

# Institutionalize, Resource and Measure:

*Meaningful Civil Society Engagement in Global and National Health Policy, Financing, Measurement and Accountability*



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## Foreword

The global health and development communities are poised between the close of the Millennium Development Goals (MDGs) and the introduction of the Sustainable Development Goals (SDGs). This juncture is a strategic moment that allows us to assess how far we have come and what remains to be done. It also positions us to examine thoughtfully how we have reached this point and whether existing mechanisms will be adequate for the task we have set before us.

An overwhelming theme that has emerged during the discussions around the SDGs is that these new goals cannot be accomplished by any one entity or sector alone; rather, robust partnerships are needed to take them forward – partnerships involving multiple sectors and multiple stakeholders, and that focus on all aspects of accountability around governance, financing and programming. The traditional bilateral relationship between donor and recipient country has evolved into a much more complex development ecosystem, where civil society (CS) actors play an increasingly active role in program implementation, and as advocates for the priorities and needs of their communities. Multiple global fora have recognized the need for CS to play a formal role in the SDGs. However, as this paper demonstrates, CS engagement in accountability and governance mechanisms is insufficient due to lack of funding, and often political will to facilitate this role. Subsequently, one of the most important development challenges will be to make sure that CS has the capacity and resources to fulfill its potential.

A critical difference between the launch of the MDGs and now is that we have more than a decade of experience with the formal integration of CS into global platforms and initiatives. These platforms represent imperfect but still evolving mechanisms. Importantly, these mechanisms have facilitated the participation of CS not only at the global level but also at the country level, with mechanisms that require the active presence of CS in order to perform. A myriad of other initiatives also include CS, albeit in a less well-defined role.

Now is the time to assess strategically the lessons learned from these and other mechanisms in order to improve them under the SDGs. One promising approach is that of the alignment of programming and funding in order to increase efficiency and effectiveness. This should result in the consolidation of accountability mechanisms; efforts must be taken to ensure that gains won by CS to meaningfully engage are built upon rather than diminished. This paper clearly lays out the questions and concerns held by CS representatives on meaningful engagement around global initiatives; it also shows the potential benefit of consolidation since many CS respondents state that they are not aware of or participating in the various initiatives that global level leaders energetically promote as roadmaps to engagement.

Many challenges still remain to taking CS engagement beyond being symbolic to being truly effective. Most commonly cited is a lack of CS “capacity” and the lack of tangible support for meaningful engagement. CS representatives are busy people – typically they hold a full-time job in their own organization, which may or may not provide them with any time or support to participate in external mechanisms, meetings and deliberations. They are also passionate people – they have become involved in global health because of a profound belief that well-being is the right of all people, alongside the right to have access to quality health care. Without tangible recognition by leaders at a global and country level that CS engagement is important and must be facilitated, CS will continue to be stretched thin and its voice will be absent when it matters most.

This paper demonstrates that CS know what they need to be more effective: recognition as valuable contributors to development processes; clear roles, responsibilities and entry points for participation; and the financial, capacity and information resources necessary for meaningful engagement. None of these are unreasonable or exorbitant, but all will require the manifestation of greater political will at the global and national levels in order to become reality.

**Christine Sow**  
**Executive Director, Global Health Council**

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- (b) High Level Task Force on the International Conference on Population and Development (ICPD) for the face-to-face consultation as a side event of the Beijing Plus 20 Conference, hosted by the Economic Commission for Africa in Addis Ababa, Ethiopia;
- (c) The UN Commission on Life-Saving Commodities for Women's and Children's Health, for meaningful CS participation in country processes and engagement platforms for Reproductive, Maternal, Newborn and Child Health; and the
- (d) Partnership for Maternal, Newborn and Child Health (PMNCH) as a part of global consultation efforts on the Global Financing Facility (GFF) and the updated Global Strategy for Women's, Children's and Adolescents' Health.

Deepest appreciation is extended to participants in the e-consultations, stakeholder interviews, face-to-face meetings, webinars and other consultation events whose contribution have shaped the findings of this report.

**Dr. Lola Dare, President, CHESTRAD International**  
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<sup>1</sup> The One Voice Campaign is a global post-2015 health campaign hosted by CHESTRAD International. The purpose of the campaign is to amplify the voices of southern CS, institutions and actors in global health; and to promote the central contribution of global health to the attainment of the goals and targets of the sustainable development agenda and its means of implementation.

## Executive Summary

Health-related discussions in the post-2015 era continue to be dominated by the unfinished Millennium Development Goals (MDGs) agenda and new priorities in global health. The need to sustain and scale-up current investments and country action for women, children, and newborns, as well as the need for greater emphasis on adolescents and youth will be central in the upcoming updated Global Strategy for Women's, Children's and Adolescents' Health, developed by the UN Secretary General's "Every Woman, Every Child" (EWEC) movement. Similarly, the new Global Financing Facility (GFF) will mobilize and channel additional international and domestic resources required to scale up efficient and equitable delivery of quality reproductive, maternal, newborn, child and adolescent health (RMNCAH) services. Additionally, the GFF will support the transition to long-term sustainable domestic financing for RMNCAH.

Civil society (CS) consultations held as a part of health theme discussions and led by the Global Health South (GHS) suggest that while there is near consensus on goals and targets, the diversity of economic, social and epidemiological contexts will require that implementation processes be nuanced. CHESTRAD International, under the umbrella of its post-2015 'One Voice Campaign' conducted a series of consultations in 2014 and 2015 among CS organizations in the Global South about their engagement in health policy and planning, their experiences in engaging in a variety of country processes and the challenges to do so, their views on increased financing alignment, and their insights on measurement and accountability.

This report presents the findings of these consultations and provides CS's perspective in terms of its roles, opportunities and challenges, within the broader post-2015 global health context and with specific reference to the revised Global Strategy and the GFF. The key priorities and action points below make specific recommendations for national governments, development partners and civil society organizations with the specific purpose of improving CS engagement in development processes.

### Key Priorities and Action Points:

#### Meaningful Civil Society Engagement in Health Policy, Financing, Measurement and Accountability

##### To National Governments and Development Partners:

###### *1. Recognize and institutionalize the contribution of CS to existing coordination mechanisms, and enable its capacity in country, regional and global engagement processes*

CS organizations have existing capacity, including for service delivery to hard-to reach communities and for communities in fragile, humanitarian and post-conflict settings. Capacity should be strengthened through inclusive, improved and timely communication with CS organizations, and institutionalized representation on thematic groups, country engagement and accountability platforms, and other multi-stakeholder mechanisms at regional and global levels.

Global health policies and strategies, including the updated Global Strategy on Every Woman, Every Child, Every Adolescent and the Global Financing Facility (GFF), need to expand (or deepen) engagement with in-country stakeholders to ensure success in their implementations, and to manage/moderate expectations.

National governments and development partners should:

- Engage with in-country stakeholders about the GFF, its potential and its limitations.
- Disseminate information about processes for funding including selected countries, priorities and processes.
- Utilize existing platforms for information dissemination, knowledge-sharing, dialogue and feedback.
- Strengthen understanding in engagement processes – what exists, who should participate, how to participate and why engage.
- Provide coordinated and targeted technical assistance as per the IHP+ behaviors.

###### *2. Define expectations, and enable and clarify CS entry points in country and global engagement processes*

Effective CS engagement requires collaboration through functional mechanisms where stakeholders'

expectations, roles and responsibilities are clearly defined. Clarification of CS entry points and improved definition of their role and contribution in specific areas including advocacy, policy dialogue, capacity building and accountability is important as activity lines between national governments, technical agencies and other global initiatives in these areas increasingly coalesce.

