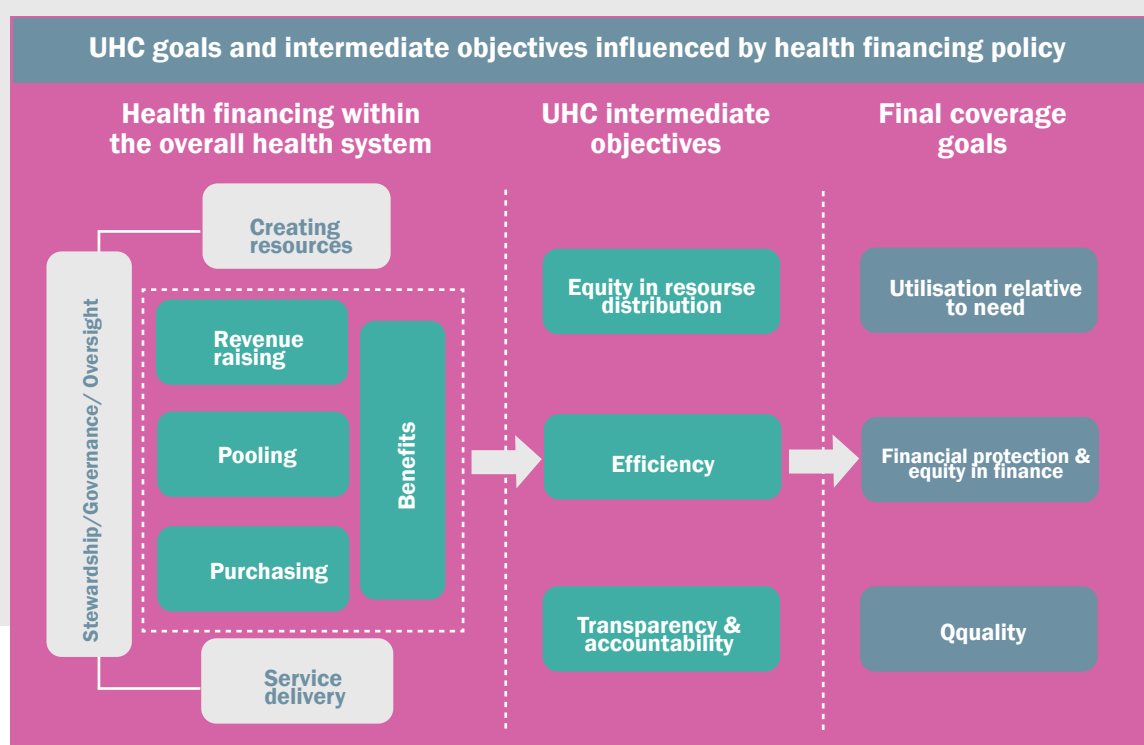
6.1 Overview

Health financing is a core function of health systems that can enable progress towards universal health coverage by improving effective service coverage and financial protection. The World Health Organization's (WHO's) approach to health financing focuses on the following core functions:

- Revenue raising** (sources of funds, including government budgets, compulsory or voluntary prepaid insurance schemes, direct out-of-pocket payments by users, and external aid)
- Pooling of funds** (the accumulation of prepaid funds on behalf of some or all of the population)
- Purchasing of services** (the payment or allocation of resources to health service providers)



Figure 8: Link between Health Financing Policy and Universal Health Coverage



Source: World Health Organization

The budget available to finance the health sector stems from the overall fiscal space derived on the basis of **economy’s macrofiscal considerations**—on which health authorities have a limited control, as well as from **budgetary decisions**—concerning both allocation for health and its utilization—for which health authorities have a significant role.

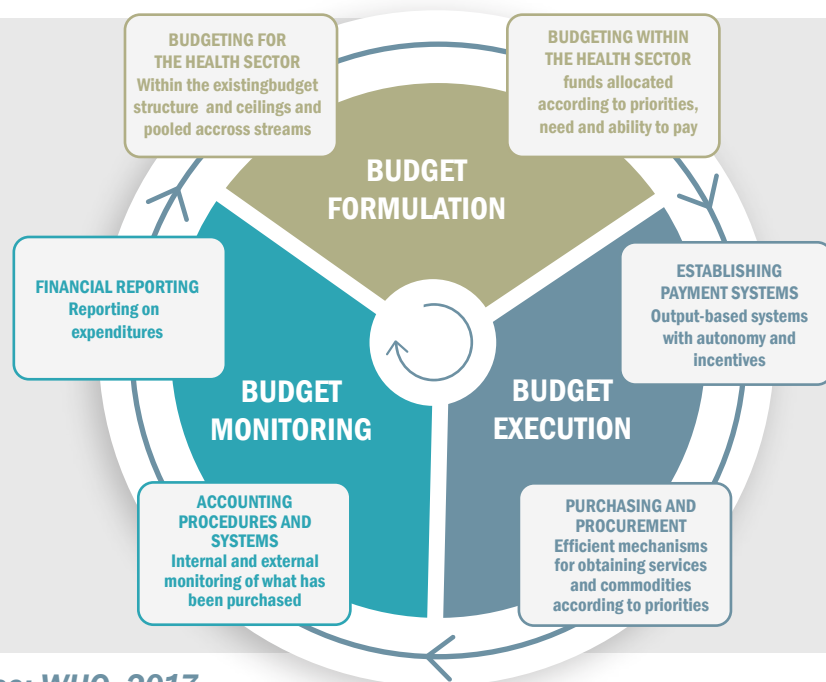
Budgetary space for health can be defined as potential resources to be budgeted and used for health, through the PFM system.

Within this definition, budgetary space for health depends on three main components: **(i) the overall expenditure envelope; (ii) budget allocation decisions;** and (iii) rules and practices for budget use, or **PFM**.

The Integrated Health Sector Financial Management framework highlights an alignment between the Public Finance Management system and the Health Financing system. Consequently, it bears the potential for highlighting advocacy gaps in both systems for effective capacity development and intervention.

¹ Cashin C., Bloom D., Sparkes S., Barroy H., Kutzin J., O’Dougherty S. *Aligning public financial management and health financing: sustaining progress toward universal health coverage*. Geneva: World Health Organization; 2017 (Health Financing Working Paper No. 17.4). Licence: CC BY-NC-SA 3.0 IGO. <http://apps.who.int/iris/bitstream/10665/254680/1/9789241512039-eng.pdf>

Figure 9: Integrated Health Sector Financial Management



Source: WHO, 2017

6.2 Revenue Mobilization

Rationale

Ensuring a stable and predictable flow of funds to the health sector is an important objective of revenue raising policy, given its importance to avoid disruptions in service delivery (e.g., commodity stock-outs), ensuring timely payment of salaries, and to provide a credible basis for contracting with service providers.

A country's revenue raising policy has a direct impact on patient financial protection, as well as how fair, or progressive, the burden of funding health services is.

For increased GDP to translate to greater resources for government spending, governments must effectively assess and collect taxes. This is critical to ensure that economic gains generate more public resources, which can increase fiscal space for health.

Ensuring funds are raised in the most efficient way is also an important consideration. Improving transparency and accountability is an important intermediate health system objective; patients should have clarity with regard to how much, if anything, they will be expected to pay at the point of use (e.g., some form of user charge), and this is an important part of preventing unofficial payments. However, Out-of-pocket payments are a particularly regressive way to fund health services and, broadly speaking, when public sources comprise less than 80% of the total, many patients either forgo needed care or face severe financial difficulties.



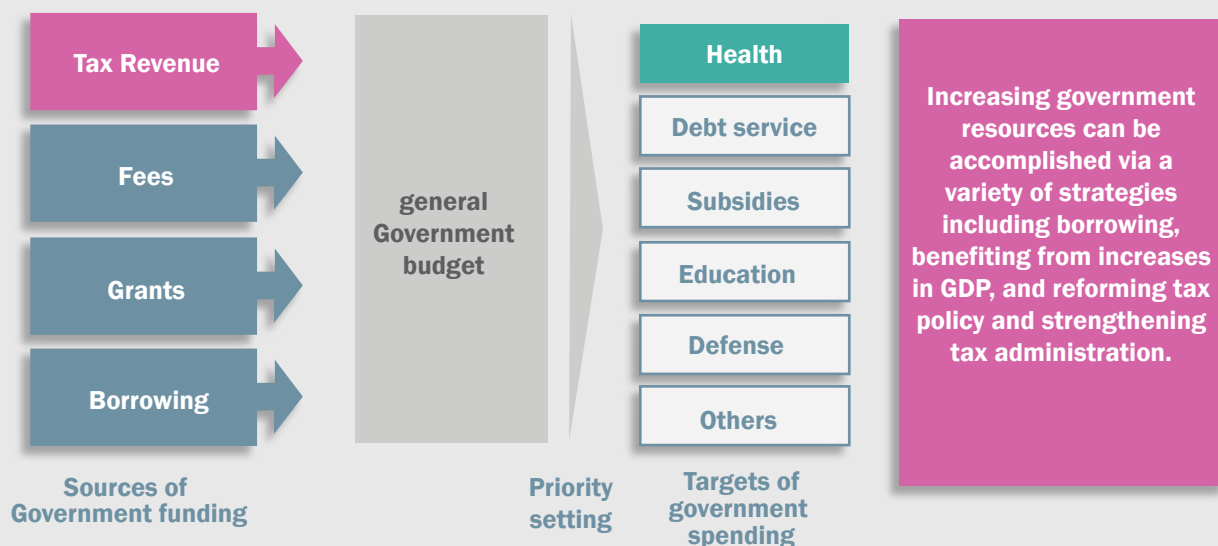


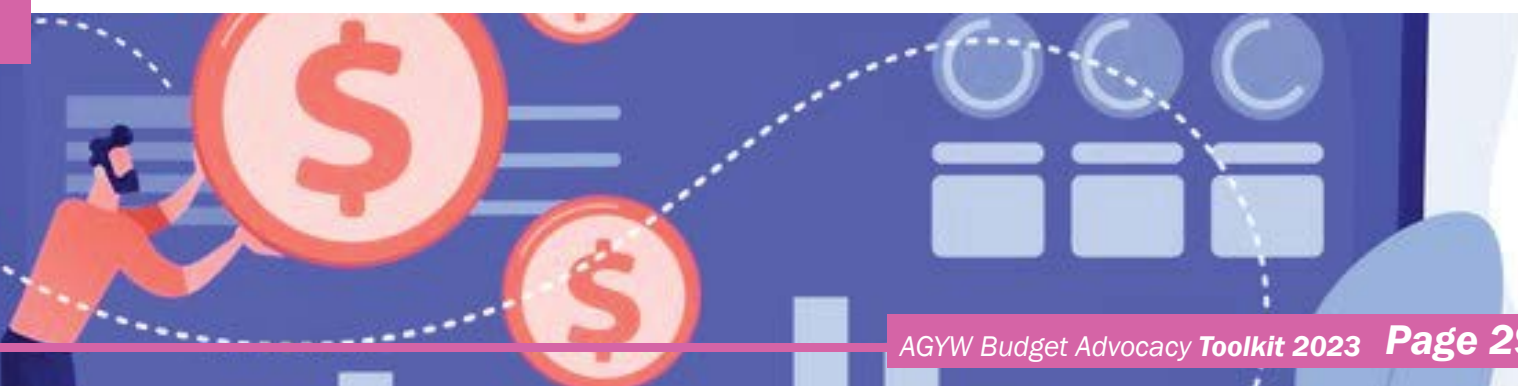
Figure 10: Sources of Government Revenue and Targets of Government Spending

The revenue sources are classified as follows:

- a. compulsory versus voluntary
- b. prepaid versus payment at the time-of-service use (out-of-pocket)
- c. domestic versus foreign

From a health financing policy perspective, public sources include those which are compulsory and pre-paid, whilst voluntary sources are considered private. Categorizing a source as compulsory implies that government requires some or all people to make the payment irrespective of whether or not they use health services. Thus, compulsory sources are also prepaid and essentially the same as taxes. Within this category, some of the most important distinctions are:

- a. **Direct taxes** paid by households and companies on income, earnings, or profits, and paid directly to government or another public agency; examples include income tax, payroll tax (including mandatory social health insurance contributions), and corporate income or profits taxes.
- b. **Indirect taxes** paid on what a household or company spends, not on what they earn, and paid to government indirectly via a third-party e.g., a retailer or supplier. Common examples are value-added tax (VAT), sales taxes, excise taxes on the consumption of products such as alcohol and tobacco and import duties.
- c. **Non-tax** revenues e.g., from state-owned companies including “natural resource revenues” common in many mineral-rich countries e.g., oil and gas.
- d. Financing from **external (foreign) sources** is typically categorized as public when these funds flow through recipient governments.



