

'Making the case' for increasing domestic investment in priority health services

Key lessons on making the case for additional investment in priority health services

- 1 **Using political economy analysis** to inform the development of advocacy products helps to identify and engage stakeholders with the power to effect change in a particular context.
- 2 **Broad based participation and representation** of key constituencies secures the buy-in and local ownership necessary to maintain the momentum of advocacy efforts to sustain results.
- 3 **Tailoring advocacy messages and products** to key audiences helps to ensure greater impact.
- 4 **Allowing time and resources** to build and institutionalise advocacy skills is essential for sustaining advocacy efforts in the long-term.
- 5 **Maintaining momentum and financing of advocacy activities** are essential for sustainable change.

This learning brief summarises key lessons from Options' experience of working with advocacy and health financing teams across different programmes in sub-Saharan Africa to 'make the case' for increased domestic funding for priority health services, such as family planning and sexual and reproductive health and rights (FP/SRHR) and mental health services. We use the term 'investment case' to refer to a broad range of advocacy activities, from presenting primary data analysis of the return on investment (i.e. in terms of lives and money saved) to the synthesis and presentation of broader rationales for investment spanning not only economic gains but those related to better population health and wellbeing and the achievement of national commitments and fulfilment of rights.

The challenge: finding sustainable solutions to financing SRH/FP services in the face of global economic pressures

Rising economic pressures around the world – due in part to the COVID-19 pandemic – combined with the continued downward trend in external aid funding, is placing the financing of health services on an increasingly vulnerable footing in many resource-constrained countries. Increasing domestic funding of priority services, such as FP/SRHR and mental health services, is essential for ensuring people can access the care they need, fulfilling their rights to good health and wellbeing. When governments commit their own resources, this sends

an important signal about the critical role played by health services in achieving broader social, political and economic goals, such as realising a country's demographic dividend, contributing to human capital development and achieving the sustainable development goals (SDGs).

However, when it comes to the development of plans and budgets, governments have difficult choices to make and health is not always at the top of the agenda. In the face of considerable pressures, sustainable skills and capacities for evidence-based advocacy to demonstrate the value-added of domestic financing of under-funded health services has rarely been so important.

The response: working with partners to develop sustainable advocacy skills and capacities

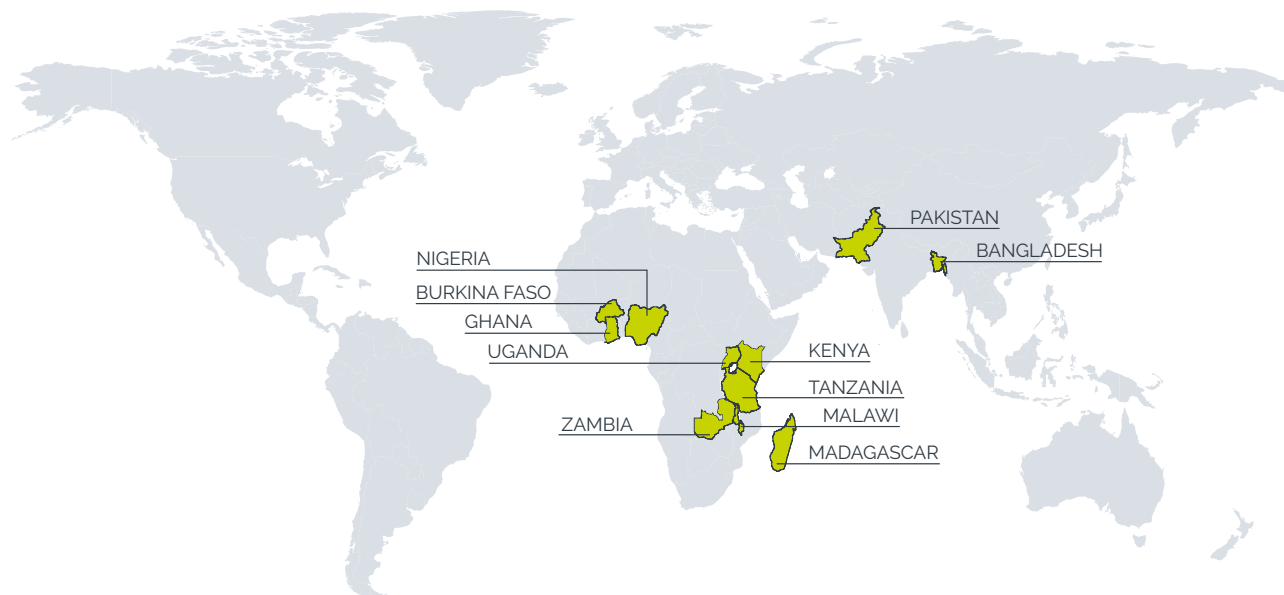
Options works with government and non-government partners to increase the level of domestic funding for health at all levels of the health system and to protect investments in essential services during crises, thus strengthening the health system's resilience to shocks. Priority health areas include FP/SRHR and mental health services.

