

# Promising practices in advocacy for domestic health spending



## Executive Summary

- As donor funding for global health declines, civil society organizations (CSOs) are advocating for governments to spend more on health while ensuring that communities have a voice in decisions.
- Empirically-driven advocacy is essential. CSOs that collect, analyze and communicate locally relevant health financing data in accessible formats (scorecards, dashboards, infographics) are better positioned to hold governments accountable and make credible cases to finance ministries and legislatures.
- Successful transition away from donor dependence requires that civil society plays a significant role in shaping reform agendas. Investing in CSO advocacy capacity is an investment in the long-term sustainability, equity and resilience of health systems worldwide.

*Photo: Advocacy Officer Fanta Conde speaks at an information session on self-esteem for children and young people living with HIV. The Global Fund/Vincent Becker.*

**The HEALS initiative (Health Education, Advocacy and Learning Series), a peer learning partnership among CSOs in Kenya, Indonesia, Zambia, the U.S. and beyond, has since 2021 developed and tested replicable advocacy practices to strengthen domestic health financing and expand access to services for marginalized populations.**

### Key promising practices identified include:

- embedding advocacy capacity within broader civil society networks to amplify reach and impact;
- extending advocacy to sub-national levels of government where health decisions are increasingly made; and
- fostering South-South collaboration so CSOs can share tactics and build durable international solidarity networks.

## **Countries are shifting the way they make decisions about financing and management of their health systems, assuming full responsibility for strategic planning without the same level of external funding or technical support that they may have had in previous decades.**

A profound shift is under way in how health systems are financed in low- and middle-income countries. Many of these governments have been seeking greater sovereignty over their health systems, and many traditional donors are reducing global health assistance. Countries are shifting the way they make decisions about financing and management of their health systems, assuming full responsibility for strategic planning without the same level of external funding or technical support that they may have had in previous decades.

Responsibility for maintaining and improving health systems is primarily in the hands of national governments, but the engagement and participation of civil society is necessary for health systems to be fair and effective. Civil society organizations (CSOs) and the civil society they represent have been fighting for decades to realize that vision. External funders had heavy influence on the design, funding and implementation of health programs, and did not always adequately consult or include civil society in those processes. Now, as external financing declines rapidly and governments are forced to adjust policies and programs, the role of an active civil society becomes even more important for ensuring broad representation in decision making.

Public advocacy is one tool that civil society can use to influence health policy and financing, but it has not always received enough attention in the global health space as a distinct capacity worth investing in. There are many programs that invest in CSOs to build community trust and

consent for health programs, or to provide health services directly. But there has been far less investment in channeling community support in the other direction—equipping CSOs to influence governments on behalf of the people they serve.

This is a gap that Lean on Me Foundation of Kenya, Spiritia Foundation of Indonesia, Faith Leader Advocacy for Malaria Elimination (FLAME) (Zambia chapter) and Friends of the Global Fight Against AIDS, Tuberculosis and Malaria (Friends) in the U.S. have sought to fill as peers. Working together through shared learning and active mutual support—along with CSOs around the world, including in Uganda, Ghana and Vietnam—this partnership is forging promising practices for successful advocacy and global solidarity to improve domestic funding for health programs and to optimize current funding.

## **Civil society advocacy for domestic resource mobilization**

Though this inflection point may have arrived suddenly, governments, donors and civil society have long recognized that massive external funding for low- and middle-income country health systems could not and should not last forever. The 2001 Abuja Declaration set the goal for African countries to allocate 15% of their national budgets for health spending, yet [only three countries](#) have consistently achieved those targets. At the same time, civil society has fought for a seat at the table to help decide how health funds are spent, whatever the source of the funding, and to help chart the course of transition away from foreign health aid.

Some external funders have tried to lay the groundwork for successful transitions, but the role of civil society in achieving transition has not always figured prominently in those processes. The Global Fund to Fight AIDS, Tuberculosis and Malaria, which has included civil society representatives on its board since its inception, requires co-financing as a condition of its country grants. UNAIDS has worked with [more than thirty countries](#) to produce sustainability roadmaps with domestic financing components. More

recently, the Trump Administration promulgated the America First Global Health Strategy, which prioritizes “moving [health] programs to long-term country ownership.” The U.S. State Department has begun negotiating and implementing bilateral agreements to accelerate that transition away from U.S. assistance. Yet these frameworks, as the products of external financiers and partner governments, do not fully account for the role of civil society in accomplishing transition.