A country's revenue raising policy has a direct impact on patient financial protection, as well as how fair, or progressive, the burden of funding health services is.

The key characteristics of private revenue sources are that they are voluntary, i.e., the decision to spend on health is not required by government but is rather a decision made by individuals, households, or private companies. Such payments may be either prepaid (e.g., corporate-funded health services, individual contributions to commercial or community-based health insurance schemes) or paid at the point of service as out-of-pocket spending (OOPS).

The latter includes the direct purchase of privately delivered services e.g., diagnostic tests or other items such as medicines, formal patient cost sharing required under a specific health financing scheme, and informal payments to health workers or for key inputs such as medical supplies or medicines that were officially “covered” but not available in practice.

A country's revenue raising policy has a direct impact on patient financial protection, as well as how fair, or progressive, the burden of funding health services is.

Revenue raising policy must also be carefully considered in light of other policies, and aligned with them, in particular the way in which funds are pooled and spent.

Group Work: Financing Sources

In groups, review the breakdown of revenue sources for the selected countries in Figure 11 and comment on a) predominance of each source; b) the trend over the 3 years for each country; c) any risks or benefits of the current mix of financing sources in the countries; d) types of health insurance in any of your respective countries; and e) Advocacy opportunities that emerge from the findings

Health Financing Sources for Selected Countries

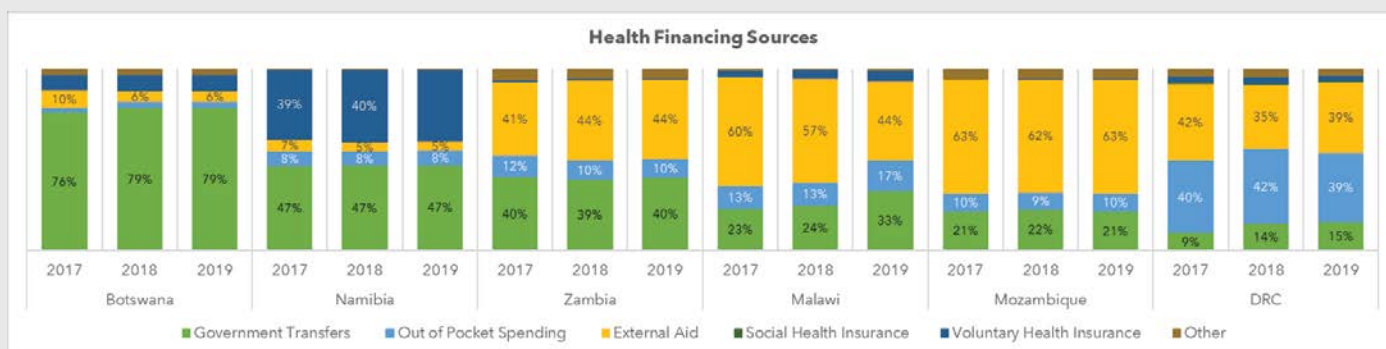
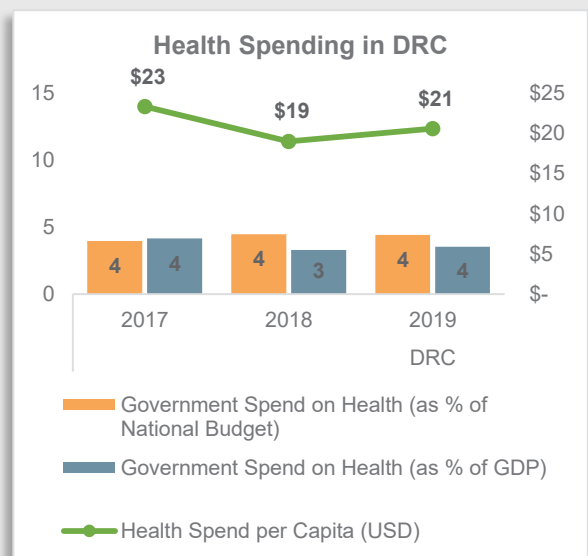
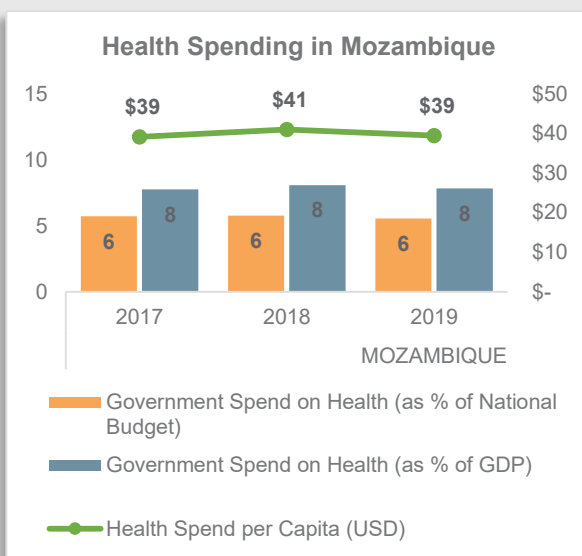
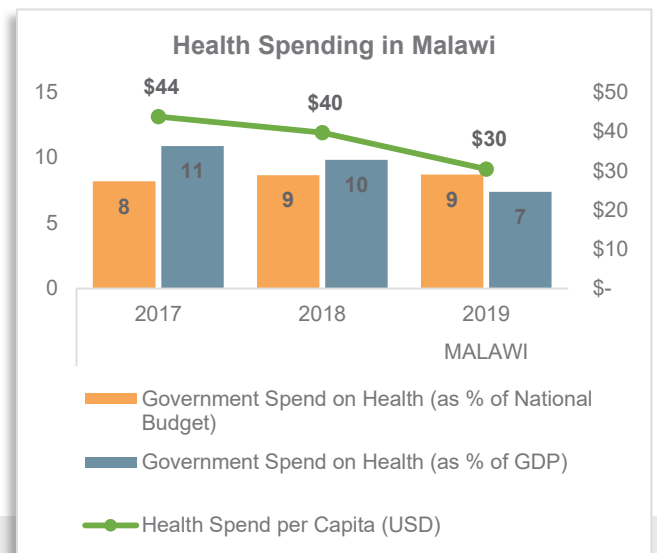
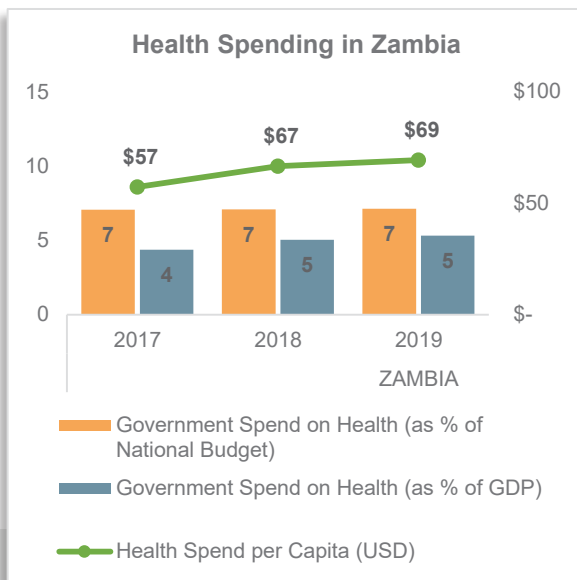
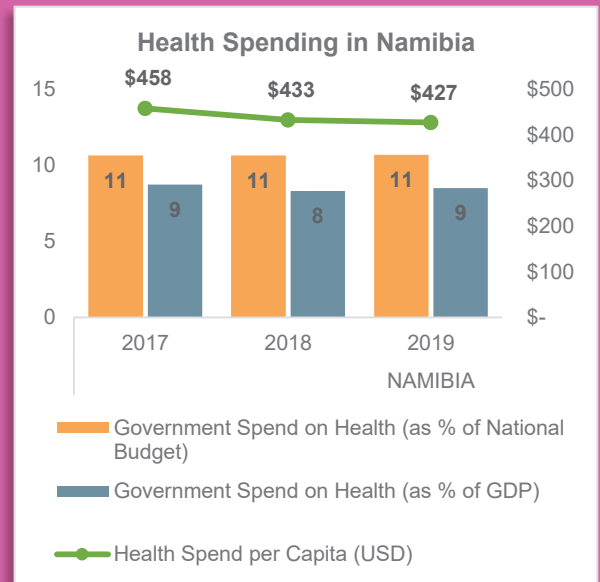
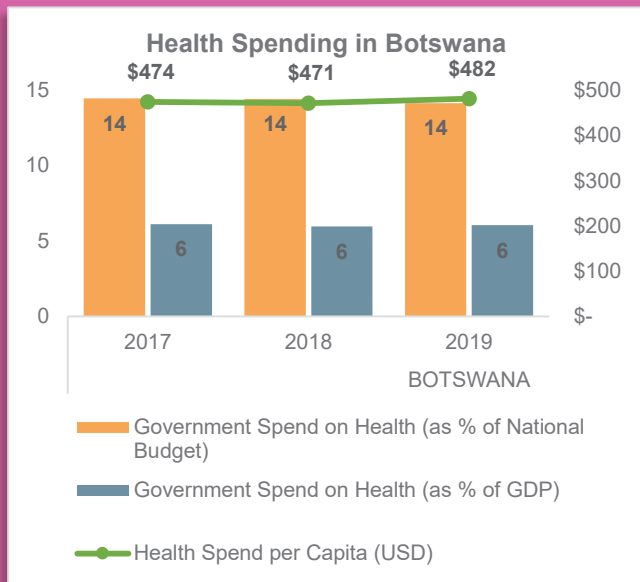


Figure 11: Health Financing Sources

Source: Global Health Expenditure Database

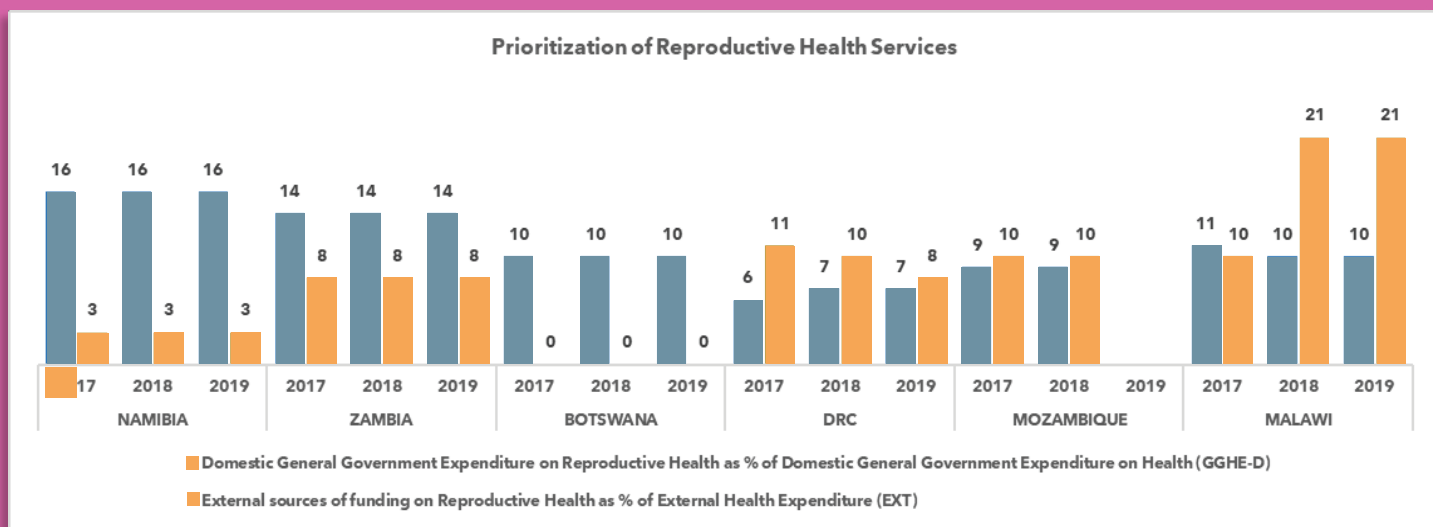
Figure 12: Health Spending across the Countries



