

BUDGET BITES

December 2015



Dear readers,

The past several months have been busy ones for the Africa Health Budget Network! We have flown the flag of health financing and health budgets at high-profile post-2015 events such as the United Nations General Assembly in New York at the end of September. In mid-November, we were invited to present at a [meeting on operationalizing the Global Strategy's accountability framework](#) for women and children's health.

We took the opportunity to highlight the importance of budget advocacy for accountability, highlighting success stories from Nigeria (Community Health Research Initiatives – featured in this newsletter), Sierra Leone (the Budget Advocacy Group), Malawi (Population Action International, Jesus Cares Ministry and others), and Tanzania (White Ribbon Alliance). We are always interested in hearing and recounting your success stories so do get in touch about telling us about your own experiences!

The network is now getting greater recognition, and has been featured in a high-profile report commissioned by the Gates Foundation and the Children Investment Fund Foundation: [Engendering Accountability: Upholding Commitments to MNH](#) and [a recent article in the British Medical Journal](#) on accountability for women and children's health.

As reported in this edition, a big achievement has been raising our concerns about minimum standards for civil society organization (CSO) involvement in the [Global Financing Facility](#) (GFF) process at country and global-levels, by co-drafting and disseminating a set of [recommended minimum standards](#) with Population Action International, and being part of the PMNCH-led GFF CSO coordination group. In addition, we are collecting and distributing information about the GFF's implementation status in each country, to facilitate wider learning (see below).

We have also taken part in conferences and webinars: at the end of November we presented on the importance of budget transparency and

participation for health at [CABRI's health financing conference](#) in Dar Es Salaam, in partnership with [Haki Elimu](#), using data from [Open Budget Survey](#).

We also held a webinar on 7th December with the Budget Advocacy Network and Government Spending Watch on our [Africa health spending scorecard](#). We will soon update you about a meeting on 7th-8th December to harmonize advocacy on health system strengthening for universal health coverage and Sustainable Development Goal health targets.

Most importantly, we have created a Google group, through which we share immediate updates and resources, and encourage our members to do the same. [Join us now](#).

We look forward to working together in 2016!

Dr Aminu Magashi Garba,
Coordinator, Africa Health Budget Network

News round-up

This week we update you on all you need to know about [Global Financing Facility](#) implementation and how CSOs have been engaging across Africa.

MINIMUM STANDARDS FOR GFF COUNTRY PLATFORMS

The Global Financing Facility (GFF) has established minimum standards of inclusiveness and transparency that all country platforms are expected to adhere to. These can be found in the [GFF Business Plan Annex 6. "Minimum standards for country platforms"](#).

AHBN and Population Action International drafted a position paper suggesting specific ways in which these minimum standards could be strengthened: [RAISING THE BAR: Recommendations to Strengthen the GFF Minimum Standards for Country Platforms to Enhance Participation, Transparency, and Accountability](#).

This position paper proposes expanding on the existing principles of inclusiveness and transparency, as well as adding principles of independence and accountability.

This position paper fed into online consultations with AHBN members, the Reproductive Health Supplies Coalition's GFF oversight group, and the PMNCH CSO constituency. They then formed the basis of an in-person consultation with 45 representatives from 13 countries at the Global Financing Facility Learning Meeting (see next news item), organized by the GFF Investors' Group CSO representatives, with support from the Partnership for Maternal, Newborn & Child Health on 14th November 2015 in Nairobi, Kenya.

The final list of recommended minimum standards can be found [here](#).

CSOs DEMAND MEANINGFUL INVOLVEMENT IN GFF FOR WOMEN AND CHILDREN

Civil society from Kenya, Tanzania, the Democratic Republic of Congo, Ethiopia, India, Nigeria, Cameroon, Mozambique, Senegal and Liberia met in Nairobi on 14th November to discuss country experiences in implementing GFF and develop a list of key demands for the World Bank and participating governments. Outputs from this meeting were then presented as coordinated civil society inputs to the Investors Group meeting organized by the World Bank the following week.