Advocacy efforts across Options' programmes are helping to persuade governments to commit and allocate more funds to FP/SRH and mental health services within national or sub-national budgets, and

to set up the processes and governance structures to effectively monitor and track the release and expenditure of those funds according to budget.¹ These efforts help to ensure that more funds are channelled to where they are most needed. To do this, Options' technical experts support a wide range of activities, including data analysis and modelling to produce evidence-based advocacy

products, building stakeholders' capacities to use tools such as political economy analysis and audience segmentation, and organisational strengthening of accountability platforms.² From the many years of experience implementing these programmes in different countries, we have identified a number of lessons that are useful to programmes and to coalitions working in similar fields.

Figure 1: Where Options is making the case for increased health investments



Lesson 1: Political economy analysis helps to identify and engage stakeholders with the power to effect change in a particular context

To influence change in a given situation, it is important to understand why a context is structured the way it is, how power operates within it and which rules, rights and relationships impact on it, as well as how they change over time. Detailed stakeholder analysis and political economy analysis (PEA) help to identify these dynamics and take them into account when designing advocacy activities, such as building the case for investing more money in FP/SRHR or mental health.

Options' projects use PEA to design and adapt budget advocacy activities, in particular to:

- select target audiences for advocacy campaigns (i.e. those with interest in and influence over funding decisions);
- identify decision-making spaces and recognise the most appropriate advocacy opportunities;
- develop products and tailor communications to each specific audience; and

- track the success of advocacy activities and adapt them to changes in the social, political and economic landscape.

The WISH programme has successfully used PEA to inform the development and implementation of advocacy strategies to increase domestic funding of FP/SRHR in ten countries.³ In Malawi, a rapid PEA underpinned the design of a three-pronged approach to building an investment case for increased public funding of FP commodities by:

- submitting a technical brief to the Ministry of Finance and Economic Development setting out the economic returns on investing in FP;
- working with accountability platform MANASO to develop an evidence-based Advocacy Brief that was presented to government stakeholders, including parliamentarians; and
- leading a group of development partners to publish a joint statement in Malawi's two main English language newspapers, timed to coincide with the deliberations of Parliament on the new budget.

These efforts were successful in reversing the planned reduction in the FP commodity budget due to COVID-19.

Supporting coalitions to drive their own advocacy is an important part of Options' work with the [Evidence for Action-MamaYe programme](#). This includes building the capacity of coalitions to use PEA tools to inform the development of advocacy strategies that can influence policy and budgeting.

E4A-Mama Ye positions advocacy coalitions as the drivers of change. It does this by building local partnerships to hold governments to account for how they prioritise and invest in women's and children's health. The programme supports the work of coalitions in Kenya, Nigeria and Senegal to advocate for more and better funding for women's and girls' health.

In Kenya, PEA tools (including power mapping) have helped grassroots coalitions at the county level to identify and address bottlenecks in the flow of funds to health facilities. In Nairobi County, PEA identified changes in administrative processes that were negatively effecting budget release and targeting advocacy messages at decision makers with the power to make change. In Bungoma Country, PEA tools helped to identify stakeholders who were blocking the engagement of grassroots organisations in budget discussions. The reasons were then addressed by advocating for access to key budget documents in advance of public participation, in order to provide evidence-based arguments.