Group Work: Prioritization of Health

Group Work: Prioritization of Reproductive Health Services

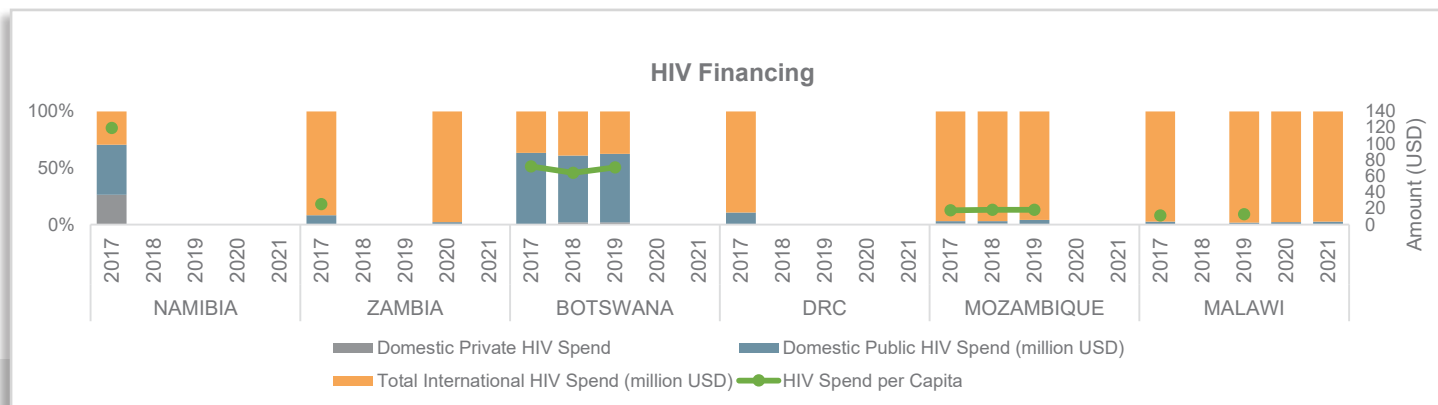
Figure 12: Health Spending across the Countries



Source: UNAIDS, Analysis by Consultant

Group Work: Prioritization of Reproductive Health Services

Figure 12: Health Spending across the Countries



Source: UNAIDS, Analysis by Consultant

GROUP WORK



1. What are the general trends within countries and across all the countries?
2. What similarities or differences stand out among the countries?
3. What is the significance of these trends?
4. What advocacy Opportunities emerge from the findings?

6.3 Pooling Mechanisms

Rationale

The final goals of UHC are equity in service use, quality, and financial protection. Intermediate UHC objectives include equity in the distribution of resources and efficiency in their overall use.

Risk pooling is the spreading of the financial risk associated with the need to use and pay for health services, rather than to be fully borne by the individual who falls ill. Large size in terms of the number of people covered by the pool and diversity of health risks within the pool are important for the spreading of risks and have positive effect on UHC goals.

The purpose of pooling is to spread financial risk across the population so that no individual carries the full burden of paying for health care.

This is determined by both the overall level of prepaid resources and the structural arrangements (architecture) of pooling.

Risk pooling effectively means that the healthy subsidize the sick, and by implication due to their lower health risks, the young subsidize the old. Maximizing the potential to redistribute from lower-need to higher-need individuals by separating contributions (of whatever form, such as taxes or insurance premiums) from their health risk is the central objective for pooling.

Best Practice

Four broad types of pooling reforms recommended include:

1. Shifting to compulsory or automatic coverage for everybody.
2. Merging different pools to increase the number of pool members and the diversity of pool members' health needs and risks.
3. Cross-subsidization of pools that have members with lower revenues and higher health risks; and
4. Harmonization across pools, such as benefits, payment methods and rates.

Whether the potential for redistribution is actually realized through a pooling reform also depends on the alignment of the pooling structure with revenue raising and purchasing arrangements. However, institutional and political feasibility can constrain the scope for reform, and the political economy around pooling reform needs to be anticipated and managed.

Pooling arrangements set the potential for redistributive health spending. The extent to which the potential redistributive and efficiency gains established by a particular pooling arrangement are realized in practice depends on its interaction and alignment with the other health financing functions of revenue raising and purchasing, including the links between pools and the service benefits and populations they cover.

Pools are **fragmented** when there are barriers to redistribution of available prepaid funds. Fragmentation in pooling can also contribute to inefficiency in the health system, as it typically implies a duplication (or multiplication) in the number of agencies required to manage the pools (and, usually, purchasing as well). This is due to two related reasons. First, there are higher administrative costs of having multiple pooling/purchasing agencies rather than one, which can raise system-wide costs.

Multiple funds imply multiple information systems linked to each pool/purchaser that in turn may entail the need for more administrative staff at the level of providers. The administrative costs are even greater where there are different service providers associated to each financing arrangement. This duplication of functional responsibilities can be a major driver of inefficiency when seen from the perspective of the entire system rather than within each scheme.

The purpose of pooling is to spread financial risk across the population so that no individual carries the full burden of paying for health care.

Second, fragmentation can weaken the potential gains from using purchasing as an instrument to influence provider behaviour in countries where multiple purchasers use different payment methods and rates to pay the same providers in an uncoordinated way. This moves the power more to the providers who can “shift costs” between patients covered by different schemes and thereby diminish the system-wide impact of purchasing reforms.

Pooled public financing has been shown to be a critical driver to attaining Universal Health Coverage. Across the world the vast majority of pooled financing is, in reality, public financing (from taxation, compulsory insurance, and aid). Prepaid private spending (i.e., private insurance) makes only a very small contribution to overall pooled health spending—in high-income countries, on average, private insurance spending accounts for only 4% of total health expenditure. Only the USA and South Africa have a high proportion of private insurance spending, and both are poor UHC performers in terms of efficiency and equity.

To reduce fragmentation and increase the spreading of risks; and to make progress towards Universal health coverage, countries are advised to work towards:

- a. larger rather than smaller pools
- b. a more diverse risk mix within pools, and
- c. compulsory rather than voluntary pools.

6.3 Pooling Mechanisms

Rationale

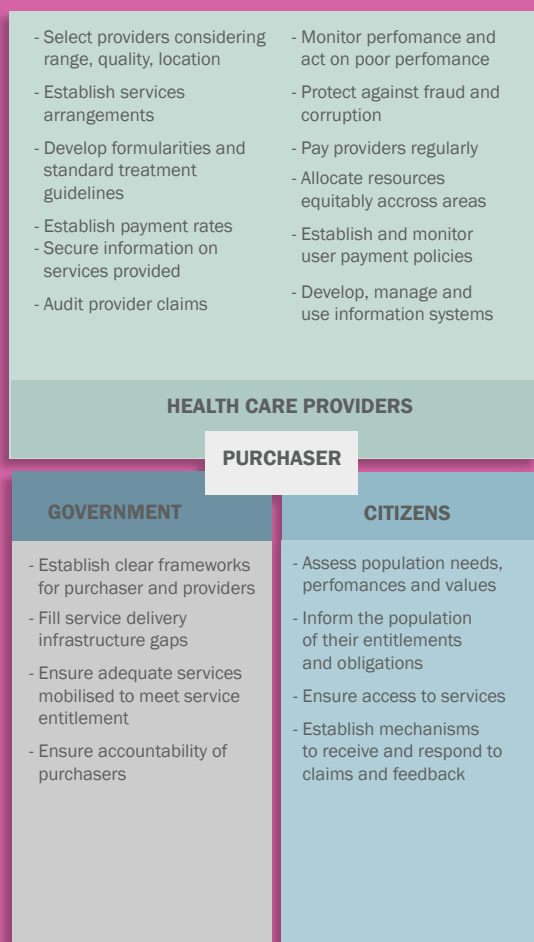
Purchasing refers to the allocation of pooled funds to healthcare providers for the delivery of health services on behalf of certain groups or the entire population.

The purchasing function of health care financing involves three sets of decisions:

- a. What to buy?** Identifying the interventions or services to be purchased, taking into account population needs, national health priorities and cost-effectiveness.
- b. From whom to buy?** Choosing service providers, giving consideration to service quality, efficiency and equity.
- c. How to buy?** Determining how services will be purchased, including contractual arrangements, provider payment mechanisms and how compliance will be monitored.

Best Practice

Figure 15: Roles of Stakeholders in Strategic Purchasing



Source: Ayako Honda and Di McIntyre, 2016

As the purchaser buys health services for people, it is important for the purchaser to ensure there are effective mechanisms in place to determine and reflect people's needs, preferences and values in purchasing, and hold health providers accountable to the people.

A critical factor in health system performance is the extent to which purchasing decisions are linked to provider behaviour and encourage providers to pursue equity, efficiency and quality in service delivery. This is strategic purchasing.

Strategic purchasing aims to maximize health system objectives through an active, evidence-based process that defines which health services should be bought from whom, how these health services should be paid for and at what rate they should be paid.

In strategic purchasing, a purchaser is an organisation that buys health services for certain groups or an entire population.

The purchaser can use levers to influence the behaviour of providers to improve quality and efficiency in health service provision and facilitate equity in the distribution of health care providers.

However, purchasing mechanisms operate within each country's regulatory framework and, in strategic purchasing, government is required to play a stewardship role by providing a clear regulatory framework and appropriate guidance to ensure that public health priorities are linked to resource allocation and purchasing decisions

Purchasing is considered strategic when allocations are linked, at least in part, to information on provider performance and the health needs of the population they serve, with the aim of realizing efficiency gains, increasing equitable distribution of resources and managing expenditure growth.

GROUP WORK: PURCHASING



Discuss and document how AGYW services are purchased in any one of your respective countries. Highlight a) what services are available/ bought; b) who buys (individuals, organizations, governments etc.); c) whether the existing systems help improve quality and affordability of AGYW services.

7. Budget Cycle

Objectives

- To understand the budget cycle
- To identify advocacy opportunities aligned to the budget cycle for the respective countries.

Session Outline

Time	Topic
45 Minutes	Budget Cycle: <ul style="list-style-type: none">- Formulation- Approval- Execution- Evaluation & Audit
10 Minutes	Activity: Advocacy Opportunities
25 Minutes	Group Work: Open Budgets

Adjunct: Video- Budget Advocacy

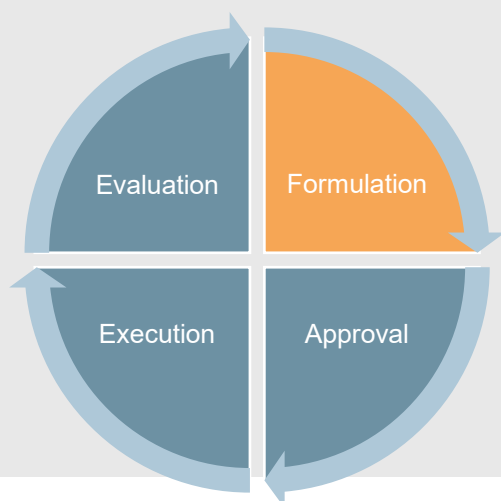
<https://www.youtube.com/watch?v=x7IHPIFY90g>

7.1 Overview

Public budgeting is the process by which governments prepare and approve their strategic allocations of public resources. From the perspective of public financial management (PFM), robust public budgeting serves several important functions: it sets expenditure ceilings, promotes financial discipline and accountability, and enhances efficiency in public spending.