The convening of civil society representatives revealed that the selection process of the lead CSO into country platforms, the country-level governance mechanism of the GFF, lacked participation from the stakeholders. Many CSOs had not been involved in any consultations and did not select their representative as the government facilitated the selection of these representatives. It was also observed that in most of the first-wave countries such as Kenya and Tanzania, participation of CSOs in drafting strategic documents was limited, and the final documents were not published on websites or for a very limited period,

and thus did not permit wide engagement and inputs from CSOs.

Civil society stakeholders believe that for GFF to achieve maximum impact it must be seen to be totally transparent from the onset and provide opportunities for meaningful participation of CSOs.

The CSOs have therefore demanded that the World Bank, the custodian of the facility, ensures that:

- 🗣️ CSO mobilization be supported independently of government, and should include broader thematic CSOs working on nutrition, malaria, family planning, vaccine water sanitation and hygiene (WASH) etc., at national and subnational levels
- 🗣️ More CSOs be represented in the country platform, as one CSO may not be able to represent all the health coalitions
- 🗣️ The World Bank develops strong guidelines for country platforms rather than being flexible about how they are set up
- 🗣️ A CSO steering committee for GFF is created at country-level to support CSO representatives on country platforms disseminate information better
- 🗣️ Indigenous CSOs be represented on the GFF at all levels - international and national
- 🗣️ A toolkit on how to operationalize the GFF be adapted or developed and both government and CSO trained on the same toolkit
- 🗣️ The capacity of CSOs be further strengthened to generate evidence, and strengthen the accountability of the GFF
- 🗣️ The government and CSOs work together to produce joint accountability reports on the GFF
- 🗣️ CSOs have GFF working groups across districts, regions and national levels
- 🗣️ Some in-country CSOs be supported financially to provide technical assistance to weaker CSOs
- 🗣️ CSO regional GFF learning platforms be put in place - the regional GFF platforms would serve as a bridge between the global and country levels, and carry out peer reviews of GFF implementation
- 🗣️ All investment plans be published online in a timely manner; while the official GFF website is

still under construction, remedial solutions must be found

- 🗣️ The voices of women and girls (affected populations) be heard by giving them access to the negotiating table
- 🗣️ A platform for young people should be supported by the World Bank for meaning engagement
- 🗣️ A redress mechanism be created in case any stakeholder fails to uphold minimum standards of GFF implementation, and that this be independent of the GFF investment group

While these demands were officially communicated to the Investors Group meeting the following week, it is imperative that CSOs in GFF countries continue to advocate for the realisation of these demands at country level. Please write to us at

ahbn@evidence4action.net to tell us about your priorities in your country.

You can find all key documents from the sessions [here](#), including some great resources from IPPF, Chestrad, and AHBN.

GFF COUNTRY UPDATES

In collaboration with in-country partners, the Africa Health Budget Network has developed briefs on the status of the GFF process and CSO engagement in Kenya, Nigeria and Uganda, to share experiences across CSOs in different GFF countries. These were shared immediately through the Google Group and are re-printed here for reference.

We make every effort to ensure accuracy by contacting those who are most involved in the process, however, please let us know if there is an error in the update or if you have further information. If you would like to collaborate in developing an update, please do get in touch at ahbn@evidence4action.net.

Kenya (shared November 9th)

- 🗣️ **Status of the Investment Case:** a new strategy was drafted for the purposes of GFF. It has now been completed and is waiting for approval from the World Bank. There is no copy

publically available at the moment though it was disseminated to key partners (it was posted on MoH website but it gives an 'error' message, so, not available).

