



Joint Learning Agenda on Health Financing and Universal Health Coverage

A 2-YEAR CAPACITY BUILDING
PROGRAMME FOR **CIVIL SOCIETY**
ON ADVOCACY AND ACCOUNTABILITY
IN FAVOUR OF HEALTH FINANCING
FOR UHC

Hear more from our participants as they describe their extensive and interesting experiences, the lessons learnt, the key results and the recommendations going forward in the **JLA Webinar** on **1 March, 12.00-14.00 GMT**.

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Who we are

- We are a consortium of global health initiatives (GHIs) —**The Global Financing Facility, The Global Fund, The Partnership for Maternal, Newborn & Child Health, Gavi, UHC 2030**— who have come together with regional partners **Impact Santé Afrique (ISA)** and **WACI Health** to develop and deliver a training and support programme on UHC Budget Advocacy and Accountability in Sub-Saharan Africa.
- This unique partnership leverages collaboration between the different GHIs' agendas, such as the **GAP, UHC agenda** and **COVID-19 response**, and provides a coordinated, aligned and long-term support to Civil Society engagement in these agendas.
- There are 20 participating countries, 10 from each sub-region: **Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Benin, Togo, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Liberia, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, and Uganda.**

Why is it important to support CSO engagement in Health Financing

- Civil Society organisations (CSOs) are playing a critical role in building a strong-equity focused and people-led movement for UHC.
- Civil society should have a greater role in advocacy for accessible and quality health care, including through the active participation of civil society organisations (CSOs) in multi-stakeholder platforms.
- With the challenge of Sub-Saharan African countries to meet the Abuja Declaration commitments (government expenditure on health should be equivalent to at least 5% of GDP and 15% of total government expenditure), the need for addressing resource mobilisation, and especially domestic resource mobilisation, is essential to achieve universal health coverage (UHC).
- Civil society engagement in health financing advocacy and accountability has increased over the years. However, challenges at global- and country-level remain and have been exacerbated by the COVID-19 pandemic whereby many resources have been diverted from key health programmes to address the pandemic, thereby jeopardising hard-won gains in communicable diseases and basic health services and straining already fragile health systems.
- CSOs have also had to grapple with how to respond to the COVID-19 pandemic but demonstrated their added value in the Covid-19 response through community mobilisation, awareness creation and using data for evidence-based decision making.

Our programme's aim

- Our programme aims to develop a cadre of trainers who can build capacity through delivering training on health financing, UHC and budget advocacy to country level actors from civil society, media organisations and from among elected representatives and that can provide in-country support to budget advocacy and accountability activities undertaken by CSO actors as well as mentorship.
- Our goal is to promote a multi-stakeholder collaboration that, through constructive mechanisms, will hold governments and donors to account for the allocation and equitable use of funding for health.
- Our training empowers local champions and stakeholders through being developed by civil society for civil society.



How we will achieve this



The Programme has two phases and 3 pillars:

PHASE 1 - LEARNING:	PHASE 2 - SUPPORT:
<ul style="list-style-type: none"> PILLAR 1: Regional (Anglophone and Francophone) online Training of Trainers. 	<ul style="list-style-type: none"> PILLAR 3: Putting the learning into practice with the support of tailored capacity building, technical assistance, mentoring and grants.
<ul style="list-style-type: none"> PILLAR 2: in-country practical and action orientated trainings focusing on building CSO's capacity on advocacy and accountability for health financing for UHC. 	



The trainings in country have equipped CSOs to:

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

Quotes from Participants:



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

Country Trainer
from Senegal



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

Country Trainer
from Nigeria



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

Country Trainer
from Ivory Coast



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

Trainee
from Nigeria



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

Country Trainer
from Uganda

Key highlights and achievements over 12 months:

- **Training capacity:** Trained **40 Africa-based trainers** on health financing advocacy and accountability for UHC. This means that there is now a pool of technical resource persons who can work together to support local, national and regional advocacy and accountability.
- **Health Financing understanding:** Strengthened understanding and knowledge of key health financing concepts and challenges of national level community and civil society actors through training. The training provided a robust overview of the health financing landscape and budget-making processes. An average of 20 civil society representatives attended these in-country sessions, which means that approximately **400 CSOs have been trained**. Beyond the trained 400 CSOs, there will be a ripple effect across civil society coalitions, networks and organisations, all working towards more effective advocacy.
- **South-led training programme** that resulted in tailored, practical and creative solutions to ensure the successful roll-out of the training at country level; partnerships with the private sector; hybrid trainings, both face to face and online; use of social media and online groups to share information and work together remotely; media engagement to draw their attention to the capacity building programme and national efforts for increased financing for UHC; and engagement of local experts/practitioners.
- **Institutional capacity:** This programme has contributed to strengthening two Southern women-led organisations – ISA and WACI Health – and expanded their capability to strengthen Southern civil society leadership in health financing advocacy for UHC.
- **Collaborative capacity** between health and non-health CSO actors, catalysing a multi-sectoral approach.
- **Consultative framework** established for dialogues between CSOs and public institutions, parliamentarians, media and development partners.
- **High-level country advocacy and accountability action plans** focusing on country specific health financing priorities.

Observation/lesson learned:

- In the self-assessment, some participants rated their knowledge and understanding of health financing lower in the post-assessment than in the pre-assessment. The complexity of the topic became clearer to the participants. That is why Phase 2 will continue to provide learning sessions/bootcamps to elaborate on some of the more technical and complex topics.

What's Next? Phase 2, continuous support over the next 12 months

- ▶ Regular bootcamps on health financing topics
- ▶ Technical assistance from international, regional and local experts to further develop and implement the country advocacy and accountability action plans
- ▶ Grants to co-finance activities under the action-plans
- ▶ Networking and coordination meetings to facilitate south-south learning, sharing and collaboration.

CSO Joint Learning Agenda Partners