The key features of a well-functioning budgeting system typically include: 1) multi-year programming (Medium Term Expenditure Framework); 2) policy-based allocation definition (Program Based Budgeting); 3) sector coordination for budget formulation; 4) realistic and credible estimates of costs; and 5) an open and transparent consultation process.

Figure 16 depicts the different phases in the budgeting cycle from formulation, execution, and monitoring.



7.2 Budget Formulation

Description

While the share of the budget allocated to health may largely be a political decision and the result of unbalanced powers, it may also depend on whether the budget proposal is well-developed, including its formulation, costing and linkages to a results framework, all of which pertain to the quality of PFM processes and the effectiveness of health sector's engagement in budget planning.

Best Practice

The budget is a key instrument of public policy, and so it is appropriate that this document is clear and accessible, and that it receives thorough, meaningful scrutiny by public and parliament.

Suggested starting points are that the budget proposal should:

- Be submitted in good time to allow for proper review by parliament.
- Show the government's objectives for fiscal policy, and priorities for expenditure and revenue policy, in the year ahead and over the medium term
- Use internationally recognised standards of revenues and expenditures
- Describe the cost and assessed impact of all new policy measures.

Using more flexible approaches to formulate health budgets, such as programme- or output-oriented approaches, is likely to enhance space for priority health spending. The rigid budget structures and appropriation mechanisms of line-item allocations often limit reallocations and can hinder the optimal mix of inputs by health service providers.

Opportunity for Flexibility!

PFM improvements can free up more resources and make budgetary space for health more FLEXIBLE or ELASTIC

Improving how budgets are structured can reduce unnecessary expenditures, realign expenditures with priorities and enhance budgetary space for health by making it more elastic.

The public should be presented with high quality financial and non-financial information on past, present, and forecast fiscal activities, performance, fiscal risks, and public assets and liabilities. - GIFT High-level Principles on Fiscal Transparency



Case 1: Women Led Budget Advocacy in Zambia

In Zambia, a People's Budget campaign led by women, demands a budget that works for women. This campaign comes from a need for a radically different approach. With levels of inequality, both in terms of the gap between the rich and poor, as well as between women and men, being extremely high and growing in Zambia. The Fight Inequality Alliance Zambia, part of the global Fight Inequality Alliance coalition, is a growing group of youth activists, women's rights groups, NGOs and other civil society organisations coming together to fight the root causes of inequality in the country.

They conduct trainings on the budget cycle, mainly in rural parts of Zambia, working with grassroots activists on how and when they to get involved in the budget process and how they can make a submission. Most importantly people learn how they can track budget implementation in their own areas to ensure that the allocation they get is used for the right reasons and they are able to hold their leaders accountable.

This understanding of the budget cycle and tracking of budget implementation has built people's collective power to make change in their own lives and influence policy. Over 50% of the people taking part in this campaign were rural women, and 60% felt priority in the budget should be given to education and agriculture. This will reduce the burden on most women who carry out the majority of unpaid care work. Their demands were taken down in a budget submissions book, forming an alternative budget that was called "The People's Budget."

Source: Mwilima, D.L. (2019) In Zambia a People's Budget Campaign Demands a Budget that Works for Women. Open Democracy.

Available at: <https://www.opendemocracy.net/en/oureconomy/in-zambia-a-peoples-budget-campaign-demands-a-budget-thatworks-for-women/>

7.3 Budget Approval

Description

The legislature should be provided with the authority, resources, and information required to effectively hold the executive to account for the use of public resources. - **GIFT High-Level Principles on Fiscal Transparency**

The national parliament has a fundamental role in authorising budget decisions and in holding government to account. Countries should offer opportunities for the parliament and its committees to engage with the budget process at all key stages of the budget cycle, both ex ante and ex post as appropriate. - **OECD Recommendation on Budgetary Governance**

A more proactive and results-based approach to budget negotiations and approvals is likely to have a direct impact on the level of budget share allocated to health. While politics and power matters, a budget's share for health will be determined by the technical preparation done in advance of budget negotiations, the robustness of the results framework, and a budget's alignment with the overall budgetary process and calendar.

When done effectively, this health sector's engagement during the budget negotiation and approval stage can expand budgetary space for health.

Parliamentary committees are a useful forum for focused, in-depth scrutiny and effective engagement with the budgetary process. Committee members build up specialised knowledge of budget-related topics, and the committees themselves can sustain an informed “accountability dialogue” with government ministries and agencies throughout the annual budget cycle, and from year to year. In addition to serving as key democratic forums in their own right, parliamentary committees may also benefit from inputs directly from citizens, civil society bodies and independent experts, who can contribute to an inclusive, informed parliamentary discussion on budget-related issues.

Approval by the legislature confers democratic legitimacy on the levying of taxation and on the appropriation and use of public funds; at other phases of the budget cycle, the parliament can follow through on its accountability role based upon the approved budget allocations.

Suggested starting points are that parliamentary approval should:

- a) Be based on public parliamentary debate of the government's budget proposal
- b) Allow enough time for the parliament to undertake in-depth scrutiny – three months is a useful benchmark, although the quality and depth of review are important
- c) Ideally, take account of how the executive has responded to the policy priorities and considerations from the ex ante parliamentary engagement phase
- d) Take place prior to the start of the fiscal year.

The approved budget is the budget as formally adopted by parliament and is the definitive point of reference for the raising of revenues and allocating, and accounting for, public funds. Most countries recognise, in their laws and/or constitutions, the importance of the approved budget in creating a legal basis for levying of taxes and the allocation of public funds.

Suggested starting points are that the approved budget should:

- a) Be published as soon as it is approved by the legislature
- b) Have legal effect before the start of the budget year
- c) Include the same level of detail as the executive's budget proposal to help in identifying all significant deviations from it.

The supplementary budget contains proposed amendments to the main annual budget. Such a mechanism should be used to authorise significant additions or changed allocations which were not foreseen at the time of the original budget and appropriations.

Suggested starting points are that the supplementary budget should:

- a) Put forward all proposed amendments at the same time
- b) Include an explanation of the basis for the supplementary budget measures
- c) Show the effect (if any) on fiscal policy objectives
- d) Be authorised by the parliament prior to the expenditures being incurred.

Pre-execution budget profiles or cash-flow forecasts show how budget expenditures and revenues are projected to arise over the course of the year in broad terms and provide a useful benchmark for in-year monitoring. Preparing useful budget profiles or cash-flow forecasts requires careful attention to seasonal factors, expected once-off events and other factors that can lead to large fluctuations in revenues and expenditures.

Suggested starting points are that these budget profiles or forecasts should:

- a) Be published close to, or ideally before, the start of the budget year
- b) Allow for early identification of budgetary overruns /underspends and other risks.

7.4 Budget Execution

Description

Key: Strengthening budget execution practices to ensure the predictable and timely release of funds can reduce the level of unused revenues, helping to ensure the full use of existing budgetary space by health service providers.

Improved budget execution can have a sizable impact on maximizing budgetary space for health. Notwithstanding decreases in revenue mobilization that may impact the level of available resources across sectors, there are several policy actions that pertain to both finance and health that can help improve budget execution upstream (e.g., quality of revenue forecasts, multi-year plans, costs estimates, budget formulation) and downstream (e.g., cash plans, procurement management, control system) in the health sector.

A critical downstream consideration in budget execution is facility autonomy over finances allocated. This can be achieved through direct facility financing.

Direct facility financing transforms the way in which health facilities and their broader provider and community networks receive, manage, and account for funds to deliver health services.

The approach establishes health facilities as autonomous management entities, able to receive many types of funds directly and manage them independently to meet the needs of beneficiaries. When implemented successfully, direct facility financing helps health facilities operate more equitably and efficiently, improves accountability, and creates an environment in which facilities are more likely to respond to financial incentives.

Efficiency gains and reduced administrative costs can increase coverage of health services, and inclusion of government general revenue can drive improvements in equity and financial risk protection. Giving frontline health facilities, particularly at the primary care level, the authority to manage their own funds has many benefits, including igniting facility management to improve delivery of services to their clients and communities, and increasing transparency, accountability, and responsiveness.

Three principles guide direct facility financing: **facility autonomy**, in which facility managers can determine how to use funds without rigid line-item constraints; **output-based provider payment**, in which funds are allocated to facilities based on service outputs as opposed to inputs; and **sound facility financial management**, in which facilities have the systems and capacity to carry out appropriate financial management, accounting and reporting practices. Direct facility financing should not be considered a scheme or project but rather a set of attributes and actions that can help strengthen domestic health systems and support progress towards universal health coverage (UHC).

Opportunity: Maximize!

PFM improvements can MAXIMIZE existing budgetary space for health by a) ensuring predictable and timely release of funds, and b) reducing the level of unused revenues.

In-year budget execution reports provide a snapshot of the budget's implementation during the budget year, and signal to the government (and to the public) the need to take corrective action where appropriate.

Suggested starting points are that the budget execution reports should:

- 💰 Be published quarterly or (ideally) monthly, shortly after the end of each period
- 💰 Include a short commentary to assist in interpreting the report, especially explanations of any significant divergences from the corresponding budget profiles.

The mid-year implementation report is an analysis of the budget's effects provided about halfway through the budget year and provides a comprehensive update on the implementation of the budget. In addition to its use for budget oversight, the mid-year report can also yield useful insights which can inform the pre-budget deliberations for the following year.

Suggested starting points are that the mid-year implementation report should:

- 💰 Be published within six weeks of mid-year
- 💰 Include an updated forecast of the budget outcomes for the budget year
- 💰 Report on the expected budget impact of any revisions to economic assumptions, and of any government policy decisions that may have been taken earlier that year.

Year-end reporting is essential for accountability, both for reporting on actual budget execution during the year (budget execution reports) and for illustrating the situation of the government's accounts at the end of the fiscal year (financial statements). These reports are normally submitted for audit by the Supreme Audit Institution.

Suggested starting points are that year-end reporting should:

- 💰 be released within six months of the end of the fiscal year
- 💰 be presented in a way that corresponds with the format of the approved budget

7.5 Budget Oversight and Audit

Description

The government needs to command credibility and trust in how it raises and spends public funds, and in its dealings with the private sector. Clear standards for managing public money, and regular audits to ensure that these standards are being upheld, are the basic tools for maintaining integrity and public trust.



Best Practice

The Supreme Audit Institution should have statutory independence from the executive, and the mandate, access to information, and appropriate resources to audit and report publicly on the raising and commitment of public funds. It should operate in an independent, accountable and transparent manner. **GIFT High-Level Principles on Fiscal Transparency**

The credibility of national budgeting – including the professional objectivity of economic forecasting, adherence to fiscal rules, longer-term sustainability and handling of fiscal risks – may also be supported through independent fiscal institutions or other structured, institutional processes for allowing impartial scrutiny of, and input to, government budgeting - **OECD Recommendation on Budgetary Governance**

Standards and Procedures for Managing Public Money set out explicitly the standards of probity and personal responsibilities of all officials in the government charged with managing public funds.

Suggested starting points are that the standards and procedures should:

- a) Apply across all public entities and at all levels of government
- b) Specify the distinct procedures and duties at various stages of public financial management, including revenue administration and collection, orders and payments, payment terms and control of outstanding balances
- c) Be subject to internal audit and external audit
- d) Be openly available for the general public as well as for all government suppliers

Internal audit procedures are essential for guarding public funds from misuse, fraud and waste. Financial inspectors and internal auditors also play an important role in helping to improve overall levels of organisational effectiveness.