- 🗣️ **Status of the health financing strategy:** It will be finalized by November and some draft costing was shared at the government/world bank led consultation in August.
- 🗣️ **Status of CSO consultation:** CSOs were invited to comment on the investment case at several points, starting in January 2015. Official consultations, which also included CSOs, were led by MOH, with support from UNFPA and Red Cross, with additional side consultations exclusively for CSOs, held by Advance Family Planning/ Jhpiego. Although these consultations have reached a number of CSOs, the meeting minutes and list of CSOs engaged are not publically available and numerous CSOs who have not been involved are interested in learning more and being more involved. Advance Family Planning and Family Care International are working on further improving accountability and CSO participation by devising an accountability framework for the GFF in Kenya in collaboration with other CSOs, thanks to an IPPF grant. HENNET, a consortium for health organisations is now officially responsible for organising CSO involvement in the country platform.
- 🗣️ **Has participation in the country platform already been decided or can more members still join?** Participation is open.
- 🗣️ **Are meeting notes of the country platform publically available?** They are available for the organizations that attend the meeting.
- 🗣️ **When is the next meeting of the Country Platform?** The country platform will be having a meeting to discuss GFF in November 2015. The MNH TWG meeting is scheduled for January 2016. The last MNH TWG was in September 2015.
- 🗣️ **Who can I contact if I am a CSO and I am interested in keeping abreast of the GFF in Kenya or putting forward my concerns to one of the CSO representatives on the country platform?** HENNET John-Paul Omollo,

Hennet@Amref.org; Red Cross Sylvia Hamati,
khamati.sylvia@redcross.or.ke; Family Care
 International Kenya, Melissa Wanda,
mwanda@familycareintl.org; AFP/Jhpiego,
 Angeline Mutunga,
Angeline.Mutunga@jhpigo.org

Uganda (drafted early November)

- 🗣️ **Status of the Investment Case:** The Maternal and Child Health technical working group coordinated by the Ministry of Health is in the process of drafting the investment case, supported by a WHO-identified consultant. MOH, UN agencies, World Bank and CSO representatives are members of that technical working group. In parallel, CSOs are drafting a position paper about their priorities for the Investment Case, and are meeting in early November to discuss. A workshop will be convened in early November to discuss the draft investment case, with a view to finish it by the end of November.
- 🗣️ **Status of the health financing strategy:** the technical working group is working on this strategy and will call a meeting to discuss a draft when it is ready.
- 🗣️ **Status of CSO consultation:** Consultations started two weeks ago; UNASO feels like the process has been quite open and they feel consulted and engaged.
- 🗣️ **Is the country platform based on an existing working group or institution?** The country platform has not yet been officially convened - this will happen after the investment case is approved.
- 🗣️ **What is the country platform called?** Not applicable
- 🗣️ **Has participation in the country platform already been decided or can more members still join?** The country platform has not yet been convened so in principle membership is still open.
- 🗣️ **Are meeting notes of the country platform publicly available?** The meeting notes of the introductory meetings do not appear to be publicly available.

- 🗣️ **When is the next meeting of the country platform?** The next meeting to review the draft Investment Case should be held sometime in early November - see contacts at the end of the update for more information.
- 🗣️ **List of current members of the country platform:** MOH, World Bank, WHO, CSOs.
- 🗣️ **Who can I contact to find out more about CSO participation in GFF?** Joshua Wamboga Executive Director, Uganda Network of AIDS Service Organisations (UNASO),
wamboga@unaso.or.ug

Nigeria (drafted late November)

- 🗣️ **Status of the Investment Case:** a meeting was held by the Health Care Financing Equity and Investment (HCFE&I) technical working group which doubles as the GFF country platform on 13th November to review the updated policy on Incentivizing Health Investment in Nigeria before it is submitted to the National Council on Health for approval. This will feed into an investment case for the country. However, the RMNCAH investment case is yet to be developed.
- 🗣️ **Status of the health financing strategy:** the health financing strategy is yet to be developed, a scoping exercise has been commissioned by the Federal Ministry of Health to review and collate existing policies on health financing that will feed into the health financing strategy.
- 🗣️ **Status of CSO consultation:** The FMOH has not officially held any consultations with CSOs in-country. A few lead CSOs including CHESTRAD, CHR, E4A, and HERFON are working hard to organize a roundtable with the involvement of the FMOH and World Bank.
- 🗣️ **Has participation in the country platform already been decided or can more members still join?** The HCFE&I TWG of the National Health Act will double as the country platform, it has over 100 members drawn widely from private, CSO and government sectors.
- 🗣️ **Are meeting notes of the country platform publicly available?** Documents meant for

review and meeting notices are shared to all through a list serve, but meeting notes are not.