To succeed, this path to transition must involve a bottom-up approach of civil society urging governments to mobilize domestic resources for health, as well as monitoring and helping implement programs to reach all in need. CSOs are also better placed as advocates for affected communities that suffer social discrimination and poor access to health services. Many countries have strong civil society networks, but they may lack the tools and access they need to wield decisive influence over decision makers. From the bottom-up, advocates face the daunting task of identifying decision makers (both inside and outside of government), seizing opportunities for political pressure and accessing complex bureaucratic networks that can include national health and finance ministries, parliament and subnational governments.

In 2021, CSO partners in Kenya, Vietnam, the U.S. and soon thereafter Indonesia developed the Health Education, Advocacy and Learning Series (HEALS) to help address this gap. A network of faith leaders focusing on malaria eradication in Africa later joined as well. Each CSO served as a hub for other partners in their country. The purpose of HEALS is to engage in peer learning to strengthen advocacy for domestic resource mobilization and universal access to healthcare in countries implementing Global Fund programs. HEALS has a special focus on mobilizing funding and increasing access to services for marginalized populations in response to AIDS, tuberculosis, malaria and emerging health security threats.

Investing in advocacy as a core competency for CSOs is also an investment in the sustainability and resilience of health systems. Increasing domestic financing is above all a political choice that requires popular support and the buy-in of a broad range of stakeholders, including community groups. It is also a long-term process, so CSOs need to develop durable platforms for advocacy, including networks for CSOs to share information and coordinate actions. Durable and effective advocacy platforms can, in turn, get governments to make civil society consultation a regular part of budget and policy formation. In other words, a powerful activist civil society can democratize health financing.

## Challenges to health advocacy

Even in countries that have democratic systems of government, health advocates can face formidable structural barriers, including shrinking civic space and networks of political and economic elites who often make decisions without broad consultation. Advocacy for accessible healthcare requires a more open and accountable government, which can invite suspicion and hostility from established power centers. Advocates risk being perceived by authorities as political opponents or covert aspirants to public office, rather than representing the needs of communities and legitimate public grievance. Technological developments, including the proliferation of digital surveillance tools and the inexorable spread of online misinformation, have only heightened the risks that advocates face in many settings.

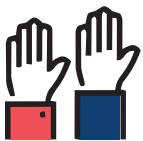
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Increasingly, national governments are enacting laws to regulate the nonprofit sector, often with the stated purpose of formalizing the sector or exposing allegedly pernicious foreign influence. Some governments have weaponized these regulatory regimes to crack down on dissent. Even in countries with stronger rule of law, onerous regulations can divert scarce organizational capacity into compliance exercises and make it more difficult for CSOs to receive international funding.

CSOs, especially grassroots organizations and those that represent marginalized and dispossessed people, are often excluded from the networks of economic and social elites who can have powerful influence in public policy. Many governments offer formal opportunities for CSOs to influence decision making, such as in Kenya and Indonesia, where public participation is required at several stages of the budget formulation and development planning processes. However, budgets and policies are ultimately political outcomes, greatly influenced by informal processes—lobbying, patronage, elite institutions—that may seem inaccessible to grassroots CSOs.

## Promising practices

The HEALS initiative and related partnerships have demonstrated the value of governmental advocacy as a tool in the CSO toolkit and highlighted some promising practices that could be replicated in other country contexts.



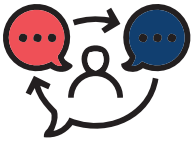
### *Embedding advocacy within civil society networks*

CSOs are at their strongest when they operate in solidarity and collaboration with other organizations. CSOs that become adept at political advocacy can, in turn, advocate on behalf of the network or individual partner organizations or help partners develop their own advocacy capacity. Kenya, for example, has a strong civil society with well-established, broad-based and interconnected networks.