Members of the coalition said that using PEA had helped them to understand how to navigate the political environment and make inroads with key decision-makers.⁴

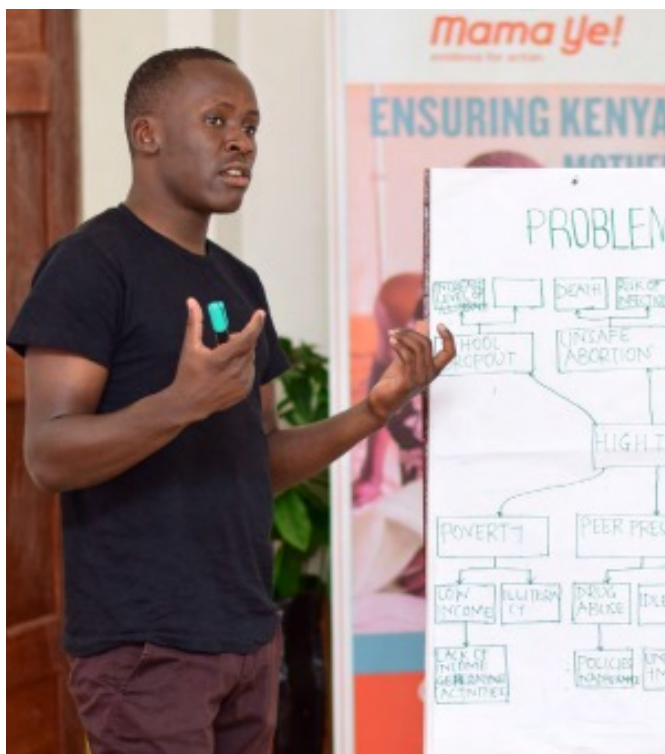


Photo: Problem tree analysis with coalition members as part of PEA in Kenya

Lesson 2: Broad participation and representation of key constituencies generates buy-in and local ownership of advocacy efforts

Ensuring a broad and participatory process with representation of all key constituencies (including those who are less committed to the case for additional resources as well as groups with opposing views) is an important way to develop coherent advocacy messaging. It lends advocacy processes legitimacy and gravitas and is critical for strengthening local ownership and leadership. Achieving consensus around key advocacy messages also helps to link priority health investments with the achievement of broader national strategies and goals such as the SDGs, and can widen the influence and reach of investment cases by introducing new and important networks and connections.

In Kano State in Nigeria, Options supported efforts to bring together civil society organisations (CSOs) in health, education and employment, to advocate for increased investment in health and FP/SRHR in particular under Nigeria's Human Capital Development (HCD) Vision, launched in 2018. This vision aims to improve human capital to drive sustained economic growth and productivity, with a target of 24 million additional healthy, educated and productive Nigerians by 2030. Through the [Lafiya project](#), Options has supported the development of a wide range of advocacy products. These include an [investment case](#) which explains the Government's HCD Vision and links its overall achievement to increased investment in health.

The Options-led Ghana Participation Project ([Ghana Somubi Dwumadie](#)) facilitated a High-Level Working Group with representation from all key constituencies with an interest in the funding and provision of more and better quality mental health services. This group included representatives from the Mental Health Authority, Ministry of Health (Resource Mobilisation Unit and Public Health and Administration); the Ghana Health Service; Ministry of Finance; National Health Insurance Authority; University of Ghana; WHO; and NGOs/ CSOs representing citizens experiencing poor mental health.

Together, the group decided to develop an evidence-based [advocacy brief](#) designed to influence policy makers. Among other benefits, the diverse membership of the group enabled open discussion between those with divergent views on the rationales for investment to be featured in the brief, as well as on how additional revenues could be collected and channelled to pay for mental health services. It also enabled the wide distribution of

the Advocacy brief, which was presented through political forums and even discussed on breakfast television, thereby placing this important discussion at the level of public debate.

As a result of these discussions, the advocacy brief highlighted the impact of poor mental health on poverty and human rights in addition to the economic rationale, reflecting the specific interest areas of the working group who brought to light the lack of progress in tackling inequalities as well as recent media coverage of human rights abuses for people suffering from poor mental health.