National governments and development partners should:

- Recognize and institutionalize the critical role CS organizations play in advocacy.
- Clearly define expectations for CS representation, including roles, responsibilities and entry points, as a part of community-level, sub-national, and national structures.
- Establish and/or strengthen mechanisms for true multi-stakeholder engagement, especially where responsibilities are cross-sectoral and stakeholders diverse.
- Foster a productive partnership with CS that pro-actively engages CS in all stages of planning, action and reporting.
- Reduce jargon, disseminate information, and make data and reports accessible and available when needed/demanded.

### *3. Build on existing efforts to recognize the diversity of CS and the impact of meaningful engagement in global and country health policy, financing, measurement and accountability*

The CS landscape is complex, populated by organizations of different sizes, capacity, interests and purposes. National and development partners should engage in the diverse CS functions as appropriate, recognizing that the roles of CS go well beyond service delivery, and include remarkable contribution to global and country health policy, financing, measurement and accountability. Resources should also be committed to improve indicators that can measure and track meaningful CS engagement.

National governments and development partners should:

- Strengthen national coordinating platforms/processes domiciled at the federal ministries, building on what exists, rather than creating new platforms.
- Support efforts to strengthen CS coalitions and networks for engagement and accountability functions.
- Support CS, in collaboration with other stakeholders, to improve indicators that can both measure and track meaningful civil society engagement in global and country processes for health policy, financing, measurement and accountability.
- Clearly define capacity-building objectives within the context of effective CS engagement in development processes.
- Strengthen skills in using data for decision-making, as evidence for accountability, and for evidence-based advocacy.

### *4. Increase and earmark the allocation of funding for CS engagement processes*

Participation in global and country-level engagement processes requires staff time and resources. Funding tends to be biased towards service delivery organizations, with activity-based budgeting that excludes engagement activities.

National governments and development partners should:

- Increase the allocation of funds to CS to fulfill its various roles related to accountability and development effectiveness expectations.
- Dedicate resources for the independent oversight function of CS at national, sub-national and community level.
- Allocate funds for CS to fulfil its various roles, including roles related to fulfilling accountability and development effectiveness expectations.
- Allocate funding for targeted capacity strengthening related to development effectiveness.

### *5. Promote and enable CS accountability functions*

Accountability is a significant component of all global health strategies and the implementation framework

for the sustainable development goals. The central role of CS in accountability is broadly accepted but lacks clarity and presents challenges, especially where CS is expected to hold its own funders (including government) to account and there is fear of sanctions.

National governments and development partners should:

- Clearly define national, sub-national and community level accountability frameworks, systems and structures.
- Support CS within a clearly defined framework to monitor service delivery, provide feedback to government based on evidence, and disseminate findings to communities.
- Continuously review and strengthen accountability mechanisms to track and measure results.

#### *6. Improve alignment and adhere to IHP+ Seven Partner's Behaviors*

Across all strategies and programs, the need to improve partner coordination and alignment with national health plans and priorities resounds and will only become more critical as new governance models develop in pursuit of the Sustainable Development Goals (SDGs). The [seven partners behaviors](#) defined by the International Health Partnership (IHP+) and re-stated in the September 2014 Outcome Statement of the working group on indicators and reporting requirements must occupy the center stage of accountability processes at all levels in all global health initiatives and strategies.

National governments should:

- Develop comprehensive national health plans including costed monitoring, evaluation and accountability plans that respond to national and local priorities.
- Assure the existence of inclusive and transparent country engagement platforms for coordination and alignment.
- Institutionalize routine mechanisms to independently verify indicators and validate data quality for planning, policy, measurement and accountability.
- Promote utilization of valid existing evidence by all stakeholders, including CS organizations, for their advocacy, policy dialogue and accountability functions.

Development partners should:

- Align financial support with existing national health strategies for RMNCAH.
- Adhere to one information and accountability platform.
- Adhere to one reporting system for alignment and harmonization, with all recipients of funds reporting locally to avoid duplication and to foster mutual accountability.
- Support efforts to harmonize and align indicators and measurements in global health, with one reporting system.

#### *7. Increase transparency in decision-making processes and mitigate risks to CS in the exercise of their accountability roles*

CS actors are committed to supporting development processes by holding governments to account. However, the political will to be held to account outside diplomatic relations between national governments and development partners appears to be limited. While mutual accountability remains desirable, it is also important to enable the accountability roles of CS organizations, and to define an inclusive framework that enables them to hold duty bearers to account according to agreed principles of accountability and development effectiveness, without hostility and fear of retribution for their role as watchdogs.

### **To Civil Society**

#### *8. Promote the utilization of valid existing evidence to inform advocacy in global, regional and country dialogue, as well as in their accountability role*

Information and data from CS remain critical, especially as might be obtained from its work in engaging communities, citizens, policy makers, parliamentarians and other stakeholders. CS should also commit to the use of valid indicators produced and disseminated by national government, development partners and

stakeholders for policy dialogue, advocacy and accountability functions. This includes review, remedial and the traditional watchdog role of civil society and other non-state actors.

#### *9. Foster productive engagement with national governments, and strengthen engagement with parliaments and the media*

CS organizations, especially at country level, should seek to improve engagement with national governments and parliamentarians, adopting dialogue above confrontation in review, remedial and watchdog processes. This will promote greater policy coherence and deepen the contribution of CS to shared agenda and policy processes as might be appropriate in different countries and contexts.

In order to play its role effectively in country-level development processes, CS should:

- Recognize its critical role in advocacy, policy dialogue, and performance monitoring.
- Identify entry points and actively engage.
- Maximize opportunities for strengthened engagement.
- Pro-actively collaborate with government to fulfill expected roles.

#### *10. Improve coordination within and across major CS networks, coalitions, umbrella organizations and coordination platforms*

While diversity remains an asset of CS organizations, umbrella organizations bring cohesion, unity and strength. Without them, government must negotiate a fragmented CS landscape with multiple voices. Strengthened, mutually respectful CS networks and coalitions will be instrumental in providing much needed coordination and alignment, ultimately ensuring an effective contribution by CS to country-level development processes.

CS organizations should:

- Understand entry points to engagement processes and align with those.
- Collaborate with relevant existing umbrella organizations and/or coordination platforms.

#### *11. Maximize opportunities to improve collaboration and division of labor between southern and northern CS organizations*

At the country level, local CS organizations must be in the driver's seat, defining priorities, influencing policies and shaping the implementation of CS led efforts to improve health and achieve global health targets. Collaboration with northern CS remains critical in supporting capacity building and working towards mutually reinforcing advocacy and dialogue between northern and southern governments.



## Abbreviations

CHESTRAD	Centre for Health Sciences Training, Research and Development
CS	Civil Society
EWEC	Every Woman, Every Child
GFF	Global Financing Facility
HREP	Health Rights and Education Programme
ICPD	International Conference on Population and Development
iERG	Independent Expert Review Group
IHP+	International Health Partnership
MDG	Millennium Development Goals
NGO	Non-Governmental Organization
PMNCH	Partnership for Maternal, Newborn and Child Health
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goals
UNFPA	United Nations Population Fund
WHO	World Health Organization

## 1. Introduction

Health-related discussions in the post-2015 era continue to be dominated by the unfinished MDGs agenda and new priorities in global health. Central to this is the need to sustain and scale-up current investments and country action for women, children, and newborns, as well as the need for greater emphasis on adolescents and youth. In order to accelerate progress, the UN Secretary General's "Every Woman, Every Child" (EWEC) movement is currently developing an updated, more inclusive *Global Strategy for Women's, Children's and Adolescents' Health* for the post-2015 era that builds on the achievements of the 2010 strategy. Similarly, the new Global Financing Facility (GFF) will mobilize and channel additional international and domestic resources required to scale up efficient and equitable delivery of quality reproductive, maternal, newborn, child and adolescent health (RMNCAH) services. Additionally, the GFF will support the transition to long-term sustainable domestic financing for RMNCAH.