Suggested starting points are that internal audit procedures should:

- 💰 Operate independently, in line with professional audit standards
- 💰 Undertake regular audits of the main financial processes and main spending and revenue units
- 💰 If appropriate in national circumstances, communicate their recommendations to all relevant stakeholders, including the relevant public managers, the finance ministry and the external auditor.

Supreme audit institutions (SAIs) should be instituted in a way that allows them to undertake independent, regular and high-quality audits. SAIs should be entrusted with providing assurance on the compliance of government expenditure with the applicable laws, regulations and rules; auditing the year-end financial report of the Government; and, increasingly, assessing the efficiency and effectiveness of public policies and programmes.

Core principles of Supreme Audit Institution (SAI) establishment and governance are laid down in the International Standards of SAIs (ISSAIs) as adopted by INTOSAI (the International Organisation of SAIs). These core principles cover auditing precepts, SAI independence as well as practical guidance for conduct of audit. SAIs should be instituted in a way that allows them to operate in compliance with the standards.

Suggested starting points in ensuring compliance to the standards are that SAIs should:

- a) Be granted assured and stable financial and human resources, and unrestricted access to information in order to perform their audit mandate
- b) Maintain documented, public procedures and codes to underpin their professional standards (e.g., ethics and audit manuals)

- c) Engage with a variety of stakeholders (including parliament, media and civil society) and provide relevant, timely information on their work programme and findings
- d) Elevate findings on cross-cutting issues to provide insight on efficiency, effectiveness, sustainability and integrity in public expenditure across government.

Opportunity: Enlarge!

PFM improvements can help ENLARGE budgetary space for health when used to inform future budget allocations.

The external audit report provides an independent and authoritative review of the year-end reporting of both budget execution and of financial statements by the SAI. This mainly shows whether the government's reporting is accurate and reliable and indicates whether the government has complied with financial management laws and regulations. This report can also yield important messages for policymakers, parliamentarians and the public regarding issues of corruption, fraud, mismanagement and wastefulness of resources.

The use of budget performance information to secure higher allocations has been proven to work successfully in several contexts.

Fiscal reports should provide a comprehensive, relevant, timely, and reliable overview of the government's financial position and performance. Budgets and their underlying fiscal forecasts should provide a clear statement of the government's budgetary objectives and policy intentions, and comprehensive, timely, and credible projections of the evolution of the public finances. - **IMF Code on Fiscal Transparency**

Parliamentary scrutiny of budget execution ensures that public funds are being/have been used for the purposes intended, and that policies are achieving their intended results. Careful monitoring of budget execution helps to underpin public confidence and trust in the use of public funds, and to guard against corruption, mismanagement and waste.

In order to undertake budget scrutiny and oversight effectively, parliaments need to be equipped to engage in a professional manner with the financial and policy-related issues that are presented during the budgetary cycle.

Many countries have established **Independent Fiscal Institutions (independent parliamentary budget offices and fiscal councils)** which can improve the objectivity of macroeconomic and budgetary forecasting and enhance fiscal discipline through a 'watchdog' role in the national fiscal framework. IFIs can also promote greater transparency and accountability by raising the quality of national public debate on fiscal policy.

Suggested starting points in considering appropriate functions for IFIs include:

- a) Assessing, endorsing, or producing official macroeconomic and/or fiscal forecasts
- b) Analysing budgets and fiscal plans, and monitoring compliance with fiscal rules
- c) Evaluating the mid- and long-term sustainability of public finances
- d) Providing cost estimates for proposed policy measures.

Specialist analytical and research resources, such as in-house research services and budget units within parliaments, can promote a more informed engagement between the legislature and the executive. This is particularly important in the budgetary area, since budget-related documents can be highly complex and detailed, and the parliament must rely on specialist support to fulfil its mandate in budget approval and accountability.

Careful attention should be paid to equipping parliamentarians with the knowledge and skills they need to engage effectively with the budgetary documentation and to input their views to the overall process.

Suggested starting points are that budget-related CPD for parliamentarians should:

- a) Include induction training for parliamentarians, committee members and chairs
- b) Cover domestic and international aspects of budgetary scrutiny and oversight.

Group Activity

After presenting the Budget Cycle;

- 💰 Have participants move their chairs into a circle, and then take one chair away (e.g., if there are 15 participants, the circle should have 14 chairs).
- 💰 Explain that one participant will stand in the middle of the circle and state an area of budgeting they missed an opportunity because they didn't know existed.
- 💰 Explain that everyone who has also recognized this opportunity should stand up and quickly move to a different seat.
- 💰 The person left without a seat will go to the middle of the circle and state his or her own issue.
- 💰 Repeat this activity until you have a list of areas participants want to learn more for engagement for recommendations and ask participants if they have any other additions.

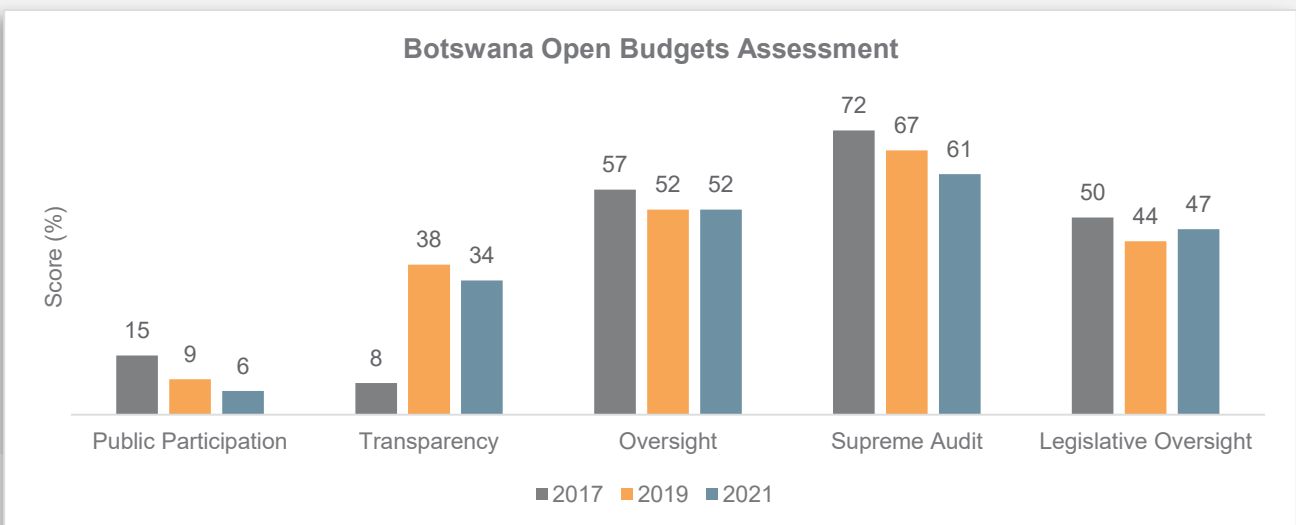
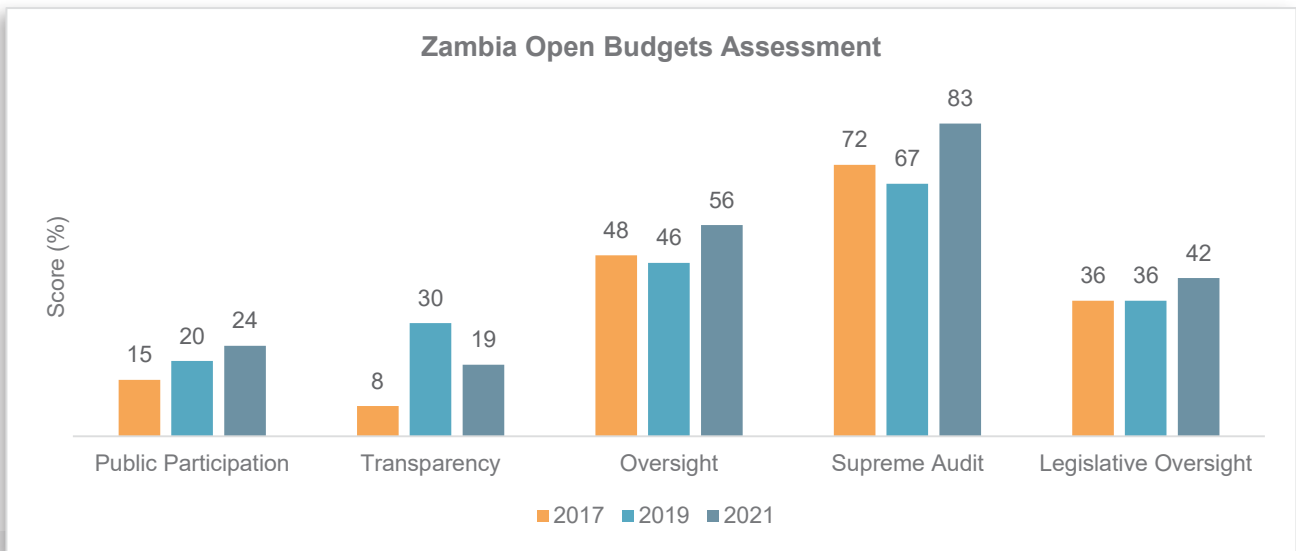
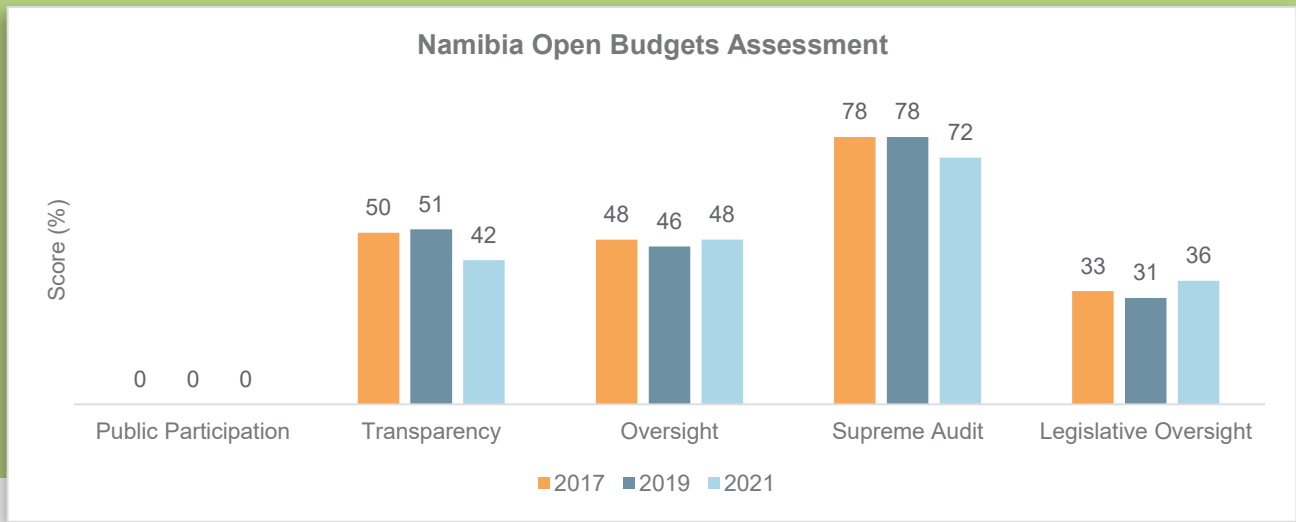
The facilitator should record answers on a flip chart throughout the game.