Photo: The case for investing in mental health is discussed on Ghanaian national television

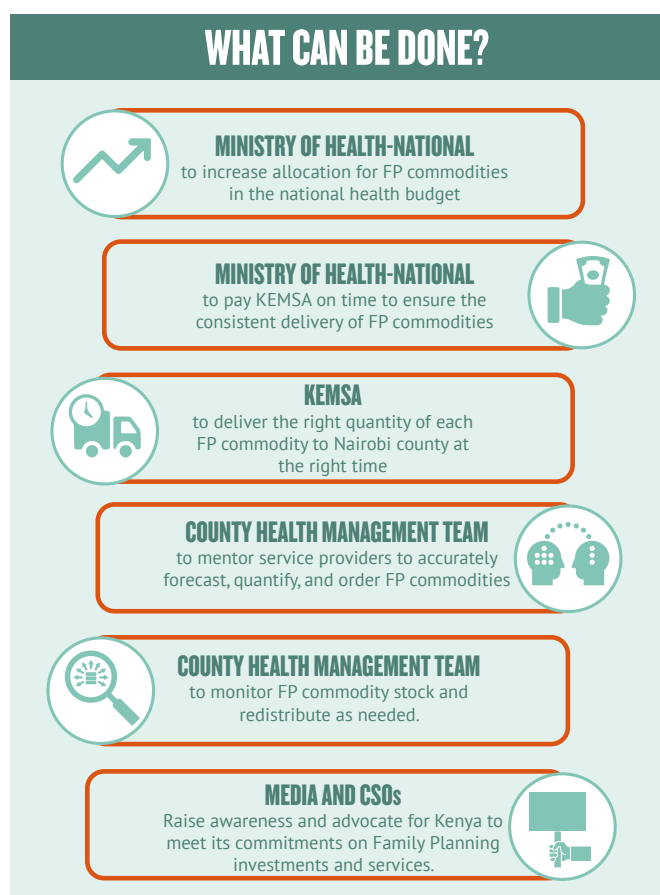
Lesson 3: Tailoring advocacy messages and products to key audiences helps to maximise advocacy impact

Audience segmentation (which can be developed based on stakeholder and/or political economy analysis) enables investment case messaging to be packaged in a way that best resonates with decision makers. It also helps to tailor advocacy products to specific audiences and different advocacy opportunities.

In Nigeria, where the federal government is rolling out national health insurance (NHI), the WISH team and partners advocated for the inclusion of FP in the insurance benefit package. It was clear from stakeholder analysis and audience segmentation that the long-term affordability of the benefit package was the main concern of the health insurance agency. Advocacy messaging therefore highlighted the evidence that financing FP through NHI is one of the most sustainable ways to finance FP/SRH services in resource-constrained settings. A range of advocacy products were produced, including presentations and newspaper articles, and the team sought out opportunities to present the case at high level technical and political meetings.

In Kenya, through the E4A-Mama Ye programme, stakeholders come together in 2018 to 'co-create' an evidence-based advocacy campaign called #JazaShelves – 'fill up the shelves'. The campaign leveraged the attention created by World Population Day, FP2020 commitments, and the growing concern in the country regarding commodity security. Stakeholders highlighted barriers to accessing FP/SRH services and agreed on messaging which focused on persistent FP commodity stock outs at health facilities and the impact this was having on the lives of women and girls (figure 2). The campaign identified data that was deemed to be 'trustworthy' by government, which could then be used to emphasise the importance of the issue and the validity of the advocacy 'asks'.

Figure 2: E4A MamaYe advocacy messaging



By bringing together advocates with media organisations, advocates were better able to identify and channel messages to specific audiences through a variety media channels, including radio, TV and social media. Other important entry points for the advocacy messaging and asks were the annual budget processes (such as public participation), marches and using high-level influencers (such as through engagement with the First Lady).

In the face of competing pressures on the health budget due to the COVID-19 pandemic in

Bangladesh, an investment case was developed targeted at key stakeholders with influence over health budget decisions, focusing on the rationales for protecting funding for FP/SRHR (figure 3). WISH began a process of communicating findings to policy makers and implementers with the aim of increasing visibility over the FP/SRH budget through a variety of different media, including presentations at high level (televised) meetings for government officers, poster presentations and distribution of a range of advocacy products through electronic and hardcopy reports.

Figure 3: Making the case for investing in family planning in Malawi



Lesson 4: Investing time and resources is needed to build and institutionalise sustainable advocacy skills

Building time into the design of advocacy processes and following a 'step-by-step' process can be a good approach to building advocacy capacities and skills, and to enable the development of robust, home-grown investment cases. It also helps to institutionalise high quality advocacy processes and to develop skills in a more sustainable way.