CS consultations held as a part of health theme discussions and led by the <sup>2</sup>Global Health South (GHS) suggest that while there is near consensus on goals and targets, the diversity of economic, social and epidemiological contexts will require that implementation processes be differently nuanced. Financing, accountability, governance, data and new partnerships for global development have been in the fore of these implementation discussions, engaging a broad range of state and non-state stakeholders with leadership and greater priority given to countries. At the core are four critical issues: (a) country engagement; (b) alignment of scaled and sustainable financing including issues related to health development effectiveness; (c) measurement and accountability; and (d) the contribution of CS and other non-state actors to engagement processes and implementation frameworks.

The findings presented in this report draw from the amalgamation of several efforts to respond to some of the implementation and engagement issues highlighted above, with particular emphasis on RMNCAH. The reports pools efforts across several consultations to support the work of the RMNCH Strategy and Coordination Team, consultations led by the PMNCH on the GFF, cross-program efforts to deepen and make more meaningful the engagement of country CS organizations in this dialogue, as well as efforts to effectively anchor findings and observations to positively influence the political negotiations of the post-2015 SDGs and agenda. The purpose of this report is to draw from the different consultations to provide the perspective of CS in terms of its roles, opportunities and challenges, within the broader post-2015 global health context and with specific reference to the revised Global Strategy for Women's and Children's Health and the GFF.

### **Box 1: Multi-dimensional CS consultations in 2014-15 :**

- Documented levels of awareness and participation of CS in country engagement processes;
- Identified strategies and opportunities for meaningful CS engagement;
- Verified potential and actual roles for CS in RMNCAH responses; and
- Articulated CS contributions to on-going consultations on the Global Strategy and the GFF.

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<sup>2</sup> Global Health South is a network of civil society organizations and institutions from the economic south, engaged in global health. The mission of GHS is to amplify southern voices and country context in global health dialogue and discussions. [www.globalhealthsouth.org](http://www.globalhealthsouth.org)

## 2. Consultation Methods

### 2.1 Process

CHESTRAD International, under the umbrella of its post-2015 ‘One Voice Campaign’ undertook a series of consultations during 2014 and 2015. A broad range of primarily country-level non-state actors were consulted, with input from national governments, development organizations and the private sector. The consultation events were cross-sectional, using a convenience sample with no attempts to ensure that CS participation was representative of any region or issue. However, there was a leaning towards participation from Africa as this constitutes more than 60% of the membership of GHS and other partnership networks engaged in the survey. On account of the extensive nature of these platforms, and the huge potential for cross-posting the invitation to engage in e-consultations, the precise number of CS and other institutions reached cannot be determined. However, at the time of the e-survey, 1,004 members were registered on the GHS e-survey platform and 200 as members of the One Voice Campaign.

The consultations are summarized in Table 1 below. Consultation methods were largely web-based including e-consultations, stakeholder interviews and two webinars.

**Table 1: CS Consultation Process**

Consultation stage	Purpose	Participants	Participant Locations	Process	Supporting Organizations
E-survey on country process, alignment, financing (focus on the GFF) and accountability for RMNCAH.	To document CS engagement in country processes, alignment, financing and accountability for RMNCAH.	64	Burkina Faso, Democratic Republic of Congo (DRC), Denmark, Ethiopia, India, Indonesia, Kenya, Malawi, Mali, Nigeria, Netherlands, Senegal, Sierra Leone, South Africa (SA), Switzerland, Tanzania, Uganda, United Kingdom (UK), and United States of America (USA).	Electronic survey. Participants were drawn from existing GHS members and its partner networks.	RMNCAH Strategy and Coordination Team and PMNCH.
IHP+ Results e-survey on CS engagement in health policy and accountability	To document CS awareness of and levels of engagement in health policy and planning processes and platforms.	31	Afghanistan, DRC, Kenya, Liberia, Myanmar, Nigeria, Pakistan, Thailand, Uganda, and Europe.	Electronic survey. Participants were drawn from existing GHS members and its partner networks	IHP+ Results Consortium (HERA, ITAD and CHESTRAD International) with support from the IHP+ Secretariat.
Key informant interviews	To document the experiences so far of the country-level engagement process, the platforms and strategies that have either facilitated or constrained engagement, as well as how CS can be better	9	Organizations covering six countries (Malawi, Sierra Leone, Uganda, Nigeria, Kenya, Philippines).  Selected interviews were also conducted at the UNECA Beijing Plus 20 review meeting.	One-to-one interviews. Country selection was guided by focal countries of the RMNCH strategy and coordination team.	RMNCAH Strategy and Coordination Team and PMNCH.

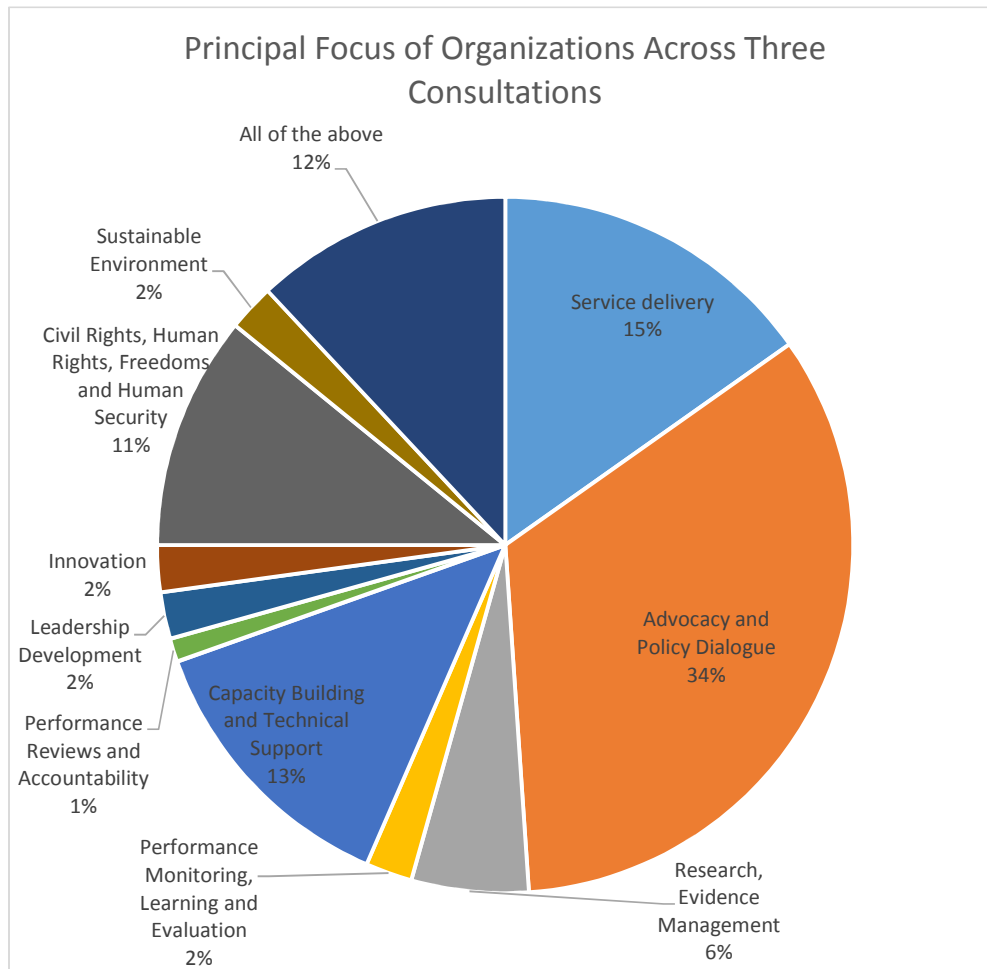
	supported to harness opportunities, skills and resources to make their participation more meaningful as the process unfolds in these countries .				
Face-to-face consultation (i)	To discuss processes for RMNCAH, GFF and CS participation at the country level.	44	Nigeria, South Sudan, Kenya, Ethiopia, Swaziland, SA, Mozambique, Ghana, Senegal, Tanzania, Rwanda, DRC, Malawi, Uganda and USA.	Invited participants of the UNECA hosted Beijing Plus 20 review in Addis Ababa.	High Level Task Force on the ICPD, PMNCH, One Voice Coalition.
Face-to-face consultation (ii)	To share the findings of other consultation processes, and clarify key messages and positions that can be shared across participants to inform the final design and implementation of the Global Strategy for Women's, Children's and Adolescents' Health, the GFF as well as the positioning of global health in the Post-2015 SDGs.	15	USA, Nigeria and Russian Federation.	Participants of the 69 <sup>th</sup> Commission on the Status of Women in New York.	PMNCH Secretariat.
Webinar (i) and (ii)	To review the draft report and jointly identify key recommendations, as well as linkages to the development of the Global Strategy for Women's, Children's and Adolescents' Health, as well as southern CS engagement in the political negotiations of the Post-2015 sustainable development agenda	15	North and South CS	Online meeting with selected consultation participants as well as other partners and stakeholders	PMNCH Secretariat.