- 🗣️ **When is the next meeting of the Country Platform?** The meetings are very irregular and pre-determined by FMOH.
- 🗣️ **Who can I contact if I am a CSO and I am interested in keeping abreast of GFF in Nigeria or putting forward my concerns to one of the CSO representatives on the country platform?** Health Sector Reform Coalition Executive Secretary, Dr Emmanuel Abanida (drabanida@gmail.com) is the representative CSO on the country platform, although this was not released officially.

Success story

IMPROVING PUBLIC PARTICIPATION IN THE BUDGET PROCESS: NIGERIA

Background

The Partnership on Advocacy for Family and Child Health project in Nigeria is a social accountability project funded by the Gates Foundation. It builds partnerships between indigenous NGOs, champions and activists to encourage national and state governments in Nigeria to fulfil their commitments on child and family health.

Community Health and Research Initiative (CHR), one of the NGOs in the partnership, is conducting advocacy to increase levels of public funding and strengthen accountability for routine immunization at federal level and in four states in Northern Nigeria (Kano, Kaduna, Bauchi and Niger).

Advocacy approaches

In Niger State, CHR has been engaged in of the following strategic advocacy activities:

- 🗣️ Initial round table sensitisation meetings with State Primary Health Care Development Agency, State Ministry of Health, State Planning Commission and civil society organisations. This helped to identify issues and inform advocacy at different levels of government.
- 🗣️ Training of CSOs and the media to improve participation in the budget process

- 🗣️ Supporting the 2016 pre-budget policy dialogue, as well as advocacy meetings to ensure sufficient and transparent allocation to routine immunization in the budget
- 🗣️ Participating in the Routine Immunization Working Group meetings at state level
- 🗣️ Development of budget scorecards with eight core indicators that track financial commitment, transparency and accountability on routine immunization
- 🗣️ Supporting CSOs and the media to use the scorecard for advocacy
- 🗣️ Participated in an advocacy visit to the Niger State Executive Governor

What was the result?

The CSOs, led by CHR, participated in the 2016 budget process and facilitated a pre-budget meeting between the state planning commission and the state primary health care development agency. This helped to build consensus on the 2016 budget allocation to routine immunization and improved openness. Also the media, CSOs, and the public will also participate in the upcoming 2016 budget hearing.

Key achievements

- 🗣️ Capacity building and mentorship of CSOs and the media, as well as sensitisation of key government stakeholders, led to improved public participation in the 2016 budget process compared to previous years
- 🗣️ The emergence of the Niger State Coalition of CSOs and media on immunization
- 🗣️ The proposed budget for routine immunization in 2016 is about 25% higher than in 2015
- 🗣️ Routine immunization has its own dedicated budget code in the 2016 budget proposal for the first time. This will make it easier to track releases against allocation.

Technical corner

This blog by Esther Agbon, MamaYe Health Budget Analyst, was originally published on the [MamaYe website](#).

A layperson would understand zero-based budgeting (ZBB) as going back to the drawing board, starting afresh to make a case for each project or programme on why it should be funded. Unlike the [incremental budgeting method](#), which is a budget prepared using a previous period's budget or actual performance as a basis, with incremental amounts added for the new budget period.

The recent [announcement](#) by the Federal Government of Nigeria to adopt the ZBB method for the development of the 2016 Federal budget met with mixed feelings from the Accountability and Budget transparency advocates. While some greeted it with optimism, many others still wonder how this system can best serve Nigeria. Wikipedia defines zero-based budgeting as a method of budgeting in “which all expenses must be justified for each new period. Zero-based budgeting starts from a “zero base” and every function within an organisation are analysed for its needs and costs”. Meaning that all project of the Ministries, Department and Agencies (MDAs) will be treated as “new” and as such each project will have to put forth reasons to buttress its importance before it is funded.

