

A three-pronged approach to advocacy for sustainable national funding

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Abstract: *By and large, the financial commitments 179 nations made to the family planning and reproductive health components of ICPD in 1994 were not kept. While donors ramp up support for civil society advocacy in developing countries, in hopes of improving national funding and outcomes, recent trends in advocacy evaluation leave unanswered the broader question of whether/how international campaigning can appropriately and effectively strengthen national-level decision-making. This article provides background regarding the challenges in monitoring developing country contributions; summarizes current donor initiatives to strengthen civil society advocacy; and reviews theoretical approaches to assessing advocacy. The author identifies major advocacy limitations and proposes a three-pronged approach to harmonize international and national advocacy messages for improved, sustained increases in health funding and outcomes, namely, that local accountability is paramount, that national health programmes must be designed as legally binding entitlements, and that pro-health values and norms must be strengthened.* © 2014 Reproductive Health Matters

Keywords: national budgetary financing, policy and programmes, civil society, advocacy and political process, sexual and reproductive health, family planning, official development assistance, development assistance, evaluation

When 179 countries adopted the 20-year ICPD Programme of Action in Cairo in 1994, developing countries were expected to provide two-thirds of the total amount required to fund their national programmes, and donor countries agreed to fund the rest.¹

Insufficient funds to achieve ICPD aims

In fact, donor funding for family planning services and reproductive health research declined immediately after ICPD and funding for basic reproductive health increased only slightly.^{2-4*} Starting in 2001, Belgium kicked off a trend in which eventually 16 donors collectively quadrupled assistance.²⁻⁴ Still, in 2011, there remained an estimated US\$ 6.6 billion donor funding

gap for the reproductive health and family planning components of the ICPD Programme of Action.^{2,4}

While donor funds lagged, developing country resource allocation became more important. The 2005 Paris Declaration and subsequent Accra Agenda for Action,⁵ signed by 138 countries, shifted policy discourse and decision-making to developing countries in order to increase “ownership” of aid allocation. Many donors dramatically increased the amount of aid provided through direct budget support, which transfers funds in bulk to the national treasuries of recipient governments for allocation through national budget processes.⁶⁻⁹

Nevertheless, despite the best efforts of many organizations, no one knows how much developing countries spend for ICPD-related programming. UNFPA has monitored developing country domestic expenditures since 1997 but has been unable to track progress towards financial targets due to constraints on government funding, staffing and time; poorly developed

*The funding categories discussed here (family planning services; reproductive health services; sexually transmitted diseases and HIV/AIDS; and basic research, data and population and development policy analysis) are defined as per the ICPD Programme of Action, Para. 13.14.¹⁻⁴

resource monitoring systems; funds pooling; and accounting system decentralization.³ WHO's Global Health Expenditure Database shows intermittent reproductive health reporting from only three countries since ICPD.^{10*†} Only 11 countries reported reproductive health expenditures under the National Health Accounts RH sub-account methodology, and this reporting seems to have occurred sporadically.¹⁴

The William and Flora Hewlett Foundation and Redstone Strategy Group estimated domestic developing country government spending in sub-Saharan Africa to be 19% of total support spent for family planning and reproductive health from all sources** between 1987 and 2006.¹⁵ If this is a true and representative glimpse at the overall picture, it is far less than what was promised in 1994.

Given the magnitude of the resource tracking challenge, lack of overall spending data for developing countries is not surprising, but this leaves scholars to infer insufficient funding on the basis of poor reproductive health and family planning outcomes. During the same period, exponential increases in donor funding for sexually transmitted diseases^{2–4} helped achieve tremendous progress in the fight against HIV/AIDS¹⁶ – though those advocates now fear that funding will plateau at current levels.

Advocacy as a means to increase funding

Considering the increased importance of domestic, developing country policy-making for resource allocation, how can international actors strengthen national advocacy to achieve sustainable funding

*Liberia, 2007; Malawi, 2003, 2004 and 2005; and Rwanda, 2002. It's not indicated why reporting exists for only these countries in only these years.

†To address this deficiency, the independent Expert Review Group on Information and Accountability for the UN Secretary General's Commission on Women's and Children's Health recommended strengthening resource tracking, aiming for "at least 50 countries [to] use and have up-to-date and accurate data... by 2013."¹¹ If the target has been met, the data are not available online as of this writing (May 2014).¹² Kenya actually produced poorer resource monitoring information after the target was agreed.¹³

**ODA, domestic governments, consumers, and HIV/AIDS-related.

increases for reproductive health and family planning in-country?

Civil society's crucial role in enabling people to claim their rights, in promoting rights-based approaches, in shaping development policies and partnerships, and in overseeing their implementation was affirmed by 164 governments in 2011.¹⁷ As Steven Teles and Mark Schmitt point out, "*Very few big social changes happen without some form of advocacy. When these efforts succeed, the results can be transformative.*"¹⁸ According to Dr Nafis Sadik, Special Adviser to the UN Secretary-General, the ICPD Programme of Action "secret of success" was wide consultation and active participation of civil society. As she puts it: "*The physical presence of so many dedicated and committed people, many of them young, many of them women, meant that delegations were well informed about real-world concerns and priorities, and what it would take to make a real and lasting difference...*"¹⁹

Many donor governments and philanthropists are now ramping up financial support for citizen voice and accountability work to strengthen national commitment to reproductive health and family planning in developing countries. For example:

- In October 2013, the European Commission issued a €28 million global Call for Proposals for Non State Actors to improve universal access to reproductive health, with priority for proposals that, among other things support the implementation of public policy and capacity building designed to give better access to sexual and reproductive health; and strengthen local civil society organizations and local authorities.
- In 2013, the Ministries of Foreign Affairs of the Netherlands and Denmark, and the Packard Foundation, issued a Call for Proposals for a fund manager for a new "Civil Society Fund for Sexual and Reproductive Health and Rights".²⁰
- In 2014, DFID issued a competitive Call for Proposals for a consortium of national civil society organizations, to be led most likely by an international NGO, to strengthen monitoring and accountability for family planning in up to 15 developing countries.²¹

This surge in donor funding comes from an evidence-based conviction that popular activism and civil society advocacy can effect changes in government policies and funding in specific contexts.^{22–27}

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