## 2.2 Respondents and Participants

The respondents to the e-surveys and participants in the other stages of the consultation process were identified through CHESTRAD and its partner networks. There was significant input from both North and South partners, and from different geographic regions, with a bias towards Africa where 60% of the GHS membership is located. Given the differences in questions used for each consultation component, it is difficult to compare respondents. However, it is possible to infer that the majority of participants

(>75%) were from non-profits, including national, international and network/umbrella organizations. The RMNCAH survey included some representation from government (6%) and for-profits (6%), while the interview participants were split between non-profit (89%) and government (11%). Participants from both the e-surveys and the interviews were asked about the principal focus of their organizations, and the results are presented in Figure 1. The majority were from advocacy or policy focused organizations, with significant representation from organizations with a focus on service delivery or capacity building.

**Figure 1: Principal focus of participants' organizations**



Sources: IHP+ Results e-survey on CS engagement, and E-survey on country process, alignment, financing and accountability for RMNCAH, as well as its stakeholder interviews.

### 3. Main Consultation Findings

The findings presented in this report are structured in four parts: (a) country engagement platforms for RMNCAH and health; (b) CS participation and engagement in health policy and planning; (c) alignment and financing with particular focus on the GFF; and (d) measurement and accountability. The report provides evidence for southern CS advocacy positions to influence the development of various strategies and initiatives in global health including the Global Strategy for Women’s, Children’s and Adolescents’ Health; the GFF; the Global Strategy on Human Resources for Health; the Roadmap on

Measurement and Accountability, as well as other global health strategies and means of implementation of the sustainable development agenda.

The following findings are drawn primarily from the following main data sources: the IHP+ Results e-consultation on CS engagement in health policy and planning (31 respondents), the RMNCAH Country Engagement, Financing, Alignment and Accountability e-consultation (64 respondents) and its stakeholder interviews (nine participants). The analysis has also been informed by the face-to-face meetings and webinars.

### 3.1 Country Engagement Platforms for RMNCAH

#### a) CS has a significant contribution to make in development processes

During the interviews, stakeholders from Kenya, Malawi, Nigeria, Sierra Leone, the Philippines and Uganda highlighted critical roles of CS in development processes. These included: (a) gathering evidence from the field; (b) bringing community context, perspectives and linkages; (c) using evidence to advocate on behalf of communities for service improvements; (d) providing input and technical assistance into national level technical and policy-related discussions; (e) increasing awareness amongst communities of their rights and the services available to them; and (f) holding governments to account for commitments made and in terms of spending and service delivery.

Survey respondents were asked to rank the importance of these and other roles. In the E-survey on country process, alignment, financing and accountability for RMNCAH, accountability (holding stewards to commitments against resources and results i.e., watchdog roles) was considered most important. This was followed by RMNCAH policy dialogue for alignment, coordination, financing and accountability.

In the IHP+ Results e-survey on CS engagement, half of the respondents selected advocacy and policy dialogue as the most important role of CS, while less importance was attributed to accountability processes (ranked most important by only 12.5% of respondents).

Both sets of respondents ranked roles related to mobilization of resources including financing last. Limited significance was placed on engagement in thematic or technical working groups, and roles relating to harmonising strategies and plans. Only 9% of

#### Box 2: Statements on CS roles

*“We do budget policy and tracking. We bring community voices to these platforms... We know that there are some organisations that are doing service delivery. For the majority of us, it is about ... financial tracking, it is about social accountability for this work and it is about really getting the community to understand what services they are receiving and to get stakeholders [to see themselves] as accountable.”*

*“They are serving as the conduit between the people and the government specifically. I am sure one of the roles is to ensure compliance of government to actually deliver its promises... We also need to provide voices to the community, voices to citizens so that they are able to demand accountability in terms of their elected representatives... Looking at the processes involved and transmitting the policies in the social reform processes... and ensuring that the lives of the citizens are also improved.”*

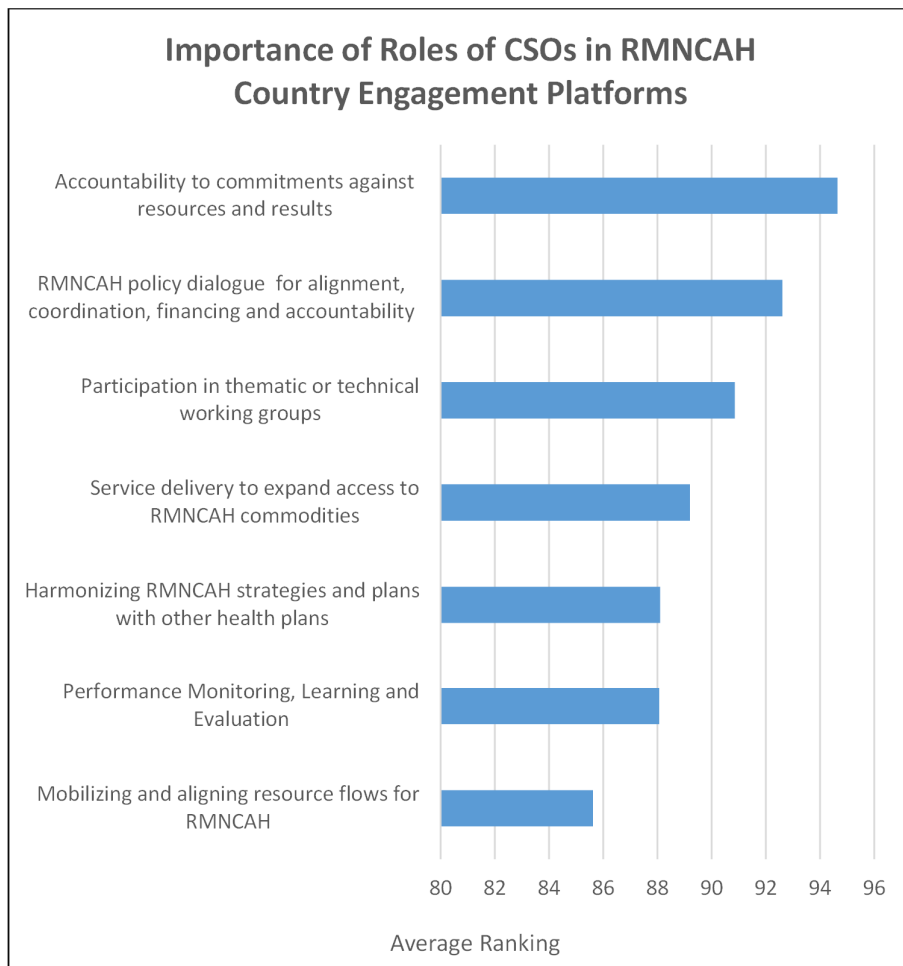
*“Civil Society Organizations (CSOs) contribute to the consultative process.... As the implementation of the law evolves, CSOs will take a more active role in terms of monitoring, implementation of health programs and consultation of planning and budgeting. CSOs represent women and marginalised groups.”*