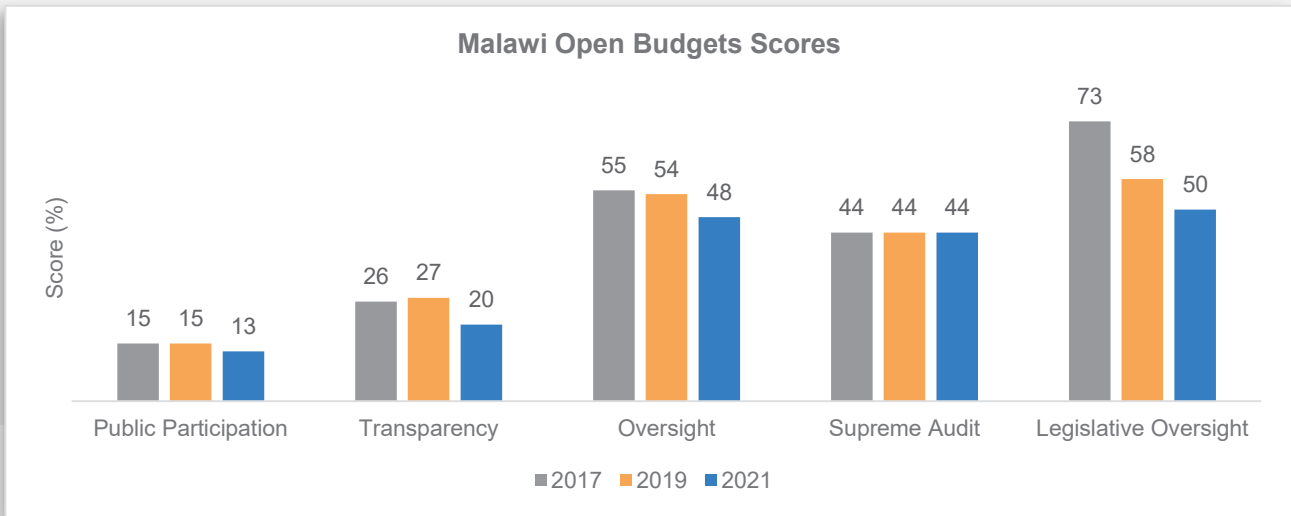
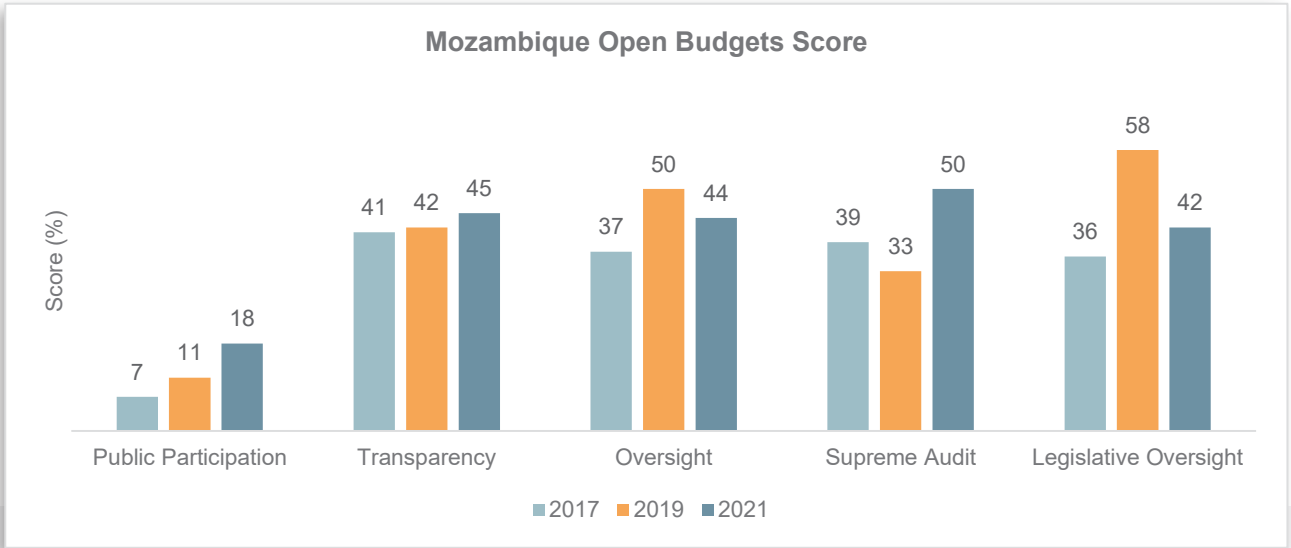
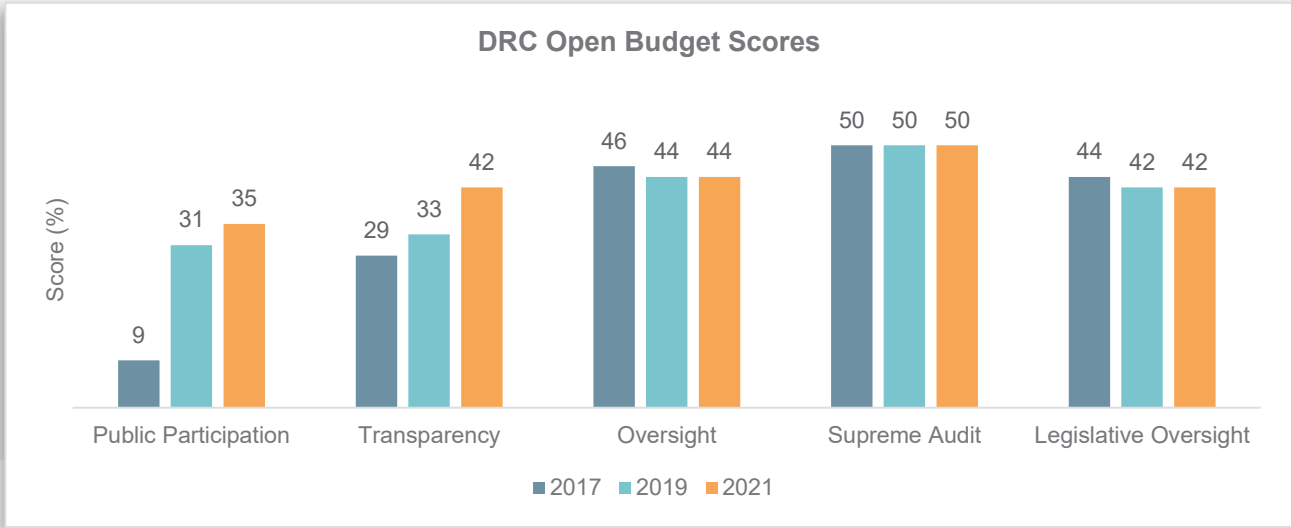
GROUP WORK: OPEN BUDGETS



1. What trends stand out in each country?
2. What advocacy opportunities emerge from the analysis of the countries?

Group Work: Open Budgets Assessments





Case 2: Budget Tracking for Accountability and Gender responsiveness in Uganda

In addition to budget tracking at national level, women's rights organisations are leading efforts to track budgets and create accountability through budget related advocacy at community level too. Forum for Women in Democracy (FOWODE) a women's rights organisation based in Uganda, promote gender accountability in Uganda through Grassroots Village Budget Clubs. The clubs work to ensure that their issues are included and spending according to these issues is prioritised in local government plans and budgets.

Communities through Village Budget Clubs monitor the expenditure of public resources to check corruption among public officials and ensure the delivery of quality public services. Village Budget Clubs are modelled to be non-partisan, with each composed of 20 members of whom 12 are women and eight men. Some of the Village Budget Club members are community opinion leaders and others hold positions of responsibility, as for example leaders of faith-based organisations. The clubs advocate for gender responsive budgets, enabling women and men get equal consideration in budgets and development plans.

Source: Forum for Women in Democracy (FOWODE) (2013). Fowode's Village Budget Club Model: A successful community led advocacy for equitable service delivery, pro-poor and gender responsive budgets.

Available at: <https://www.fowode.org/publications/research/43-the-fowode-village-budget-club-model/file.html>



8. SUSTAINABILITY ANALYSIS

Objectives

- 💰 To understand capacities necessary for sustainability of interventions in health and AGYW services.
- 💰 To identify advocacy opportunities that arise from contextual country sustainability assessments

Session Outline

Time	Topic
45 Minutes	Overview of Capacities for Sustainable Development: <ul style="list-style-type: none">a. the capacity to measure sustainable development;b. the capacity to promote equity;c. the capacity to adapt to shocks and surprises;d. the capacity to transform the system onto more sustainable development pathways;e. the capacity to link knowledge with action;f. the capacity to devise governance arrangements that allow people to work together in exercising the other capacities.
5 Minutes	Energizer/ Health Break
15 Minutes	Group Work: Case Study- Project Soar Malawi; NAYA (Kenya)
10 Minutes	Activity: Opportunities for Strengthening Sustainability
30 Minutes	Group Work and Reflections

Adjunct:

Video *DREAMS and Covid-19 in Zambia*

<https://www.youtube.com/watch?v=8IDPCwwx79w&t=5s>

Video *Journey to sustainability: Experiences of coalitions in Kenya*

<https://www.youtube.com/watch?v=azsF9Q92Gn0>

Supplementary Audio and Video links: *How the Covid-19 Crisis Heightens HIV Risk for Adolescent Girls and Young Women* | Center for Strategic and International Studies ([csis.org](https://www.csis.org))



8.1 Overview

Description

Sustainable development refers to development which meets the needs of the present without compromising the ability of future generations to meet their own needs.

Sustainability refers to the continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time (the overall value of the intervention, taking into account any ongoing costs related to the intervention).

It includes an examination of the financial, economic, social, environmental, and institutional capacities of the systems needed to sustain net benefits over time alongside analyses of resilience, risks and potential trade-offs.

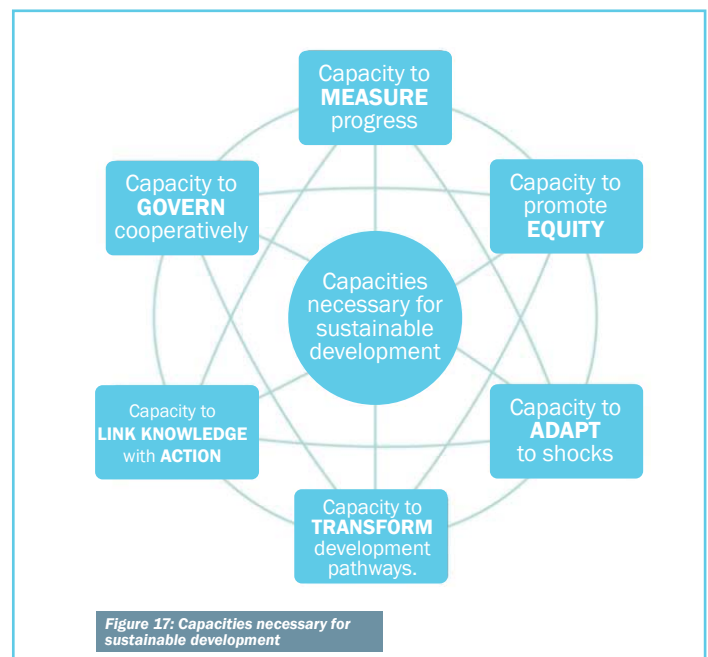
Decisive collective action is essential to confront the sustainability crisis in development interventions including health interventions. Needed are strong, multifaceted and learning strategies capable of advancing collaborative action agendas at all levels while continuously re-examining their own core commitments.

These strategies can therefore be implemented today by advocates pursuing sustainability at levels from the local to the global and across multiple contexts and action situations. Further strengthening and integrating these capacities should almost certainly be a high priority for sustainability.

Such strategies for the pursuit of sustainability can be strengthened by fostering a set of six essential capacities:

- g. the capacity to measure sustainable development;
- h. the capacity to promote equity;
- i. the capacity to adapt to shocks and surprises;
- j. the capacity to transform the system onto more sustainable development pathways;
- k. the capacity to link knowledge with action;
- l. the capacity to devise governance arrangements that allow people to work together in exercising the other capacities.

