



Sustainable Health Financing Advocacy

Civil Society Advocacy for Sustainable Financing for Health
Concept Note

Executive Summary

“Sustainable health financing advocacy” (SHFa) is a unified framework for advocacy originally proposed by advocates from GFAN regional partners and other advocacy partners in Africa, Asia-Pacific, Eastern Europe and Latin America at a global meeting in February 2018.

As a broad framework, SHFa encompasses advocacy across multiple health priorities and in multiple health financing contexts. This unified framework for action can help advocates align efforts, understand the interlinkages and potential synergies for collaboration, and avoid silos in our work.

The rationales and urgency for the use of such a unified framework are clear:

- For GFAN advocates, this framework aligns and embeds work on the HIV, TB and malaria response within broader advocacy for the Sustainable Development Goals (SDGs).
- This framework establishes intended aims and outcomes that can be shared and supported by a broad range of allies.
- This framework therefore encourages a unified and aligned global advocacy effort for sustained financing of all of the SDG3 targets for health and progress toward broader SDG aims related to human rights, gender equality global security and economic development.

Through this proposed framework, GFAN calls for advocates to avoid being caught in fragmented silos of work. As advocates rooted in the HIV, TB and malaria response, we can and must remain committed to working across issues such as harm reduction, sexual and reproductive health services, access to essential medicines, universal health coverage, domestic resource mobilization, and broader issues of poverty, justice, gender equality and human rights. Additionally, if we truly want to build inclusive, resilient, and sustainable systems for health, we must invite advocates in those related efforts to join us in coalition.

GFAN is now circulating this concept note to encourage further advocate dialogue about, and resource mobilization for, the work described in this document.



Specifically, GFAN will seek to develop further resources and plans for:

- Developing convergent work across multiple areas of health advocacy, including priorities related to HIV, TB, malaria, harm reduction, sexual and reproductive health, universal health coverage (UHC), accessibility and affordability of essential medicines, and broader issues of poverty, social justice, gender equality and human rights.
- Developing convergent work across multiple areas of financing advocacy, including (progressive) tax policy, innovative financing, insurance schemes, funding for community-based and community-led health programming, and inclusive expenditure planning, expenditure oversight and monitoring for expenditure accountability.
- Building new partnerships, training, technical support, and funding initiatives to link HIV, TB and malaria advocates with coalitions for shared sustainable health financing goals.

Table 1: A unified framework for sustainable health financing (SHF) advocacy

Contexts that shape SHF advocacy	Components, costs, and process objectives of SHF advocacy	Intended short-term outcomes of SHF advocacy	Intended long term outcomes and impact of SHF advocacy
<p>Health: Leading causes of DALY, and progress indicators of SDGs and SDG3 targets</p> <p>Health spending: Financing sources, and progress indicators (e.g. DRM, UHC, OOP, DAH)</p> <p>Political environments: Key channels of influence and decision-makers</p> <p>Platforms for advocacy: Networks, organizations, people, tools, resources</p>	<p>Components and costs:</p> <ul style="list-style-type: none"> • People: People, bringing experience, skills, and abilities related to SHF policy work, organizing, communications, management, and advocacy • Community Systems: Structures, tools and resources: Providing capacity for people to work together and communicate • Architecture: Support from global and regional levels to contribute funding, information, access, skills, and credibility <p>Process objectives:</p> <ul style="list-style-type: none"> • Capacity building: Build informed vocal constituencies for health financing • Conceptual influencing: Shift the framing of policy issues and debates related to health financing • Political influencing: Create political willingness and ability to fund health by building support among stakeholders and embedding commitments in strategies, plans, and programs • Measure and learn: Monitor implementation and build accountability to commitments and results 	<p>Increased and improved revenue generation, such as through DAH, taxes, innovative financing, and insurance schemes.</p> <p>Increased and improved funding allocations, such as for programs aimed at specific SDG and SDG3 targets, including for community-based, and community-led programming.</p> <p>Improved efficiency, effectiveness and quality of investments, including through inclusive planning, expenditure oversight and monitoring, accountability to results, and accountability to quality, rights, equity and justice (i.e. to the sickest, poorest, marginalized and unequal)</p>	<p>Progress toward SDG3 targets, including:</p> <ul style="list-style-type: none"> • Reducing incidence and ending epidemics of HIV, TB, malaria • Improving access to harm reduction services • Improving access to SRHR and RMNCAH-N services • Achievement of UHC • Supporting accessible and affordable medicines <p>Progress toward other SDGs, such as priorities related to poverty, hunger, economic growth, education, and gender equality</p>