Source: Stakeholder Interviews on RMNCAH Country Engagement Platforms, Alignment, Financing, the Global Financing Facility and Accountability

respondents in the IHP+ Results e-survey on CS engagement considered health sector coordination meetings or annual health sector reviews as the “most important” role.

The E-survey on country process, alignment, financing and accountability for RMNCAH also listed service delivery to expand access to RMNCAH commodities to underserved areas and marginalised/socially excluded communities, and performance monitoring, learning and evaluation. These were ranked in the lower half of the ratings, with less relative importance attributed to them – especially compared with the prominence given to these roles in the stakeholder interviews.

**Figure 2: Roles of CSOs in RMNCAH Country Engagement Platforms**



Source: RMNCAH Country Engagement, Policy, Financing, Alignment and Accountability Survey

**b) CS representation and engagement is sub-optimal in country processes**

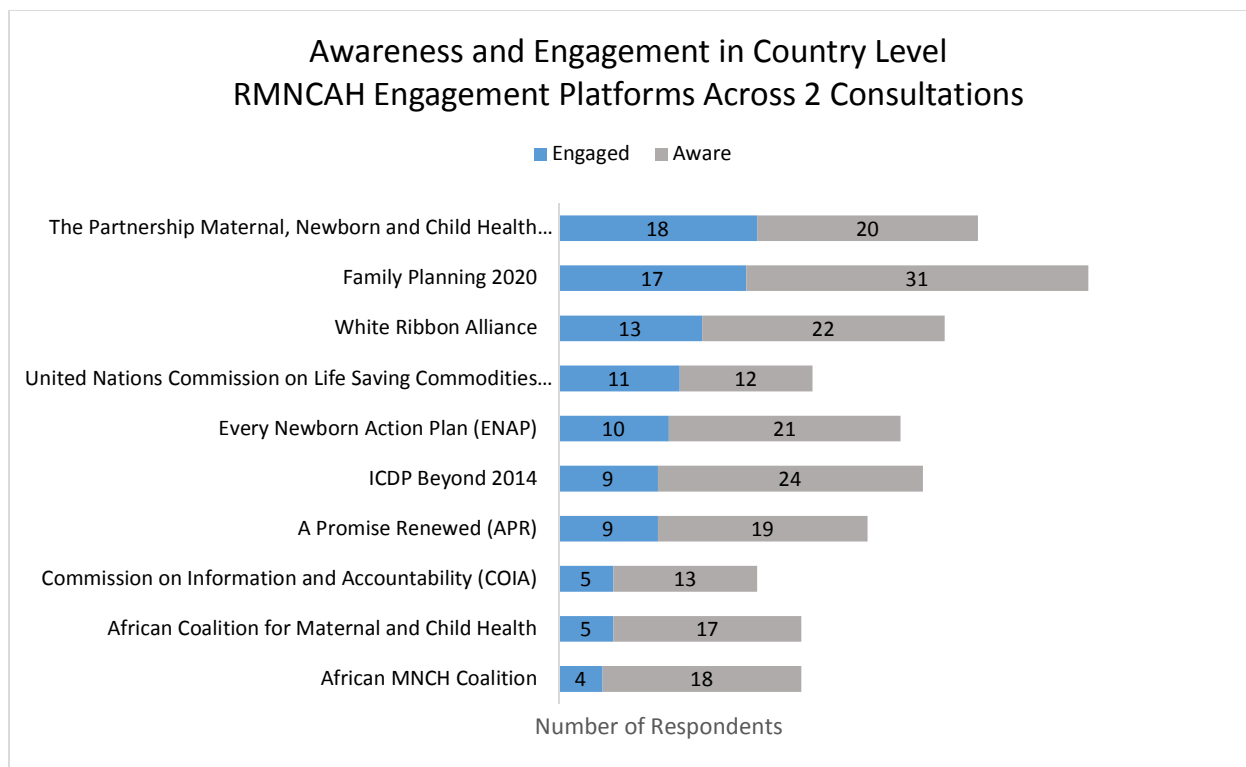
Of the 31 respondents in the IHP+ Results e-survey on CS engagement, less than half were actively engaged in any of the following country-level processes: health sector coordination meetings, monthly or quarterly sector coordination meetings, thematic or technical working groups, participation in country team meetings, country health sector reviews, development of medium-term health sector plans and budget development and resource allocation. Furthermore, organizations were more likely to be engaged in meetings related to coordination of activities than resource allocation, planning and

budget development. While some were aware of the processes but not active in them, a significant number were unaware or did not answer the question, especially with regard to critical planning, budgeting and review processes.

Similar questions were asked of respondents in the E-survey on country process, alignment, financing and accountability for RMNCAH. In this, focus was on awareness and engagement RMNCAH engagement platforms at country and regional levels.

Data presented in Figure 3 demonstrates even lower levels of active engagement in and awareness of platforms specific to RMNCAH – this figure contains data from both surveys, highlighting selected platforms. In each survey, participants were asked about a much larger number of platforms and a similar pattern of low levels of engagement were reflected across all responses.

**Figure 3: Awareness of and engagement in country level RMNCAH platforms**



Sources: E-survey on country process, alignment, financing and accountability for RMNCAH and IHP+ Results e-survey on CS engagement

In contrast to the survey findings, the stakeholder interviewees articulated the CS engagement processes that existed in each of their countries. This included CS identification and participation in technical working groups, as well as RMNCAH-specific platforms in some cases. Processes described were led primarily by government, with identification/participation of ‘active’ CS organizations.

*‘Development partners will prefer to be engaging with the platform instead of strengthening the civil society to be able to do this’*  
 - Victoria Kimotho, Advocacy manager at AMREF-Kenya

Stakeholders highlighted many of the same inadequacies with existing structures and processes as listed above.



### 3.2 Civil Society Participation and Engagement in Health Policy and Planning for RMNCAH

#### a) What meaningful CS engagement mean

Participants in the IHP+ Results e-survey on CS engagement were asked to indicate whether their organizations met specific criteria (indicators) for meaningful CS engagement, and whether they considered those important or not (see Table 2 below). Two-thirds (63%) of respondents did not have a seat on a country platform, and almost 40% of respondents did not have seats on technical or thematic working group committees, despite these being considered important. Less than half (41%) of the respondents' organisations were registered with the Ministry of Health, although 13% felt this was "not important".