In Nigeria, WISH started working with the state-led accountability mechanism in Kano State (KanSLAM) to strengthen their organisational capacity, clarifying roles and responsibilities and establishing systems. The team then moved on to support the development of the group's advocacy skills and to

think about how KanSLAM could strengthen their relationship with the provincial government - shifting from a confrontational stance to one that was more collaborative. And only then did KanSLAM start work on building an investment case for a new budget line and allocation of funds for FP/SRHR in the state budget. As the context continued to change with the advent of COVID-19, WISH supported a rapid PEA to understand how the pandemic was affecting the SLAM's role and work.

In Nigeria and Kenya, the E4A-Mama Ye programme has worked with the same advocacy and accountability coalitions over several years, using a combination of training, mentorship and tools which respond to their capacity needs. As part of this support, the programme introduced the '[Steps to Change](#)' model to help coalitions plan and track their advocacy efforts. The tool integrates PEA, and enables coalitions to adapt their actions and objectives to reflect the changing context and priorities. The tool has since been embedded into the coalition's ways of working through training and ongoing mentoring to ensure the coalitions have the skills to use the tool going forward.

"Through the information from the Steps to Change model we have gotten to understand why we need to participate in the budget-making process earlier so that we can make sure our views and priorities evidenced in the Steps to Change model are incorporated in the annual work plan of the county government."

CSO Coalition member, Nairobi

A case study review looking at the coalition's use of the tool found that the model requires regular updating, highlighting the demands on people's time as well as the need to replenish skills. Most recently, the programme developed accessible, [open-source resources to support coalitions](#) to develop their own investment cases and advocacy campaigns. However, it is important to remember that building advocacy capacity and tools must be accompanied by resources to ensure that coalitions are able to engage in independent advocacy efforts.⁵

As part of the [Delivering Equitable and Sustainable Increases in FP programme \(DESIP\)](#) in Kenya, Options¹² is working to strengthen government leadership and ownership of FP activities at the national level and to build capacity of advocacy groups to ensure that commitments are delivered on at both national and county level. Following an organisational capacity assessment of CSOs across five priority counties, Options identified 15 CSOs to be part of an advocacy training programme. Through a series of virtual and

in-person trainings in 2020, Options supported the CSOs to develop and implement robust advocacy and communication plans and the establishment of an advocacy coalition in each of the five counties. The team developed a series of [policy briefs](#) making the case for investing in FP, and a series of [factsheets](#) providing up to date analysis on FP access and funding. Drawing on these resources, CSOs have developed advocacy products in support of allocating more funding to FP and presented them to their respective county assemblies during the 2021/22 budget preparation process. While this process has taken time, these advocacy coalitions are now equipped with the skills and resources to drive forward advocacy tailored to decision-makers in their counties.

Lesson 5: Maintaining momentum and sustainable financing are essential to effect long-term change

While it is critical to engage with stakeholders early in the budget process, Options' experience of supporting advocacy efforts clearly shows that it is equally important to maintain momentum and not to sit back once a significant milestone has been achieved. Decisions can be reversed or ignored and commitments to spend more on FP/SRH do not always lead to actual expenditure. Advocacy therefore needs to go beyond commitments to hold governments accountable each financial year for the timely release of the funds and efficient spending according to budget. This requires access to on-going sources of advocacy funding.

In Malawi, a series of advocacy activities organised by the WISH programme and partners succeeded in reversing the Government's initial decision to reduce the budget allocation to FP commodities in the face of pressures on the health budget due to COVID-19. However, close monitoring showed that this decision was then quietly reversed, leading to the need for renewed advocacy efforts to hold the government to account. While the budget was reinstated, it was later discovered that the increase in funding for FP had been achieved at the expense of a reduction in funding for ambulances, underlining the importance of examining the potential unintended consequences of changes in funding.

In Nigeria, after the creation of the new budget line for FP in Jigawa State and allocation to the 2020 budget, it soon became apparent that this would not translate into increased funding for FP services on the ground without concerted efforts to ensure the release of the allocated funds. Despite significant efforts, no budget was released during 2020. In 2021, the WISH programme succeeded in

raising the allocation to FP but only 38 percent of the overall allocation had been released midway through the financial year. These developments have necessitated continuous engagement with the State Ministry of Health and the Governor's Office, including the development and submission of repeated memos. Advocacy efforts continue to push strongly for the release of the remaining funds by the end of the year. A similar set of challenges has occurred in the DRC.