For more clarity, a look at the [2015 budget](#) of the Federal Ministry of Health headquarters revealed some on-going projects such as “Coordination of Servicom reform activities, quarterly monitoring of e-payment compliance, renovation of headquarters office building” under capital votes, which have been a recurring decimal on the budget line item of the Ministry.

These budget lines have been funded on an on-going basis regardless of whether the objectives are still relevant or not. I suspect citizens have not felt the impact of Servicom for a while now, yet, it is being funded. In addition, while renovation of office building appeared under capital votes, maintenance of office building and residential buildings, which seems like a repetition, appeared under overheads votes. Although these budget lines were replicated, it was curious to see that they got topped up in every budget cycle!

In a ZBB method, projects such as these will now have to be thought through and re-evaluated to ascertain its importance in order of priority in meeting health goals. The draft budget from the MDAs will then be presented to the responsible government agency for approval and depending on how convincing the justifications presented are, projects might either be accepted or rejected and thereafter the MDAs will have to work with what has been approved for the period.

The potential advantage for this kind of budgeting is that it gives opportunity for projects and programmes to be evaluated on an on-going basis to ensure relevance and eliminate undesirability. While this method of budgeting helps the budget planners to settle for the most important needs of the people, the MDAs will have to adjust their planning systems to categorize their plans ab initio as high priority, priority or low priority to take into consideration availability of funds for projects. The ZBB also presents an opportunity for advocates to justify why a new budget line item should be introduced or expunged. However, the drawback might be to ensure that the budget funders remove all forms of self-interest and subjectivity from the project selection process.

On the other hand, the incremental base budgeting method previously used by the Federal Government up until the announcement was made concerning the 2016 budget is that which supports additional funding of already existing projects.

In this method, the budget planners also have to justify why they should have additional funding for the on-going project, however the drawback here is that additional funding for the next budget cycle may be reduced when budget funders discover that the previous budgets were underutilized. This method gives room for wastage as often times employees may not want to lose their budgets thus may indulge in frivolous spending.

According to existing literature, no one method is better than the other, both have inherent advantages and disadvantages. The responsibility for effective implementation and utilization of

approved budgets therefore lies with the MDAs. It is important that while the changes to the budgeting style are on-going, the government does not lose sight of the need to overhaul and strengthen the capacity of budget implementers through an effective performance management, monitoring and evaluation system.

Tools and Resources

Universal health coverage assessments

The [Global Network for Health Equity](#) has recently released assessments of the progress towards Universal Health Coverage in Ghana and Zambia. Assessments are also available for South Africa, Tanzania and Uganda. The assessments give special focus to the way UHC is financed, and the extent of financial protection in these countries.

You can download the reports here:

[Ghana](#) and [Zambia](#)

Health Financing Policy Brief - Ethiopia

This [policy brief on health care financing in Ethiopia](#) was developed by Technology Transfer and Research Translation Directorate of the Ethiopian Public Health Institute, in collaboration with SURE and EVIPNET.

Advocacy Toolkits

IPPF, with the support of the Reproductive Health Supplies Coalition, have developed an [overview of post-2015 advocacy entry points](#) for stakeholders working on country level action for financing of reproductive health supplies and access to sexual and reproductive health and rights. This publication highlights the main upcoming Post-2015 financing events, and identifies suggested actions for advocates.

CIVICUS have developed a [Participatory Governance Toolkit](#), which contains tools and resources relating to nine different categories of participatory governance practices.

About the AHBN

Send an email at ahbn@evidence4action.net with your name, job title, organisation, country, and area of interest if you want to become a member.

We have recently established a Google Group where members can share their own updates, and can interact to discuss the latest news from others. [Sign up today](#) to join the debate! Or like us and follow us on [Facebook](#) and [Twitter](#).

The Africa Health Budget Network is hosted in Africa by Community Health and Research Initiative (Abuja, Nigeria) with a technical backstop and support from Options (London).

Budget Bites Editorial Board

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