**Table 2: Indicators of CS engagement**

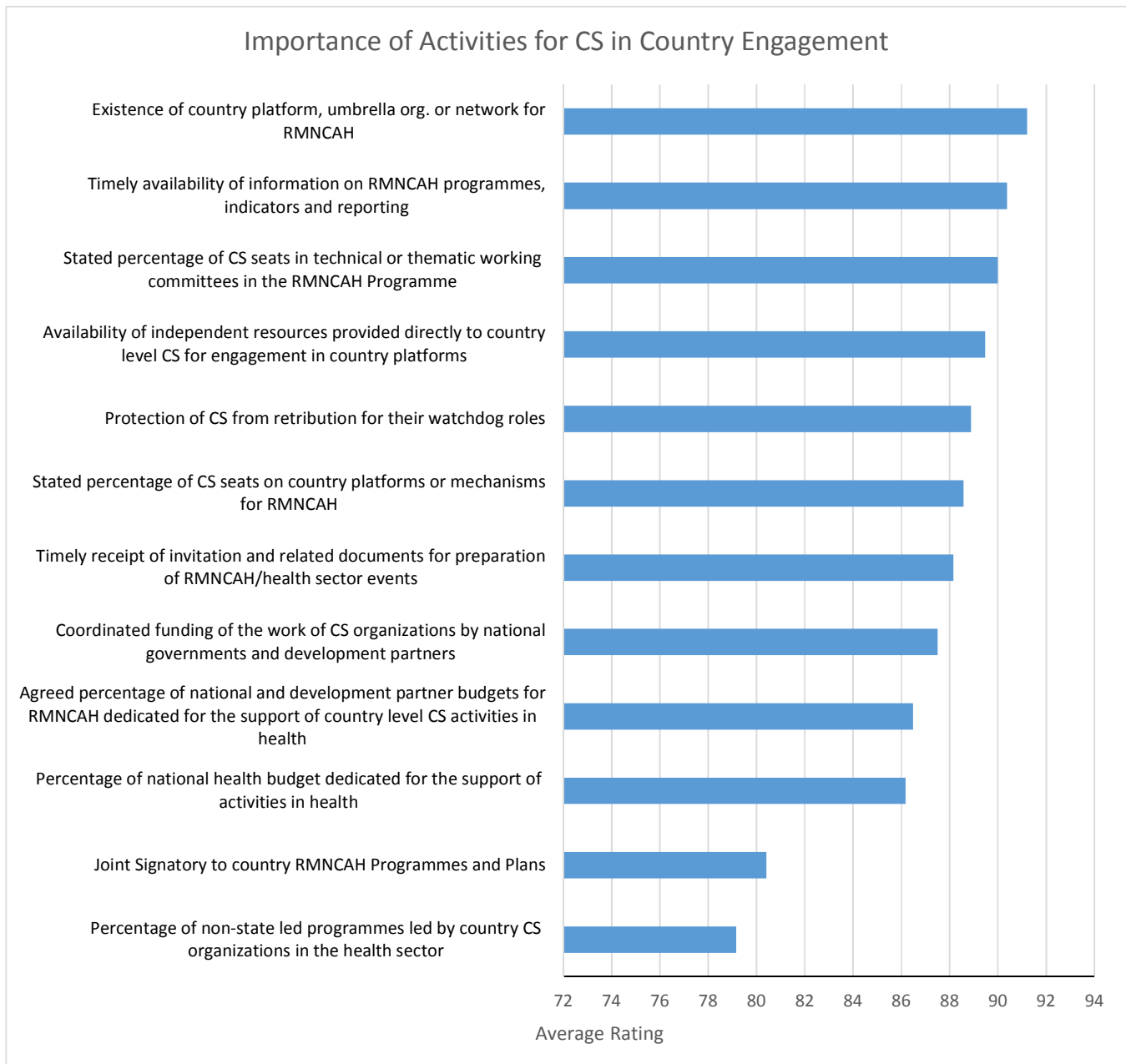
Indicator	Yes (%)	No (%)	Not important (%)
Is your organization registered with MOH?	41	47	13
Does your organization have a seat on the country platform?	37	63	0
Does your organization have a seat on technical or thematic working committees?	62	38	0
Do you receive information at least 1 week before meetings?	37	60	3
Do you receive invitations and documents to enable you to adequately prepare for health sector events?	53	47	0
Is there a country platform, umbrella organization or network for health in your country?	66	31	3
Are CSOs protected from retribution on account of their roles in accountability demand and independent watchdog roles?	48	48	4
Do national governments and development partners coordinate funding for CSO work on health sector policy and planning?	43	50	7
Are independent resources available to support the engagement of country CS in country platforms?	38	59	3
Do CS leaders have technical and political negotiation skills to effectively hold governments and partners accountable?	69	31	0
Are CSOs joint signatories to country compacts/ health plans?	31	62	7

Source: IHP+ Results e-survey on CS engagement

Also in the IHP+ Results e-survey on CS engagement, less than half (45%) of participants rated their engagement in health policy dialogue as 'good', while the remainder rated their engagement as 'neutral' (22.5%), 'poor' (22.5%) or 'very poor' (10%). No respondents rated their engagement as 'very good'.

When asked whether an RMNCAH-specific platform existed in-country (E-survey on country process, alignment, financing and accountability for RMNCAH), the majority of participants were unsure (61%), with one-third responding yes and 6% responding no. A further 16 out of 64 did not respond to the question, suggesting further uncertainty. Yet, those responding to the E-survey on country process, alignment, financing and accountability for RMNCAH rated the existence of such a platform, umbrella organization or network at country level as the most important element to support meaningful CS engagement. The availability of information on RMNCAH programs, monitoring indicators and reporting, was rated as the second most important element (see Figure 4).

**Figure 4: Importance of activities for CS participation in country engagement**

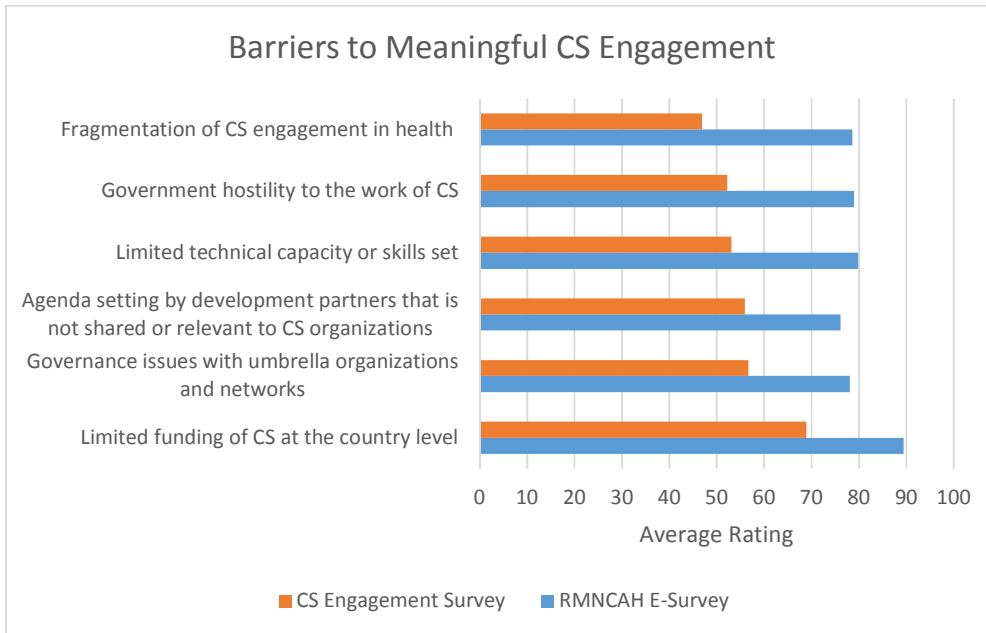


Source: E-survey on country process, alignment, financing and accountability for RMNCAH

**b) Significant constraints hinder meaningful CS engagement**

Opinions about the major constraints to meaningful CS engagement in development processes were mainly consistent across the consultations. As demonstrated in Figure 5, funding was identified as the major barrier in both surveys, followed by governance issues with umbrella organizations, and government hostility to the work of CS. Slightly less significant were agenda-setting by development partners, fragmentation of CS engagement, and limited technical capacity, although the differences in terms of actual numbers of respondents across these categories varied only slightly.