Consider the networked partnerships of the Lean on Me Foundation, a partner in the HEALS initiative. Lean on Me advocates for better health outcomes for adolescent and young women living with HIV/AIDS in Kenya, including by expanding access to treatment and increasing domestic funding for health services. It is a member of the Health NGOs Network, which coordinates civil society action with more than 150 member

organizations active in all 47 counties in Kenya. One of the network's strategic priorities is targeted and evidence-based advocacy and policy engagement, and it provides members with standardized advocacy toolkits that can be used for national- and county-level policy advocacy. Lean on Me likewise partners with the Kenya Ethical and Legal Issues Network to provide free legal services to victims of gender-based violence and to hold the government accountable for acts of negligence such as drug stock outs and inappropriate clinical procedures. It also works with the International Budget Partnership of Kenya on issues relating to budget and policy formulation. Lean on Me is also a member of the National Empowerment Network for People Living with HIV/AIDS in Kenya, a body that empowers communities through advocacy, supporting access to care and addressing health challenges like Advanced HIV Disease. By embedding Lean on Me's advocacy expertise within these networks, it can draw on the expertise of each organization, including mobilization and coordination capacity, legal assistance and budget analysis to create highly effective advocacy campaigns for the benefit of all partners.

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### **Sub-national advocacy**

Many low- and middle-income countries have pursued decades-long processes of devolving state functions to second- and third-level administrative units, including healthcare. Devolution can mean health services are more accountable to the people they support, but there is also risk of inequalities and insufficient resources among provinces and districts—requiring more diffuse advocacy.

Yayasan Spiritia (Spiritia Foundation), another HEALS partner, has built a national network of peer support groups at the provincial and district levels. Spiritia provides resources, advice and support to catalyst groups at the provincial level, which in turn coordinate and empower advocates at the city and regency level, and on down again to the district level. This structure allows Spiritia to incorporate advocacy capacity-building in its national network—“training the trainers” and enabling advocacy at all levels of Indonesia’s devolved government. The network has even succeeded in mobilizing public resources for its own CSO members to do their work serving the needs of people living with HIV and those vulnerable to TB in a nation with high TB prevalence.

In Zambia, FLAME’s interfaith coordination and advocacy for malaria elimination has expanded from national to sub-national levels. Initially, FLAME’s model was of one national coalition of faith leaders in each country in which the FLAME secretariat operates (Zambia, Angola, Namibia, Mozambique, DRC, Zimbabwe and Malawi). In Zambia, after building a national coalition, its volunteer faith leaders established provincial coalitions in all ten provinces of Zambia, which have in turn mobilized coalitions in 90 out of 116 districts—often at their own initiative, even without external funding for gathering-related expenses such as airtime, bus fares, food or lodging. The role of these coalitions has been to build support within communities to optimize

the resources invested by the government (e.g., initiatives such as the mass distribution of insecticide-treated nets), but also to represent challenges experienced by communities to local and provincial governments, and mobilize resources to fight malaria from both governmental and non-governmental sources. By virtue of FLAME’s presence at all levels of government, the coordination and communication among FLAME advocates also bridges gaps that can emerge between national and sub-national authorities.

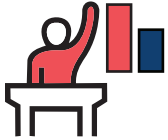


### **South-South collaboration**

Facilitating communication and mutual learning across borders can help CSOs hone advocacy in their own countries. HEALS hosts in-person and virtual dialogues to share tactics, messages and experiences between CSO advocates in different countries. For five years, HEALS has convened hybrid meetings in Washington, DC with participation from partners around the world, including Indonesia, Vietnam, Kenya, Uganda, Ghana and Nigeria. Common themes include authorities’ negative perceptions of CSO advocates, social discrimination against key populations, the challenge of identifying *de facto* decisionmakers, monitoring government expenditures, harnessing social media and effective use of visual materials and infographics.

Collaboration across borders contributes to the establishment of durable international advocacy networks. Strong advocacy networks are especially important now that donor support is shrinking, to ensure that civil society can shape the reform agendas currently being developed and implemented at high-capacity global health institutions like the Global Fund and Gavi. One example of this is the Global Fund Advocates Network (GFAN), which describes its overall purpose as “[building] a global social movement to demand health for all by recruiting, connecting, and mobilizing advocates to communicate the urgent need and demand full funding for the Global Fund to maximize its impact.” Both

Spiritia and Lean on Me are members of GFAN, which has become a crucial forum for building solidarity among advocates for domestic health funding. GFAN also partners with WACI Health, which campaigns for effective health programs accessible to all across sub-Saharan Africa and is a leading voice for reforming global health institutions.



