



Policy brief four

Working with civil society organizations



Governments hold the ultimate responsibility for ensuring access to maternal, neonatal and child health services. But civil society organizations (CSOs) are their necessary partners to develop equitable health systems that respond to the needs of all families and sustain the political will to achieve universal coverage. It is critical that governments build partnerships with CSOs and create an environment in which the active participation of CSOs in social policy dialogue becomes possible and fruitful.

THE ROLES OF CIVIL SOCIETY ORGANIZATIONS IN MNCH: BEYOND SERVICE DELIVERY

While the nature and strength of not-for-profit CSOs varies greatly from country to country, they often play a vital role in providing health services for women and children. Civil society organizations, associations and networks also provide effective and efficient means for hearing the voices of the people regarding health issues, in particular, the functioning of health systems. Their strength and credibility lies in the responsible and constructive roles they play in many countries, which engenders support from the community as a whole. The International Conference on Population and Development in 1994, and the subsequent movement for the right to access to reproductive health services gave a new impetus to the involvement of CSOs in formulating, implementing, monitoring and evaluating policies and programmes – a specific role that is distinct from that of service delivery but is often as important. The participation of CSOs in policy dialogue can strengthen governmental commitment to the health of mothers and children and to universal coverage, as well as reinforce the effectiveness of the public stewardship of the health sector.

Social mobilization ► A first important way in which CSOs can contribute is to improve the effectiveness of the health system by helping families access the care to which they are entitled, but have difficulty in obtaining. Often, administrative, cultural and financial barriers to care appear insurmountable, and families are insufficiently aware of their rights and choices. In many countries, CSOs have developed innovative and empowering approaches in working with communities and establishing support networks to set this right. This is particularly important where poorer families are subject to discrimination, financial exploitation, or overmedicalisation. Individual users are often powerless in the face of complex legal procedures and obstructive professional organizations when things go wrong. In many places CSOs have offered them channels to protect and claim their rights.

Mobilizing political will and contributing to policy design ► Effective policy development takes time and unwavering commitment. Changes in the political personnel or in the international environment may challenge this necessary continuity of purpose. Sustained long term change can rarely be brought about without popular support. CSOs have

often played a vital role in ensuring a core place on the health agenda for maternal, newborn and child health. They have often focused on neglected issues such as unsafe abortion, adolescent pregnancy, child abuse, or the marginalisation of population groups. Most importantly, they have often helped those within the system wishing to introduce changes by placing the weight of public support behind them or by creating opportunities to link health sector policies with agendas to reduce gender inequity, poverty and exclusion.

Holding governments and health providers accountable ► There is a long history, in both developed and developing countries, of CSOs providing the checks and balances that are so greatly needed to keep health systems, public and private, accountable. This is perhaps one of the most useful ways in which CSOs contribute to progress towards universal coverage. CSOs have often shown great independence and ability to go against vested interests in signalling mismanagement of health services, or in working for equitable, efficient and sufficient budget allocations. In many instances they have advocated on behalf of marginalized groups that governments found hard to reach; elsewhere they have worked to ensure that services respect the legal frameworks that entitle people to care, achieve quality standards, and support equitable access.

STRENGTHENING PARTNERSHIPS WITH CSOS – POLICY RECOMMENDATIONS

Build on CSOs to mobilize the broad constituencies that can sustain political commitment ► Experience shows that time and money invested to mobilize constituencies in support of equitable access to MNCH yields good returns. CSOs often have a good track record of credibility and creativity in mobilizing broad constituencies. Women's organizations, consumer groups and other CSOs that advocate and work in support of MNCH

and universal coverage can provide the basis for sustaining the necessary political impetus and momentum. By building on the mobilization efforts of CSOs, governments can gain credibility and staying power for their initiatives to move towards universal coverage for MNCH.

Create a supportive environment for partnerships with CSOs ► Governments have to create the legal, financial and political environment that make partnerships with CSOs possible and effective. CSOs require adequate information to contribute effectively. They also require financial resources and support to build their capacities for providing effective inputs. Some countries do this through social fund-like mechanisms, others have institutionalized collaboration and contracting with non-profit organizations for service delivery, then expanding that collaboration into policy dialogue. Others still facilitate contributions by local and foreign donors. Stronger CSOs, that have the freedom to act, the resources to work and can be held accountable can contribute more effectively to research, design, implementation and monitoring of progress towards universal coverage for MNCH.

Invite CSO participation in policy and program design ► For partnerships between governments and CSOs to develop and to thrive, it is necessary to institute specific channels and mechanisms to facilitate constructive dialogue on programmes and policies. This means creating concrete opportunities for CSOs, particularly those that speak for constituencies of women and young people, to participate with governments and development partners in setting priorities, suggesting budget allocations and service delivery models, and assessing progress. Dialogue needs to be sustained over time, including when governments change or development partners shift their interests. Only in this way can significant contributions on the path to universal coverage be made.



Rafiqur Rahman/Reuters

The health of mothers and children is an issue of rights, entitlements and day-to-day struggle to secure these entitlements.

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Joy Phumaphi, ADG FCH (phumaphij@who.int)

Tim Evans, ADG EIP (evanst@who.int)

Wim Van Lerberghe, Editor-in-Chief WHR05 (vanlerberghe@who.int)