**Figure 5: Barriers to Meaningful CS Engagement**



Sources: *E-survey on country process, alignment, financing and accountability for RMNCAH and IHP+ Results e-survey on CS engagement*

For example, almost 60% of respondents felt that funding was not available to support CS engagement in country platforms. However, almost 70% of respondents felt that CS leaders had the technical and political negotiation skills to hold national governments and development partners to account. Almost half (48%) felt CS organizations were not protected from retribution on account of their watchdog role, and information-sharing was considered poor. Sixty per cent of respondents said they did not receive meeting information on time, and almost 50% did not receive information to adequately prepare for meetings.

Participants were also asked to assess how well development partners in their country respected the seven IHP+ behaviors. The majority of respondents selected the “limited respect” option across the seven behaviors. Notably 10% of respondents felt development partners had ‘no respect’ for an agreed and shared agenda, and for systematic learning between countries. Half the respondents felt development partners had ‘limited respect’ for strategically planned and well-coordinated technical support.

Many of these barriers were further elaborated in the stakeholder interviews:

- **Fragmentation of CS engagement in health**

Participants discussed CS organizations operating as multiple, isolated and fragmented organizations with difficulties in reaching agreement on issues, such as whether CS should provide injectable contraceptives.

- **Government hostility to the work of CS**

A difficult relationship between CS and government was referred to, characterized by a lack of trust and confidence, a lack of political will for CS engagement, and a lack of information-sharing with CS by government about programs, policies and processes.

*In Nigeria, 'because of the tribal heterogeneity... people bring different views from different political and tribal interests, which have not allowed CSOs to get their work done'.*

Dr Luther-King Faseun of The Wellbeing Foundation-Africa

- **Limited technical capacity or skills set**

Participants continuously highlighted the inadequate capacity of CS to: engage meaningfully at the global and national level; collect data effectively to inform evidence-based advocacy and government engagement; cascade information to the community, and engage high level stakeholders with community input. Also mentioned was a lack of familiarity with health financing jargon, and a tendency for CS to focus on event reporting in the media rather than advocacy or policy engagement.

- **Agenda-setting by development partners**

Participants referred to CS engagement being limited to thematic areas and constituencies rather than country or global strategies, and to participation in meetings rather than leadership roles in policy-making, program development, financing and evaluation.

- **Governance issues with umbrella organizations and networks**

Interviewees referred to inadequate coordination structures amongst CS and where they exist, that they were not functioning well.

- **Limited funding for CS at the country level**

Issues discussed included a bias towards funding for international organizations and development partners to the detriment of local organizations. For example, CS and youth programs are most affected by budget cuts. Furthermore, funding is largely directed to a few organizations, with selection dependent on personal influence rather than merit or pre-defined criteria. A disproportionate focus is given to HIV and there is a lack of clarity/transparency about CS financing decisions.

*'They have to indicate that these resources have to go to local CS especially, other than saying that this is for local and foreign CS.....a lot of resources are coming into the country but they are not benefitting the CS who most of the time are making an impact and bring accountability at the local level'*

- Maziko Matemba, Director at HREP-Malawi noting the importance of having dedicated funds for local CS.

**Box 3: Stakeholder interviewee recommendations on making CS engagement more meaningful:**

- Recognize CS as a formal development partner.
- Define a clear mandate for CS in program monitoring e.g. an independent watchdog role.
- Direct representation of and engagement by CS in planning and implementation processes.
- Foster effective collaboration with government on jointly owned accountability and advocacy agendas.
- Strengthen CS capacity on engagement processes.
- Establish a national coordination platform and work through CS networks.
- Increase funding to CS to carry out roles at the country level.
- Increase information sharing about engagement processes, programs, and learning.

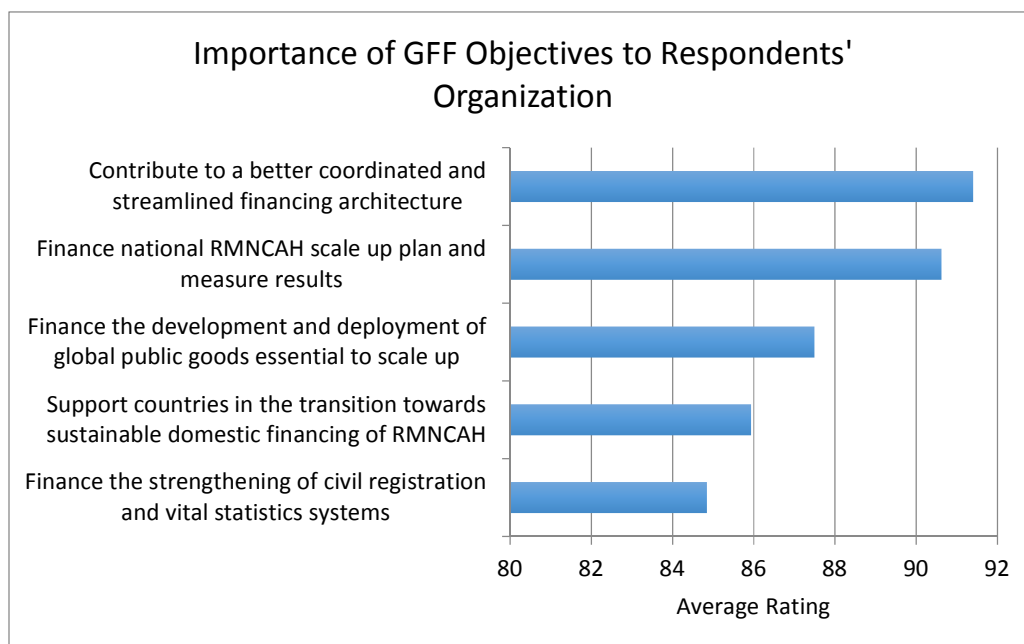
Source: Stakeholder Interviews on RMNCAH Country Engagement Platforms, Alignment, Financing, the Global Financing Facility and Accountability

### 3.3 Financing and Alignment with a focus on the Global Financing Facility

#### a) Expectations of the GFF are high, especially with regard to funding

Participants in the E-survey on country process, alignment, financing and accountability for RMNCAH were asked to rank the relative importance of the five core objectives of GFF (see Figure 6). However, almost half of the survey respondents skipped the question suggesting a lack of awareness about it. Of those that responded, the GFF’s role in coordinating funding and financing national plans was considered most important. Less significant were the remaining three objectives, particularly that relating to universal registration of every pregnancy, every birth and every death of every woman and every child.

**Figure 6: Importance of GFF objectives to respondent’s organization**



Source: E-survey on country process, alignment, financing and accountability for RMNCAH

The survey responses were further qualified using open-ended questions. Respondents expressed their expectations that the GFF would bring in additional resources to support both the unfinished and new priorities in RMNCAH. This included financing the human resource deficit for RMNACH programs. The GFF was also expected to catalyze private sector buy-in and encourage decision-makers to look at other forms of financing. Several respondents focused on the GFF's impact on key health outcomes including reducing maternal mortality and improving maternal and neonatal health, as well as strengthening civil registration. Others pointed to the role of the GFF in improving CS engagement in country planning, as well as providing opportunities for CS capacity-building, financial support and empowerment.