The advantage of focusing sustainability efforts on the six capacities identified here is that society has already built a significant understanding of how to foster each of them.



8.2 Capacity to measure progress toward sustainable development

Rationale

The overall purpose of monitoring and evaluation is the **measurement and assessment of performance** in order to more effectively manage the outcomes and outputs known as development results.

Monitoring and evaluation can help an organization to extract, from past and ongoing activities, relevant information that can subsequently be used as the basis for programmatic fine-tuning, reorientation and planning. Without monitoring and evaluation, it would be impossible to judge if work was going in the right direction, whether progress and success could be claimed, and how future efforts might be improved.

Benefits of Measurement

- § Good Program Management
- § Accountability
- § Program Effectiveness

Monitoring

The systematic collection, analysis, and use of information throughout the project life cycle to learn a) what happened; b) what were the immediate results; and c) how the resources were used.

Evaluation

An exercise aimed at helping decision makers understand how, and to what extent an intervention is responsible for a specific measured result. It explores what, why and how a particular change occurred. Reporting is an integral part of monitoring and evaluation. Reporting is the systematic and timely provision of essential information at periodic intervals.

Best Practice

Under Results Based Monitoring, “good monitoring” means that monitoring is continuous, involves partners, and is focused on progress towards outcomes

Move from a focus on outputs (e.g., projects and laws) towards a focus on outcomes (e.g., impacts of projects and legal changes).

8.3 Capacity to promote equity within and between generations

Rationale

Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation).

Empowerment of those actors who are losing out or are likely to lose out under current pathways of development must be a vital component of sustainable development.

Best Practice

Use a health equity lens in intervention planning, development, implementation and dissemination. The entire cycle should be inclusive, avoid bias and stigmatization, and effectively reach intended beneficiaries. The interventions should therefore:

- 💰 Explore, appreciate, and avoid perpetuating long-standing systemic social and health inequities that are driven by existing systems.
- 💰 Recognize and reflect the diversity of the community you intend to reach.
- 💰 Community engagement should be a foundational part of the process to develop culturally relevant, unbiased development intervention.
- 💰 Intervention design and implementation must recognize and appreciate that health equity is intersectional. This means that individuals belong to more than one group and, therefore, may have overlapping health and social inequities, as well as overlapping strengths and assets.

8.4 Capacity to adapt to shocks and surprises

Rationale

Adaptive capacity is necessary for sustainable development. The development systems and their contexts are invariably full of disruptions: shocks, surprises, novelty, and the unfolding unknown. This implies that even development pathways that are considered sustainable now will eventually be pushed in unsustainable directions.

Strengthening resilience includes improving preparedness, response, and recovery from shocks and stresses that affect care. The development intervention must have the ability to confront potentially disruptive change in ways that keep the system operating within its current regime.

Best Practice

Move from developing and implementing fixed plans, ideas and solutions towards operating an adaptive system that can continuously improve governance to promote coherence between responses to different challenges

Use participatory approaches to build trust between citizens and duty bearers: Active community engagement improves trust in the health system, increases health facility response, and helps ensure that community member participation and decision-making is prioritized during crisis responses.

Use informed planning to anticipate shocks: It is important to anticipate shocks and coordinate in advance to apply relevant lessons from past outbreaks, pandemics, and other crises. Informed planning mechanisms, including clear processes of engagement at local, regional, and national levels prior to the onset of crises, can help identify potential shocks and stresses, map opportunities, and highlight community capabilities and vulnerabilities. Informed planning also engages trusted and influential members of society in leadership and planning.

Engage community health and primary systems in co-creating solutions to adapt and leverage preparedness resources as these are better interfaced with the households and individuals that are beneficiaries of the services at risk.

Prioritize coordination and collaboration with partners: To ensure an effective response among partners when a crisis occurs, deliberately and actively coordinating key resources prior to an event can facilitate harmonization in planning and implementation.

Be flexible: When shocks occur with little or no warning, changing health needs can be addressed quickly if activities are designed to be nimble and adaptive. Proactive, prepared communities are more agile in crisis response.

Developing and strengthening this capacity before a crisis helps to solidify the base for a rapid and robust emergency response.

8.5 Capacity to transform the system onto more sustainable development pathways

Rationale

The design of the development intervention should have the capacity to facilitate shifts from regimes and methods associated with unsustainable pathways of development to alternative regimes in which development pathways are sustainable.

Best Practice

Transformative capacity is a necessary complement of adaptive capacity. When current regimes are unsustainable, tendencies toward path-dependence and lock-in can make incremental adaptation an insufficient and even counter-productive strategy for the successful pursuit of sustainability over the long run.

A capacity for promoting qualitative transformations of regimes and their associated development pathways is thus a necessary (but not sufficient) condition for sustainable development.

Strategy:

- ① Move from a view that it is the state alone which is responsible for development towards one that sees responsibility with society as a whole.
- ② Move from a dependence on external assistance towards domestically driven and financed development. It is essential that countries take the lead and initiative in developing their own strategies if they are to be enduring.
- ③ Move from sectoral towards integrated planning.

8.6 Capacity to link knowledge with action for sustainability

Rationale

Research

Research draws on programme or intervention data to explore specific issues and generate new knowledge that could be essential to current and future implementation and contextual orientation.

Learning

Learning entails a systematic approach for applying evidence for use in decision making and effecting action or change. Learning from the past contributes to more informed decision-making. Better decisions lead to greater accountability to stakeholders. Better decisions also improve performance.

Learning entails:

- ① Gathering evidence
- ② Use of evidence for decision making
- ③ Adaptive Management to adjust based on lessons learnt.

Best Practice

The global best practices for successful advocacy that enhances knowledge translation to policy and action are hinged on the following factors as posited by the Research and Policy in Development (RAPID) framework in Figure 2:

- i. Political Context:** (Politics and Policy Making)- The extent to which the activities are relevant and aligned to the political context.
- ii. Evidence:** (Research, Learning and Thinking)- The extent to which the organization contributes to relevant knowledge management and translation.
- iii. Links:** (Media, Lobbying and Networking)- The extent to which the organization leverages on stakeholder relationships for advocacy, knowledge dissemination, and strengthening relationships.
- iv. External Influences:** (Socio-economic, cultural, international influences & donor policies)- The extent to which the organization maintains relevance to contextual realities relating to community cultures, resource mobilization, global health trends and donor relations.

These practices often include education of stakeholders and the public to raise awareness and increase understanding; evaluations of ongoing and past policies and programs, sharing of resources and information amongst organizations and improved data quality and presentation.

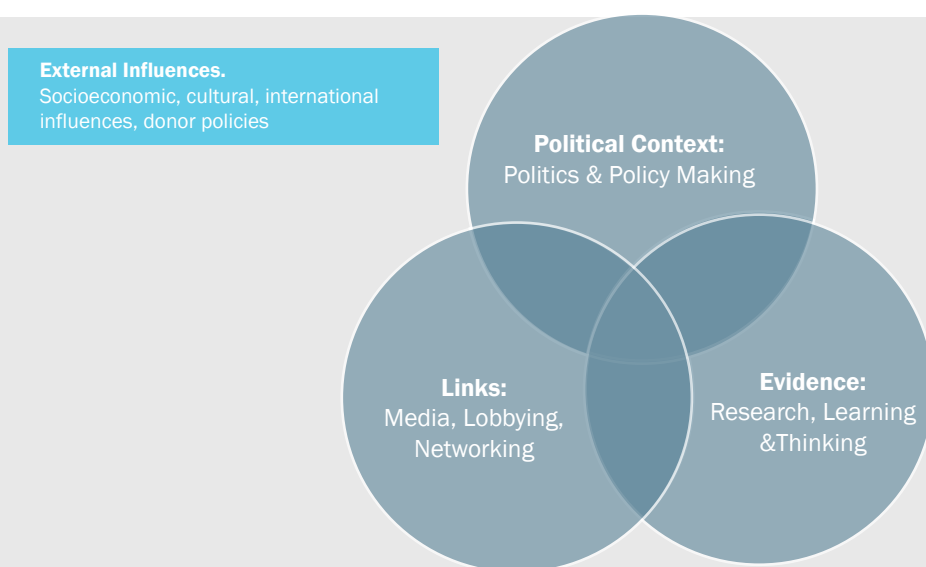


Figure 18: RAPID Framework adapted to CSO Policy Influence

Source: Pollard and Court, 2005

By being more open on the costs and benefits of implementing policies, CSOs can persuade political leaders that the policies are essential and will not waste country resource.

How data and evidence is presented matters; successful advocacy has seen CSOs provide data and research in a way that fits the government's political interests and context. If CSOs can be known for having reliable, up-to-date information, their reputation as alternative information sources to policymakers will increase their influence.

Case 3: Collaborative Generation of Evidence for AGYW care in Malawi: Project SOAR

As part of the DREAMS (Determined, Resilient, Empowered AIDS-free, Mentored, and Safe) partnership, Project SOAR, led by the Population Council, in partnership with the Center of Reproductive Health at the University of Malawi College of Medicine, conducted implementation science research between 2015 and 2018 to build needed evidence about effective programming to reduce HIV risk among AGYW and their male partners.

Using secondary data analyses and quantitative and qualitative methods, SOAR examined: (1) approaches to identify the most at-risk girls, particularly those out of school, and enroll and retain them in DREAMS programming; (2) assessed HIV risk and health-seeking behaviors before and after AGYW's engagement in DREAMS interventions; (3) explored how to reach AGYW's male sexual partners and increase their uptake of HIV services; and (4) assessed facilitators and barriers to HIV service uptake by men living with HIV.

The study provided evidence on a) strengthening comprehensive HIV/AIDS education for AGYW; b) investing in strategies to keep girls in-school and provide livelihoods support for girls who are out of school; c) couple interventions; and d) facility and community-based interventions to address gender based violence.

Learnings from this study strengthened the U. S. President's Emergency Plan for AIDS Relief's program implementation in Malawi and the region, as efforts around HIV prevention among AGYW expanded. The findings were relevant globally, given the increased attention by the international AIDS community to fostering an AIDS-free generation.

Source: Pilgrim, Nanlesta, Victor Mwapasa, Effie Chipeta, Wanangwa Chimwaza, Nrupa Jani, Tracy McClair, Lyson Tenthani, and Sanyukta Mathur. 2020. "Evidence to support HIV prevention for adolescent girls and young women (AGYW) & their male partners: results from Malawi Dreams studies with AGYW, male partners of AGYW, men living with HIV, and program implementing partners," Project SOAR Final Report. Washington, DC: USAID | Project SOAR.

Case 4: Evidence Based Budget Advocacy and Budget Tracking for Advocacy: NAYA in Kenya

The Network for Adolescent and Youth of Africa (NAYA) is a youth led regional advocacy network founded in October 2001 by the African Regional Office of the Planned Parenthood Federation of America (PPFA).

NAYA aims at enhancing the capacity of youth advocates, young people, youth led organizations and policy makers to undertake Sexual and Reproductive Health and Rights (SRHR) advocacy at international, regional, national and counties in Kenya to improve the quality, affordability and accessibility of health including SRHR information and services.

NAYA stands out given its sustained preparation of knowledge outputs to support effective budget advocacy for SRH services, specifically for AYPs. The outputs have included Policy briefs, Position papers, Budget Memoranda, Budget Trend Analysis, e-publications amongst others.

Through evidence informed advocacy, NAYA has been successful at influencing increased budget allocations to SRH and AGYW services in multiple counties in Kenya.

Source: <https://nayakenya.org/policy-communications/>

8.7 Capacity to govern cooperatively

Rationale

While sustainable development is a universal challenge, practical responses can only be defined and implemented nationally and locally by contextual actors. As such, an effective strategy for sustainable development brings together the aspirations and capacities of government, civil society and the private sector to create a vision for the future, and to work tactically and progressively towards it.

