An African civil society perspective

Mette Kinote expounds on the opportunities and challenges for civil society organisations to partner with governments on health

African CSOs working with governments have a number of opportunities to exploit but also face a number of challenges and are often questioned on how they engage with governance structures and the health sector in particular.

There are not a lot of statistics about CSOs in health, but statistics from Tanzania as an example shows that in 2018 there were over 600 CSOs.

Many CSOs are engaged in service delivery, especially faith-based organisations (FBOs) like the Mengo Hospital in Uganda (see page opposite). CSOs provide technical support to government and ministries of health and are engaged in capacity building, awareness raising, social and behavioral change communication. More are getting engaged in advocacy at all levels, research, and innovations at community level including contributing to policy and strategic development. In many countries the challenge has been how to engage civil society in policy and strategic development. While CSOs participate in technical working groups in ministries of health, getting to the highest level within the health sector is critical. How they actually get there and influence policy is critical too.

Civil society's engagement in the health sector has evolved over the years, with more focus in the past being around service delivery and emergency response. This shaped the way civil societies got engaged in contributing to health. National NGOs played most of this role in the early years with international NGOs dominating the area of advocacy and influencing policies.

In the first decade of this century real changes started taking place. CSOs focused their efforts on disease prevention, treatment and care. Major funding streams came in, and over 80%-90% from the Global Fund and PEPFAR went to NGOs and this provided opportunities for more organisations to get engaged. Around 2003 funds from donors came with completely new governing structures not only at global level but at country level with the requirement of creating country coordination mechanisms. These parallel structures to the existing structure of the ministries of health meant much more involvement of the CSOs.

The question about the parallel system for CSOs became a game changer in the way CSOs engaged in health especially with priority setting and strategy development. The early 2000s saw HIV/AIDs, Malaria and TB becoming the major health challenges and Reproductive Maternal Child and Adolescent Health (RMNCAH) started getting off the main health agenda. Around 2005 a RMNCAH partnership was formed to have better engagements and priority setting and more CSOs got engaged.

Mette Kinoti is the Chief Program Officer at Amref, Nairobi, Kenya.

The International Health Partnership plus (IHP+) was created in 2007 and transformed into UHC2030 in 2016 to respond to health-related Sustainable Development Goals; this expanded the scope to include health systems strengthening to achieve universal health coverage. The IHP+ approach included providing support to strong and comprehensive government-led national health plans in a well-coordinated way. IHP+ partners were developing countries, bi-lateral donor countries and international development agencies, while CSOs were less formally involved.

Partners believed that by uniting around a single health strategy and by changing the way they work, the health of citizens in developing countries would improve. All partners signed an IHP+ Global Compact demonstrating commitment to the principles of effective development cooperation.

Although Universal Health Care has emerged recently, the UHC agenda seems to have increased the involvement of CSOs in the health agenda in the developing countries. CSOs have also tended to focus on finances and south-south learning. UHC is about social justice, reaching the last mile, getting primary health care and community health back on the agenda.

Looking to the future

Where do we see civil society working in the future? As recognised partners in health, CSOs have a stronger focus on health systems strengthening, and hopefully UHC gives that framework.

The question is who do you actually represent? How do we make sure that you represent more than your own organisation? The need for strong CSO coordination through coalitions and networks is important in ensuring CSOs are recognised by the Ministries of Health. 'If CSOs really want to get to the highest level within the sector on policy and strategic development, they must be coordinated and must talk with one voice'.

The youth make up more than 50% of the population of the continent. The need to find ways of engaging the youth should be high on the CSO agenda including increased engagement and social accountability. This may lead to many more CSOs working at local level, demanding the right to quality health care, showing respect to communities when delivering services, getting the nurses in to the community and supervision of the community health workers.

They say that 'never doubt the small group of thoughtful community and citizens can change the world'. The CSOs can move the UHC agenda by working with the community.