#### b) CS is skeptical about GFF fulfilling its role effectively

The majority of concerns about the GFF expressed in the stakeholder interviews and the E-survey on country process, alignment, financing and accountability for RMNCAH were related to funding, specifically to funding of RMNACH programs, CS and the public sector. More broadly, they related to the expected strategies that the GFF would use to streamline funding while also investing in health system strengthening and ensuring accountability and transparency at the country level.

*'Until we get to the level where global health can be self-funded (i.e. sustainably financed from domestic resources), the GFF has not achieved anything'*

- Dr Luther Fasehun, Technical and Policy Lead, The Wellbeing Foundation-Africa, emphasizing on the importance of sustainability in financing.

Earmarked finance was called for to support CS actions with the possibility of the establishment of dedicated CS funds at the country level. Additionally, there were concerns that the GFF may prioritise certain areas in the RMNACH spectrum over others. Namely there was concern that sexual and reproductive health and women's health in general would be overlooked due to lack of political will or donor support.

In order to avoid the marginalization of RMNACH, issues such as safe abortion, strong involvement of CS in decision-making and prioritization were considered key. Governance structures were flagged, and the role for CS at the regional and country level to determine funding priorities and recipients.

Concerns were also raised with regard to sustainability, especially around national commitments, the transition to domestic resources, and changes needed for this to become a reality.

#### **Box 4: Statement on the funding of RMNCAH programs**

*"Usually when funds come in from big institutions like the World Bank, the automatic partners are government institutions – ministries, departments, agencies, parastatals. These funds are then given to pet projects of first ladies or other high-ranking government officials. In Africa, national governments and civil society are not bedfellows. How will the GFF support country level civil society? How will country-level civil society which does not have links to the big and large northern civil society have access to funding and be recognized as equal stakeholders and partners by the GFF?"*

*"Any time Africa is offered a new commitment by the international community, the old money disappears. Our experience from family planning and HIV/AIDS are good examples. How do we protect and scale investments that have previously been committed by the international community if we continue to create multiple funding channels for the same or related issues."*

*"With the exception of a very limited number, Official Development Assistance (ODA) budgets are not transparent at the country level. As it is, most countries have neither achieved nor disbursed their ODA commitment to the unfinished agenda."*

Source: Stakeholder Interviews on RMNCAH Country Engagement Platforms, Alignment, Financing, the Global Financing Facility and Accountability

### 3.4 Measurement and Accountability

#### a) CS’s potential/actual accountability functions are unclear

As has been noted, participants in the two surveys ranked the relative importance of accountability as a viable role for CS differently.

Furthermore, Table 3 below compares the relative importance of different accountability functions of CS between the two surveys, demonstrating further inconsistencies. While both surveys put being a signatory to compacts and national health plans last, there was variation with regard to the importance attributed to leadership of and participation in accountability platforms. Where budget tracking was listed (one survey only), it was felt to be most important. However, as one respondent stated, there were challenges with holding the government or development partners to account:

*“That will be hard for [CSOs] to do because a lot of them are being funded by these development partners and ... it is hard to quarrel with or fight someone who is funding you”.*

Both surveys ranked the watchdog role of CS as of middling importance. The interviewees also highlighted the watchdog role of CS – determining whether services were being delivered according to WHO standards, as

well as providing information to government about progress with and challenges in program implementation.

**Table 3: Ranking of CS importance of accountability functions**

	IHP+ Results e-survey on CS engagement ranking (1=high, 6=low)	E-survey on country process, alignment, financing and accountability for RMNCAH ranking (1=high, 6=low)
<b>Budget tracking</b>	1	Not listed in survey
<b>Leading independent accountability platforms</b>	2	4
<b>Participation in global accountability platforms</b>	3	1
<b>Watchdog or whistle blowing</b>	4	3
<b>Participation in health sector platforms</b>	5	Not listed in survey
<b>Signature of compacts and national health plans</b>	6	5
<b>Shared leadership positions in country accountability and health development effectiveness platforms</b>	Not listed in survey	2

Sources: E-survey on country process, alignment, financing and accountability for RMNCAH and IHP+ Results e-survey on CS engagement

The IHP+ Results e-survey on CS engagement asked respondents about the strategies and mechanisms that could best be used to hold development partners to account. Those rated as ‘significant’ by the majority of respondents (>50%) were: multi-stakeholder accountability platforms; independent watchdog roles to demand for accountability; whistleblowing by independent think-tanks and CS, and publishing ranking tables in the IHP+ website. In the same survey, respondents were also asked who

should hold development partners to account in relation to the IHP+ ‘seven behaviors’<sup>3</sup>. In general, line ministries (Ministry of Health and Ministry of Finance) were considered best-placed to hold development partners to account, particularly for budget-tracking. However, of those participants that responded to the question (n=21), most specified CS as being best-placed to take responsibility for joint monitoring of process and results. Notably, less than half of respondents (43%) were aware of the IHP+ seven behaviors (n=9).

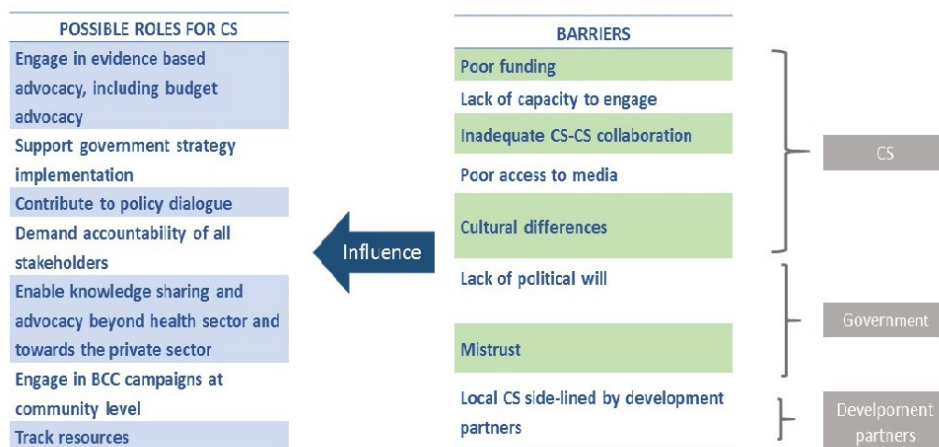
#### 4. Conclusion: Promoting Meaningful CS Participation and Engagement in Global Health and the Implementation Framework of the SDGs

Figure 7 is a summary of the outputs from the consultation process, depicting the key stakeholders in country-level engagement, highlighting their roles, information flows, points of dialogue, and existing barriers to engagement. The key priorities and actions listed at the beginning of this report are based on this summary, each directed at governments, donors/development partners, or CS, and intended to improve CS engagement in development processes.

*‘I am sure one of the roles is to ensure compliance of government to actually deliver its promises...when we had our tripartite election, [presidential, parliamentary and local council election when civil society used election to demand political accountability and commitment from the various candidates that we gave fresh cards for them to sign to, when you come to power, these are the specific issues bordering around health, you must be able to address these things. They have been signing those commitments’*

- Musa Ansumaan Soko, Founder YPPaD-Sierra Leone suggesting a possible way of getting commitment from aspiring political office holders.

**Figure 7: Snapshot of CS engagement in country level engagement for RMNCAH**



<sup>3</sup> The IHP+ meeting (Nairobi, December 2012) identified seven critical areas where development partners need to change their behavior in order to accelerate progress on the MSGs: (i) support a single national health strategy; (ii) record all funds for health in the national budget; (iii) harmonise and align with national financial management systems; (iv) harmonise and align with national procurement and supply systems; (v) use one information and accountability platform; (vi) support south-to-south and triangular cooperation; and (vii) provide well-coordinated technical assistance.



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