Best Practice

Reaching agreement on how to address the challenges that countries face requires a degree of pluralism and room for negotiation. The ability to reach consensus on how the challenge of sustainable development can be met will depend on factors such as peace and security, prevailing economic interests, political systems, institutional arrangements and cultural norms. Achieving sustainable development is therefore essentially a task of transforming governance.

Broad participation helps to open up debate to new ideas and sources of information; expose issues that need to be addressed; enable problems, needs and preferences to be expressed; identify the capabilities required to address them; and develop a consensus on the need for action that leads to better implementation.

Central government must be involved (providing leadership, shaping incentive structures and allocating financial resources), but multi-stakeholder processes are also required. These should involve decentralised authorities, the private sector and civil society, as well as marginalised groups. This requires good communication and information mechanisms with a premium placed on transparency and accountability.

Strategy: Move from centralised and controlled decision-making towards sharing results and opportunities, transparent negotiation, co-operation and concerted action.



9. NEXT STEPS: ADVOCACY ACTION PLAN

Objectives

- 📌 To consolidate prioritized advocacy actions into an action plan

Session Outline

Time	Topic
90 Minutes	Consolidate reflections into action plan
30 Minutes	Group Presentations on the Action plans

Overview

The figure 19 provides top level budget advocacy points along the budget cycle and the table provides a detailed action plan consolidating prioritized advocacy actions across the respective thematic areas.

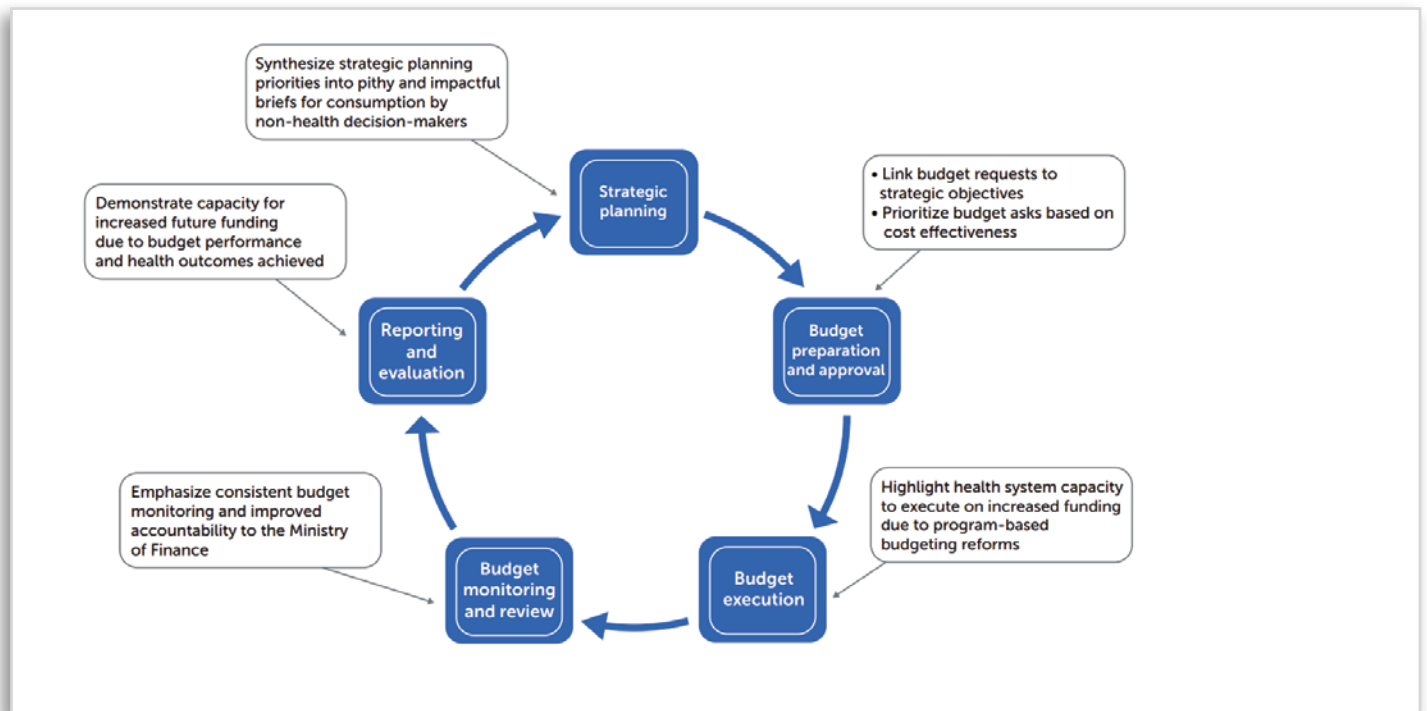
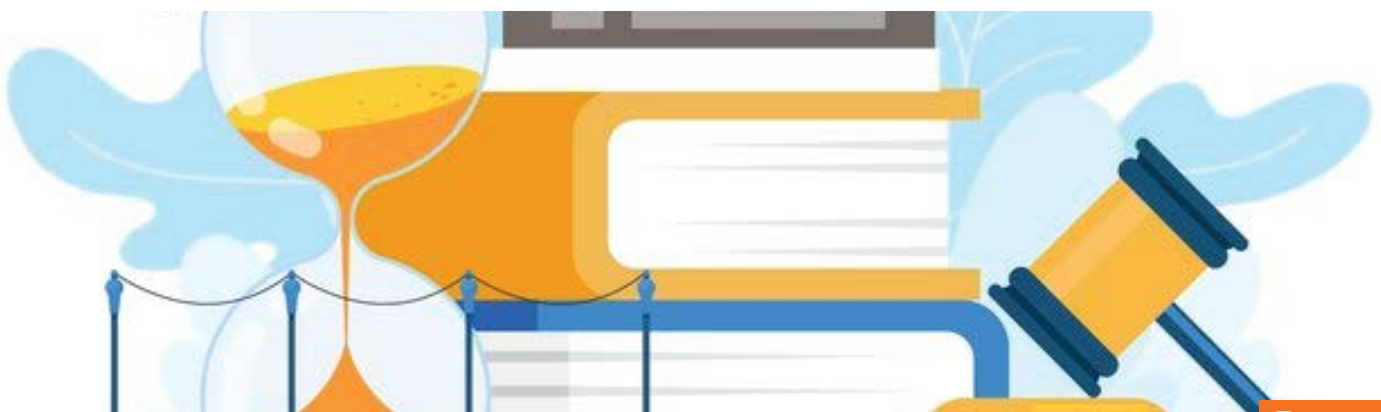


Figure 19: Advocacy along the budget cycle



Reflection

For each section (Budget Advocacy; Public Finance Context; Revenue Raising; Pooling; Purchasing; Phases of the Budget Cycle; and the six capacities for sustainable development) reflect and document the following:

- What challenges do the AGYW face in this particular dimension in your country?
- What would you suggest as possible and realistic solutions to the challenges you have identified for each dimension in your country?
- What measures or indicators would you suggest to track the solutions proposed above?
- Which specific agencies and/or stakeholders would be best placed to follow up on the proposed solutions?
- What would you propose as an appropriate timeline for the implementation of the suggested solutions?

Action: Drawing from the reflections in each section, populate the action plan in table 4 (excel table provided) across all the thematic areas.

10 CONCLUSION

Effective budget advocacy requires an understanding of the relevant context; how the diverse demographic, disease trends, sociocultural and economic realities inform policy priorities and resource allocation. Building capacity for effective budget advocacy and sustainable programming is essential in Sub-Saharan Africa in light of the declining donor funding and prevailing health needs.

Budget Advocacy Plan Template

Table 4: Budget Advocacy Action Plan

Budget Advocacy Action Plan									
Dimension	Challenge/Gap	Intervention/Activity	Indicator	Outcome	Responsibility	Stakeholders	Resources Needed	Timeline	Cost
Capacities for Budget Advocacy									
Country Context									
Public Finance Context									
Health Financing									
Revenue Mobilization									
Pooling Mechanisms									
Purchasing Arrangements									
Budget Advocacy									
Budget Formulation									
Budget Approval									
Budget Execution									
Budget Oversight and Audit									
Open Budgets									
Public Participation									
Transparency									
Legislative Oversight									

Supreme Audit Oversight									
Sustainability Analysis									
Capacity to measure progress toward sustainable development									
Capacity to promote equity within and between generations									
Capacity to adapt to shocks and surprises									
Capacity to transform the system onto more sustainable development pathways									
Capacity to link knowledge with action for sustainability									
Capacity to govern cooperatively									

11. RESOURCES

Resources: Budget Advocacy

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Resources: Health Financing

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Mathauer I, Dkhimi F. *Analytical guide to assess a mixed provider payment system*. HGF guidance document no. 5. Geneva: World Health Organization; 2019.

Strategic Purchasing for Universal Health Coverage: A Critical Assessment The South African Integrated Public System. https://assets.publishing.service.gov.uk/media/57a08962e5274a27b200005d/Purchasingsummary_SA_0.pdf

Beyond Abuja: A Primer on Approaches for Timely and Targeted Health Budget Advocacy (usaid.gov)

Resources: Budget Formulation

Pre-Budget Statement

Draft Budget: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@EXECUTIVE_BUDGET_PROPOSAL.pdf

Citizen's Budget: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@CITIZENS_BUDGET.pdf

Open Budgets Scoring: <https://internationalbudget.org/open-budget-survey>

Assessments | Public Expenditure and Financial Accountability (PEFA)

Cashin C, Bloom D, Sparkes S, Barroy H, Kutzin J, O'Dougherty S. Aligning public financial management and health financing: sustaining progress toward universal health coverage. Health financing working paper. Geneva: World Health Organization, 2017: 17.4.

Barroy H, Dale E, Sparkes S, Kutzin J. Budget matters for health: key formulation and classification issues. Health financing policy brief, WHO/HIS/HGF/PolicyBrief/18.4. Geneva: World Health Organization, 2018

Resources: Budget Approval

Approved Budget: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@ENACTED_APPROVED_BUDGET.pdf

Pre-execution Budget Profiles/ Cash flow forecasts: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@PRE_EXECUTION_BUDGET_PROFILES.pdf

Supplementary Budgets: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@SUPPLEMENTARY_BUDGET.pdf

Haakenstad A, Moses MW, Tao T, et al. Potential for additional government spending on HIV/AIDS in 137 low-income and middle-income countries: an economic modelling study. Lancet HIV 2019; published online 25 April.

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Resources: Budget Execution

In-year budget execution reports: asset-v1:GIFT+MOAFTx+2021M0+type@asset+block@IN_YEAR_BUDGET_EXECUTION_REPORTS.pdf (fiscaltransparency.net)

Mid-year review/ Implementation report: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@MID_YEAR_REVIEW.pdf

Barroy H, Kabaniha G, Boudreaux C, Cammack T, Bain N. Leveraging public financial management for better health in Africa: key bottlenecks and opportunities for reform. WHO/UHC/HGF/HFWorkingPaper/19.2. Geneva: World Health Organization, 2019.

Direct facility financing: concept and role for UHC. Geneva: World Health Organization; 2022.

Year-end review/ Implementation Report: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@YEAR_END_REPORT.pdf

Resources: Oversight and Audit

Audit Report: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@AUDIT_REPORT.pdf

Long Term Report: https://studio.learning.fiscaltransparency.net/asset-v1:-GIFT+MOAFTx+2021M0+type@asset+block@LONG_TERM_REPORT.pdf

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Guide to transparency in Public Finances: <https://internationalbudget.org/wp-content/uploads/Looking-Beyond-the-Budget.pdf>

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Hand Book on Monitoring and Evaluating For Results: <http://web.undp.org/evaluation/documents/Hand-Book/ME-Handbook.pdf>

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BUDGET ADVOCACY FOR **HIV & SRHR**

Financing amongst Adolescent
Girls and Young Women (AGYW).



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