### ***Data-driven advocacy***

Robust, locally relevant data is crucial for credible advocacy and for measuring its impact. One of the best investments CSOs and their partners can make is strengthening their capacity to collect, analyze and communicate data on health financing gaps, return on investment, service delivery outcomes and access to healthcare. Linking health spending to economic productivity, fiscal sustainability and crisis preparedness can resonate with finance ministries and political leaders. Equally important is presenting data in accessible formats—policy briefs, dashboards, infographics and targeted talking points—that can be used to great effect by champions inside government. Building shared data platforms and working with academic or government institutions can further enhance legitimacy while reducing risk to individual CSOs.

Through its partnership with HEALS, Lean on Me created the Health Accountability and Transparency Scorecard which monitors the allocation and utilization of domestic health resources. Lean on Me analyzes data published by oversight institutions such as the quarterly reports of Kenya’s Office of the Controller of the Budget, periodical publications from the Kenya Institute of Public Policy Research and Analysis and the National Treasury together with the survey reports from Kenya’s Ministry of Health to inform the scorecard.

CSOs in Indonesia, including Spiritia’s local partner in Makassar City, Mataram City and

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Pontianak City, use an online procurement database called SiRUP, launched by the Policy Institute for Procurement of Goods/Services, a non-ministerial government body responsible for oversight of state procurement. Through SiRUP, all partners can track budgets and expenditures from any local health and planning agency. In Zambia, FLAME has access to the database of the National Malaria Elimination Centre based on the open-source health information software DHIS2. This gives faith-based implementers useful data to inform their malaria control activities; but it also allows them to track government targets and workstreams and hold them accountable for failing to deliver on commitments.

Where data is not available, CSOs fill gaps by collecting their own. Visiting health facilities and affected communities, Lean on Me field staff and partner organizations conduct health facility talks and client home visits to monitor commodity supply and service provision. These visits allow Lean on Me to identify gaps and hold authorities accountable, as well as help clients deal with various treatment challenges at their places of residence. FLAME members in Zambia are working with the Ministry of Health, community members and community health workers to track and resolve stockouts at approximately 1,600 out of 4,000 facilities. As FLAME members support the government in its stock redistribution (sometimes even directly transporting stock), they also empirically challenged the Zambian government’s narrative that services had not been interrupted during the freeze of U.S. foreign assistance in early 2025.



### **Practical experience**

A unique aspect of the HEALS initiative is the opportunity for partner organizations to engage in a practical advocacy exercise in the United States. When participants gather in Washington, D.C. to compare challenges, opportunities, advocacy strategies and methods in each other's countries, they also discuss tactics with U.S.-based civil society advocates. These strategies are then applied to real situations in advocacy meetings with multiple Congressional offices and U.S. government agencies.

In 2025, partners from Kenya, Indonesia, Uganda, Zambia, Mozambique and Nigeria led meetings with more than a dozen Congressional offices, both supporters and skeptics of global health assistance—adjusting tactics and talking points at their own initiative throughout the day. The peers discuss what advocacy methods do and do not fit their own country context. The meetings with decision-makers also advance advocacy goals in the United States by bringing forward the voices of affected communities with U.S. decision makers. In the case of FLAME, advocates were able to make moral, faith-based appeals with special resonance with members of the U.S. Congress and Administration officials more skeptical of foreign assistance.

**Advocacy for domestic resource mobilization can help civil society set the terms of the ongoing and accelerating transition in global health.**

### **Conclusion**

Shared learning and international networking are valuable, but advocacy must be tuned and tailored to the specific political and developmental contexts of each country. CSOs can invest in continuous, country-specific analysis to understand where advocacy is feasible, where it is risky and how formal and informal power is exercised in health budgeting processes. Systematic network mapping can help CSOs identify who actually shapes health spending decisions, beyond formal mandates. This includes understanding where influence lies within executive agencies, legislatures and sub-national governments, as well as among private and quasi-public actors.

Advocacy for domestic resource mobilization can help civil society set the terms of the ongoing and accelerating transition in global health. There is no shortage of will or energy among health advocates who have been fighting for accessible healthcare for decades.

As health system financing shifts from donor support to greater “country leadership,” advocates can demand that decision making include civil society and the people they represent, not only governments. The HEALS initiative reveals promising practices for how CSOs—investing in their own capacity—can achieve greater influence to increase health financing and improve health services. Successful transition depends on it.

April 2026