In Bungoma County in Kenya, E4A-Mama Ye has been actively supporting advocacy for increased funding for blood services since 2017, most recently through the '[Damu ni uhai](#)' campaign. This campaign was developed in the face of shocking data revealing that one out of every two maternal deaths between 2017 and 2019 was due to excessive bleeding during pregnancy and childbirth. Further analysis revealed a critical shortage of blood in the county, largely due to lack of funding. While the Government had committed funding in previous years, these funds were never disbursed. Through consistent follow-up and targeted messaging, the Government has finally - in 2021 - followed through on their commitment and commenced work on a new blood donation centre, which will mean blood services are more accessible and efficient.

Challenges

Distilling the learning above, the following challenges are worth highlighting:

- **Access to sustainable funding for advocacy:** While supporting the development and institutionalisation of advocacy capacities and tools is a valuable contribution, advocacy activities cost money and accountability platforms and other groups need access to sustainable funding for their operations. Programmes need to work with partners in country to build their capacity to access diverse funding streams, but this is often seen as a less tangible 'win';
- **Advocating for less tangible outputs can be tricky:** it is easier to organise advocacy campaigns that focus on highly tangible outputs, such as the above example of the blood centre in Bungoma Country in Kenya. While the buildings are clearly important, recurrent funding is also needed to fully realise these investments. In Bungoma, funds are also needed for utilities, health workers, training and consumables to operationalise the blood centre but it is proving harder to advocate for these. And holding governments accountable for these less tangible investments is also tricky (e.g. how was the contract awarded, how efficiently was the funding used, etc.);

- **Focusing on increasing the overall health budget is a huge challenge which requires concerted effort across multiple partners:** while the returns on investing in FP/SRH are high and the evidence shows clearly that FP is a 'best buy', the experience of Malawi demonstrates that even small wins may come at the expense of a loss elsewhere in the sector. This challenge is particularly acute in the current context of declining aid flows and huge pressures on national budgets;
- **Access to data and complex budgetary structures:** a challenge encountered during the development of investment cases in some countries has been the fact that, while countries have supposedly moved to programme based budgeting, activities continue to be financed through line item budgets, making it difficult to link funding to results. Where programme budgets are broad and comprise other 'big ticket' items, this also makes it difficult to understand how much is being spent on individual areas such as FP and how effectively the funds are being spent.

Conclusions

A key recommendation that cuts across all of the above lessons, is the need to both think and work politically. This starts with PEA and stakeholder analysis, moving through capacity and needs assessments for FP/SRH advocacy, to audience segmentation and the tailoring of advocacy messages and products to specific audiences and opportunities. Successful advocacy tactics need to reflect the moments and motivations that have led in the past to significant change, and to be based on a clear understanding of the ever-changing relationships of power and influence. Advocacy teams need to be dynamic and flexible, able to respond to opportunities as they arise, and strategies need to be regularly reviewed and revised based on changes in the political and economic contexts. Sustainability needs to be built into advocacy campaigns from the outset, not only in terms of the institutionalisation of accountability structures and embedding of skills, but also access to long-term funding to enable advocates to continue to hold governments to account.

References

- 1 Please see the technical brief [Influencing public sector investment in family planning through budget monitoring and tracking](#). Please also see Options' programmes [here](#), the Ghana Participation Programme (Ghana Somubi Dwumadie) [here](#), and the MamaYe Evidence for Action programme [here](#).
 - 2 Accountability platforms are multi-stakeholder groups bringing together officials from different ministries and civil society representatives, which may also include implementing partners and advocates. They have different structures and names in different countries.
 - 3 WISH is the FCDO-funded Women's Integrated Sexual Health project, which works across 26 countries in Africa and south Asia.
 - 4 For more information, please see case studies on using PEA to inform advocacy strategies from [Kenya](#) and [Nigeria](#).
 - 5 See for example E4A-Mama Ye's guide and training materials on [How to develop a health advocacy brief](#) and the [E4A-Mama Ye Advocacy Handbook](#).
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